

INTERNATIONAL NARCOTICS CONTROL BOARD
Vienna

**REPORT OF THE
INTERNATIONAL
NARCOTICS
CONTROL BOARD
FOR 1996**



UNITED NATIONS

REPORTS PUBLISHED BY THE INTERNATIONAL NARCOTICS CONTROL BOARD IN 1996

The *Report of the International Narcotics Control Board for 1996* (E/INCB/1996/1) is supplemented by the following technical reports:

Narcotic Drugs: Estimated World Requirements for 1997; Statistics for 1995 (E/INCB/1996/2)

Psychotropic Substances: Statistics for 1995; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV (E/INCB/1996/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1996 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/1996/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms ("Yellow List", "Green List" and "Red List"), which are also issued by the Board.

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UNITED NATIONS
New York, 1997

E/INCB/1996/1

UNITED NATIONS PUBLICATION
Sales No. E.97.XI.3
ISBN 92-1-148101-5
ISSN 0257-3717

Foreword

The International Narcotics Control Board is the successor to the drug control bodies, the first of which was established by international treaty over 70 years ago. A series of treaties confer on the Board specific responsibilities. The Board endeavours "to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes", "to ensure their availability for such purposes", and "to prevent illicit cultivation, production and manufacture of, and illicit traffic in and use of, drugs", in accordance with article 9 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.¹ In carrying out its responsibilities, the Board acts in cooperation with Governments and maintains a continuing dialogue with them to further the aims of the treaties. That dialogue is pursued through periodic consultations and through special missions arranged in agreement with the Governments concerned.

The Board consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives (see annex II for current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by the Members of the United Nations and by States parties that are not Members of the United Nations, in accordance with article 9 of the 1961 Convention as amended by the 1972 Protocol. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with the Board, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. Revised administrative arrangements prepared on behalf of the Secretary-General by the Executive Director of the United Nations International Drug Control Programme (UNDCP) in agreement with the Board were approved by the Council in its resolution 1991/48.

The Board collaborates with UNDCP, of which its secretariat forms a part, and with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (ICPO/Interpol) and the Customs Co-operation Council (also called the World Customs Organization).

The international drug control treaties require the Board to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide, so that Governments are kept aware of existing and potential situations that may endanger the objectives of the Single Convention on Narcotic Drugs of 1961,² that Convention as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971³ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.⁴ The Board draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The conventions envisage special measures available to the Board to ensure the execution of their provisions.

The annual report of the Board is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analysis of those data. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances. Moreover, under the provisions of article 12 of the 1988 Convention, the Board reports annually to the Commission on Narcotic Drugs on the implementation of that article. That report is also published as a supplement to the annual report.

The Board assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

The work of the Board is continuously expanding as a result of the implementation by Governments of voluntary measures to tighten the control of psychotropic substances; the growing number of substances placed under international control; the additional responsibilities assigned to the Board under the 1988 Convention; and the imperative need to study on site situations that could endanger the attainment of the aims of the international drug control treaties and to maintain a continuous dialogue with Governments in order to promote measures to prevent illicit drug production, trafficking and abuse.

Notes

¹United Nations, *Treaty Series*, vol. 976, No. 14152.

²*Ibid.*, vol. 520, No. 7515.

³*Ibid.*, vol. 1019, No. 14956.

⁴*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November- 20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

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EXPLANATORY NOTES

In the table, two dots (..) indicate that data are not available or are not separately reported.

The following abbreviations have been used in this report:

ADD	attention deficit disorder
ADHD	Attention-Deficit/Hyperactivity Disorder
AIDS	acquired immunodeficiency syndrome
CIS	Commonwealth of Independent States
DAWN	Drug Abuse Warning Network (United States of America)
DOB	broamphetamine
ECO	Economic Cooperation Organization
GHB	sodium oxybate (<i>gamma</i> -hydroxybutrate)
HIV	human immunodeficiency virus
ICPO/Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDA	methylenedioxyamphetamine
MDEA	<i>N</i> -ethylmethylenedioxyamphetamine
MDMA	methylenedioxymethamphetamine
OAU	Organization of African Unity
PMA	paramethylamphetamine
SAARC	South Asian Association for Regional Co-operation
THC	tetrahydrocannabinol
UNDCP	United Nations International Drug Control Programme
WHO	World Health Organization

Data reported later than 1 November 1996 could not be taken into consideration in preparing this report.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

I. DRUG ABUSE AND THE CRIMINAL JUSTICE SYSTEM

A. Challenges to criminal justice systems

1. The International Narcotics Control Board calls on all Governments, when determining their national drug control policies, to recognize the important contribution of criminal justice systems in preventing and controlling the illicit supply and consumption of drugs.* There are several ways in which the criminal justice system can assist in the struggle against drug production, trafficking and abuse and drug-related crime. It is aimed at convicting and punishing the guilty, thereby deterring criminal conduct, as well as offering to the abuser an opportunity for treatment and rehabilitation. By making drug seizures, it reduces the quantity of illicit drugs in circulation, thus making it more difficult for users to obtain such drugs. Freezing and confiscating assets derived from drug trafficking not only deprive traffickers of the proceeds of their activities, but can also provide an additional source of revenue for law enforcement activities.

2. The Board notes that there has been a significant increase in the amount of opiates, amphetamines, other psychotropic substances and cocaine seized in recent years. Those seizures reflect the increased efforts and resources devoted by many States to fighting the growing problems of illicit trafficking and drug abuse. Since 1980, global seizures of opiates have increased more than fivefold and seizures of cocaine have increased over tenfold. There has also been an increased number of arrests and convictions of drug offenders, including illicit drug producers and traffickers and persons engaged in laundering drug-related proceeds. Although these developments are in part an indication of growth in the drug abuse problem, they are also an indication of better law enforcement and better training of law enforcement officers.

3. The Board notes that, despite increased law enforcement efforts, illicit drug production, trafficking and abuse have expanded into regions not previously affected. New trafficking routes have emerged, new drugs of abuse have been developed and drug trafficking organizations have replaced their jailed members. Changing social and economic factors, although promoting legitimate world trade and development, have also facilitated the work of drug traffickers. Reduced border controls and newly created trade agreements have not only eased the worldwide movement of legal goods, but have also simplified the smuggling of drugs of abuse. Improvements in communications and transportation have provided opportunities for drug traffickers to operate their organizations throughout the world. The development of new agricultural methods has increased illicit crop yields and chemical advances have enabled greater production of illicit drugs. All of these factors have complicated the work of law enforcement, often resulting in much more sophisticated techniques being required to investigate drug trafficking.

4. Major drug trafficking organizations are involved in a complex chain of transactions, including planning and organizing, purchasing raw materials from farmers, chemical processing, transportation, national and international distribution and money-laundering. The Board notes that many law enforcement agencies do not have the resources and skills to do more than apprehend the street seller and the individual drug abuser, leaving intact the structure of the production and distribution chain and, above all, its management. Furthermore, while many members in the higher echelons of drug trafficking groups go unpunished, the growing number of small-time pushers and drug users being arrested is putting pressure on criminal justice systems by increasing prison populations and prison expenditure,

*"Drugs" means narcotic drugs and psychotropic substances as defined by the relevant international conventions.

as well as the cost of running law enforcement operations and the judicial system. This may lead to a feeling of injustice in the community and undermine public confidence in the criminal justice system. Many jurisdictions are experiencing the combined effect of increased illicit drug trafficking and consumption, more vigorous drug law enforcement and growing prison populations.

5. An area requiring special attention is the provision of adequate safeguards against the corruption or intimidation of public officials and institutions. The enormous sums of money generated by illicit drug trafficking have given drug traffickers immense economic power. This has enabled them to subvert public administration, including the criminal justice system, by bribing or otherwise corrupting officials or, if that fails, by attempting to intimidate them through threats and acts of violence. Police, judicial officers, politicians, tax authorities, customs officers and other officials are all threatened in some way. Moreover, legitimate businesses may become involved in the laundering of drug trafficking proceeds.¹ Such money may then be invested again in otherwise legitimate businesses, making them dependent on illicit sources of funding and providing them with an unfair competitive advantage over businesses without such backing. Corruption undermines the legitimacy of governments and public confidence in the rule of law, as well as economic and social institutions. Corruption should be recognized as a problem before governments introduce countermeasures involving legislation, training and procedural safeguards. Substantial improvements to the conditions of service are needed for holders of public office.

6. A more strategic approach to tackling drug trafficking is needed to reduce supply more efficiently and to free the stretched resources of national criminal justice systems. The aim should be not only to arrest and try individuals suspected of having committed drug-related crimes, but also to disrupt the operations of entire drug trafficking gangs and eventually put them out of business. This can be done by targeting the organizers of such criminal groups for investigation and prosecution, by enhancing international cooperation and by depriving drug traffickers of the proceeds of their crimes, which in turn limits their opportunities to reinvest and to finance corruption. In this way weak and permissive jurisdictions can be strengthened and safe havens gradually eliminated.

B. Enhancing international cooperation against drug trafficking

7. While many commendable efforts to improve law enforcement have been made at the national level, the fact remains that most large-scale drug trafficking operations are internationally based: the organizers of a criminal network may be in one country, the producers in a second country, the distributors in a third and the proceeds of crime may be laundered in a fourth. Thus, apprehending offenders involved in illicit distribution only in one country is like cutting off some branches of a tree but leaving the roots intact.

8. Since under international law it is not permissible to enforce the law of one country within the territory of another without the express consent of the latter, regional and interregional cooperation between law enforcement agencies has to be extended more effectively to the judicial area in order to provide an opportunity to destroy the whole structure of a trafficking network and seize the proceeds of crime. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988² provides guidance on how this may be achieved: by affording mutual legal assistance in investigations, prosecutions and judicial proceedings and extraditing fugitives to requesting States; by establishing and maintaining channels of communication between competent agencies; and by providing cooperation in conducting inquiries having an international character, such as the identity and activities of suspects, the movement of the proceeds of crime and the movement of controlled substances. In article 9, paragraph 1, the 1988 Convention provides for the establishment of joint teams authorized by appropriate national authorities to conduct cooperative investigations and other activities.

The parties involved, while always respecting the sovereignty of States, should make better use of these methods of cooperation to prevent the movement of illicit drugs and offenders, invoking the provisions of the international drug control treaties or bilateral agreements.

9. It is not always appreciated that the 1988 Convention can be used as an extradition treaty and a mutual legal assistance treaty. It can therefore provide a valuable basis for international cooperation in drug-related matters between countries that do not have such multilateral or bilateral treaties. In accordance with article 6 of the Convention, drug-related offences should be deemed to be extraditable in any extradition treaty existing between parties to the Convention. Where no such treaty exists and a request is made for extradition, the party receiving the request may consider the Convention as the legal basis for extradition (article 6, paragraph 3). Where the parties do not make extradition conditional on the existence of a treaty, they must recognize the offences established in accordance with the Convention as being extraditable offences between themselves (article 6, paragraph 4).

10. The Board is of the view that States could take further measures to improve their cooperation against international drug trafficking. A number of impediments to effective extradition relations still exist; for example, following one of the traditional exceptions to extradition, many States refuse to extradite their own nationals. The time has come to reconsider alternatives to such blanket refusals. States not currently permitted to extradite their nationals should, if unable to prosecute the accused themselves, give full consideration to transferring or surrendering their nationals for trial on the condition that they be returned after trial to serve any sentence. In general, crimes should be tried in the country in which they were committed, where evidence can be more readily adduced. This means that some States will need to review their treaty arrangements and laws applying to the transfer of prisoners between States. The transfer of prisoners to their country of origin not only facilitates international cooperation in prosecuting and convicting drug traffickers, but also serves the humanitarian objective of permitting prisoners to serve out their sentences closer to their families and their own social and cultural environment. In addition, such transfers might provide a practical alternative for States lacking secure prison facilities in which to house dangerous and resourceful offenders.

11. Tax and fiscal offences have been excluded from the coverage of some extradition treaties. Given the requirement under the 1988 Convention to penalize persons engaged in laundering money derived from drug trafficking, it may also be time for States to consider removing any general exclusion of fiscal offences from extradition regimes. Because countering money-laundering is essential to shutting down the drug cartels, fiscal offenders should no longer enjoy immunity from extradition.

12. States should also review their legislation and procedures to ensure that requests for assistance from other States are handled expeditiously and effectively. Article 7, paragraph 8, of the 1988 Convention requires each of the parties to the Convention to designate an authority with the responsibility and power to execute requests for mutual legal assistance or to transmit them to the competent authorities for execution. The transmission of requests for mutual legal assistance and related communications should be effected through the designated authorities.

13. Furthermore, the Global Programme of Action adopted by the General Assembly at its seventeenth special session* provides a framework for operational cooperation between investigative units in different States. There have already been some notable successes involving large-scale cooperative investigations. The Board believes that the following issues require urgent attention:

*General Assembly resolution S-17/2, annex.

(a) Encouraging the development of mechanisms for the timely and secure exchange of operational information and intelligence between governmental regulatory and investigative agencies;

(b) Promoting cooperative initiatives at the international level such as: joint task forces to combat transnational criminal syndicates; international controlled deliveries; exchanges of personnel between law enforcement agencies; and secondments;

(c) Formulating responses and procedures that recognize the relationship between drug trafficking and other criminal activities; at the national level this may mean greater cooperation and coordination between different law enforcement agencies.

14. Practical cooperation between States within a region or subregion in the administration of justice can have considerable benefits for all concerned. In some regions, a number of States could establish a court with the jurisdiction to try major cases involving drug trafficking in order to ensure ready access to the specialized facilities and expertise required to deal with large, complex cases. Likewise, where resources are limited, they could be pooled in an arrangement ensuring the existence of at least one high-security prison in a subregion capable of holding a drug kingpin, which could be used by all the contributing States. Extradition and the transfer of criminal proceedings and prisoners offer other options whereby smaller jurisdictions could transfer persons accused in major cases involving drug trafficking to States that might be better able to deal with them. Furthermore, if an international criminal court is established, serious consideration should be given to including drug trafficking as an international crime under its jurisdiction.

15. For the above-mentioned measures to succeed, it is vital that national police forces become more international in their outlook and more comfortable working in the international environment. In this regard, the expertise and facilities of the International Criminal Police Organization (ICPO/Interpol) have proved to be very useful. While this fact is recognized in principle at many international meetings, in practice many obstacles persist either because institutional frameworks are not yet in place or because some administrations are reluctant to share information (for example, legislation related to data protection is often perceived as placing restrictions on cooperation with administrations of other countries).

16. Parties to the 1988 Convention are required to adopt measures for the confiscation of proceeds derived from drug-related offences or property of the same value. Such offences include not only the traditional forms of sale, distribution, import, export, production and cultivation, but also illicit operations involving precursors* and money-laundering activities. Parties to the Convention are required to ensure that their authorities are empowered to identify, trace, freeze and seize proceeds and property for the purpose of eventual confiscation. The Convention also provides for cooperation between different States, so that the party in whose territory the proceeds or property is located can implement a confiscation order issued by the requesting State.

17. According to article 5, paragraph 5 (b), of the 1988 Convention, where the proceeds of crime have been confiscated as a result of international cooperation, they may be shared by States that have been

*The term "precursor" is used to indicate any of the substances in Table I or II of the 1988 Convention, except where the context requires a different expression. Such substances are often described as precursors or essential chemicals, depending on their principal chemical properties. The plenipotentiary conference that adopted the 1988 Convention did not use any one term to describe such substances. Instead, the expression "substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances" was introduced in the Convention. It has become common practice, however, to refer to all such substances simply as "precursors"; although that term is not technically correct, the Board has decided to use it in the present report for the sake of convenience.

parties to successful operations against money-laundering. States may also contribute part of the confiscated proceeds to intergovernmental bodies involved in international drug control. Sharing of confiscated property may be provided for under cooperation agreements between States in the field of mutual legal assistance or international confiscation. Laws may also provide for the proceeds to be allocated to national drug control funds or treatment centres, or to be reinvested in law enforcement or demand reduction activities. The Board notes with satisfaction that a number of States have already introduced such legislation. In 1996 Luxembourg became the first State to donate part of such proceeds to international drug control efforts.

18. The Board is concerned over certain far-reaching reservations made in 1996 by Lebanon and the Philippines on provisions related to measures against money-laundering in the 1988 Convention. According to the Vienna Convention on the law of treaties,³ a State may, on becoming party to a treaty, formulate a reservation unless the reservation is precluded by the treaty or is incompatible with the object and purpose of the treaty (article 19). In the view of the Board, the validity of reservations going to the core of the 1988 Convention, for example, by excluding important provisions on money-laundering, is questionable from both the legal and policy perspectives. Furthermore, the Board notes that, while other parties may object to a reservation to a treaty, it is considered to have been accepted by States unless they raise an objection within 12 months of being notified of the reservation (Vienna Convention, article 20, paragraph 5).

C. National legislation

19. While all the provisions of the 1988 Convention are important, some are particularly pertinent to strengthening the capacity of criminal justice systems to deal with illicit drug trafficking. These include the requirement that the organization, management and financing of drug trafficking activities, as well as the laundering of drug trafficking proceeds, should be established as criminal offences under domestic law. Governments should also consider reversing the onus of proof regarding the lawful origin of alleged proceeds or property liable to confiscation, pursuant to article 5, paragraph 7, of the Convention, to the extent that it would be consistent with domestic law. Such a reversal can take different forms; for example, there could be a rebuttable presumption that all property acquired before the beginning of the legal proceedings within a defined period of time would be treated as property derived from drug trafficking. The onus of proof in this case would shift to the offender, who must satisfy the court that the assumption is incorrect. It is expressly stated in the laws of some countries that the standard of proof applicable to confiscation proceedings is the civil standard, instead of the more onerous criminal standard of "proof beyond reasonable doubt".* Some countries also provide for the possibility of proceeding with confiscation independently from a conviction, in particular when the person charged with the offence has absconded or died. The Convention also requires certain factors to be treated as aggravating, including the involvement of an organized criminal group. Specific measures to enhance international cooperation include extradition, mutual legal assistance, the transfer of proceedings and assistance for transit States.

20. Legislation should provide for the efficient investigation and prosecution of drug traffickers, taking into account due process and democratic protections. In most countries there tend to be more arrests for possession of illicit drugs than for drug trafficking or manufacturing, not only because there are greater numbers of drug users but also because possession is simpler to establish. In order to convict criminals higher up the drug trafficking chain, countries may need to simplify their evidentiary requirements in certain cases, under the close supervision of the appropriate judicial authority and with adequate

*This distinction is more relevant to common-law countries than to civil-law countries.

protections for the accused. Otherwise procedural barriers could make it very difficult to successfully prosecute those offenders heading drug trafficking organizations who may not physically commit the crimes they are responsible for. The Board is aware that the question of streamlining evidentiary requirements has to be dealt with in the context of serious crime in general and that any such streamlining should not lead to the abuse of suspects' rights. Legislation should also allow for the prosecution and conviction of persons who participate in organized trafficking groups, as it can be difficult to establish the evidence connecting the most culpable leaders to the crimes committed under their direction, since they may never come in direct contact with the drugs. Additional legislation may be required to encourage witnesses to give evidence, and protection programmes should be considered, as well as the provision of monetary rewards on conviction.

D. Effective use of criminal justice systems

21. The Board is aware of the difficulties that many Governments face in making their criminal justice systems more effective. It therefore notes with interest that some have begun to rationalize their criminal justice systems by prioritizing cases deemed to be of greater importance. Some countries are targeting a greater proportion of their resources where the impact of law enforcement efforts upon the flow of the illicit traffic is greatest, namely drug kingpins and key drug traffickers. In other countries, however, high drug-related crime rates have forced law enforcement resources to be used on a more ad hoc basis. More rational use of those resources would reduce the pressure exerted on law enforcement authorities to deal with drug-related arrests and on criminal justice systems to process those arrests.

22. It is recommended that States should consider targeting, as a matter of priority, large-scale drug traffickers and the organizers of drug trafficking operations. Arresting one large-scale drug trafficker has a greater impact than arresting minor offenders; it also frees resources so that the criminal justice system can concentrate more on such higher-priority cases. Other approaches to alleviating the burden of criminal justice systems should also be explored, such as streamlining procedures to reduce the period detainees spend in custody before trial. The use of new technologies such as electronic mail, computerized data transmission, and transmission of documents by facsimile can also improve the efficiency of the administration of justice.

23. The Board considers it vital that the penalties imposed by criminal justice systems be commensurate with the seriousness of the offences. It notes with great concern the short sentences served by some major drug traffickers, often resulting from plea agreements or amnesties. For example, following a government amnesty programme, a major drug figure was recently released in Colombia for good behaviour after having served five years of an eight-year sentence, far shorter than the average time served in many countries by a convicted small-time distributor or transporter of illicit drugs. When the proceeds of a drug trafficker's illicit activities are left largely intact, the deterrent effect of even a long prison sentence is largely nullified. Only when the threat of lengthy prison sentences and the loss of all financial gain are perceived to be real will persons seeking to make a fast fortune be deterred from drug trafficking. Making greater use of treatment and alternative penalties, as well as imposing shorter prison sentences on minor offenders, in accordance with the provisions of the 1988 Convention would result in more effective administration of justice and would free resources to deal more effectively with major instigators of drug-related crime.

24. The Board reiterates that the problem of drug abuse must be dealt with simultaneously from the different perspectives of law enforcement, prevention, treatment and rehabilitation. The alternatives to imprisonment that have been developed in different parts of the world should be examined more closely, bearing in mind the differing legal philosophies and systems. Strains on criminal justice systems, together with a concern to enhance the treatment and rehabilitation of, above all, juveniles, first offenders

and the infirm, have led many countries to search for alternatives to incarceration, such as house arrest, supervised probation, community service or other non-custodial measures. In consequence, a number of debates have developed concerning, among other things, the effectiveness of these alternative sanctions, difficulties in their enforcement and the cost-effectiveness of such sanctions.⁴

25. In their articles on penal provisions, three of the international drug control treaties refer to measures for the treatment, education, after-care, rehabilitation or social reintegration of the offender as alternatives to conviction or punishment or in addition to conviction or punishment: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁵ article 36; the Convention on Psychotropic Substances of 1971,⁶ article 22; and the 1988 Convention, article 3.

26. The Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders invited Member States to avoid, reduce or eliminate overcrowding in prisons by considering the use of a combination of measures: a reduction in the length of prison sentences available; the substitution of non-custodial sanctions or measures; and the reduction of pre-trial detention by facilitating pre-trial release or the use of bail and recognizances. The Eighth Congress also invited Member States to consider the use of non-custodial measures in relation to the personal use of drugs and to provide medical, psychological and social treatment programmes for drug-dependent offenders in appropriate cases.⁷ In addition, the United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules)* set out generally accepted principles and practices concerning non-custodial measures. One main objective of these measures is to allow for a bridge between the penal system and the system of care for offenders who are drug abusers, depending on the seriousness of the offence and the condition of the offender. In this regard, the Board believes that increased cooperation between judicial, health and social authorities is a necessity. There is a range of alternatives to conviction for relatively minor offences, including discontinuation of criminal proceedings, conditional discontinuance and admonishment or cautioning, as well as a range of alternatives to custody, including fines and suspended sentences, parole, probation, community service, corrective labour, treatment and supervision. It should, however, be clearly understood that the Board, in supporting appropriate recourse to treatment and non-custodial measures for minor offences, is in no way suggesting that drug-related offences should be decriminalized or that the implementation of the international drug control treaties should at all be weakened.

27. There are different ways in which a criminal justice system may make better use of available resources: for example, by management of the flow of arrested persons into the criminal justice system by prioritizing the offences to be targeted; and also by management of the arrested persons within the various stages of the criminal justice system and by making appropriate use of various sentencing modalities. Both the absolute number of drug-related convictions and the often increasing length of prison sentences can have adverse effects upon prison conditions. Prison overcrowding, which is only one aspect of this, may in turn have adverse effects not only on prison conditions, but also on the likelihood of prison violence. The increased use and availability of illicit drugs in prisons and the related increased risk of infection from the human immunodeficiency virus (HIV) and of other infections, as well as minor drug offenders being exposed to the "school of crime" in prison, are side effects of law enforcement and criminal justice policies that require close consideration.

28. Many countries are exploring alternative ways of dealing with drug offenders. Minor drug offenders may be diverted from the criminal justice system because of a desire to avoid the imprisonment of first-time offenders or juveniles, the need to provide for treatment and rehabilitation or the need to relieve courts and correctional systems overburdened by large numbers of people charged with minor

*General Assembly resolution 45/110, annex.

offences. Drug treatment can be a cost-effective alternative to imprisonment, reducing related health-care costs as well as costs associated with criminal proceedings and imprisonment. Treatment may also be included in local or national demand reduction programmes that encourage drug addicts to undergo treatment voluntarily. A number of countries have community programmes operating on both a formal and informal basis to assist in this regard, independently of the arrest or conviction of the drug user.

E. Treatment

29. Diverting a drug offender from conviction and imprisonment can involve measures ranging from offering the offender a choice between supervised treatment or imprisonment (or including treatment as part of a prison sentence) to civil commitment,* which has proved to be the most controversial form of intervention. It can occur at any stage of the criminal justice process: before trial, after trial (i.e. instead of imprisonment, as in the case of a suspended sentence), during imprisonment or as a condition of parole. There are a number of national treatment regimes, each designed with local conditions in mind, that illustrate the diversity of the approaches that are possible. States reviewing their own treatment and alternative sentencing provisions should structure programmes bearing in mind their requirements and internationally accepted principles governing practice in this area (as set out in the Tokyo Rules, for instance). The following are examples of such national treatment regimes:

(a) In Cape Verde and Portugal, when drug-dependent offenders who have been convicted and sentenced for certain drug crimes voluntarily seek treatment in the manner specified by the court, the court may suspend punishment; if a drug addict fails to take the required treatment or to fulfil any other duties imposed by the court, the court may order the suspended punishment to be imposed;

(b) In France, a number of possibilities exist in connection with the criminal justice system. For example, the completion of a prescribed course of treatment by a drug offender can provide grounds for not prosecuting the offence; alternatively, addicts may present themselves voluntarily and anonymously for treatment;

(c) In Malaysia, if tests show that an arrested person is drug-dependent, a magistrate may order him or her to attend a rehabilitation centre under strict conditions;

(d) In Sweden, drug abusers may be ordered by the court to undergo treatment. In such a case the prosecution has a discretionary power to discontinue proceedings against the drug abuser, on condition that the offence of which he or she is accused carries a term of no more than one year of imprisonment;

(e) Some states in the United States of America have established drug courts to cope with the large number of minor drug offenders entering the criminal justice system. The drug courts have been designed to offer treatment while retaining the necessary judicial influence and power to deal with offenders. The drug courts send offenders charged with relatively minor offences, such as drug possession or purchasing, to education, treatment or vocational assistance programmes which, in turn, are monitored by the courts. At the end of the programme, the offender could have the charge dismissed or could be placed on probation. Those persons who fail to comply with the court orders are subject to graduated sanctions, including imprisonment;

*Civil commitment generally takes the form of direct and involuntary remanding of an individual to the health-care system in which civil procedures alone are followed, which may not require the provision of legal counsel, the calling of defence witnesses and other safeguards usually applied in a criminal case.

(f) In Venezuela, a person possessing small quantities of an illicit drug for personal use, but not having been arrested for committing any crime, is tested in a non-penitentiary prevention centre under the supervision of a criminal court judge; if the person is found to be an addict, he or she must undergo compulsory treatment recommended by specialists under the judge's supervision (occasional abusers may be ordered to be released and to undergo supervised treatment).

30. A drug offender's encounter with the criminal justice system can provide a valuable opportunity to motivate him or her to undergo treatment, particularly if it occurs early in the offending cycle, before the offender becomes more deeply involved in criminal activities. The individual can be provided with a diagnostic assessment of his or her clinical needs. A treatment programme can be recommended or provided that may not ordinarily be available in the court or prison system. Furthermore, the inclusion of treatment provisions in drug control legislation gives the courts additional flexibility in imposing alternatives to penal sanctions. A court order in favour of treatment can demonstrate to the offender the seriousness of the offence and can also help to keep him or her in treatment long enough for the outcome to be successful. However, care needs to be taken that the treatment is not more restrictive than the proportional punishment would have been.

31. Any treatment programme should be carefully considered at the policy level, and programme objectives should be clearly articulated. For example, treatment programmes are generally designed (a) to enable the persons concerned to establish and maintain a drug-free lifestyle; (b) to reduce the demand for illicit drugs; (c) to reduce crime; and (d) to assist drug abusers by improving their health as well as their chances of social reintegration. There should be an evaluation component built in from the outset so that a programme's success in meeting its objectives can be assessed. Policy makers should consider how to balance different factors, such as the need for due process in proceedings to safeguard civil rights, treatment needs and other humanitarian requirements, as well as law enforcement objectives. Ideally drug offenders should be given a programme tailored to meet their needs. In addition, treatment programmes should be allowed sufficient time to be effective. The need for relapse prevention and after-care subsequent to the primary treatment programme should also be addressed. The effectiveness of such programmes depends on the expertise of those conducting them, the availability of places in suitable facilities and close cooperation between criminal justice and health agencies. Adequate resources should be allocated to maximize their chances for success. Treatment services should also be made available within the prison system.

F. Professional training

32. Adequate professional training should be provided for personnel engaged in the criminal law system, including members of the police, customs and coastguard, as well as judicial authorities. Prosecuting authorities should be given training to achieve a high level of technical expertise in dealing with their specialized areas of criminal activity. The 1988 Convention states that such training should deal with methods used in the detection and suppression of offences; measures against routes and techniques used by suspects; monitoring the import and export of narcotic drugs and psychotropic substances and substances in Table I and Table II of the Convention; collection of evidence; control techniques in free trade zones and free ports; and modern law enforcement techniques. The collection and analysis of strategic and tactical information by trained personnel are important to the successful prosecution of the leaders of drug trafficking organizations. Reliable evidence-gathering techniques should be used, with judicial supervision where necessary and taking into account the protection of human rights. Such techniques include electronic surveillance and the interception of telephone communications (requiring strict judicial control), utilizing computers and electronic communications, the use of undercover agents and controlled delivery, as well as financial investigations. By developing the capacity to gather and analyse intelligence more effectively, law enforcement will be able to focus its scarce resources on those areas that seem to offer the best prospects of success.

33. There should also be training programmes to improve the skills of law enforcement officials dealing with regional drug trafficking. It may also be useful to make available to members of the judiciary training concerning the special procedural and evidentiary requirements of major cases involving drug trafficking. Such training could deal with, for example, guidelines for the evaluation of chemical tests of controlled substances; reports and financial analyses for cases involving money-laundering; and managing cases involving complex organized criminal groups where there may be guilt by association or vicarious liability.

34. Land-based interdiction should be complemented by measures to prevent illicit trafficking by sea as provided for by article 17 of the 1988 Convention. Specialized training may be necessary to ensure that law enforcement officers with marine jurisdiction are properly trained and equipped for boarding and searching vessels. Measures should also be introduced to monitor traffic in free ports and free trade zones with a view to detecting consignments of illicit drugs.* As regards the difficulties of combating illicit drug trafficking on the high seas, the time will come to review articles 108 and 110 of the United Nations Convention on the Law of the Sea⁸ with a view to including a reference to precursor chemicals and, more important, to establishing the right of visit in cases of illicit drug trafficking as is provided for in cases of piracy, slavery or non-authorized radio emissions. Today these kinds of activities are no more relevant and dangerous than illicit drug trafficking.

35. Units investigating cases involving drug trafficking need a certain degree of specialization in order to be effective. One way to achieve this would be for police forces, customs and coastguard services to establish narcotics divisions within, or structurally linked to, divisions investigating organized crime. It is also vital to ensure that there is close coordination between all relevant agencies, such as customs, coastguard and general law enforcement.

G. Concluding remarks

36. The Board calls on all Governments to address themselves carefully to the problems faced by their criminal justice systems and to develop strategies and practical measures to make their systems more efficient. The impact that the criminal justice system can have on combating illicit trafficking and drug abuse justifies Governments and the rest of the international community giving those strategies and measures their full attention. The special session of the General Assembly on drug control, proposed for 1998, could be an occasion to determine principles relating to good management of criminal justice systems.

37. The Board calls again on Governments that have not already done so to accede to the international drug control treaties and to implement fully their provisions. In sum, the Board concludes that:

(a) Governments should keep their laws under constant review to ensure compliance with the international drug control conventions, including the establishment of the required criminal offences and appropriate punishments, rehabilitation and treatment programmes;

*Cooperation in this area has been promoted by the Working Group on Maritime Cooperation, which met at Vienna from 19 to 23 September 1994 and from 20 to 24 February 1995, and by the Expert Group on Maritime Drug Law Enforcement, which was convened by the United Nations International Drug Control Programme (UNDCP) from 27 to 29 February 1996.

(b) A more strategic approach to preventing and combating illicit trafficking in drugs should be adopted, along with more severe penalties for serious offences, in order to disrupt the operations of trafficking groups;

(c) Parties to the 1988 Convention should use it among themselves as an extradition treaty and a mutual legal assistance treaty. States should reconsider the traditional exceptions to extradition, including blanket refusals to extradite their nationals;

(d) Legislation should target the investigation, prosecution and conviction of participants in organized trafficking groups, while balancing due process and democratic protections;

(e) Governments should consider reversing the onus of proof regarding the lawful origin of alleged proceeds or property liable to confiscation in all judicial proceedings related to drug trafficking;

(f) While still retaining criminal sanctions against drug abuse and trafficking, greater use of treatment and non-custodial sentences, as well as shorter terms of imprisonment, should be made for minor offenders in accordance with the provisions of the 1988 Convention, thereby reinforcing cooperation between the criminal justice, health and social systems;

(g) Consideration should be given to establishing specialized units investigating drug trafficking cases within or linked to law enforcement agencies. Close coordination between all relevant agencies, such as customs, coastguard and police departments, should be encouraged, and training should be provided;

(h) International cooperation should be strengthened not only among enforcement agencies, but also among judicial authorities.

II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

38. The Board notes with appreciation that the Secretary-General sent letters to heads of States that had not yet ratified or acceded to the international drug control conventions in order to encourage them to become parties to those conventions.

A. Narcotic drugs

1. *Status of the international conventions on narcotic drugs*

39. As of 1 November 1996, the States parties to the international conventions on narcotic drugs numbered 158, of which 16 were parties to only the Single Convention on Narcotic Drugs of 1961⁹ and 142 were parties to that Convention as amended by the 1972 Protocol. Since the Board last published its report, the following five States have succeeded or acceded to the 1961 Convention as amended by the 1972 Protocol: Estonia, Gambia, Sao Tome and Principe, Turkmenistan and Yemen. In addition, Bulgaria, the Russian Federation and Switzerland, which were already parties to the 1961 Convention, have become parties to that Convention as amended by the 1972 Protocol.

40. Of the States that have yet to accede to the international conventions on narcotic drugs, 10 are in Africa, 5 are in America, 5 are in Asia, 3 are in Europe and 6 are in Oceania. In addition, four independent States that had formed part of the former Union of Soviet Socialist Republics have yet to indicate whether they intend to succeed or accede to the international conventions on narcotic drugs.

41. The Board hopes that the States concerned will not only take speedy action to become parties to the international conventions on narcotic drugs, but will also enact the necessary national legislation and regulations to conform to those conventions. The Board believes that accession to the 1961 Convention could soon result from mechanisms already in place in States such as Azerbaijan, Belize, Bhutan, El Salvador, Grenada, Guyana, Saint Vincent and the Grenadines, Tajikistan and United Republic of Tanzania, which have already become parties to the most recent international drug control treaty, the 1988 Convention. Since all States are benefiting from international assistance, they should show clearly their commitment to international drug control by acceding to the 1961 Convention.

42. Some other States, namely Afghanistan, Algeria, Belarus, Chad, Lebanon, Morocco, Myanmar, Nicaragua, Pakistan, Saudi Arabia, Turkey, Ukraine and Zambia, which are already parties to the 1961 Convention, have not yet ratified the 1972 Protocol amending that Convention. The Board expects that its ratification by those States will take place soon since they have all acceded to the more recent international drug control treaties. The other States parties to the 1961 Convention that still remain to ratify the 1972 Protocol are Iran (Islamic Republic of), Lao People's Democratic Republic and Liechtenstein.

2. *Cooperation with Governments*

43. The information provided by Governments enables the Board to study the licit movement of narcotic drugs, thereby ensuring that all Governments strictly observe the provisions prescribed under the international conventions to limit the manufacture and importation of narcotic drugs to the quantities required exclusively for medical and scientific purposes and that measures are taken to prevent the diversion of narcotic drugs into illicit channels. This information, which is published every year by the

Board, relates to the timely submission of annual estimates and statistical returns of narcotic drugs and should also be used by Governments to verify whether or not they have adequately applied the provisions of the conventions.

(a) Furnishing to the International Narcotics Control Board annual estimates of narcotic drugs under the 1961 Convention

44. Annual estimates of narcotic drug requirements for 1997 were received from 152 States and territories. The Board established such estimates for 57 States and territories that had failed to furnish their own estimates for 1997. The Board notes with concern that, in spite of repeated reminders sent every year to Governments, no annual estimates of narcotic drug requirements have been received from an average of around 60 States and territories. The Board urges the Governments concerned to make efforts to more closely monitor the activities related to narcotic drugs in their countries and to provide the Board with the information required by the conventions.

45. No annual estimates of narcotic drug requirements have been received for the last three consecutive years from the following 21 States: Afghanistan, Albania, Angola, Bosnia and Herzegovina, Cameroon, Comoros, Djibouti, El Salvador, Gabon, Kenya, Liberia, Malawi, Marshall Islands, Mauritania, Republic of Moldova, Rwanda, Somalia, Sudan, the former Yugoslav Republic of Macedonia, Tuvalu and Zambia. The Board understands that some of these States, because of their political and economic situation, are not yet in a position to cooperate.

46. The Board invites international organizations such as UNDCP and the World Health Organization (WHO), when implementing institution-building programmes in the above-mentioned States, to assist them in the development of adequate systems for controlling the licit movement of narcotic drugs in conformity with international standards, as well as in the assessment of their actual domestic requirements for narcotic drugs. Such assistance is necessary in order to ensure adequate availability of essential narcotic drugs for medical and scientific needs in those States.

(b) Reporting to the International Narcotics Control Board statistical information on narcotic drugs under the 1961 Convention

47. As for the data to be furnished to the Board as required under article 20 of the 1961 Convention, 172 States and territories submitted statistical returns for 1995; of those, however, 76 submitted only partial data. The Board notes with satisfaction that Afghanistan, Belize, Bermuda, Cambodia, Djibouti, Micronesia (Federated States of), Papua New Guinea and Solomon Islands, which did not submit any reports to the Board for several years, have started to furnish statistical data in 1996. Other States, such as Guinea-Bissau, Honduras, Mongolia, New Zealand and Republic of Korea, have improved their cooperation with the Board by providing data for the past three years. For the first time, Eritrea, Kyrgyzstan and Uzbekistan have provided data on narcotic drugs.

48. Several States parties to the 1961 Convention have submitted annual statistical reports for 1995 after 30 June 1996, the deadline established by the Convention for their submission, thereby preventing the Board from analysing such data and intervening on any shortcomings of control in a timely fashion. The Board urges the States concerned to ensure timely compliance with their reporting obligations. Moreover, no statistical data have been received for 1995 from 30 States and territories, of which the following have failed to furnish statistical returns for the past several years: Bosnia and Herzegovina, Comoros, El Salvador, Gabon, Gambia, Liberia, Mauritania, Rwanda, Somalia, Tuvalu and Zambia. The Board hopes that States that are not yet able to comply with that requirement will soon remedy the situation, if necessary by requesting assistance in establishing the required control mechanism.

3. Assessment of the operation of the international narcotic drug control system

49. In 1996, the number of supplementary estimates furnished by Governments continued to increase, exceeding 700, compared with an average of 500 before 1993. The frequent submission of supplementary estimates may be an indicator of a Government's response to growing medical needs. It may, however, also indicate that the government administration concerned has not adequately planned the medical use of such drugs or may even not be aware of actual requirements. Governments should critically examine their methods of assessing medical needs and make the changes required to ensure that future estimates accurately reflect their medical needs in order to avoid as far as possible the need for supplementary estimates. A well-functioning drug control administration should have complete information on the distribution and use of narcotic drugs in its country and should be able to judge whether the quantities requested by manufacturers or importers are in line with the actual medical requirements.

50. As in previous years, the most frequently amended estimates were those for morphine, codeine, fentanyl, methadone and pethidine. The increase in the number of supplementary estimates for morphine was mainly attributed to the increasing use of morphine in both injectable and oral forms to treat pain due to cancer and other conditions. In view of worldwide efforts by Governments, WHO and other organizations to improve the management of pain, in particular pain due to cancer, the consumption of morphine will continue to rise. Governments planning annual estimates should take into account this situation, as well as any foreseeable needs for other narcotic drugs, to ensure their adequate availability for medical and scientific needs.

4. Measures to ensure the execution of the provisions of the international conventions on narcotic drugs

51. The application of the worldwide system on estimate requirements and the submission of accurate and comprehensive statistical information in a timely manner in compliance with the provisions of the 1961 Convention have generally proved to be satisfactory. It allows the Board to verify the data provided by Governments and intervene immediately whenever a specific case of diversion is suspected. As mentioned in previous reports of the Board, the diversion of narcotic drugs from licit trade has remained relatively rare, despite the vast number of transactions involved.

52. The Board is, however, concerned about deficiencies in the working of national control mechanisms in a number of countries where pharmaceutical companies are not efficiently controlled and procedures for data collection are still failing. This has resulted in failure to furnish estimates and statistics or the submission of insufficient and inaccurate information, despite the assistance provided by the Board during training seminars and missions to some of those countries. The Board encourages Governments to take all necessary measures to ensure effective implementation of their control and reporting obligations under article 20 of the 1961 Convention. It stands ready to assist Governments in that regard whenever such assistance may be requested.

5. Timely provision of controlled drugs in acute emergency situations

53. The Board cooperated closely during 1996 with WHO to work out guidelines to be used by national authorities of exporting countries in order to conclude standing agreements with a limited number of bona fide suppliers of humanitarian aid for the provision of controlled drugs in acute emergency situations. In such situations, the normal, regular controls required by the 1961 Convention and the 1971 Convention would be amended by simplified procedures. The Board encourages Governments, suppliers and operators of emergency deliveries to take them into account. Their impact on emergency deliveries of controlled drugs should be closely monitored.

6. Study by the International Narcotics Control Board on the control of poppy straw

54. In order to avoid abuse of preparations obtained from poppy straw and in line with the relevant resolutions of the Economic and Social Council and the General Assembly, domestic control has been tightened in certain major producing countries by the introduction of a licensing system and penal sanctions. However, the absence of adequate control measures for poppy straw, and the lack of voluntary measures of control at the domestic level, particularly in eastern European countries, have led to illicit activities, boosting the abuse of alkaloids derived from poppy straw.

55. In 1994, the Board, in its supplement on the effectiveness of the international drug control treaties, highlighted the need for enhanced controls over poppy straw.¹⁰ It expressed its belief that, in coping with the changed situation, it was necessary to redefine the voluntary measures of control over the cultivation of the opium poppy and the production of poppy straw that were in force in some countries and to extend them to include all countries permitting production of poppy straw.

56. In view of the above and the fact that evidence of its abuse is increasing in several countries, a review of control of poppy straw will be undertaken by the Board in 1997.

7. Availability of opiates for medical needs

57. A special report entitled *Availability of Opiates for Medical Needs*¹¹ was published by the Board in 1996, based on the findings of its survey initiated in 1995.

58. In the above-mentioned special report,¹² the Board concluded that the recommendations contained in its 1989 special report¹³ were far from having been implemented and that, while there had been efforts by some Governments to ensure the availability of narcotic drugs for medical and scientific purposes, it appeared that many others had yet to focus on that obligation.

59. The Board notes that among those Governments that did not respond to its survey questionnaire were most of the developing and least developed countries, as well as those Governments that frequently failed to submit their annual estimates of narcotic drug requirements as required by the 1961 Convention. While fully aware of the difficulty of least developed countries in meeting basic health-care needs, the Board encourages Governments of such countries to make efforts to examine their medical needs for narcotic drugs, as well as the impediments to their availability, to advise the Board of the results of those efforts and to inform it of any assistance required.

60. The Board reiterates that an efficient national drug control regime should involve not only a programme to prevent illicit drug trafficking and diversion, but also a programme to ensure the adequate availability of narcotic drugs for medical and scientific purposes. Governments that have done little or nothing to remove obstacles to the legitimate use of narcotic drugs should, in line with the recommendations contained in the 1989 special report of the Board, critically examine their methods for assessing medical needs for narcotic drugs and take effective measures to ensure their availability. The Board will, in cooperation with Governments, continue to monitor the implementation of the recommendations in its 1989 special report.

61. Bearing in mind the conditions prevailing in individual countries and the availability of resources, the Board believes that if the recommendations contained in its special report on the availability of opiates for medical needs¹⁰ are implemented, significantly more progress will be achieved towards ensuring adequate availability of narcotic drugs for medical and scientific purposes. The Board will continue its examination of the situation and monitor responses to its recommendations.

8. Demand for opiates and supply of opiate raw materials

(a) Consumption of opiates

62. Since the beginning of the 1990s, annual global consumption of opiates has increased, from an average of 200 tonnes in morphine equivalent before 1991 to a maximum of 236.7 tonnes in morphine equivalent in 1993. In 1995, global consumption in morphine equivalent was again at the 1993 level.

63. As codeine consumption represents the bulk of opiate consumption and is mainly consumed in the form of preparations included in Schedule III of the 1961 Convention, the levels of codeine consumption of the major user countries have had a significant impact on the global consumption of opiates. In 1995, 180.7 tonnes of codeine in morphine equivalent were consumed; total global opiate consumption was 236 tonnes. The major user countries, in descending order, were United States, United Kingdom of Great Britain and Northern Ireland, France, Canada and India.

64. Morphine consumption increased steadily from 2.3 tonnes in 1982 to 15.6 tonnes in 1995, the highest level ever recorded. With the improvement of the management of pain, in particular cancer treatment, in an increasing number of countries, it is likely that morphine consumption will further increase in the years to come. The upward trend of dihydrocodeine consumption observed over the past two decades has also contributed to the increase in global consumption of opiates. Pholcodine consumption remained stable at around 7 tonnes in morphine equivalent while ethylmorphine consumption continued to decrease, falling to 2.9 tonnes in morphine equivalent in 1995.

65. Judging from the trends of recent years, the annual aggregate consumption of opiates is likely to rise steadily in the next few years.

(b) Production of opiate raw materials

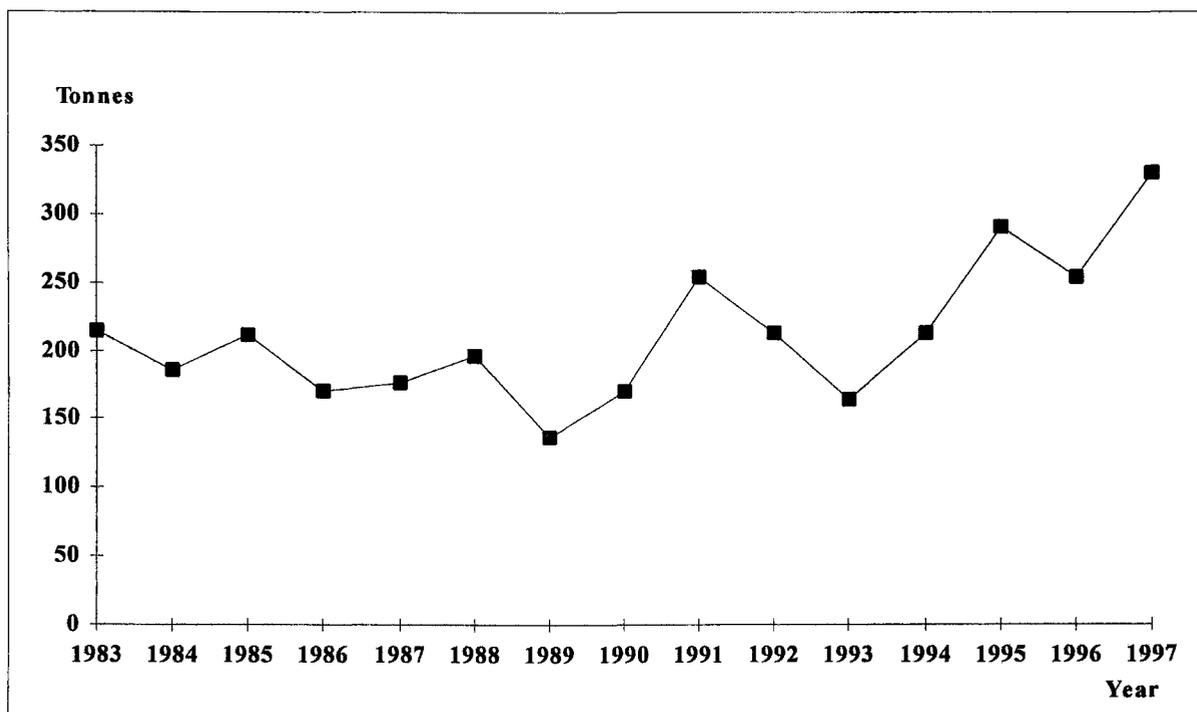
66. Since 1995, in response to the need to rebuild stocks of opiate raw materials and to meet the increasing demand for opiates, efforts have been made by the major producing countries to increase the production of these raw materials. As a result, actual global production of opiate raw materials reached 290 tonnes in morphine equivalent in 1995, the highest figure recorded in the past 15 years. In 1996, despite increased production in Australia and India, global production of opiate raw materials was 255 tonnes in morphine equivalent, considerably less than the 291 tonnes originally projected for that year. That shortfall was mainly the result of a sharp decrease in the area of opium poppy harvested in Turkey in 1996.

67. As shown in figure I, global production of opiate raw materials in 1997 is expected to increase under normal climatic conditions to approximately 330 tonnes in morphine equivalent, which would represent the highest level recorded in the past 17 years.

68. Australia, France and Spain have further increased their 1997 estimates for opium poppy cultivation areas. In Turkey, the estimated opium poppy cultivation area for 1997 remains at the same high level as for the previous two years. The total estimated area of 70,000 hectares has been licensed owing to the Government's success in increasing the number of applications received from licensed farmers. According to the Turkish Government, production can be expected to reach approximately 80 tonnes in morphine equivalent, a level similar to that of 1995, when 75.2 tonnes in morphine equivalent were produced. In India, as a result of the decision by the Government not to hire new cultivators for 1997, the estimate for the area of opium poppy cultivation for 1997 had to be reduced from 35,700 hectares to 32,000 hectares. However, with the increase in the minimum qualifying yield from 45 kg/hectare to 48 kg/hectare fixed for 1997 production, the Indian Government intends to attain a level of 107 tonnes

in morphine equivalent. The Board has calculated probable areas to be harvested and production of opiate raw materials based on differences between projections by Governments and actual production during the past 10 years (see table).

Figure I. Global production of opiate raw materials, in morphine equivalent, 1983-1997^a



^aFigures for the years 1996 and 1997 are based on advanced statistics and projections.

69. In view of the above, production in 1997 can be expected to contribute substantially to the accumulation of sufficient stocks of opium raw materials unless weather conditions are unfavourable.

(c) Balance between the production of opiate raw materials and the consumption of opiates

70. The relatively low production levels in 1993 and 1994, together with the increase in the global consumption of opiates in those two years, had a negative effect on the balance between global production of opiate raw materials and total consumption of opiates (see figure II). In 1995, however, because of a marked increase in production, particularly in India and Turkey, global production of opiate raw materials was well above total consumption of opiates: the balance amounted to about 54 tonnes in morphine equivalent. As current stocks of opiate raw materials are still considered insufficient to guarantee meeting demand requirements, particularly in years of poor harvest, global production will have to exceed total consumption in the next few years in order to achieve satisfactory stock levels. According to advanced statistical data provided by the major producing countries, global production of opiate raw materials in 1996 will probably exceed consumption of opiates by 14.5 tonnes in morphine equivalent. In 1997, production is expected to exceed total consumption by 80-90 tonnes in morphine equivalent, in view of the projected increase in all major producing countries.

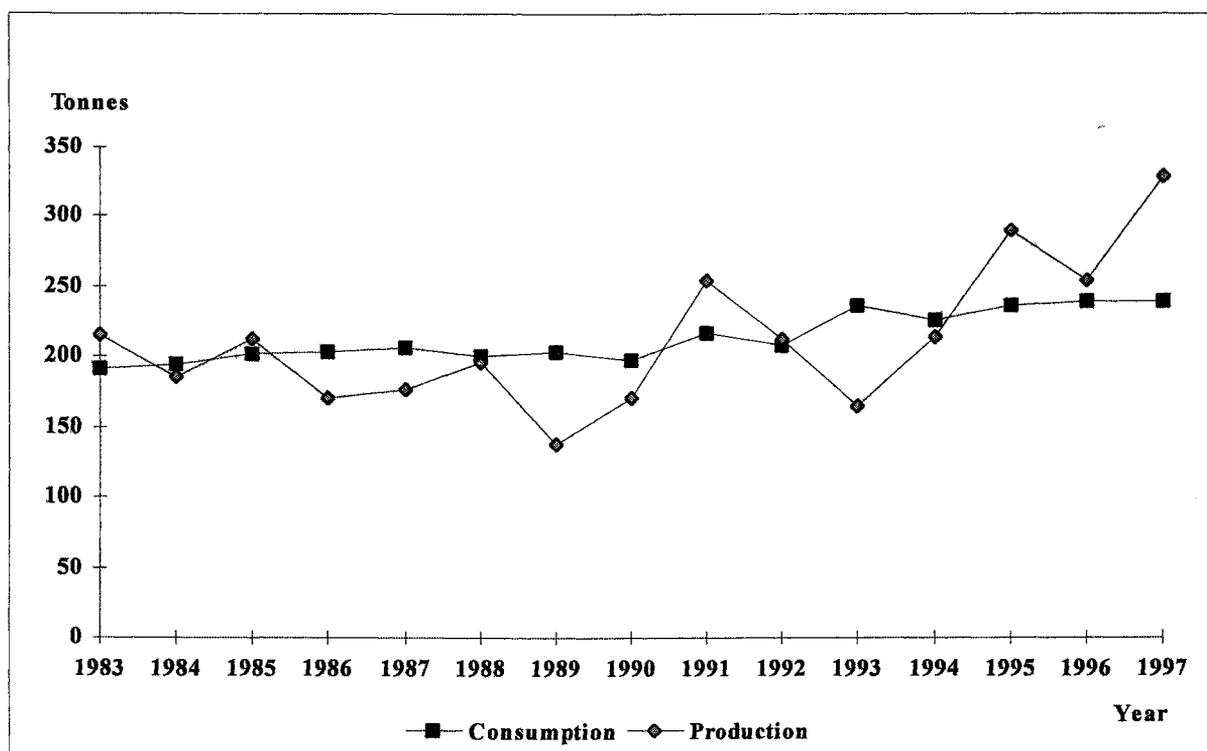
Production of opiate raw materials,^a consumption of opiates and balance between the two, 1983-1997
 (Area harvested in hectares; production, consumption and balance in tonnes of morphine equivalent)

Item	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997 ^b
Australia															
Area harvested	5 273	5 738	4 851	3 994	3 274	3 462	5 011	5 581	7 155	8 030	6 026	6 735	8 139	8 360	10 810 ^b
Production	41.4	42.3	49.4	38.5	31.8	38.5	38.8	43.0	67.5	89.8	66.9	66.0	55.6	79.2	104.6 ^b
France															
Area harvested	3 731	3 705	4 029	3 200	3 300	3 113	2 644	2 656	3 598	3 648	4 158	4 431	4 918	5 677	6 306 ^b
Production	12.7	23.2	20.7	15.7	16.6	21.4	13.4	19.5	30.2	21.8	28.8	32.9	48.9	40.8	49.4 ^b
India															
Area harvested	31 359	18 620	25 153	23 811	22 823	19 858	15 019	14 253	14 145	14 361	11 907	12 694	22 798	22 598	28 800 ^b
Production	113.8	53.4	86.8	75.1	76.8	63.8	53.9	48.0	43.1	54.3	38.1	46.8	80.7	84.9	100.8 ^b
Spain															
Area harvested	3 311	4 567	4 042	3 458	3 252	2 935	2 151	1 464	4 200	3 084	3 930	2 539	3 622	1 180	3 571 ^b
Production	11.4	17.3	11.2	5.6	12.3	10.8	5.7	8.0	24.2	12.8	9.0	5.2	4.2	4.3	8.6 ^b
Turkey															
Area harvested	7 002	12 569	4 902	5 404	6 137	18 260	8 378	9 025	27 030	16 393	6 930	25 321	60 051	11 942	28 455 ^b
Production	11.5	20.8	9.2	8.4	9.2	24.7	7.2	13.3	57.9	18.7	7.8	41.1	75.2	19.8	40.9 ^b
Other countries															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production	<u>23.9</u>	<u>28.8</u>	<u>34.6</u>	<u>27.1</u>	<u>30.3</u>	<u>36.9</u>	<u>18.4</u>	<u>38.0</u>	<u>31.2</u>	<u>14.9</u>	<u>13.2</u>	<u>21.5</u>	<u>25.5</u>	<u>25.5^b</u>	<u>25.5^b</u>
Total															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production (1)	214.7	185.8	211.9	170.4	177.0	196.1	137.4	169.8	254.1	212.3	163.8	213.5	290.1	254.5 ^b	329.8 ^b
Total consumption (2)															
	<u>191.9</u>	<u>194.0</u>	<u>202.1</u>	<u>203.1</u>	<u>206.8</u>	<u>200.8</u>	<u>204.1</u>	<u>197.3</u>	<u>217.6</u>	<u>208.4</u>	<u>236.7</u>	<u>225.6</u>	<u>236.0</u>	<u>240.0^b</u>	<u>240.0^b</u>
Balance															
((1) minus (2))	22.8	-8.2	9.8	-32.7	-29.8	-4.7	-66.7	-27.5	36.5	3.9	-72.9	-12.1	54.1	14.5 ^b	89.8 ^b

^aOpium or concentrate of poppy straw.

^bInternational Narcotics Control Board projections.

Figure II. Global production of opiate raw materials and consumption of opiates, in morphine equivalent, 1983-1997^a



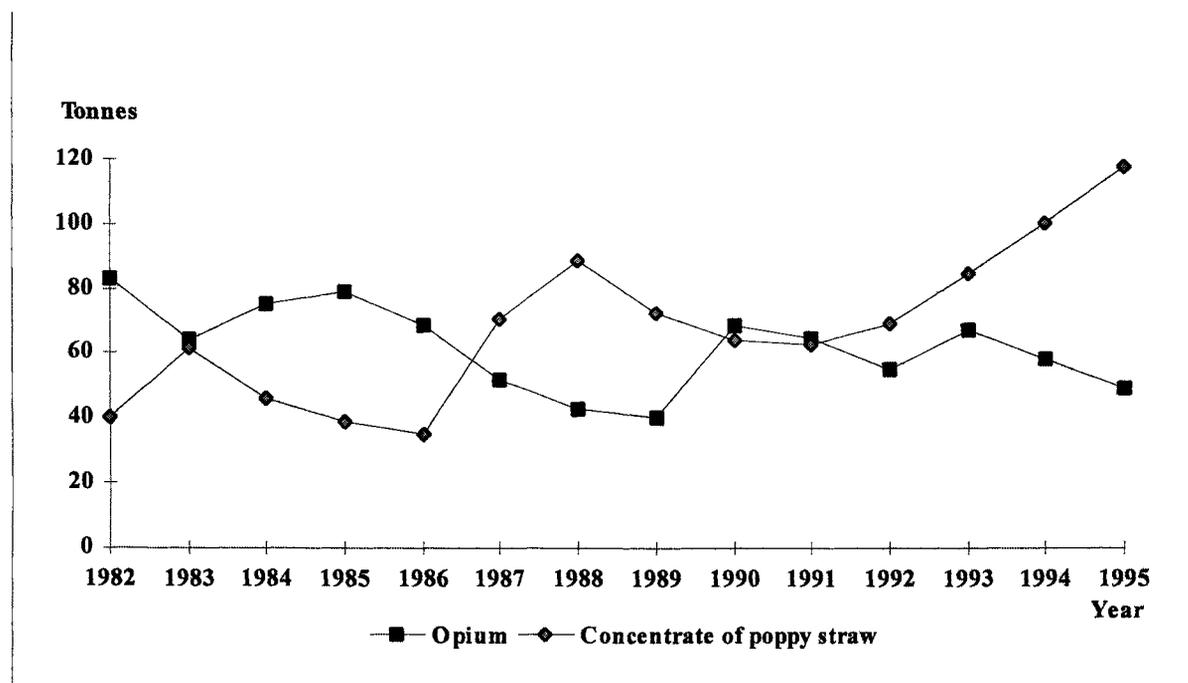
^aFigures for the years 1996 and 1997 are based on advanced statistics and projections.

(d) Exports and imports of opiate raw materials

71. In 1995, there was a further decline in the total amount of opium exported by India, only 48.9 tonnes being exported in morphine equivalent compared with 57.9 tonnes in 1994 and 66.8 tonnes in 1993. This was mainly due to significant reductions in the quantities imported by France, Japan and, above all, the United States. The United Kingdom imported only 2 tonnes of opium in morphine equivalent in 1995, thus maintaining the long established trend of relying largely on imported concentrate of poppy straw to satisfy its needs for opiates. Because of its difficult economic situation, the Russian Federation imported no opium in 1994 or 1995; it satisfied domestic demand in those years by releasing opium from special government stocks.

72. In contrast, international trade in concentrate of poppy straw has been rising continuously since 1991. As shown in figure III, exports of concentrate of poppy straw by the major producing countries continued their upward trend, reaching 118 tonnes in morphine equivalent in 1995. Turkey was the major world supplier of concentrate of poppy straw in that year, exporting 67 tonnes in morphine equivalent, representing 57 per cent of world total exports in 1995. Australia's net exports of concentrate of poppy straw in morphine equivalent in 1995 amounted to only 29 tonnes, the lowest figure recorded since 1990. That was because of a fall in production following a poor harvest caused by unfavourable weather conditions. In 1995, France exported 9.5 tonnes of concentrate of poppy straw in morphine equivalent and Hungary exported 7.1 tonnes. The United Kingdom and the United States continued to be the major importers of concentrate of poppy straw in that year, importing 41 tonnes and 31 tonnes in morphine equivalent respectively in 1995, a record level for each country.

Figure III. Exports of opium and concentrate of poppy straw, in morphine equivalent, 1982-1995



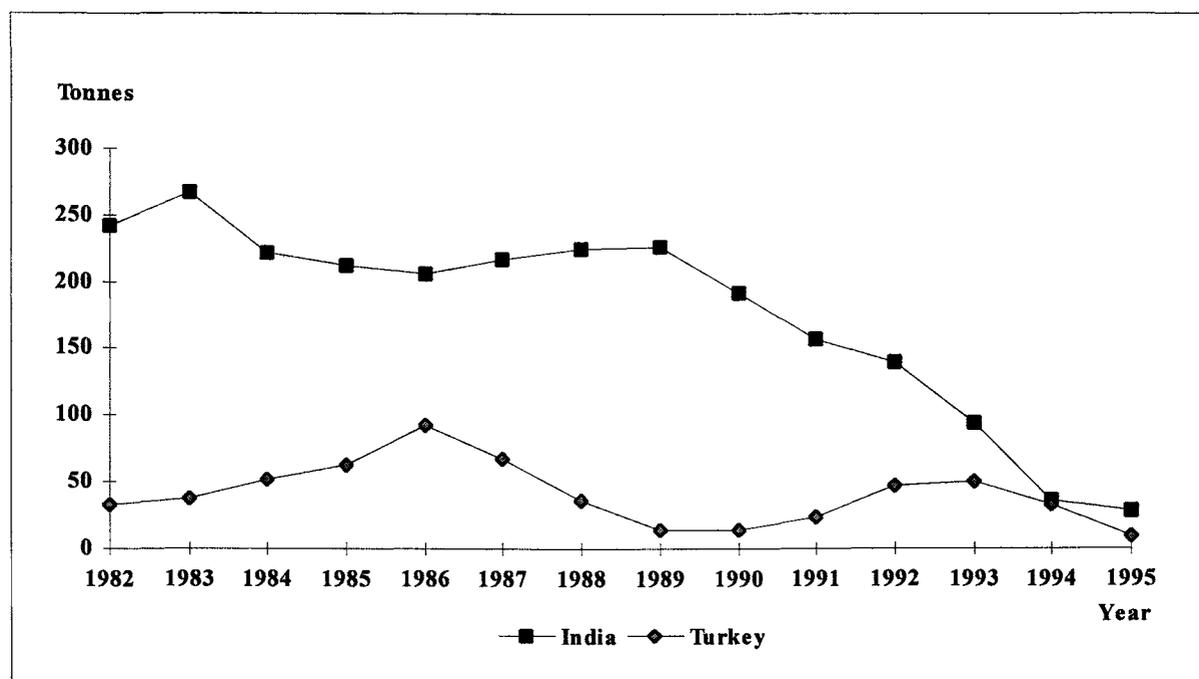
(e) Stocks of opiate raw materials

73. The opium stocks held by India dropped from 226 tonnes in morphine equivalent in 1989 to 36.9 tonnes in 1994 (see figure IV). In 1995, the stocks further declined to 28 tonnes in morphine equivalent. The stocks of concentrate of poppy straw held by Turkey fell considerably from the previous years' levels, to a total of 10 tonnes in morphine equivalent at the end of 1995, the lowest amount recorded since 1982. The combined stocks of concentrate of poppy straw held by Australia, France and Spain were approximately 10.5 tonnes in morphine equivalent at the end of 1995.

74. The Board notes the decreased stocks of opiate raw materials held by India and Turkey and hopes that the Governments will consider taking the necessary measures to raise their stocks to a level that will ensure an adequate availability of opiate raw materials also in years with unexpected poor harvests.

75. Pursuant to Economic and Social Council resolution 1995/19, on demand for and supply of opiates for medical and scientific needs, an informal consultation was organized during the thirty-ninth session of the Commission on Narcotic Drugs. It was concluded that there was a need to build up sufficient stocks of opiate raw materials in order to avoid shortages in the future. In response to that, efforts have been made by the major producing countries to improve their production planning for 1997.

Figure IV. Stocks of opiate raw materials, in morphine equivalent, India and Turkey, 1982-1995



B. Psychotropic substances

1. Status of the Convention on Psychotropic Substances of 1971

76. As of 1 November 1996, the number of States parties to the 1971 Convention stood at 146. Since the last report of the Board, Estonia, Gambia, Sao Tome and Principe, Switzerland, Turkmenistan and Yemen have become parties to that Convention.

77. Of the States that have yet to become parties to the 1971 Convention, five States, namely Azerbaijan, Eritrea, Georgia, Kazakstan and Tajikistan, have recently become independent and have yet to indicate their intention to succeed or otherwise adhere to the 1971 Convention. The Board reiterates its requests to those States to confirm their adherence to the 1971 Convention at the earliest possible date.

78. Austria is the only highly industrialized State that has not yet become a party to the 1971 Convention, although its Government has, since 1988, repeatedly stated at international forums and to the Board that it would shortly accede to that Convention. The Board took note of the decision made in April 1996 by the Government of Austria to accede to the 1971 Convention. The Board urges Austria to implement that decision and to expeditiously introduce an effective control system for all psychotropic substances, including the control of the import and export of substances in Schedules III and IV of the 1971 Convention.

79. Some States, namely Azerbaijan, Belize, Bhutan, El Salvador, Haiti, Honduras, Iran (Islamic Republic of), Kenya, Nepal, Oman, Saint Lucia, Saint Vincent and the Grenadines, Tajikistan and United Republic of Tanzania, which have not yet acceded to the 1971 Convention, have already become parties to the 1988 Convention. The implementation of the provisions of the 1971 Convention is,

however, a prerequisite for achieving the objectives of the 1988 Convention. Therefore, if the States concerned have not already done so, they should take immediate action to implement the provisions of the 1971 Convention. The Board hopes that all the States concerned will soon accede to that Convention.

80. The Board believes that control mechanisms for psychotropic substances already in place in some other States, including Andorra, Indonesia, the Lao People's Democratic Republic and Namibia, should enable those States to accede to the 1971 Convention promptly.

2. Cooperation with Governments

81. Approximately 170 States and territories annually provide the Board with statistical reports on psychotropic substances pursuant to article 16 of the 1971 Convention. The timely submission, comprehensiveness and reliability of the statistical reports indicate the extent to which Governments have implemented the provisions of the 1971 Convention and followed the recommendations of the Board, endorsed by the Economic and Social Council in its resolutions.

82. Unlike the situation with narcotic drugs, diversion of psychotropic substances from the licit manufacture and trade still occurs as a result of inadequate control mechanisms in some countries. Through its analysis of data received from Governments and subsequent investigation, the Board has assisted several countries in the identification of companies and individuals contravening domestic drug control regulations, including those diverting or attempting to divert psychotropic substances into the illicit traffic.

83. While most parties to the 1971 Convention have regularly submitted annual statistical reports, the Board is concerned about the fact that the requisite data have not been received for three or more years from the following States: Afghanistan, Bosnia and Herzegovina, Chad, Gabon, Gambia, Malawi, Mauritania, Rwanda, Somalia, the former Yugoslav Republic of Macedonia and Zambia. While some of these States have not been in a position to submit the statistical data for obvious political reasons, the Board urges the others to resume their reporting on psychotropic substances as soon as possible.

84. Several parties to the 1971 Convention have submitted annual statistical reports for 1995 after 30 June 1996, the deadline established by the Board for their submission. The Board is concerned about the fact that among these States parties to the 1971 Convention are some developed countries that are important manufacturers and exporters of psychotropic substances. The late submission of annual statistical reports makes it difficult for the Board to monitor the international movement of psychotropic substances. The Board urges all the Governments concerned to adopt organizational measures to ensure timely compliance with their reporting obligations.

85. A few parties to the 1971 Convention, including Belgium, Canada, Luxembourg and New Zealand, do not yet control international trade in all substances in Schedules III and IV of that Convention and do not report to the Board on exports and imports of some of those substances. This situation has led to a serious gap in the control of the international trade in psychotropic substances, a gap that could be exploited by drug traffickers.

86. The Board notes with satisfaction the adoption in Canada in 1996 of new legislation on the control of psychotropic substances. The Board trusts that regulations under this legislation will soon be promulgated to ensure the control in Canada of international trade in all psychotropic substances. The Board urges the Governments of Belgium, Luxembourg and New Zealand to put in place, as soon as possible, adequate measures for the control of international trade in all psychotropic substances, in conformity with their treaty obligations and the relevant resolutions of the Economic and Social Council.

A mission of the Board visited New Zealand in 1996 and discussed with the Government the control of the export and import of psychotropic substances (for details see paragraph 376, below).

87. The Board notes with appreciation that Governments of some importing countries have taken the initiative in drawing its attention to incidents in which their control measures for the import of psychotropic substances were disregarded by companies in exporting countries. The Board invites all Governments to keep it informed of violations by exporting and importing companies of control provisions for international trade in psychotropic substances. Governments should always investigate such cases and adopt appropriate measures to stop those violations.

3. Operation of the control system for international trade in substances in Schedules I and II of the 1971 Convention

88. The control system for licit international trade in substances in Schedules I and II of the 1971 Convention continues to work satisfactorily. In conformity with article 12 of that Convention, international trade in those substances is controlled by the system of import and export authorizations. In addition, pursuant to article 7 of the 1971 Convention, exports and imports of substances in Schedule I are restricted to small quantities needed for scientific and very limited medical purposes. For substances in Schedule II, the system of assessments (simplified estimates) has been in place since the early 1980s, providing Governments of exporting countries with a source of information on the legitimate needs for those substances in importing countries.

89. The knowledge of legitimate requirements for substances in Schedule II in importing countries facilitates the identification by the competent authorities of exporting countries of attempts to divert those substances by means of falsified import authorizations. It is noted with satisfaction that Governments of exporting countries continue to carefully review the authenticity of import authorizations for substances in Schedule II and consult the Board in cases of doubt. Several attempts by drug traffickers to divert very large quantities of such substances, mainly methaqualone and fenetylline, have been thwarted in recent years by Governments in close cooperation with the Board. No cases involving significant diversion of substances in Schedule II from licit international trade have occurred since 1990. It appears, therefore, that preparations containing amphetamines, fenetylline and methaqualone in the illicit traffic in various regions of the world originate almost entirely in the clandestine manufacture and not in the licit pharmaceutical industry.

4. Use of methylphenidate for the treatment of attention deficit disorder

90. The worldwide use of methylphenidate, a substance listed in Schedule II of the 1971 Convention, increased from less than 3 tonnes in 1990 to more than 10 tonnes in 1995. This global trend largely reflects developments in the United States, which accounts for approximately 90 per cent of total world consumption. Methylphenidate is used in the United States mainly for the treatment of attention deficit disorder (ADD)* in children. In Canada, the second largest user of methylphenidate, average consumption is approximately one half of that in the United States. The use of methylphenidate has also increased in several other countries in recent years, but it has remained substantially lower than in Canada or the United States.

91. In its report for 1995, the Board noted concerns of the competent authorities in the United States about the sharp increase in the use of methylphenidate in that country. Those concerns included the overdiagnosing of ADD, questionable promotional activities for methylphenidate, the diversion of the

*Called Attention-Deficit/Hyperactivity Disorder (ADHD) in the United States.

substance from licit distribution channels and an increase in its abuse. The Board expressed its concern at that situation.¹⁴

92. The Board notes with appreciation that following its expression of concern and following action by the competent authorities of the United States, proposals to weaken domestic control of methylphenidate in that country were withdrawn. The issue of the medical use of methylphenidate has also received increased attention by the medical community and the public in the United States.

93. In spite of these developments, the consumption of methylphenidate continues to rise in the United States. The competent authorities of the United States informed the Board that the use of the substance in that country was estimated at 10.5 tonnes in 1996 and was expected to rise to nearly 13 tonnes in 1997. The Board took note of reports that indicate that in some schools in the United States a very high percentage of students are receiving stimulants, primarily methylphenidate. With respect to abuse, according to estimates of the Drug Abuse Warning Network (DAWN) of the United States, the number of methylphenidate-related emergency room mentions for persons aged 10-14 has since 1990 increased more than 10 times and in 1995 reached the level of cocaine-related mentions for that age group.

94. The Board reiterates its previous request to the authorities of the United States to continue to carefully monitor future developments in the diagnosis of ADD in children and the extent to which methylphenidate and other stimulants (such as dexamfetamine and pemoline) are used in the treatment of ADD, in order to ensure that those substances are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention. The medical community in the United States is invited to continue to address the issue of increasing use of stimulants in the treatment of ADD. The Board notes with appreciation that a national consensus meeting on methylphenidate will be held by United States governmental agencies in 1997.

95. The Board reiterates its request to all Governments to exercise the utmost vigilance in order to prevent overdiagnosing of ADD in children and medically unjustified treatment with methylphenidate and other stimulants. The competent authorities of some of the countries in which methylphenidate is increasingly being used have informed the Board of their intention to initiate research on that issue. The Board welcomes such initiatives.

5. Control mechanism for international trade in substances in Schedules III and IV of the 1971 Convention

96. The control measures for international trade in substances in Schedules III and IV of the 1971 Convention have not prevented drug traffickers from diverting those substances from licit manufacture and trade. Since the mid-1980s, the Board has repeatedly urged all Governments to apply additional control measures to international trade in those substances. The Board has recommended controlling the import and export of substances in Schedules III and IV by means of the system of import and export authorizations and by a system of assessments (simplified estimates). Governments have been invited to include in their annual statistical reports to the Board details on imports and exports of those substances. All of those recommendations have been repeatedly endorsed by the Economic and Social Council in its resolutions, the most recent being resolutions 1991/44 and 1993/38.

97. At present, export and import authorizations are required by national legislation in more than 120 countries and territories for all substances in Schedule III and in 100 countries and territories for all substances in Schedules III and IV. In an additional 40 countries and territories, the requirement of import authorizations has been introduced for at least some substances in those schedules. A total of 160 Governments have informed the Board of their assessments (simplified estimates) of annual medical and scientific requirements for substances in Schedules III and IV. The Board has regularly forwarded the list of assessments to all exporting countries. Nearly 90 per cent of Governments have provided the

Board in their annual statistical reports with details on the countries of origin of imports and the countries of destination of exports for all psychotropic substances.

98. The Board welcomes the decision by Switzerland, a country that is a major manufacturer and exporter of psychotropic substances, to introduce the control of exports and imports of all substances in Schedules III and IV by the system of import and export authorizations as of January 1997.

99. In its report for 1995,¹⁵ the Board noted the recommendation of the follow-up conference on control of international trade in psychotropic substances in Europe, held at Strasbourg, France, from 18 to 20 October 1995, that parties to the 1971 Convention should propose an amendment under the simplified procedure (article 30) to make it a treaty obligation to apply the system of import and export authorizations for substances in Schedules III and IV and the system of assessments (simplified estimates) for substances in Schedules II, III and IV. The Board expects that the countries that participated in the conference will soon act on that recommendation.

100. The Board notes that the Economic and Social Council, in resolution 1996/30, requested it to establish assessments of annual licit domestic requirements for countries that had not yet submitted such assessments. The Board has carried out preliminary studies on its course of action to establish such assessments. The Board notes, however, that its implementation of the request of the Council is subject to the availability of additional human resources for its secretariat.

6. Prevention of diversion of substances in Schedules III and IV of the 1971 Convention

101. The Board appreciates the fact that most Governments have already established effective mechanisms for the control of exports of substances in Schedules III and IV of the 1971 Convention. Many Governments consult the Board regarding the legitimacy of suspicious import orders. In 1996, the Board and the competent authorities of several exporting countries carried out joint investigations into the legitimacy of more than 60 commercial orders, thereby preventing the diversion of large quantities of psychotropic substances from licit manufacture and trade into illicit channels. The Board would like to commend, in particular, the competent authorities of Germany and India for their vigilance in the control of exports of psychotropic substances.

102. The Board is concerned that competent authorities of some countries, including Cameroon, Myanmar and Senegal, have failed to respond to its repeated requests for confirmation of the legitimacy of import orders placed abroad by companies from those countries. Those orders were considered suspicious for various reasons by the competent authorities of exporting countries. Such lack of cooperation by the competent authorities with the Board may hinder the investigation of diversion attempts or may cause delays in the import of psychotropic substances required for legitimate purposes. It is hoped that the competent authorities of the countries concerned will promptly resume their cooperation with the Board.

103. The analysis by the Board of statistical reports on exports of psychotropic substances revealed that several Governments, including those applying the system of export authorizations for substances in Schedules III and IV, have not yet verified every import order against assessments (simplified estimates) of importing countries. Large quantities of psychotropic substances were approved for export by some Governments in Asia and Europe in spite of the fact that those quantities were higher than the assessments of legitimate requirements of the importing countries. In some cases, exported psychotropic substances were diverted into illicit channels.

104. The Board requests all Governments to systematically use as a guide assessments of annual legitimate requirements of importing countries when reviewing the legitimacy of import orders.

Exporting countries are urged to consult the Board in all cases when import authorizations or other supporting documents authorize imports in excess of the assessment of annual legitimate requirements of the importing country. Such cooperation between Governments and the Board is important in identifying attempts by traffickers to divert psychotropic substances by means of falsified import authorizations, the most frequently used method of diversion.

105. Exporting countries should exercise the utmost vigilance with respect to orders for the delivery of psychotropic substances to countries in which the political situation is unstable. In its report for 1995, for example, the Board referred to several orders for the delivery to Liberia of large quantities of capsules and tablets containing chlordiazepoxide and diazepam.¹⁶ Those orders had been supported by documents that traffickers had falsified or that Liberian authorities, misled by traffickers, had erroneously issued. After the publication of its report, the Board was informed that pemoline manufactured in Europe had been diverted into illicit channels through Liberia in 1995 by means of falsified import authorizations; the quantity of pemoline diverted was sufficient for the illicit manufacture of nearly 50 million tablets.

106. Pursuant to article 16 of the 1971 Convention, Governments are required to inform the Secretary-General of the name of the authority empowered in their country to issue import authorizations for psychotropic substances. This information is forwarded by the Secretary-General to all other Governments for reference purposes. The Board notes that in a few countries import authorizations for psychotropic substances issued by authorities are different from those communicated by their Governments to the Secretary-General. The Board requests the Governments concerned to correct such inconsistencies as soon as possible.

7. Control of exports of psychotropic substances in some European countries

107. Several countries in Europe, including some important manufacturers and exporters of psychotropic substances such as Austria, Belgium, Denmark, France, Ireland and United Kingdom, do not yet control the export of all psychotropic substances in Schedules III and IV of the 1971 Convention by the system of export authorizations. Traffickers may attempt to take advantage of such situations to divert psychotropic substances.

108. In Denmark, for example, where export authorizations are not required for substances in Schedule IV, the mechanism in place was not able to ensure, prior to export, that exporting companies observe the control measures for those substances in importing countries. In one such case, a company in Denmark exported in 1995 more than 1,700 kg of diazepam raw material to Nigeria while the assessment of annual legitimate requirements of Nigeria for that substance was only 700 kg. The investigation initiated by the Board revealed that Nigerian import permits, on the basis of which those exports had taken place, had been forged. The quantity of diazepam diverted from Denmark was sufficient for the illicit manufacture of several hundreds of millions of tablets. The Board urges European countries that do not yet control the export of all psychotropic substances in Schedules III and IV by the system of export authorizations to introduce such controls as soon as possible.

8. Diversion of psychotropic substances from domestic distribution channels

109. Significant quantities of psychotropic substances are diverted from licit domestic distribution channels into the illicit traffic. The substances are sold by traffickers for local abuse or are smuggled into other countries where illicit markets for the substances exist. In 1996, for example, several million tablets containing diazepam and chlordiazepoxide manufactured in Asia were seized in Nigeria during smuggling attempts. Similarly, large quantities of flunitrazepam tablets originating in some countries in Latin America were seized in the United States.

110. The Board encourages all Governments to cooperate closely in order to identify the companies and individuals involved in the diversion of psychotropic substances from domestic distribution channels. Governments of countries where large seizures are made should always provide relevant information to the Government of the country where the diversion originally took place, in conformity with the provisions of article 21 of the 1971 Convention. Governments should endeavour to obtain the cooperation of pharmaceutical manufacturers and distributors in the prevention of diversion and the investigation of diversion cases.

9. High consumption of stimulants as anorectics in some countries in the Americas

111. Statistical data submitted by Governments to the Board indicate that stimulants included in Schedule IV of the 1971 Convention, used as anorectics, are consumed in some countries in the Americas in much higher quantities than in other regions. The countries with the highest consumption rate for anorectics are Argentina, Brazil, Chile and the United States. A number of Governments of other countries have also reported increasing use of anorectics under international control, although to a much lesser extent (see figure V).

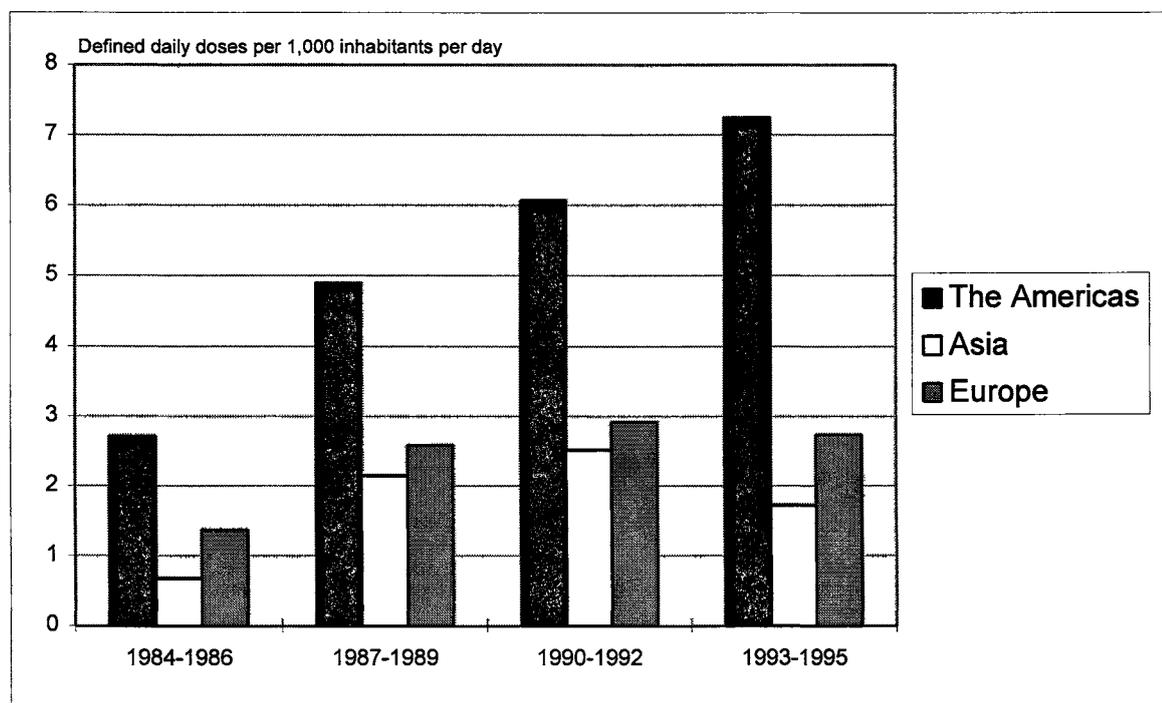
112. Governments of countries in which controlled anorectics are prescribed in high quantities should closely monitor the situation to prevent their overprescribing, which could lead to the abuse of these substances due to their stimulant properties. Those Governments should support educational campaigns to inform the medical and pharmaceutical community, as well as the general public, of the dangers of indiscriminate use of stimulants. The media in those countries should play an important role in promoting a more responsible attitude to the use of stimulants as anorectics.

113. The Board notes the concern of some Governments, especially in Latin America, at the large-scale dispensation of anorectics through prescription formulas, frequently in combination with other drugs affecting the central nervous system. The Board hopes that measures recently adopted by the Governments of Brazil and Chile to prevent the misuse of prescription formulas will be strictly implemented. The Board took note of information from Chile indicating the recent decline in the use of anorectics.

114. With regard to anorectics, the Board requests the Governments of all countries to strictly implement the provisions of article 10 of the 1971 Convention, which prohibits the advertisement of psychotropic substances to the general public. The Board is concerned about the activities of some medical practitioners and weight-reduction clinics in the United States that use Internet to promote the consumption of a preparation containing phentermine, a stimulant included in Schedule IV of the 1971 Convention, in combination with fenfluramine, a stimulant not under international control.

115. Cases involving diversion of anorectics from licit distribution channels into illicit markets have been reported in several countries. It has also been discovered that such stimulants are being smuggled into countries where illicit markets exist. In addition to peddling at the street level, health clubs, fashion shops and beauty farms have been identified as establishments through which such stimulants are illegally supplied. The Board urges all Governments to apply appropriate measures to stop the diversion of anorectics from licit manufacture and trade in order to prevent the further development of illicit markets for such substances.

Figure V. Anorectics listed in Schedule IV of the Convention on Psychotropic Substances of 1971: average national consumption, selected regions, 1984-1995^a



^aStatistical data submitted by Governments were used to calculate the average annual consumption for each three-year period. Data from the five countries with the highest consumption were included in the calculation for each of the selected regions.

10. Survey on the use of psychotropic substances as heroin adulterants

116. The Board undertook a survey on the use of psychotropic substances as heroin adulterants. The survey was carried out in close cooperation with the Governments of several countries throughout the world.

117. Phenobarbital was identified as the psychotropic substance most frequently used as an adulterant in seized heroin; it was followed by diazepam and flunitrazepam. Other psychotropic substances, including various barbiturates, benzodiazepines and methaqualone, were also reported as being occasionally present in seized heroin. The frequency of the presence of phenobarbital in heroin has declined steadily since the late 1980s. That decline has followed the strengthening of control measures for phenobarbital in countries that are major exporters of the substance. In recent years, not more than 5 per cent of the heroin samples analysed for the presence of adulterants have contained phenobarbital.

118. As indicated by the survey, there has been little systematic research regarding the use of various substances, including substances under international control, as adulterants in heroin. While some countries, including France, Spain, the United Kingdom and the United States, have undertaken more systematic studies on the issue, the information provided by most other countries has been based on information occasionally obtained during the analysis of seized heroin. The Board invites Governments to be vigilant with regard to the use of psychotropic substances as heroin adulterants. The Board would

appreciate being informed of any trends indicating an increased presence of psychotropic substances in seized heroin.

11. Abuse of and illicit trafficking in ephedrine in Africa

119. In 1996, the Board received information from several countries in Africa on the illicit traffic in preparations containing ephedrine and the abuse of that substance as a stimulant. The Board encourages the Governments concerned to bring such information to the attention of WHO in order to facilitate its review of ephedrine for possible inclusion in one of the schedules of the 1971 Convention.

120. The Board notes with concern that the authorities of some countries in Africa approved in 1996 imports of large quantities of ephedrine that appeared to be higher than the medical requirements for the substance in those countries. The Board requests all Governments in that region to exercise the utmost vigilance with respect to imports of ephedrine to ensure that only quantities needed for legitimate medical purposes are imported (see also paragraph 176).

C. Precursors

1. Status of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

121. As of 1 November 1996, a total of 137 States and the European Community had become parties to the 1988 Convention. That number represents 72 per cent of all the States in the world. Since the report of the Board for 1995 was issued, 18 States have acceded to the 1988 Convention: Belize, Botswana, Cuba, Ireland, Jamaica, Lebanon, Libyan Arab Jamahiriya, Malawi, Malta, Philippines, Sao Tome and Principe, Tajikistan, Gambia, Tonga, Turkey, Turkmenistan, United Republic of Tanzania and Yemen.

122. The Board welcomes this rapid development. It is particularly pleased to note that all the States in America are now parties to the 1988 Convention. Of the States that have not yet become parties to that Convention, 17 are in Africa, 15 are in Asia, 11 are in Europe and 11 are in Oceania. The Board requests again all those States that have not already acceded to the 1988 Convention to take, as a matter of priority, steps to establish the necessary mechanisms to implement fully the provisions of that Convention and to become parties to it as soon as possible.

2. Cooperation with Governments

123. The timely and comprehensive reporting of information to the Board as required by the 1988 Convention and the reporting of information required to detect suspicious transactions are the basis for the effective functioning of the international control system for precursors, as well as an indicator of the existence of adequate mechanisms to monitor precursors, appropriate coordination for data collection and relevant legislation.

124. As of 1 November 1996, a total of 117 States and territories had submitted to the Board information for 1995 relating to precursors pursuant to article 12 of the 1988 Convention. That figure represents 56 per cent of all the States and territories requested to provide information, a rate of return similar to that of previous years.

125. It is a matter of serious concern to the Board that nearly one half of the parties to the 1988 Convention again failed to submit the information required under article 12. Lack of reporting may indicate that the necessary framework and systems for adequate control are not in place. All those parties

to the Convention that have not already done so should, as a matter of urgency, review their relevant administrative mechanisms and take whatever concrete steps are required to enable them to start reporting to the Board.

126. As was announced in its last report,¹⁷ the Board for the first time requested, in respect of 1995, data on licit trade in, use of and requirements of substances in Table I of the 1988 Convention. That information was requested on a voluntary basis pursuant to Economic and Social Council resolution 1995/20. The Board notes that, as of 1 November 1996, 50 States and territories, including some major manufacturing, exporting and transit States in the Americas, Asia and Oceania, provided such information. Some others, including the European Commission, on behalf of the member States of the European Union, indicated that they would provide the information as of 1997.

127. Information on the licit movement of precursors is indispensable for preventing their diversion into illicit channels. As the Board has repeatedly emphasized in its reports, without such information competent national authorities could not monitor the movement of, and therefore would be unable to find suspicious transactions in, those substances in Tables I and II of the 1988 Convention as required under article 12. The Board again urges all States and territories that have not already done so to put in place, as a matter of priority, necessary mechanisms for such data collection and to provide the information to the Board, if necessary, on a confidential basis. The Board uses that information on a case-by-case basis to assist Governments in verifying the legitimacy of transactions.

3. Operation of the control system and prevention of diversion into the illicit traffic

128. The Board continues to examine action taken by Governments to implement the provisions of article 12 of the 1988 Convention. A detailed review of such action is given in the 1996 report of the Board on the implementation of article 12.¹⁸

(a) General operation of the control system and further action required

129. In 1994, the Board reported the discovery of cases involving large-scale diversion and attempted diversion of ephedrine.¹⁹ Based on those findings, it made specific recommendations for action.²⁰ In 1995, the Board highlighted special issues in precursor control;²¹ they were findings from other major cases involving diversion and attempted diversion that had been uncovered. The Board presented those cases in detail in its technical report.²² It then made proposals for further action that should be taken by Governments.²³

130. Governments have responded to those proposals. An increasing number of competent national authorities are requesting the assistance of the Board in verifying the legitimacy of individual shipments or otherwise advising it of transactions that they have authorized and of shipments about which they have sent inquiries directly to their counterparts. An increasing number of Governments are providing alerts to other Governments about attempts at diversion. More and more competent authorities are sharing and effectively utilizing findings from seizures of illicit laboratories and of precursors to identify trafficking groups.

131. Thus, for instance, in 1996, Governments, in cooperation with the Board, prevented the diversion of or, because of suspicion, stopped the shipment of at least 16 tonnes of ephedrine, which is used as a precursor for methamphetamine, a stimulant widely abused in various parts of the world. That amount would have allowed traffickers to manufacture illicitly more than 10 tonnes of methamphetamine, corresponding to up to 1 billion street doses. As an example, the diversion of a total of more than 300 tonnes of acetic anhydride, a key chemical for illicit heroin manufacture, was prevented by one country alone. From that quantity, approximately 120 tonnes of heroin might otherwise have been illicitly manufactured, a quantity equivalent to 1 billion street doses or almost 10 times the quantity of the drug

reported seized worldwide in 1995. As regards chemicals needed for cocaine manufacture, shipments totalling nearly 1,800 tonnes were stopped because of suspicion or irregularities. It is clear from these successes that it is becoming more difficult for traffickers to obtain the chemicals they require.

132. Many seizures of substances used in the illicit manufacture of drugs have occurred at the domestic level following the efforts of national law enforcement authorities. Large quantities of a wide range of chemicals used in the illicit manufacture of cocaine have been seized in Colombia. In India, investigations by customs authorities of trafficking in acetic anhydride have uncovered new methods of diversion, evidence that traffickers have tried to find ways around strengthened chemical controls in that country. New routes of diversion have also been identified, indicating that a large proportion of the acetic anhydride required for illicit heroin manufacture in south-west Asia is now diverted from or through member States of the Commonwealth of Independent States (CIS) in central Asia. The Board notes with appreciation that in North America tightened controls over ephedrine and pseudoephedrine have resulted in an estimated 250 tonnes of ephedrine and pseudoephedrine per year no longer being available for illicit manufacture.

133. Traffickers have turned to different methods for the illicit manufacture of methamphetamine. In particular, pharmaceutical preparations containing pseudoephedrine have been used in illicit manufacture in the United States. For other drugs such as amphetamines and hallucinogenic amphetamines such as methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") new methods of manufacture requiring different starting materials that are less well controlled have also been used.

134. It is true that substantial quantities of chemicals are diverted and reach the hands of traffickers in illicit laboratories. It is also true, however, that the controls in place, and the working mechanisms and operating procedures that have been developed to implement those controls, have had a serious impact on the availability of some chemicals. Through action taken by Governments using such controls, mechanisms and procedures to verify the legitimacy of transactions, often with the assistance of the Board, a number of major findings have been made.

135. Because relevant and accurate information is not always available, competent authorities often cannot establish whether a consignment is intended for legitimate purposes or not. Many competent authorities have therefore inquired of their counterparts in other countries or territories regarding the authenticity of individual transactions. By doing so, suspicious shipments have been identified and stopped or controlled deliveries have been arranged. In addition, to prevent traffickers from obtaining the chemicals that they require from different sources, major manufacturing and exporting countries need to be alerted to suspicious cases, particularly to stopped shipments. Some competent national authorities provide such alerts to their counterparts elsewhere and to the Board, and they in turn assist in passing on the alerts to others.

136. Examples of such cooperation, and the results, are given in the 1996 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁸ They provide a solid basis for the Board's decisions on what further action it should take.

(b) Rapid information exchange and other measures

137. Rapid information exchange between Governments has proved effective in identifying suspicious shipments and preventing diversions. The Board has been informed, for instance, that Belgium, China, Czech Republic, Germany, India, Switzerland and United States, as well as Hong Kong, regularly send importing countries information on exports of some, if not all, substances in Tables I and II or have otherwise been making inquiries, directly or through the Board, about the legitimacy of individual shipments. In working with Governments that exchange information on precursor shipments on a regular basis, the Board has identified a number of problems and issues that should be addressed. Some special

issues are highlighted below. For a detailed discussion of the issues, see the 1996 report of the Board on the implementation of article 12 of the 1988 Convention.²⁴

138. Mechanisms and systems for such rapid communication are not yet in place in all countries. The authorities of the exporting countries are frequently unable to be in touch immediately with the competent authorities of the importing countries, since often the identities of the competent authorities and their respective roles are not known. When they manage to do so and make inquiries before authorizing shipments to proceed, the competent authorities of the exporting countries often do not receive replies or do not receive them immediately. In the absence of apparent suspicion, in such situations the shipments would be allowed to proceed even though suspicion might later be established; such situations would also hinder legitimate trade. The Board contacts major exporting countries that regularly inquire about the legitimacy of transactions with a view to identifying those importing countries that do not respond to their inquiries.

139. When suspicion has been established, only a small number of Governments are currently able to take action to provide alerts to Governments that might be targeted by traffickers. Even when alerts about suspicious or stopped shipments are sent, they are sometimes shared only with the Governments of other countries in the region or only with Governments with which special bilateral agreements have been concluded. Such a situation makes those alerts less meaningful, as traffickers then target countries elsewhere.

140. The Board has noted a lack of monitoring of certain types of transactions. While, for instance, some Governments have put in place export controls, no mechanism exists to monitor their imports, thus making it difficult, if not impossible, to trace re-exports. All exporting and transit countries, particularly those in Europe, where there is a concentration of major manufacturing and exporting countries working through the European Commission, should examine the scope of their current controls over international trade and make amendments, where necessary. In other cases, a so-called "targeted approach" has been used, focusing on exports to "sensitive" areas. The Board wishes once again to draw attention to the fact that, as global controls have been tightened, traffickers have exploited each and every weakness that they have identified. In many cases, precursors have been shipped to neighbouring countries, out of which they are smuggled into other countries. Governments should be aware that any targeted approach can only be useful if all other transactions are, in fact, also monitored.

141. The Board has also noted a lack of uniform action by certain Governments. While some Governments exercise strict vigilance over their exports, often as a result of full cooperation with the industry, others do not. Legitimate industry in countries with tight controls may suffer if and when certain other countries do not apply the same level of vigilance, as the industry of countries with lax controls may consequently take undue advantage of the situation while allowing drug traffickers to benefit as well.

142. The Board requests all Governments to take whatever practical steps may be available to them to secure rapid communication exchange. Sharing of information is crucial. What types of information need to be shared and by whom are fully detailed in the 1996 report on article 12 of the 1988 Convention.¹⁸ It appeals to all competent authorities to provide immediate feedback on whatever they can possibly do at present. It urges all Governments to share alerts with other Governments concerned, setting out minimum information that will enable diversion attempts to be identified. Sensitive information can be, and will be, protected. The Board wishes to remind parties to the 1988 Convention that, in any case, it is an obligation under article 12 to make such notification to the competent authorities of all other parties concerned whenever it is believed that a transaction is destined for illicit drug manufacture. The Board has, for its part, accorded the highest priority in the area of precursor control to assisting Governments in securing rapid communication exchange to prevent diversion.

143. To that end, the Board is making specific proposals for further action and has summarized its previous recommendations in its 1996 report on the implementation of article 12 of the 1988 Convention.²⁵ Many of those recommendations have been incorporated into Economic and Social Council resolutions, which translate the general provisions of article 12 of the 1988 Convention into concrete means to enable full implementation of the obligations. There can be other means but parties must devise and take such concrete action. The Board also expects Governments and other parties that supported those resolutions to implement them without delay.

144. With regard to, in particular, the use of ephedrine or pseudoephedrine in the illicit manufacture or the abuse of those substances per se, the Board requests the governments of affected countries or territories to consider requiring authorizations for all imports of such substances. Governments of importing countries that have decided to take such a step should immediately inform the Board or other Governments to ensure that all other Governments concerned are aware of the relevant import requirement.

(c) Final observations

145. The Board supports all initiatives to facilitate the implementation of article 12 of the 1988 Convention. It has noted with satisfaction the successful outcome of the INCB/UNDCP Workshop on Precursor Control in South and South-West Asia and the Central Asian Republics, held at New Delhi from 19 to 23 August 1996. The Workshop was aimed at establishing working systems for sharing information within and between regulatory and enforcement authorities at the national, subregional and regional levels.

146. At the international level, the Board is pleased to note the Conference on International Chemical Control Communications, held at Bangkok from 10 to 12 July 1996. The Conference, sponsored by the Drug Enforcement Administration of the United States, brought together competent authorities from a number of important manufacturing and exporting countries and attempted to develop the basis for a global precursor communication network.

147. The Board is convinced that special attention should be paid to maintaining and developing cooperation between Governments and to facilitating the sharing of information worldwide. The recommendations adopted by workshops and conferences such as the above-mentioned ones in India and Thailand further support that view. The Board therefore has decided to convene an international meeting to help to develop cooperation and information exchange between national competent authorities and with INCB. It is proposed that the meeting be held in 1997.

148. Programmes of work at the national, regional and international levels must be established if practical results are to be achieved. The Board reminds all Governments that since the 1988 Convention came into force, much groundwork has already been done in outlining options for control, information requirements and approaches to information sharing. Governments should therefore review the findings and recommendations of earlier regional and international meetings that have dealt with those issues. In that connection, the Board urges all Governments and the relevant competent international bodies to prevent duplication of effort by building on existing systems for information sharing and, where necessary, by utilizing already existing tools and materials to develop training packages.

D. Free zones

149. In recent years, the Board has become increasingly aware of problems that Governments are facing in monitoring the licit trade in narcotic drugs, psychotropic substances and precursor chemicals channelled through free zones. Therefore the Board has requested the cooperation of Governments to review the implementation of the provisions of the international drug control treaties in free zones.

150. The diversion of controlled substances into the illicit traffic has taken place in free zones. While, in most countries, legislation provides for the same control and monitoring measures in free zones as in the rest of the country, in practice cooperation between competent drug control authorities and free zone authorities is often inadequate and actual control over the activities in such zones is lacking.

151. Inadequate international communication and cooperation are largely the result of difficulties in identifying whether transactions are destined for free zones. Therefore, the Board, in cooperation with Governments, will prepare a comprehensive list of all free zones in the world, indicating contact addresses and telephone and fax numbers.

152. In addition, the Board recommends that exporting countries, before allowing narcotic drugs, psychotropic substances and precursors destined for free zones to be shipped, or trans-shipped, especially substances not subject to import or export authorizations, should contact the authorities concerned in order to ensure appropriate surveillance.

153. Furthermore, as free zones are under customs control, the Board has contacted the Customs Co-operation Council (also called the World Customs Organization) and, as part of the current revision by that organization of the International Convention on the simplification and harmonization of Customs procedures,²⁶ concluded at Kyoto, Japan, on 18 May 1973, has proposed amendments to the guidelines regarding the monitoring of narcotic drugs, psychotropic substances and precursors in free zones, contained in annex F.1 to that Convention.

E. Substances beyond the scope of international control

154. In addition to the information on the abuse of or illicit traffic in narcotic drugs and psychotropic substances, the Board has received from more than one region reports on the non-medical use of or illicit traffic in the substances mentioned below.

155. The non-medical use of ephedrine, which is controlled as a precursor and not as a drug as such, has been reported in most regions in the world. In addition to ephedrine, the non-medical use of a great variety of *Ephedra*-based herbal preparations has been reported in different regions, most frequently in North America. Ephedrine or pseudoephedrine is the active ingredient in such preparations and the Board wishes to draw the attention of WHO and the Commission on Narcotic Drugs to the public health consequences connected with the misuse of such plant materials. That should be taken into consideration during the ongoing review of the current control status of ephedrine and pseudoephedrine.

156. There are continuous reports in Europe, North America and Oceania on seizures of khat (*Catha edulis*) originating in eastern Africa.

157. Sodium oxybate (*gamma*-hydroxybutyrate, also called GHB), is increasingly being used by young people who are abusers of "ecstasy"-type drugs.

158. The hallucinogenic properties of ketamine (an anaesthetic used mainly in veterinary medicine) are being exploited by some young drug abusers in Europe, North America and Oceania.

159. The abuse of inhalants (organic solvents) by street children in big cities has remained a major problem in South America, but the same social and health problem has been reported in most other parts of the world, above all in some countries in Africa, Asia, Central America and North America.

III. ANALYSIS OF THE WORLD SITUATION

A. Africa

1. Major drug problems

160. The cultivation of, illicit traffic in and abuse of cannabis are widespread in Africa. According to available seizure data, Morocco remains the major supplier of cannabis resin in illicit markets of Europe. Africa is being used for the trans-shipment of large amounts of Asian heroin and South American cocaine. There are signs of the propagation of local abuse of those narcotic drugs in some big cities; the abuse of crack is already creating problems in South Africa and in several countries in western Africa. The abuse of stimulants continues in many countries in the region. The abuse of methaqualone is more prevalent in southern and eastern Africa than in other parts of the continent. Despite the efforts of the Government of India, illicit methaqualone shipments still arrive from India in Africa, but seizures of precursors might be regarded as a sign of local methaqualone manufacturing. Substantial amounts of benzodiazepines find their way, mainly from Asia and Europe, to illicit markets in Africa.

2. Treaty adherence

161. Since the last report of the Board was published, the Gambia has become a party to the 1961 Convention, the Gambia and Sao Tome and Principe have acceded to the 1971 Convention and Botswana, Gambia, Libyan Arab Jamahiriya, Malawi, Sao Tome and Principe and United Republic of Tanzania have become parties to the 1988 Convention. Of the 53 States in Africa, 43 are parties to the 1961 Convention, 41 are parties to the 1971 Convention and 36 are parties to the 1988 Convention.

162. The Board urges the Governments of Angola, Central African Republic, Comoros, Congo, Djibouti, Equatorial Guinea, Eritrea, Mozambique and Namibia, which are not parties to any of the three main international drug control treaties, to accede to those treaties.

3. Regional cooperation

163. The Board appreciates the adoption of a plan of action for drug control in Africa by the Assembly of Heads of State and Government of the Organization of African Unity (OAU) in July 1996, as well as the ratification in August 1996 of the protocol for drug control (adopted in 1995) by the 12 member States of the Southern African Development Community. The Board notes with satisfaction the commitment of African regional and subregional organizations to increase their cooperation and activities in the field of drug control and invites the international community to support this regional cooperation.

164. In April 1996, the secretariat of the Board participated in a seminar for trainers of pharmacy inspectors organized by UNDCP in Côte d'Ivoire. The training seminar was part of a capacity- building project in western Africa. The Board appreciates the interest of the Governments of the 16 participating countries from that subregion because control over the distribution of drugs for medical purposes is generally weak.

4. National legislation, policy and action

165. There are only a few African countries that have made progress in the updating of their drug control laws. The Board urges countries that have received intensive legal assistance from UNDCP for many years to speed up the process of the adoption of adequate drug control legislation and invites OAU to assist those countries in the fulfilment of that task.

166. The Board welcomes the creation of interministerial committees in a number of countries in central, eastern and western Africa and urges the Governments of those countries to ensure the proper functioning of those committees.

167. There are few countries in Africa where national drug control strategies exist. The Board appreciates the fact that Burkina Faso, Egypt, Namibia and Nigeria have formulated such strategies and invites the other African countries to follow their example.

168. The Board notes with satisfaction the creation in December 1995 of an anti-drug commission in Morocco called Unité de coordination de la lutte antidrogue and appreciates the undertaking in January 1996 of Operation Mains Propres that led to the arrest and prosecution of several well-known drug traffickers.

5. Cultivation, production, manufacture, trafficking and abuse

(a) Narcotic drugs

169. Cannabis grows wild and is illicitly cultivated in many African countries. Large-scale illicit cannabis cultivation and trafficking continue in Morocco, but there have been reports of such activity in many parts of Africa. The extent of illicit cannabis cultivation in South Africa was estimated to be 82,000 hectares in 1995. The destruction of some illicit cannabis fields has been reported in several countries in the region.

170. In 1995, 110 tonnes of cannabis resin were seized by the national authorities in Morocco. In January 1996, a seizure of 36 tonnes of cannabis resin of Moroccan origin was made in Spain. Eastern and southern African seaports are frequently used for the trans-shipment of cannabis resin originating mainly in Asia and destined for Europe or North America.

171. Widespread cannabis abuse has been reported in every subregion of the continent.

172. African countries continue to be used as transit States for large-scale illicit trafficking in heroin. Heroin is transported from south-west and south-east Asia to African seaports and airports and further to Europe and North America, contributing to the spread of heroin abuse in a few capital cities in Africa. Heroin abuse is already considered a serious problem by national authorities in Mauritius, Namibia and South Africa.

173. In Egypt, increasing illicit cannabis and poppy cultivation was reported in the Sinai, but successful eradication campaigns have been carried out by national authorities.

174. Increasing amounts of cocaine are being smuggled out of South America (mainly Brazil), through eastern, southern and western Africa and into Europe. It is estimated that 60 per cent of the cocaine shipped to South Africa passes through that country and that the rest is consumed locally. Crack is manufactured locally in South Africa and in some countries in western Africa; its abuse is on the rise.

(b) Psychotropic substances

175. The illicit traffic in and abuse of methaqualone continue in eastern and southern Africa. Methaqualone of Indian origin is smuggled in bulk or in tablet form into Africa. In 1995, a methaqualone laboratory was dismantled in Mozambique and controlled delivery of chemicals from Germany led to the seizure of a laboratory in South Africa. Attempted diversion and seizure of

precursors for methaqualone (*N*-acetylanthranilic acid, anthranilic acid and *o*-toluidine in Kenya and South Africa) were also reported.

176. Large-scale illicit trafficking in and abuse of stimulants appear to continue in Africa. The lack of proper control over the pharmaceutical supply system and the existence of street markets facilitate the free availability of stimulant tablets. Amphetamine-type stimulants are the most frequently abused stimulants, but the popularity of ephedrine tablets is on the rise. In western Africa, ephedrine, imported in bulk, is usually used for the manufacture of ephedrine tablets and not for the clandestine manufacture of amphetamines. The quantities of ephedrine imported by some African States seem very large compared with the quantities imported by other States. The Board invites the public health authorities of those States to evaluate, with the assistance of WHO, their real medical needs for ephedrine. The clandestine manufacture of methamphetamine has been reported in Egypt.

177. There have been frequent reports on the abuse of sedatives in central, eastern, southern and western Africa. Diazepam, flunitrazepam and secobarbital are frequently mentioned in those reports. More than 20 million chlordiazepoxide and diazepam tablets were seized in the first half of 1996 in Nigeria.

6. Missions

178. In March 1996, the Board sent a mission to Malawi. Although Malawi is a party to the three international drug control treaties, its national legislation is not yet in harmony with them. The Board recommends to the Government the development and adoption of new drug control legislation, based on the model offered by UNDCP.

179. The Board is aware of the great economic and other difficulties of Malawi, including the lack of resources. It would nevertheless appreciate efforts by the Government to strengthen the national drug control administration and its law enforcement services. The Board recommends the Government to request assistance from the international community for training and equipment.

180. In March 1996, a mission of the Board visited Zambia. One of its objectives was the assessment of the progress made since the last mission of the Board in the implementation of the provisions of the three international drug control treaties, to which Zambia is a party, including its reporting obligations.²⁷ The Board reiterates its recommendation to the Government to accede to the 1972 Protocol amending the 1961 Convention.

181. In the opinion of the Board, the Government of Zambia should update its regulations for the control of legal trade in psychotropic substances, including the list of substances under control. The Board recommends the introduction of a system of import and export authorizations for substances in Schedules III and IV of the 1971 Convention. The Government of Zambia should also adopt legislation on precursor control and money-laundering.

B. Americas

1. Central America and the Caribbean

(a) Major drug problems

182. Countries both in Central America and in the Caribbean suffer from the increasing transit traffic in illicit drugs. Cannabis, cocaine and heroin are transported from South America to North America through Central American countries; the territories of the Caribbean States are used as trans-shipment

points for cannabis and cocaine consignments from South America destined for Europe. The same countries are also used to trans-ship chemicals originating mainly in Europe or the United States to clandestine cocaine laboratories in South America or to smuggle methamphetamine precursors out of Asia and Europe and into Mexico or the United States. Illicit traffickers often benefit from the relatively weak drug control structures in many countries in the region and the lack of experience in monitoring chemicals.

183. Increasing drug-related crime, corruption, drug abuse and money-laundering are the side effects and consequences of the large-scale illicit drug trafficking.

(b) Treaty adherence

184. Since the last report of the Board was published, Belize, Cuba and Jamaica have become parties to the 1988 Convention. Of the 22 States in Central America and the Caribbean, 18 are parties to the 1961 Convention, 16 are parties to the 1971 Convention and all are parties to the 1988 Convention. The Board urges the Governments of Belize, El Salvador, Grenada and Saint Vincent and the Grenadines to accede to the 1961 Convention and the Governments of Belize, El Salvador, Haiti, Honduras, Saint Lucia and Saint Vincent and the Grenadines to become parties to the 1971 Convention.

*(c) Regional cooperation**

185. The Board welcomes the memorandum of understanding signed in May 1996 by the Governments of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama on the harmonized development of their national legislations on money-laundering, precursor control and other drug-related matters. The Board urges the signatory Governments to fulfil their obligations as soon as possible. The Board has drawn the attention of Governments in Central America and the Caribbean to the necessity of preventive action against money-laundering.²⁸ While the Board appreciates the increasing cooperation between Caribbean countries within the framework of the Caribbean Financial Action Task Force, it reiterates its appeal to Governments to adopt legislation against money-laundering.

186. The Board hopes that the adoption in May 1996 of the Barbados plan of action, which is aimed at the harmonization of national programmes in individual Caribbean countries, will lead to the development of appropriate mechanisms for the coordination of national policies and strategies and to increased cooperation in legal matters, as well as in law enforcement action.

187. The Board urges Governments in Central America and the Caribbean to increase their bilateral and multilateral drug law enforcement efforts. The usefulness of such cooperation has been demonstrated by the large cocaine seizures resulting from joint operations involving Belize and Mexico.

188. The Board hopes that the six States that developed a new Central American convention against money-laundering (Convenio Centroamericano para la Prevención y la Represión de los Delitos de Lavado de Dinero, Activos y Delitos Conexos), namely Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, will ratify and implement that convention as soon as possible.

(d) National legislation, policy and action

189. There are signs that territories of countries both in Central America and in the Caribbean are used by illicit traffickers for the trans-shipment of precursors and chemicals needed in illicit drug manufacture

*See also paragraph 227, below.

from Asia, Europe or the United States to South America. Since it was detected that large quantities of ephedrine were being smuggled out of Asia and Europe, through Guatemala and into Mexico and the United States for the illicit manufacture of methamphetamine,²⁹ attempts to trans-ship ephedrine and pseudoephedrine through other Central American countries have been reported. The Board welcomes the introduction of administrative measures for the monitoring of those precursors and other chemicals in Costa Rica, El Salvador, Guatemala and Honduras. The Board urges the other countries in Central America and the Caribbean to follow that example and to introduce or strengthen the control of such chemicals, *inter alia*, by adopting the necessary legislation.

190. The Board takes note with appreciation of the creation in Honduras of an investigative unit within the civil police that is specialized in dealing with financial crime. The Board urges the Government to further improve its capacity to fight money-laundering by speeding up the adoption by Congress of the legislation against money-laundering that was submitted to it in 1995.

191. The Board invites the Government of Belize to proceed with the development of national laws needed for the implementation of provisions of the 1988 Convention, which has recently been ratified by Belize.

192. The Board welcomes the recent release of the results of a survey conducted in Belize on the extent of drug abuse among young people. More than 15,000 students were surveyed. Crack abuse was noted even among children in primary schools. The very young age at which crack is being abused is a signal to national bodies in the region warning them that it is time for intervention.

(e) *Cultivation, production, manufacture, trafficking and abuse*

(i) *Narcotic drugs*

193. Cannabis continues to be cultivated in varying degrees for domestic abuse in most countries in Central America and the Caribbean. Eradication is regularly carried out in most Central American countries. In the Caribbean, 13 million cannabis plants, covering more than 1,000 hectares, were destroyed and 127 tonnes of cannabis were seized in 1995. Cannabis continues to be smuggled out of the Caribbean countries, mainly Jamaica and Saint Vincent and the Grenadines.

194. Illicit opium poppy cultivation and the eradication of opium poppy cultivation sites were reported only in Guatemala. Despite the increasing illicit traffic in heroin through the region, there have been no signs of heroin abuse.

195. Small-scale illicit cultivation of coca bush has been reported only in Panama, where efforts to eradicate such cultivation are regularly made.

196. The large-scale illicit traffic in cocaine remains the biggest drug problem in the region. Most of the cocaine is transported across Central America and the Caribbean, but increasing domestic cocaine abuse has been reported in most countries; after cannabis, cocaine is the most frequently abused drug. In the Caribbean, laboratories engaged in the transformation of coca base or coca paste into crack have been detected in several countries.

(ii) *Psychotropic substances*

197. The abuse of psychotropic substances is not considered a major problem in most countries in Central America and the Caribbean. However, the Board continues to urge Governments in the region to introduce controls to regulate the pharmaceutical supply system because in most countries in the

region pharmaceutical products containing psychotropic substances are not always prescribed, dispensed and distributed in conformity with the provisions of the 1971 Convention.³⁰ Such situations are usually contributing factors to the propagation of abuse.

(f) Mission

198. A mission of the Board visited El Salvador in September 1996. The Board urges the Government of El Salvador to accede to the 1961 Convention and to the 1971 Convention, to develop and adopt a comprehensive legislation for drug control in conformity with the provisions of those conventions and the 1988 Convention and to improve the coordination of the drug-related activities of ministries and other national bodies.

199. The Board appreciates recent positive developments in El Salvador such as the adoption of a penal code, the well-advanced revision of a number of laws and the strengthening of the national civil police. The Board notes with satisfaction that prescription obligation for the dispensing of narcotic drugs and psychotropic substances was introduced in the country in 1995 as a first step towards the adequate regulation of the licit trade in those drugs.

200. The Board appreciates the introduction of a nationwide educational programme for drug prevention in schools in El Salvador and invites countries in the region without such programmes for reducing illicit drug demand to follow that example.

2. North America

(a) Major drug problems

201. The extent of drug abuse is different in each of the three countries in North America: the prevalence of drug abuse cases is lowest in Mexico and highest in the United States. The biggest illicit drug market in the world is in the United States. Efforts to reduce illicit drug demand and supply and the comprehensive drug strategy led to positive results in the 1980s and early 1990s; however, recently the incidence of abuse of cocaine, cannabis and hallucinogens among youth in that country has been increasing. Illicit manufacture of amphetamine derivatives and increasing indoor cannabis cultivation are affecting the United States and Canada. In Mexico, the illicit cultivation of cannabis, the illicit manufacture of methamphetamine and the illicit transit traffic in cocaine and other drugs are problems to a large extent connected with the drug abuse situation in the United States.

(b) Treaty adherence

202. All three countries in the region are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention.

*(c) Regional cooperation**

203. There is close cooperation in drug-related matters between the three countries in the region, in particular between their law enforcement services. All of the countries are engaged in a number of international drug control programmes and activities.

*See also paragraph 227, below.

(d) National legislation, policy and action

204. The Board appreciates that the Controlled Drug and Substances Act was passed by the Parliament of Canada in June 1996. That legislation gives the Government the authority to control all psychotropic substances as required by the 1971 Convention and to control precursor chemicals in compliance with the provisions of the 1988 Convention. The Board trusts that the regulations necessary to allow the Government to exercise such control will be introduced soon.

205. In the United States, a comprehensive law enforcement, treatment and prevention strategy against methamphetamine abuse has been developed. The Board hopes that the new strategy will improve the coordination of efforts by the federal, state and local authorities to fight the illicit manufacture of, traffic in and abuse of methamphetamine.

206. In October 1995, Mexico adopted a national drug control plan for the period 1995-2000, which takes into account the results of the five-year plan for the period 1989-1994. The Board appreciates the comprehensive approach of the strategy of the Government of Mexico, which includes the general policy, the coordination of administrative and operational activities and the evaluation mechanism (see also paragraph 219, below).

(e) Cultivation, production, manufacture, trafficking and abuse

(i) Narcotic drugs

207. Cannabis is cultivated to a large extent in the three countries in North America. The Board appreciates the successful efforts of the Government of Mexico, which in 1995 resulted in the eradication of about 21,600 of an estimated 32,000 hectares of cannabis in that country. The Board notes with satisfaction the reports from the United States on the eradication of 373 million cannabis plants. At the same time, the Board expresses its concern about the increase in domestic cannabis cultivation in Canada and the United States. About 50 per cent of the cannabis supply in Canada appears to be from domestic, mainly hydroponic, cultivation. In Mexico, law enforcement authorities seized 780 tonnes of cannabis in 1995 and 400 tonnes of cannabis in the first half of 1996. In the United States, law enforcement authorities seized 455 tonnes of cannabis in 1995.

208. Cannabis remains the main drug of abuse in the region. Its abuse is most prevalent in the United States. According to estimates from the National Household Survey on Drug Abuse, in 1995, of the 12.8 million estimated monthly abusers of illicit drugs, 77 per cent (9.8 million individuals) were cannabis abusers. That figure is 50 per cent less than the figure for 1979. The monthly abuse rate among youth, however, increased from 8.2 per cent in 1994 to 10.9 per cent in 1995. This situation is said to be related to changing attitudes about the perceived risk of cannabis abuse among young people aged 12-17. These attitudes, i.e. that cannabis is not harmful, are in contrast with the findings of DAWN, which show a steady increase in cannabis-related emergency-room visits.

209. In two states in the United States, referendums were approved in November 1996 which would, if implemented, permit a broad use of cannabis, for alleged medical purposes. The Board appreciates the firm stand of the authorities of the United States against such indirect but evident attempts to legalize cannabis. The Board notes with concern that well-financed, non-profit foundations sponsor institutions that are developing strategies for the legalization of drugs.

210. The Board appreciates the eradication in 1995 of more than 15,000 hectares of poppy fields by the authorities in Mexico, where total illicit poppy cultivation has been estimated at 22,900 hectares. In the United States, 1,146 kg of heroin were seized in 1995, a significant decrease compared with the more

than 2 tonnes seized in 1994. According to estimates of the National Household Survey on Drug Abuse, there were about 200,000 monthly heroin abusers in the United States in 1995, an estimate significantly higher than that for 1994. The survey did not include the marginalized population of the country, where the incidence of heroin addiction is the highest. In the marginalized population, intravenous injection remains the most frequent form of drug administration; in other segments of the population, heroin smoking or inhalation is on the increase. The prevalence of inhalation techniques of heroin abuse rose from 4.4 per cent (in 1988) to 18.8 per cent (in 1995). In the United States, the majority of heroin abusers are also abusing other drugs or substances: according to DAWN estimates, in 1995, 59 per cent of cases of heroin abuse were associated with cocaine abuse and 55 per cent of heroin abusers were also abusers of alcohol.

211. The abuse of synthetic opioids has been reported in the United States. Cases involving diversion and theft of hydrocodone, oxycodone, pethidine (also known as meperidine in the United States) and dextropropoxyphene were frequently recorded in 1995.

212. In 1995, about the same amount of cocaine was seized as in the previous years in Mexico (approximately 22.5 tonnes) and in the United States (approximately 100 tonnes). According to the National Household Survey on Drug Abuse, in 1995, 1.45 million people abused cocaine on a monthly basis in the United States. That figure is low compared with the 1979 figure of 5.7 million abusers, the highest figure recorded, but it does not show any decrease compared with the figure for 1994. There was a significant increase in the monthly cocaine abuse rate among youth (0.8 per cent in 1995 compared with 0.3 per cent in 1994). Cocaine continues to be predominantly abused by smoking. Crack supplies remained abundant everywhere in the United States and an increase in the number of cocaine-related emergency cases was recorded by DAWN in 1995, representing over one fourth of all drug-related cases.

(f) Psychotropic substances

213. The illicit manufacture and abuse of methamphetamine continue to create problems in Canada and the United States. Seizures of methamphetamine precursors more than tripled in 1995 in the United States, reaching over 35 tonnes. Besides domestic clandestine laboratories, laboratories located in Mexico have remained major suppliers of the illicit methamphetamine markets in the United States. Abuse of other synthetic stimulants is also widespread.

214. The Board notes with appreciation the initiatives of the authorities and scientific bodies of the United States aimed at evaluating the experience gained in prescribing methylphenidate for the treatment of ADD (called ADHD in the United States), as recommended by the Board, and welcomes the organization of conferences to review the use of stimulants for such purposes and to assess the problems connected with the misdiagnosis of the illness, possible overprescription and abuse (see paragraphs 90-95, above).

215. Illicit methamphetamine manufacture also takes place in Canada, where one of the largest and most sophisticated clandestine laboratories ever discovered in North America was dismantled by the law enforcement authorities in 1996. The laboratory had been in operation for at least four years, producing substantial amounts of MDMA ("ecstasy") and lysergic acid diethylamide (LSD).

216. Increasing abuse of LSD and other hallucinogens has been reported in the United States; the monthly abuse rate among the youth increased in 1995 to 1.7 per cent from 1.1 per cent in 1994. Almost two thirds of LSD abusers seeking treatment in 1995 were under the age of 20. Widespread abuse of MDMA ("ecstasy") by young adults continues to be reported in many cities in the United States, often in conjunction with "rave" parties and rock concerts. In Canada, in 1995, law enforcement authorities

seized a shipment of ergotamine of Indian origin that was so large that approximately 50 million doses of LSD could have been manufactured from it.

217. There have been reports on the abuse of several benzodiazepines in the United States, but the rapid spread of flunitrazepam abuse is currently the main concern of the national authorities. This short-acting benzodiazepine is not marketed in the United States. It is smuggled into the country out of other countries, where it is diverted from licit sources. A new law in the United States has increased penalties for illegal possession of and illegal trade in flunitrazepam. According to DAWN estimates, in 1995, the number of benzodiazepine-related emergency cases continued to increase: they constituted nearly 70 per cent of the cases involving licit narcotic drugs or psychotropic substances. In the United States, alprazolam remains the most frequently abused benzodiazepine, followed by diazepam and clonazepam, the abuse prevalence of the latter drug having increased by 650 per cent between 1988 and 1995.

(g) Mission

218. A mission of the Board visited Mexico in September 1996. The Board appreciates that the Government of Mexico has given priority in its overall development plan for the period 1995-2000 to the fight against drugs and that the restructuring of its drug-related agencies, which started at the end of 1994, is to be completed in 1997. The Board trusts that legislation against organized criminality and against money-laundering will be adopted and implemented soon.

219. The Board appreciates the successes of Mexican law enforcement services in the fight against the illicit cultivation of narcotic plants and the illicit manufacture of and traffic in narcotic drugs and psychotropic substances (see paragraph 206, above).

220. The Board notes with satisfaction the development of programmes for the prevention and treatment of drug abuse and the continued epidemiological studies on drug abuse in Mexico, as well as the harmonization of the drug abuse surveys in that country with those of other countries (for example, the United States), enabling direct comparisons to be made.

221. In 1993, for example, in Mexico the lifetime prevalence abuse rates were 3.3 per cent for cannabis, 0.5 per cent for cocaine, 0.1 per cent for heroine and 0.3 per cent for hallucinogens, compared with 37.7 per cent, 11.3 per cent, 1.1 per cent and 8.7 per cent respectively in the United States.

222. The Board urges the Government of Mexico to strengthen the control over the licit drug supply, from the manufacturing stage to the dispensing stage. The Board, noting that Mexico has introduced the monitoring of precursors for methamphetamine, invites the Government to proceed with the development and adoption of legislation on precursor control, extending the control measures to other precursors and other chemicals used in the illicit manufacture of cocaine and to acetylating agents used in the country for the illicit manufacture of heroin.

3. South America

(a) Major drug problems

223. In South America, illicit coca bush cultivation, illicit coca leaf production, the illicit manufacture of coca base, coca paste and cocaine hydrochloride, and cocaine abuse continue. South America is the only region supplying cocaine to other parts of the world, above all, the United States and countries in Europe. Despite eradication efforts, illicit opium poppy cultivation, illicit opium production and the illicit manufacture of opiates, which have emerged and spread rapidly since the late 1980s, continue in Colombia and in bordering areas of its neighbouring countries and large amounts of heroin are entering

the illicit traffic. Cannabis, the main drug of abuse, is cultivated mainly for domestic consumption; however, substantial amounts of cannabis are smuggled out of South America and into Europe and North America.

224. Illicit drug trafficking within South America is facilitated by geographical conditions (for example the Amazon basin)³¹ and by the insufficient cross-border cooperation in several parts of the continent.

225. Non-respect of national regulations and overprescribing are factors contributing to the propagation of the abuse of pharmaceutical preparations containing psychotropic substances, mainly sedatives and anorectics, in several countries in South America.

(b) Treaty adherence

226. With the exception of Guyana, which is not a party to the 1961 Convention, all States in South America are parties to the three main international drug control treaties.

(c) Regional cooperation

227. The Board notes with satisfaction that, under the auspices of the Organization of American States, countries in the Americas agreed on an Inter-American Convention against Corruption, which was signed at Caracas on 29 March 1996. The Board encourages Governments to ratify and implement that Convention as soon as possible.

228. The Board welcomes the recommendations of the ministerial conference against money-laundering held at Buenos Aires in December 1995 and encourages countries in South America to implement those recommendations as soon as possible.

229. The Board appreciates the increasing transborder operations that are being carried out in Argentina, Brazil, Chile, Paraguay and Uruguay, which have led to the seizure of substantial amounts of cannabis and cocaine.

230. The Board notes with satisfaction that in June 1996 the authorities of Bolivia, Colombia, Ecuador, Peru and Venezuela agreed upon the creation of an Andean anti-drug intelligence unit, the exchange of information on transactions involving chemicals destined for their countries and the support of alternative development programmes in South America.

(d) National legislation, policy and action

231. The Board welcomes the adoption in Chile in 1995 of legislation on precursors and other chemicals used in illicit drug manufacture. The implementation of the new law enabled the Chilean authorities, in cooperation with the law enforcement services of Bolivia and the United States, to dismantle a trafficking network that had been providing chemicals legally purchased in Chile to illicit cocaine manufacturers in Bolivia. The new law also made possible the seizure of 55 tonnes of various chemicals. The Board has been reassured that, in addition to that legislation, the Government of Chile will introduce complementary regulatory controls over precursors.

232. The Board appreciates that a bill against money-laundering was presented to the congress of Brazil in 1996 and that an asset forfeiture fund has been established in that country to finance prevention and rehabilitation programmes and law enforcement activities. However, the Board urges the Government of Brazil to consider, as a matter of high priority, the adoption of comprehensive drug control legislation, such as the draft developed in August 1995 with the assistance of the Board and UNDCP.³² The Board

hopes that draft legislation to increase sentences for crime related to drug trafficking and to allow for the forfeiture of seized assets will soon be adopted in Colombia. The Board urges the Governments of Paraguay and Suriname to enact the legislation necessary to implement the provisions of the 1988 Convention, including measures against money-laundering.

233. The Board notes the creation in Peru of CONTRADROGAS, a new drug control institution and trusts that clearly defined responsibilities and relationships with other drug control entities will further enhance measures against illicit trafficking and drug abuse.

234. The Board appreciates the substantial increase in the budget for programmes for reducing illicit drug demand in Chile and notes with satisfaction that epidemiological drug abuse surveys are being conducted in several countries in the region, including the first survey to be carried out in 1996 in Colombia. The Board encourages the Government of Bolivia to strengthen its involvement in similar programmes. In order to ensure the comparability of results, the Board invites Governments to harmonize drug abuse surveys.

(e) *Cultivation, production, manufacture, trafficking and abuse*

(i) *Narcotic drugs*

235. Cannabis continues to be cultivated in South America, mainly in Brazil and Colombia. Cannabis is smuggled into Europe out of Colombia; cases involving the smuggling of cannabis out of Guyana and Paraguay have also been reported. Cannabis remains the main drug of abuse in South America. The abuse of cannabis oil has been reported in Colombia.

236. Opium poppy was increasingly cultivated in Colombia following the late 1980s; however, reliable information on the extent of illicit opium cultivation in recent years does not appear to be available. In 1995, the area under poppy cultivation was estimated at 6,500 hectares, of which more than 5,000 hectares were subsequently eradicated. There were also reports on illicit opium poppy cultivation in Peru and Venezuela. About 1,660 hectares of opium poppy fields were eradicated in 1995 in the areas of Venezuela that border Colombia.

237. The amount of illicit opium production in Colombia in 1995 was estimated at 65.5 tonnes. Opium is converted into morphine and heroin in clandestine laboratories in Colombia. Compared with the estimated scale of illicit manufacture, the amounts of seized opium, morphine and heroin, as well as precursors and chemicals, are relatively small, contrasting with the large cocaine seizures (see paragraph 239, below). The abuse of opiates seems to be limited in Colombia; most of the heroin is smuggled out of the country, mainly to the United States, where heroin of Colombian origin has accounted for the main share of the heroin seized. This high proportion might be due to the increasing cooperation between law enforcement authorities of the two countries.

238. Illicit coca bush cultivation continues in Bolivia, Colombia and Peru. In Bolivia, coca bush eradication declined steadily after 1991, reaching its lowest level in 1994, but eradication efforts have recently been resumed. Bolivia eradicated 5,500 hectares of coca bush in 1995 and then eradicated the same amount between January and September 1996. In Colombia, the eradication of more than 25,000 hectares of coca bush and the seizure of 394 tonnes of coca leaves were reported in 1995 and 292 tonnes of coca leaves were seized in the first half of 1996. In Peru, which remains the main producer of coca leaves, coca bush eradication efforts focus almost exclusively on seedlings. In the opinion of the Board, the Government of Peru needs to expand its eradication efforts to include mature plantations as well.

239. Coca paste and coca base are produced mainly in Bolivia and Peru, but the illicit manufacture of cocaine hydrochloride is on the increase in those countries. Nevertheless, a significant proportion of coca paste and base continue to be smuggled into Colombia for further processing. From 1990 to 1994, Colombia accounted for 52 per cent of the total amount of cocaine seized in South America; in 1995, more than 60 tonnes of coca base and cocaine were seized in that country. Most of the precursors and other chemicals (mainly solvents and acids) used in illicit cocaine manufacture have been seized in Colombia; however, compared with the large quantities of heroin manufactured, the amounts of seized precursors and chemicals used in clandestine heroin laboratories (for example acetic anhydride) are minimal.

240. The abuse of cocaine, mainly in the form of cocaine base (*basuco*, for example), continues to create problems in South America. An increase of cocaine abuse has been reported in Brazil and Chile. In Brazil, where the growing abuse of crack has also been reported, cocaine-related hospital admissions have increased.

(ii) *Psychotropic substances*

241. The abuse of amphetamine-type stimulants continues in Brazil. The abuse of sedatives has been reported in Brazil and Colombia only, but in the opinion of the Board it may be more widespread in the region.

242. The Board welcomes the initiative of the Government of Brazil to reorganize the system of control over the trade in and distribution of pharmaceutical products containing psychotropic substances. The Board encourages that Government to ensure full respect for the provisions of national regulations by drug manufacturers and distributors.

243. The Board notes with satisfaction the strengthening of control of stimulants in Chile, which has led already to a substantial reduction of the abuse of those drugs (see paragraph 234, above).

C. Asia

1. *East and South-East Asia*

(a) *Major drug problems*

244. Illicit opium poppy cultivation, opium production, heroin manufacture and large-scale illicit trafficking in opiates constitute the greatest drug problems of south-east Asia. Myanmar remains one of the largest opium producers and heroin suppliers in the world. The surrender of Khun Sa, the key person in the illicit drug trade, and the cease-fire concluded between the Government of Myanmar and insurgent groups have created a new situation in the Golden Triangle, particularly in Shan State, where most of the opium has been produced. Opium smoking is diminishing in the region, but unfortunately it is being replaced by heroin injecting, mainly in south-east Asia. The region is seriously affected by the illicit manufacture of methamphetamine, the illicit traffic in methamphetamine and its precursors, particularly ephedrine, and the large-scale abuse of methamphetamine.

(b) *Treaty adherence*

245. In 1996, the Philippines (see paragraph 18, above) ratified the 1988 Convention. Of the 15 States in the region, 12 are parties to the 1961 Convention, 9 are parties to the 1971 Convention and 6 are parties to the 1988 Convention. The Board urges Cambodia, the Democratic People's Republic of Korea

and Viet Nam, which are not parties to any of the international drug control treaties, to accede to those treaties.

(c) *Regional cooperation*

246. The Board appreciates the continuing cooperation between Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam, which have signed a memorandum of understanding on drug control, and the adoption of new subregional projects.

(d) *National legislation, policy and action*

247. In Cambodia, new drug legislation³³ is expected to be adopted by the national assembly in 1996.

248. The Board appreciates that in Hong Kong, which is one of the world's largest financial centres, existing laws against money-laundering were amended in 1995. In Hong Kong a new chemical control ordinance came into force in January 1996. The ordinance places under national control all of the substances listed in the tables of the 1988 Convention. The authorities in Hong Kong have worked closely with the Board in implementing that ordinance, which has been instrumental in identifying several major diversion attempts. The Board hopes that the established drug control system will continue to function efficiently after Hong Kong has been returned to China in July 1997.

249. In the Lao People's Democratic Republic, a revised drug control law was adopted in 1996 by the national assembly, introducing, *inter alia*, increased penalties for illicit trafficking, prohibition of opium production and control over precursors and other chemicals. The Board greatly appreciates this important step and encourages the Government of the Lao People's Democratic Republic to continue with the development of its drug control legislation.

250. The Board notes with satisfaction the adoption of a special law against illicit drug trafficking in the Republic of Korea. The law, which was adopted in December 1995, includes the main provisions of the 1988 Convention.

251. The Board notes with satisfaction that in Viet Nam a comprehensive drug law is being drafted, with the assistance of UNDCP.

(e) *Cultivation, production, manufacture, trafficking and abuse*

(i) *Narcotic drugs*

252. Cannabis grows wild and is also cultivated in many countries in south-east Asia. In Indonesia, large quantities of cannabis are produced in northern Sumatra, primarily to supply the domestic market. Most of the cannabis produced in the southern part of the Lao People's Democratic Republic is smuggled into Thailand. There is extensive illicit cannabis cultivation in the Philippines and Thailand; large amounts of cannabis are smuggled out of both countries.

253. Cannabis abuse has been reported in most countries in south-east Asia.

254. Some illicit opium poppy cultivation and opium production, mainly for domestic markets, have been reported in Cambodia and in China along its borders with the Lao People's Democratic Republic, Myanmar and Viet Nam. An opium survey carried out by the Lao People's Democratic Republic and UNDCP from December 1995 to February 1996 found that opium production in the northern part of that country had increased slightly to 140 tonnes. A further decline in opium production has been reported

in Viet Nam. There are no reliable estimates of opium production in Myanmar, which remains one of the largest opium producers in the world. Opium poppy is grown in the north-eastern part of Myanmar, mainly in Shan State, where a considerable increase in opium production has been reported in recent years.

255. Illicit heroin laboratories are concentrated in the border areas between China, the Lao People's Democratic Republic, Myanmar and Thailand. Those areas together continue to supply most of the heroin found on the world's illicit markets. The surrender in January 1996 of the organizer of the illicit drug trade in the Golden Triangle and his Mong Tai army has created a new situation. The recent discovery of clandestine heroin laboratories far from Shan State, the heroin shortage on the black market in Thailand and the drastic increase in the price of heroin along the border between Myanmar and Thailand might be indications that some clandestine heroin laboratories have discontinued their activity. Recent law enforcement activities in northern and eastern Shan State have resulted in the destruction of 11 heroin laboratories and the seizure of large quantities of chemicals used in the illicit heroin manufacture. The Board expects that these events will enable the Government of Myanmar to substantially reduce the illicit heroin manufacture in the country.

256. China has reported the seizure of large consignments of acetic anhydride, the key chemical used in the illicit manufacture of heroin, and it is believed that they were destined for the Golden Triangle. In 1995, China reported the seizure of some 90 tonnes of chemicals and precursors.

257. South-east Asian heroin is smuggled through the territory of China, mainly through the south-western part of the country, though the most frequently used route continues to be through Thailand. Increasing seizures in Indonesia, the Philippines and Viet Nam illustrate that those countries are also used as transit points by heroin traffickers.

258. Diminishing opium abuse has been reported in several south-east Asian countries, mainly in the opium-producing highland areas, where opium smoking is still a tradition among hill-tribes. However, opium smoking continues to be superseded by heroin abuse in most countries in the subregion. This trend, unfortunately, is accompanied by increased drug injecting and needle-sharing and a higher incidence of HIV infection.

259. The abuse of cough syrups containing codeine, especially in combination with ephedrine, is creating problems in south-east Asia, particularly in Malaysia and Myanmar. Such pharmaceutical preparations are manufactured locally or smuggled into the subregion.

(ii) *Psychotropic substances*

260. The illicit manufacture of, traffic in and abuse of amphetamines, particularly methamphetamine, are among the major drug problems in the region. There have been reports on the manufacture of methamphetamine in laboratories that had previously been engaged in the clandestine manufacture of heroin only. The existence of such laboratories has been reported in the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. In the Lao People's Democratic Republic in 1996, enough chemicals and equipment were seized in one laboratory to manufacture an estimated 400 kg of methamphetamine. In 1995, 24 methamphetamine smuggling groups were dismantled in the Republic of Korea. In 1996, a large illicit methamphetamine laboratory was detected in the Philippines, leading to the seizure of more than 600 kg of methamphetamine and 1.6 tonnes of ephedrine. Substantial quantities of amphetamines have been seized in China in the period 1991-1995. In Thailand, more than 5 million methamphetamine tablets were seized in the first six months of 1996. Ephedrine seems to be the most frequently used precursor for methamphetamine, which appears to be mainly of Chinese origin. Methamphetamine is smuggled on a large scale through China (Taiwan Province) and the Philippines.

261. In Thailand, the number of abusers of amphetamines is estimated at 260,000 and the increasing amphetamine abuse among teenagers is a concern of national authorities. Further propagation of methamphetamine abuse, even among teenagers, has been noted in Japan. Methamphetamine abuse has been reported also in the Republic of Korea.

262. The abuse of or illicit traffic in hallucinogenic amphetamine derivatives (e.g. "ecstasy") has been reported in Hong Kong, Indonesia and Singapore. The supply seems to originate in the Netherlands.

(f) Missions

263. The Board sent a mission to China in April 1996 to review in particular the control of precursors under the 1988 Convention. The Board appreciates that progress has been made in controlling substances in Tables I and II of that Convention since the last time that it had sent a mission to that country.³⁴ The Board also appreciates that the Government is now regularly making inquiries to ascertain the legitimacy of individual shipments of precursors from its territory. The Board has nevertheless noted that there is a further need to establish effective mechanisms to monitor the imports of those substances into China, as well as their domestic distribution.

264. The Board notes with satisfaction that the Government of China will ensure that the controls over precursors as exercised in Hong Kong, especially as they relate to international trade, will continue to be applied in that territory after it has been returned to China in 1997. The Board trusts that, to that end, proper channels of communication at the working level are being established.

265. In April 1996 the Board sent a mission to Malaysia. The Board notes with satisfaction that the drug control administration functions efficiently and the procedures to implement the provisions of the laws and regulations are meticulously followed. The Board noted the existence of well-established treatment and rehabilitation programmes. The Board also appreciated that the Government already responded positively to its few specific proposals in respect of the control of psychotropic substances. In the opinion of the Board, the well-functioning drug control administration in Malaysia could serve as a model for countries that need to establish more effective control systems.

2. South Asia

(a) Major drug problems

266. The changes in the drug abuse trends in South Asia continue: in Bangladesh, India and Nepal, the drug of abuse is shifting from opium to heroin and, more recently, also to buprenorphine, a potent synthetic opioid manufactured in India; and the route of administration is shifting from inhalation (smoking) to injection. The abuse of codeine-based cough syrups has taken on substantial proportions in several parts of the region. The increase in the abuse of opioids (buprenorphine and codeine) has been facilitated by weaknesses in the controls over the licit drug supply system: pharmaceutical preparations containing narcotic drugs or psychotropic substances are available without medical prescription. Despite strengthened regulatory and control measures and significant law enforcement successes, the illicit manufacture of methaqualone and the smuggling of that substance into Africa have continued.

(b) Treaty adherence

267. Of the six States in South Asia, four are parties to the 1961 Convention, three are parties to the 1971 Convention and five are parties to the 1988 Convention. Maldives is not a party to any of the three international drug control treaties and the Board urges that State to accede to those treaties.

(c) Regional cooperation

268. The Board notes with satisfaction the active cooperation between national law enforcement services in the region, on the basis of bilateral agreements and through the South Asian Association for Regional Co-operation (SAARC). The Board welcomes the decision of SAARC and UNDCP to strengthen their coordination and cooperation with one another.

269. The Board welcomes the recent agreement between the Governments of India and Pakistan to undertake joint investigations of illicit cross-border trafficking in narcotic drugs and chemicals used in their illicit manufacture. The Board notes with satisfaction that the two Governments have started to explore the possibilities of joint controlled delivery operations aimed at detecting persons smuggling acetic anhydride out of India and into Pakistan and persons smuggling heroin out of Pakistan and into India. The Board encourages the Governments of India and Pakistan to continue their dialogue on the sharing of intelligence and the prosecution of persons who have engaged in money-laundering.

(d) National legislation, policy and action

270. The Board appreciates the adoption of a national drug control policy in Nepal in May 1996. The Board encourages the Government of Maldives to adopt its new draft drug legislation as soon as possible.

271. The Board notes with satisfaction the preparatory steps undertaken in Bangladesh and Sri Lanka for the adoption of legislation against money-laundering. It also notes with satisfaction the decision of the Government of India to update its legislation against such activity. The Board urges the Government of Nepal to take action against money-laundering because there are currently no laws or regulations in that country against such activity.

272. The Board appreciates that Bangladesh has undertaken major efforts to train national law enforcement agencies in drug identification and intelligence techniques, as well as to extend the activities of criminal investigation divisions to include drug control. At the same time the Board urges the Government of Bangladesh to take action aimed at strengthening controls over the licit drug supply system.

273. The Government of India has continued to support drug abuse treatment centres in 31 governmental medical institutions and 136 non-governmental centres. A national federation of Indian non-governmental organizations for drug abuse prevention has been formed. Initiatives to reduce illicit drug demand include the development and implementation of a national strategy for community-based approaches and programmes for the prevention of HIV and acquired immunodeficiency syndrome (AIDS).

(e) Cultivation, production, manufacture, trafficking and abuse

(i) Narcotic drugs

274. Cannabis grows wild and is also illicitly cultivated in South Asia. The abuse of cannabis is widespread in the region. Cannabis resin is produced mainly in Nepal and is smuggled into India, mainly out of Nepal and Pakistan. There have been some reports on the abuse of cannabis oil in Maldives.

275. Licit opium poppy cultivation and opium production are under governmental control in India. Some diversion has occurred in the opium production areas; consequently, controls over cultivation and production have been strengthened and licences of farmers not complying with regulations have been withdrawn. The number of licensed farmers for the crop year 1995/96 has decreased from 104,000 to

78,000 (see paragraph 68, above). There have been reports on small-scale illicit opium production in north-eastern India.

276. Indian authorities have detected and destroyed a number of laboratories manufacturing crude heroin. In 1995, there was an increase of more than 50 per cent in the total amount of heroin seized in India, while the amount of seized heroin originating in south-west Asia increased by over 300 per cent.

277. In India, traditional abuse of opium still continues in some provinces, but in many others the abuse of heroin or synthetic opioids is increasing. There have been continuing reports on an alarming increase in opiate dependence in the north-eastern part of the country, which borders the opium-producing areas of south-east Asia.

278. Inhalation is the most frequent route of administration used by heroin abusers in Bangladesh, Nepal and Sri Lanka; however, in India there are signs of increased use of injection techniques, a major factor contributing to the spread of HIV infection among drug abusers in that country.

279. In Bangladesh, India and Nepal, the large-scale abuse of cough syrups continues.³⁵ Because of weaknesses in the controls over the pharmaceutical supply system, a number of genuine, counterfeit and fake syrups are freely available in those countries. Reports on the composition of these preparations have been contradictory, but codeine phosphate is usually the main ingredient. The reports also contradict each other concerning the codeine content of the preparations. The Board urges the Governments in the region to undertake joint action to clarify the situation and to prevent this type of opiate abuse (see also paragraph 281, below).

280. The serious consequences of the increased abuse of buprenorphine were mentioned in the report of the Board for 1995.³⁶ The introduction of an export/import authorization regime by the Indian authorities does not appear to have prevented the illicit traffic in buprenorphine and the further spread of buprenorphine abuse in Bangladesh and Nepal, or even in India itself. Despite existing prescription obligations, injectable buprenorphine preparations are easily available in the region without medical prescription. In Bangladesh, buprenorphine is abused by 90 per cent of injecting drug abusers. Thus, the propagation of buprenorphine abuse means the propagation of injecting drug abuse. The Board reiterates its appeal to WHO and the Commission on Narcotic Drugs to review the status of international control of buprenorphine without further delay.³⁷

281. The Board welcomes the initiative of the Government of India on holding a SAARC workshop in November 1996 on strategies to regulate the marketing of pharmaceutical preparations containing opioids (such as buprenorphine or codeine-based cough syrups). The Board urges the Governments of Bangladesh, India and Nepal to undertake joint action to reduce the availability of such pharmaceutical products.

282. There have been a few reports on cocaine abuse in the region.

(ii) *Psychotropic substances*

283. India is the only country in South Asia in which the abuse of psychotropic substances is considered a major problem. In the opinion of the Governments of Bhutan, Maldives and Sri Lanka, the abuse of psychotropic substances has not created major problems in their countries.

284. Despite the efforts of the competent authorities, the illicit manufacture of methaqualone continues in India. In 1995, four clandestine laboratories were destroyed, and 20 tonnes of methaqualone were seized. Substantial amounts of methaqualone were smuggled out of India into eastern and southern

Africa (see paragraph 160, above). Control of the important methaqualone precursor *N*-acetylanthranilic acid and increased law enforcement measures have resulted in a reduction of clandestine manufacturing activities in the Bombay area. However, it is feared that such activities might have shifted to elsewhere within or outside India.

285. In India, in order to prevent illicit trafficking in precursors for methamphetamine, a system of prior approval has been introduced for the export of ephedrine and pseudoephedrine. The excellent cooperation between Indian authorities and the Board has led to the identification and prevention of attempts to divert large amounts of benzodiazepines, ephedrine and pseudoephedrine.

286. In India, there have been a few reports on the abuse of amphetamine derivatives, including some cases involving the abuse of "ecstasy" in the tourist resort of Goa, and the abuse of locally manufactured barbiturates and benzodiazepines is on the rise. The dispensing of such products in pharmacies without medical prescription is a factor contributing to the increasing abuse.

(f) Mission

287. A mission of the Board visited India in January 1996 to assess the situation of licit opium production in that country.

288. The Board notes with satisfaction the considerable progress made in India in the implementation of the recommendations made by the Board during its previous missions. The Board appreciates the improvement of the method of evaluation of the opium yield and the other control measures that have been introduced in the country for the prevention of diversion. The Board encourages the Government of India to continue its efforts aimed at the further improvement of controls over licit opium poppy cultivation and opium production.

289. The Board is confident that the Government of India will continue to play its important role, as a traditional supplier of opiate raw materials, in ensuring the international community an adequate availability of opiate raw materials and assisting the Board in its task of maintaining a lasting balance between the supply of opiate raw materials and demand for opiates.

3. West Asia

(a) Major drug problems

290. The illicit cultivation of cannabis and opium poppy in Afghanistan, and to some extent in central Asia, in the Caucasus and in Pakistan, the illicit production of cannabis resin in Afghanistan and the clandestine manufacture of heroin in Afghanistan, Pakistan and Turkey constitute the main sources of supply for illicit traffickers and local drug abusers in West Asia. Due to the political turmoil and civil war in Afghanistan, implementation of drug control measures has become impossible in that country, which is the main source of illicit supply of opiates in the region, and combating drug smuggling out of Afghanistan depends mainly on the efforts of the law enforcement services of its neighbouring States. The prevention of heroin manufacture is hindered by the flow of large amounts of acetic anhydride into the region. Several countries suffer from large-scale illicit trafficking in cannabis resin and heroin (destined for countries in the region or in Europe). Cannabis appears to be the most abused drug in West Asia. Heroin smoking is widespread in Pakistan. The injection of poppy straw extracts is a problem in CIS member States. Illicit trafficking in and abuse of stimulants continue in the Middle East and on the Arab peninsula and seem to be on the rise in central Asia.

(b) Treaty adherence

291. Since the last report of the Board was published, Lebanon (see paragraph 18, above), Tajikistan and Turkey have acceded to the 1988 Convention and Turkmenistan and Yemen have acceded to the 1961 Convention, the 1971 Convention and the 1988 Convention. Of the 24 States in West Asia, 20 are parties to the 1961 Convention, 18 are parties to the 1971 Convention and 19 are parties to the 1988 Convention. The Board urges the Governments of Georgia and Kazakstan, which are not parties to any of the international drug control treaties, to accede to those treaties.

(c) Regional cooperation

292. The Board notes with satisfaction the increasing cooperation between countries in subregions of West Asia. The Board appreciates the creation of a political and legal framework adopted at a ministerial summit at Tashkent in May 1996, when a memorandum of understanding was signed by five CIS member States and UNDCP for cooperation in drug control between central Asian States. The Board also appreciates the adoption of a concrete, comprehensive cooperation programme. There is an urgent need for the implementation of such a programme because the central Asian subregion has become a major drug transit area and its legal structures and law enforcement services are in need of modernization.

293. The Board appreciates the adoption of the plan on drug control by the member States of the Economic Cooperation Organization (ECO)* in 1995 and their recent decision to start with the implementation of that plan already in 1996. Particularly in view of the civil war in Afghanistan, the Board encourages ECO member States to continue with their drug control efforts in their own countries in order to prevent the free flow of illicit drugs from Afghanistan. The Board invites international organizations and individual Governments to support ECO member States in the fulfilment of this difficult task.

294. The Board welcomes the development of a comprehensive Arab drug control strategy by an expert committee of the League of Arab States. The Board hopes that the new strategy, which is awaiting adoption by the Council of Arab Ministers of Social Affairs, will improve technical cooperation between States in the Persian Gulf area and their neighbours. The Board expects that the first such initiative, a bilateral agreement between Saudi Arabia and Yemen, will be followed by others.

295. The Board welcomes the decision taken by the Governments of Lebanon, the Syrian Arab Republic and Turkey to promote cross-border cooperation among their drug law enforcement agencies.

296. There is a real need for efforts to reduce illicit drug demand in the region; consequently, the Board highly appreciates the UNDCP initiative on the organization of a subregional expert forum on demand reduction at Abu Dhabi in 1997, with participants from Bahrain, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, United Arab Emirates and Yemen.

297. The Board acknowledges the importance of the bilateral agreement on drug control matters between Pakistan and the United Arab Emirates and notes with satisfaction that Pakistan will conclude similar agreements with the Islamic Republic of Iran, Kazakstan, the Russian Federation and Saudi Arabia. The Board highly appreciates the recent agreement between the Governments of India and

*Afghanistan, Azerbaijan, Iran (Islamic Republic of), Kazakstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.

Pakistan in their practical cross-border cooperation in the field of narcotics control (see paragraph 269, above).

(d) National legislation, policy and action

298. The Board notes with satisfaction the development of a national plan on demand reduction in the Islamic Republic of Iran, in response to a recommendation made by the Board in its report for 1995.³⁸

299. The Board hopes that amended drug control legislation will be adopted soon by the parliament of Pakistan. At the same time, the Board reiterates its request to the Government of Pakistan to give the highest priority to the implementation of federal narcotic legislation in tribal areas where substantial illicit cultivation, production, manufacture and trafficking continue and to take effective action aimed at punishing drug traffickers.³⁹

300. The Board appreciates the creation of a state committee on drug control in Tajikistan and the establishment of an interministerial committee on drug control in Yemen.

301. There are many opportunities for money-laundering in the region; consequently, the Board welcomes every action taken against this criminal activity, such as the development in Turkey of national legislation against money-laundering, legislation that is already under consideration by the parliament. The Board reiterates its request to the Government of the United Arab Emirates to strengthen measures for the prevention of diversion of precursors for narcotic drugs and psychotropic substances and to speed up the process of drafting and adopting legislation against money-laundering.⁴⁰

(e) Cultivation, production, manufacture, trafficking and abuse

(i) Narcotic drugs

302. Cannabis grows wild in many countries in the region, above all in central Asia.⁴¹ It is illicitly cultivated mainly in Afghanistan, but also in Pakistan, in central Asia and in the Caucasus. Cannabis resin is produced mainly in Afghanistan and Pakistan.

303. Afghanistan and Pakistan continue to be major suppliers of the cannabis resin found on illicit markets in Europe. Significant seizures of cannabis resin in transit in the Islamic Republic of Iran and in Turkey illustrate the large extent of such traffic in those countries. Illicit traffickers make use of the same routes for the trans-shipment of cannabis resin as for the trans-shipment of opiates (see paragraph 307, below). The Arab peninsula is also frequently used for the trans-shipment of cannabis resin in those countries.

304. The abuse of cannabis is widespread in the region. In central Asia, the Middle East and the Caucasus, cannabis is the most popular drug of abuse.

305. Opium poppy is illicitly cultivated and opium is produced mainly in Afghanistan and also in the CIS member States in central Asia (Tajikistan, Turkmenistan and Uzbekistan), in Pakistan and, to a small extent, in Armenia and Azerbaijan. Illicit poppy cultivation plots were eradicated in Tajikistan and Uzbekistan in 1996. The Board notes with satisfaction the drastic decrease in illicit opium poppy cultivation in Pakistan and encourages the Government of that country to continue its efforts to eliminate the illicit opium production. No opium production has been reported in the Islamic Republic of Iran.

306. Heroin manufacture is taking place in Afghanistan (mainly in the area along its border with Pakistan), in Pakistan (in the tribal belt) and in Turkey (where six primitive laboratories were dismantled

in 1996). Smaller-scale heroin manufacture has been reported in Lebanon. In Kazakstan, because of the easy availability of opium (produced in the area or in Afghanistan) and locally manufactured acetic anhydride, crude heroin has been manufactured in clandestine laboratories. Huge amounts of acetic anhydride are smuggled into the region out of other Asian countries and Europe. Acetic anhydride shipments from countries in western Europe and from CIS member States usually pass through countries in central Asia or through Turkey. In 1995, seizures of acetic anhydride doubled in Turkey.

307. There are various routes for smuggling opiates in the region that are also used for smuggling cannabis resin. The most traditional route for heroin smuggling leads from Afghanistan or Pakistan across the Islamic Republic of Iran and Turkey to Europe. In mid-1996, 2 tonnes of heroin were seized in Pakistan. In the opinion of the Government of Turkey, 75 per cent of the heroin passing from the region to Europe transits Turkey (a part of it is manufactured in local clandestine laboratories from opium or morphine smuggled into the country). Some diminishing smuggling activity has been reported in the Islamic Republic of Iran. Another route originates in Afghanistan and leads from Khorog in Gorno-Badakhshan province, Tajikistan, through the only mountain road (700 km long) to Osh in Kyrgyzstan. Illicit traffickers take advantage of the lack of border controls along the roads from Afghanistan through CIS member States. The heroin shipments are transported through different countries in central Asia and/or the Caucasus to Belarus, Estonia, Latvia, Lithuania, Russian Federation and Ukraine and further to destinations in central and western Europe. In addition, territories of countries in the Middle East and on the Arab peninsula are used as transit points for smuggling south-west Asian heroin (and cannabis resin), mainly to Europe.

308. Continuing opium abuse has been reported in the Islamic Republic of Iran. Heroin smoking is considered a major problem in the region, mainly in Pakistan. There have been some reports of heroin abuse in countries in the Persian Gulf area and in Israel. Increasing opiate abuse, particularly among youth, has been reported in countries in central Asia and in Armenia. In those countries injection of poppy straw extracts is the prevalent form of opiate abuse.

309. Cocaine abuse in the region was reported to be negligible, but some increase has been observed recently. There has been a slight increase in cocaine seizures in Turkey.

(ii) Psychotropic substances

310. The clandestine manufacture of, illicit trafficking in and abuse of stimulants constitute problems in several countries in West Asia. The illicit manufacture of amphetamine, ephedrine and methcathinone (ephedrone) has been reported in Armenia, Kazakstan and Kyrgyzstan. Shipments of amphetamine-type stimulants, mainly fenetylline, are smuggled out of Europe mainly via Turkey, but also through Lebanon and the Syrian Arab Republic into countries on the Arab peninsula. Stimulant abuse continues in several countries in the region; it appears to be on the rise in central Asia and the Caucasus. Some precursors for stimulants are smuggled out of Asia and Europe, through Israel, Lebanon and the United Arab Emirates, into countries outside the region. The Board reiterates that the Governments concerned should analyse the drugs seized, investigate drug trafficking routes and cooperate closely in investigations.

311. Cases involving the abuse of LSD and hallucinogenic amphetamines (e.g. "ecstasy") have been reported in Israel.

312. The Board is aware of reports from CIS member States on the illicit manufacture of "synthetic drugs" and invites those States to forward more precise information about those drugs so that countermeasures may be developed.

D. Europe

1. Major drug problems

313. Large amounts of heroin from south-west and south-east Asia, cocaine from South America and cannabis resin from northern Africa and West Asia continue to be smuggled into Europe; nevertheless, the prevalence of heroin and cocaine abuse in most of the western European countries is declining. There is a clear, steadily increasing trend in the illicit traffic in and abuse of synthetic drugs manufactured in clandestine laboratories in Europe. Illicit drug markets in and outside of Europe are supplied with amphetamine, with stimulant amphetamine derivatives (such as methamphetamine) and, above all, with hallucinogenic amphetamine derivatives (such as MDMA, commonly known as "ecstasy") by illicit laboratories located in Europe. Besides illicit manufacture, illicit cultivation has become an important element of the European drug scene: persons using hydroponics in the indoor cultivation of potent cannabis varieties have become suppliers of illicit drug markets in Europe. The transfer of that technology has facilitated the spread of such illicit cultivation.

314. Precursors and other chemicals used in the illicit manufacture of narcotic drugs and/or psychotropic substances are manufactured in many European countries. However, there have been reports of seizures of only certain precursors and in only a limited number of countries in western Europe.

315. In CIS member States and, to some extent, in the Baltic States (Estonia, Latvia and Lithuania) and some central and eastern European countries, the new socio-economic frameworks require more rapid development of administrative and legal structures to prevent drug-related crime and to ensure more effective border controls.

2. Treaty adherence

316. In 1996, Estonia acceded to the 1961 Convention, Bulgaria, Estonia, the Russian Federation and Switzerland ratified the 1972 Protocol amending the 1961 Convention, Estonia and Switzerland became parties to the 1971 Convention and Ireland and Malta ratified the 1988 Convention. Of the 45 States in Europe, 41 are parties to the 1961 Convention, 39 are parties to the 1971 Convention and 33 are parties to the 1988 Convention.

317. Albania is not a party to any of the three main international drug control treaties. The Board urges the Government of that country to accede to those treaties as soon as possible. The Board again calls on the Government of Austria to accede to the 1971 Convention and the 1988 Convention (see paragraph 78, above).

3. Regional cooperation

318. The Board welcomes the launching in 1995 of the European Union action plan on the prevention of drug addiction. The Board hopes that the functioning of the European Monitoring Centre for Drugs and Drug Addiction at Lisbon will contribute to improved cooperation between Governments of member States of the European Union, resulting in, *inter alia*, comparable data on drug abuse. The Board appreciates that countries have now started to deal with differences between drug policies of member States of the European Union. In the opinion of the Board, such differences have hindered the effectiveness of action against illicit trafficking and drug abuse. The Board notes with satisfaction the elimination of "open drug scenes", which were sending the wrong message to drug abusers and illicit traffickers, namely that the authorities of several big cities were tolerant or permissive in dealing with drug abuse.

319. The Board appreciates the assistance provided by the European Union to countries in Europe and in other regions and encourages member States of the European Union to continue those efforts. The Board trusts that close cooperation with international organizations and other European institutions will eliminate parallel activities, repetition of actions and application of different methodologies.

4. National legislation, policy and action

320. The Board notes with concern statements of some government officials in Switzerland and also in other countries about preliminary results of the Swiss project on the prescription of heroin to drug addicts and its evaluation by WHO.⁴² Those statements are based on some sentences, taken out of context, from an unpublished interim report that will be studied by WHO experts. In reality, the Swiss heroin project has not been finalized and has not been evaluated, either by Swiss authorities or by WHO. The Board regrets the attempts of political pressure groups to exploit the project as part of their campaign to achieve a wider distribution of heroin. The Board will cooperate fully with the Government of Switzerland within the terms of the international drug control treaties, but that does not mean that the Board endorses the project.

321. In Germany, a regional government plans to apply to the Federal Health Office for a permit to distribute cannabis through pharmacies in the context of an experiment, claiming incorrectly that the experience of the coffee-shop policy in the Netherlands had been positive. The Board is concerned about such plans, since the distribution of cannabis would not serve scientific purposes, would be a contravention of the 1961 Convention and would be a way of legalizing cannabis. The Board trusts that the federal Government of Germany, in accordance with its firm and consistent policy based on the international drug control conventions, will do its utmost to prevent such distribution of cannabis.

322. The Board notes with satisfaction that in 1996, following the ratification by Malta of the 1988 Convention, the relevant legislation was passed in that country, laws on precursor control and on the licit trade in narcotic drugs and psychotropic substances were adopted in Latvia, drug legislation was updated in Ukraine and control over money-laundering was strengthened in the Czech Republic and Portugal. The Board welcomes the adoption in 1996 of legislation on precursor control in Hungary and hopes that similar legislation will be adopted soon in the Czech Republic and Slovakia. The Board urges the Governments of other States in central and eastern Europe that are parties to the 1988 Convention to proceed with the adoption of laws governing the control of precursors, as provided for in that convention.

323. The Board welcomes the fact that a governmental fund, derived from assets seized in relation with illicit trafficking or other drug crimes was created in December 1995 in Spain. The Board appreciates the fact that the fund will be used for: (a) the repression of illicit drug trafficking; (b) the support of prevention, rehabilitation and social integration programmes; and (c) international cooperation in drug-related matters.

324. The Board also notes with satisfaction the introduction of a new, comprehensive export-import control system over narcotic drugs, psychotropic substances and precursors in the Russian Federation in 1996.

325. The Board welcomes the establishment of national coordinating committees on drug control in Belarus and the former Yugoslav Republic of Macedonia in 1995 and in Estonia in 1996.

326. The Board appreciates the launching of a new action programme on drug control with emphasis on prevention and treatment in Belgium and a federal action programme for the period 1995-1997 in the

Russian Federation, as well as the adoption by the parliament of Croatia of a new strategy for the prevention of drug abuse.

5. Cultivation, production, manufacture, trafficking and abuse

(a) Narcotic drugs

327. Cannabis remains the main drug of abuse in Europe. Increasing abuse of the substance by young people has been reported in most countries in the region. Cannabis plants grow wild on over 1 million hectares in the Russian Federation, particularly in the northern Caucasus and the eastern parts of the country. There have been some reports of cannabis cultivation in Belarus and Ukraine, in the Baltic States and in central and eastern European countries.

328. Large-scale indoor cultivation of cannabis is limited to the Netherlands, but small-scale cultivation is spreading to other European countries, driven by the export of cannabis seeds, primarily from the Netherlands. The Board notes the recent initiatives of the Government of the Netherlands to address more effectively illicit domestic indoor cannabis cultivation and the export of cannabis seeds (see paragraph 357, below).

329. Cannabis plants are being licitly cultivated for industrial purposes in more and more countries in Europe. Due to environmental and other well-founded considerations, the licit cultivation of fibre hemp is encouraged by subsidies in the member States of the European Union. Those States are obliged to adapt themselves to the requirements of the European Union regarding tetrahydrocannabinol (THC) content, selection of cannabis varieties, controls etc.⁴³ The Board reiterates its request to the European Union to provide information on the functioning of that system, including the evaluation of the effectiveness of the safeguards against illicit cultivation of and trafficking in cannabis varieties that are not in conformity with the requirements of the European Union. The Board invites Governments in the region to inform the Board of their experiences, since the expansion of licit cannabis cultivation may result in Governments being faced with insurmountable problems regarding detection and elimination of illicit cannabis cultivation.

330. Cannabis is smuggled out of Africa, Asia and South America and into Europe. Most of the cannabis resin seized in Europe originates in Morocco.

331. Despite its prohibition, increasing illicit poppy cultivation has been reported in Belarus, Latvia, Lithuania, Russian Federation and Ukraine.

332. There have been few reports on the production and abuse of opium, but the abuse of poppy straw extracts has continued in Belarus, the Republic of Moldova, the Russian Federation and Ukraine, in the Baltic States and in some countries in central and eastern Europe. Illicit trafficking in poppy straw is on the increase in several CIS member States. Large amounts of poppy straw are smuggled out of Ukraine and into the Baltic States and the Russian Federation.

333. Intravenous injection is the most frequent form of administration of poppy straw extracts. It is a major source of HIV infection among drug abusers in the region, especially in those countries where the HIV infection rates are relatively low. In Ukraine, for example, the number of identified HIV cases rose from 183 in 1994 to 1,673 in 1995 and to 5,360 in May 1996; 70 per cent of the infected individuals were injecting drug abusers.

334. There are reports on the availability of heroin hydrochloride in several States in central and eastern Europe and in CIS member States. The prevalence of heroin abuse is lower than in western Europe but

a rapid increase in the number of heroin abuse cases has been reported in Croatia, Czech Republic, Hungary, Slovakia and Slovenia.

335. The Board notes that in most countries in western Europe seizures have declined in recent years, while purity of seized heroin has increased as prices have declined. Governments should carefully analyse the reasons for this development and be prepared to react to any resulting changes in the abuse situation.

336. The Balkan route remains the main route used for smuggling heroin, as illustrated by substantial heroin seizures in Bulgaria, Hungary and Romania. It is estimated that 75 per cent of the heroin smuggled into Europe is transported along the Balkan route.

337. The territory of the Russian Federation is becoming a crossroad for illicit drug trafficking. The activity of organized criminal groups and the removal of customs barriers between CIS member States have made it possible for traffickers to transport illicit shipments from the Golden Crescent through central Asia, the Russian Federation and Belarus without being checked. Some CIS member States have also become important suppliers of acetic anhydride for clandestine heroin laboratories in West Asia. The Board highly appreciates the information provided by Russian law enforcement agencies regarding their operational activities, which led to the interception of 75 tonnes of acetic anhydride of Russian origin in Turkmenistan that had been destined for Afghanistan.

338. Illicit trafficking in and abuse of synthetic opioids (buprenorphine, methadone and pethidine) have been reported in several countries in Europe. Increasing illicit manufacture of such substances has been reported in the Russian Federation. Clandestine laboratories manufacturing synthetic opioids (mainly 3-methylfentanyl) were detected in Moscow and St. Petersburg.

339. In 1995, a decrease in seizures of cocaine was observed in Europe as a whole. In contrast to that general trend, an increase in cocaine seizures was reported in eastern European countries and CIS member States, which have been used mainly as transit points (including seaports in Poland, Romania and the Russian Federation).

(b) Psychotropic substances

340. The illicit manufacture and abuse of amphetamine and amphetamine derivatives continue to increase in Europe.

341. Illicit amphetamine laboratories have been detected in several countries. A major laboratory in the United Kingdom, with a manufacturing capacity of 600 kg of amphetamine per week, was detected in 1996 by monitoring glassware and laboratory equipment. According to ICPO/Interpol, the average increase in amphetamine seizures from 1994 to 1995 was about 18 per cent, but a greater increase was reported in some countries, including the two most important source countries, the Netherlands and Poland. From 1994 to 1995, the amount of amphetamine seized rose from 281 to 625 kg in the Netherlands and from 78 to 112 kg in Poland. Increasing amphetamine abuse has been reported in most countries in the region.

342. Seizures of precursors for amphetamine or amphetamine derivatives were reported in several countries. In Malta, 1 tonne of 1-phenyl-2-propanone on its way to Europe was seized, and in the Russian Federation, 200 kg of the same compound destined for the Netherlands were seized.

343. Ephedrine, another precursor for amphetamine, is also used in the illicit manufacture of methcathinone (ephedrone) in CIS member States but there have been reports on the abuse of ephedrine

itself, mainly in the Russian Federation. Illicit methamphetamine manufacture has been reported in the Czech Republic and, for the first time, in Poland.

344. In 1995, there was a drastic increase in the illicit manufacture and abuse of MDMA ("ecstasy") in Europe. In the Netherlands, 20 clandestine laboratories were dismantled. The seizure of a laboratory and 543 kg of the substance was reported in the United Kingdom. In Austria, 10 times more "ecstasy" was seized in 1995 than in the previous year. Most MDMA is manufactured in the Netherlands but the existence of clandestine laboratories has also been reported in other countries primarily in central and eastern Europe. The Board notes with concern that there have been very few reports on the seizure of precursors for MDMA in Europe. Increasing abuse of MDMA and other hallucinogenic amphetamine derivatives, such as methylenedioxyamphetamine (MDA), *N*-ethylmethylenedioxyamphetamine (also known as MDEA or MDE), MBDB and bromamphetamine (DOB), has been reported in most countries in the region. There are also signs that such drugs are being smuggled out of Europe into other regions. In the opinion of the Board, the link of "ecstasy" to a certain style of pop music, the toleration by national authorities of ambiguous messages about the apparent virtues of "ecstasy" and even the use of its name throughout Europe for an energy drink launched in Liechtenstein may have contributed to the rapid spread of its abuse.

345. In 1995, increasing abuse of LSD was noted in many countries in Europe. LSD continues to be smuggled in bulk out of the United States and into countries in Europe, mainly the Netherlands, which, despite the intense interception activity of its national law enforcement services, remains a major LSD distribution centre. In 1995, Russian customs services reported the seizure of an extremely large amount (30 kg) of ergotamine and ergometrine that had originated in the United States, which might otherwise have been used to manufacture about 100 million doses of LSD.

346. There are few reports on the abuse of sedatives in Europe. In the opinion of the Board this problem continues to be underestimated in most countries. The abuse of barbiturates has been reported in Belarus and the Russian Federation. In January 1996, additional control measures to prevent the diversion of temazepam preparations were introduced in the United Kingdom, where the abuse of that benzodiazepine derivative is considered to be a significant problem, particularly in Scotland. Since then, large amounts of temazepam capsules from outside of the country have been seized by the British authorities.

347. The seizure of 6 tonnes of anthranilic acid, a precursor for methaqualone, was reported in 1995 in the Russian Federation.

6. Missions

348. A mission of the Board visited the three Baltic States of Estonia, Latvia and Lithuania in July 1996. Compared with most other European countries, the level of drug abuse appears to be low in the Baltic States. The mission noted with appreciation the considerable progress made by all three States in establishing institutions and in developing mechanisms for the control of narcotic drugs and psychotropic substances. While the Board is satisfied with the extent of progress achieved so far, the national coordinating bodies of all the Baltic States should have a more important role in drug control policy.

349. The Board welcomes the recent accession of Estonia to the 1961 Convention and the 1971 Convention. The Board appreciates the efforts made by the Government in controlling the licit distribution of narcotic drugs and psychotropic substances. The Board trusts that similar efforts will be made in the area of precursor control.

350. In Latvia, the Board has noted that the criminal code is currently being revised in order to incorporate provisions covering drug-related offences, including money-laundering. The Board

welcomes the adoption of the legislation on precursor control in Latvia. The Board is convinced that the control of ephedrine and pseudoephedrine, the main precursors for methcathinone (ephedrone), will be an effective preventive measure against the illicit manufacture of that drug.

351. The Board urges the Government of Lithuania to finalize, as soon as possible, the legislation on control of the licit distribution of narcotic drugs, psychotropic substances and precursors that is currently being developed.

352. The Board is aware of the fact that the three Baltic States are faced with difficult economic problems that affect the ability of those States to deal with drug control problems. The Board encourages the Governments of Estonia, Latvia and Lithuania to continue with the development of their national drug control system with the assistance of international and regional organizations.

353. During a visit to the European Commission, the Board discussed with commissioners the need to further strengthen and harmonize measures against drug abuse and trafficking within the European Union. The Board stresses the need to apply a number of additional measures in the area of precursor control, as reflected in various Economic and Social Council resolutions that were fully supported by the representatives of the European Union. Such additional measures, including the sharing of information on suspicious transactions, should also be applied by all member States of the European Union in order to attain the level of control already established in many other important chemical manufacturing and exporting countries.

354. A mission of the Board visited Hungary in June 1996. The Board appreciates that following the adoption of regulations against money-laundering,⁴⁴ precursor control legislation was adopted in 1996 in that country, in line with the provisions of the 1988 Convention.

355. At the same time, the Board notes with concern the irregularities in the functioning of controls over the licit manufacture of and international trade in narcotic drugs that have recently occurred in Hungary, including gaps in the traditionally exemplary cooperation of its Government with the Board. The Board regrets that the continuity of the functioning of the national drug control administration was not ensured by the Government of Hungary. The Board notes with satisfaction that, following its mission, the Government has decided to allocate the necessary human and financial resources to the Ministry of Welfare for the establishment of an adequate administrative structure for its national drug control authority.

356. The Board hopes that, following the privatization of the manufacture of narcotic drugs, the Government of Hungary will take the necessary steps to fulfil its increased control responsibilities. That will include the establishment of governmental control over poppy straw production in conformity with the provisions of the 1961 Convention, which was carried out in the past by a State-owned enterprise.

357. The Netherlands has been a site of major illicit trafficking in cocaine and cannabis, as well as a major manufacturing and trafficking centre for several psychotropic substances (see paragraph 344, above). Large-scale illicit cultivation of cannabis is also taking place. The geographical position of the Netherlands, its economic structure, the opening of borders in Europe and some elements of its policy have contributed to that situation. At the request of the Government, a mission of the Board visited the Netherlands in September 1996. The Government and Parliament in 1995 and 1996 reviewed the national drug policy, concluding that it had been successful from the point of view of health but had had a number of negative consequences for the Netherlands and other countries. The Board appreciates the recent commitment of the Government to address those consequences with a more stringent policy and in cooperation with other Governments. The Board notes with satisfaction that government officials are

conscious of the importance of maintaining the existing international consensus on drug control issues and are against the adoption of unilateral measures which are not in line with such consensus.

358. In particular, the Board notes that special emphasis will henceforth be placed on combating the illicit manufacture of trafficking in and abuse of synthetic stimulants, as well as large-scale hydroponic cultivation of cannabis in the Netherlands. Noting the increased prevalence of cannabis abuse in the Netherlands, the Board is following with interest the specially targeted prevention campaign on the health damages produced by that narcotic drug.

359. While the Board has taken note that the Government of the Netherlands is determined not to allow henceforth a permissive attitude vis-à-vis certain promotional activities of coffee shops and that their number has already been reduced significantly, the Board reaffirms its position that the toleration of coffee shops, buying, stocking and selling cannabis products for non-medical use does not conform with the provisions of the 1961 Convention. The Board supports the view of the Government that the opening of municipality-run establishments is not a way to implement the new, more stringent policy, since it would be a further step in the direction of legalization, which is rejected by the Government.

360. While truly comparable abuse prevalence data are not yet available, even among European countries, the Government of the Netherlands concluded from the findings of studies that prevalence of heroin abuse in the Netherlands is relatively low and that the level of cannabis abuse is not significantly higher than in other European countries and is much lower than in North America. In addition, the heroin abuse population is rapidly ageing in the Netherlands.

361. In order to provide a sounder basis for drug policies, the Board counts on the Government of the Netherlands and other Governments of States members of the European Union to harmonize data collection and evaluation at the European level within the framework of the European Monitoring Centre for Drugs and Drug Addiction.

362. The Board will follow closely the developments and will maintain its excellent dialogue with the Government of the Netherlands.

363. A mission of the Board visited the Republic of Moldova in September 1996 to assess the drug situation in that country. The Board, aware of the financial and technical difficulties encountered by the authorities and the growing abuse and illicit trafficking in that country, takes note with satisfaction of the willingness of the Government to take the necessary steps to improve its controls and of the several administrative and legislative initiatives already being undertaken. The Board expects that the new drug legislation, drafted with the assistance of UNDCP, will receive parliamentary approval and will enhance the capability of the Government to implement more effective drug control.

364. In June 1996, a mission of the Board visited Slovakia. The abuse of heroin, which was extremely limited until the early 1990s, has been increasing rapidly, especially among the youth. The abuse of cannabis is also on the increase. Slovakia is used as a transit State by heroin traffickers operating along the Balkan route. The Board notes with satisfaction that the Government of Slovakia has elaborated a comprehensive anti-drug programme and has created the basic institutional framework for its implementation. The Board invites the Government to expedite the legislative process for the introduction of the new legislation for the control of narcotic drugs, psychotropic substances and precursor chemicals. The Board encourages the Government to strengthen its efforts in the prevention of drug abuse, as well as in the treatment, rehabilitation and social reintegration of drug addicts. The Board trusts that the Government will shortly implement its plans to provide additional resources to the administrative services responsible for the control of the licit movement of narcotic drugs, psychotropic substances and precursors.

E. Oceania

1. Major drug problems

365. Most drug problems in Oceania have been reported in Australia and New Zealand. The Pacific island countries do not appear to be seriously affected by illicit drug production, trafficking and abuse, the exceptions being a few countries where illicit cannabis cultivation takes place or whose territories are used as transit points for illicit drug trafficking.

2. Treaty adherence

366. Of the 14 States in Oceania, only 8 are parties to the 1961 Convention and 7 are parties to the 1971 Convention. Since the last report of the Board was published, Tonga has acceded to the 1988 Convention; only 3 States in the region are parties to that Convention.

3. Regional cooperation

367. The Pacific Islands Law Officers Meeting, a subsidiary body of the South Pacific Forum, is currently putting in place a legal framework for the harmonization of drug laws, regulations against money-laundering, and extradition in the region. The Board encourages States in the region to approve and implement those laws as soon as possible. The Board greatly appreciates the assistance given by the Governments of Australia and New Zealand and UNDCP to Pacific island countries in the field of law enforcement and invites them to continue with the training of professionals.

4. National legislation, policy and action

368. The Board appreciates the adoption of a new law against money-laundering in New Zealand and urges the Government of that country to develop appropriate legislation for precursor control and to ratify the 1988 Convention. The Board welcomes the progress made in the development of legislation in Papua New Guinea and hopes that its adoption will enable the Government to ratify the 1988 Convention.

369. Following the strengthening of laws and action against money-laundering in Australia and, recently, in New Zealand, money-launderers appear to be exploiting the bank secrecy laws of some small Pacific islands. The Board invites those States to strengthen their action against money-laundering.

5. Cultivation, production, manufacture, trafficking and abuse

(a) Narcotic drugs

370. Cannabis grows wild in several countries in Oceania and it is illicitly cultivated in Fiji, Papua New Guinea and Samoa. There are contradictory reports in respect of the THC content of local cannabis varieties. The Board reiterates the necessity for authorities of those countries to determine the THC content of cannabis by systematically analysing authentic samples. Cannabis cultivation, including hydroponic cultivation, also takes place in Australia and New Zealand. The manufacture of cannabis oil has been reported in Australia.

371. Cannabis is the most widespread drug of abuse in Australia, Fiji, New Zealand and Papua New Guinea. According to the Government of Australia, 15 per cent of the male population and 7 per cent of the female population are smoking cannabis on a weekly basis.

372. Only sporadic cases of abuse of cocaine or heroin have been reported in countries of the region, except Australia, where the seriousness of the extent of heroin abuse is clearly reflected in the fact that there were more than 500 heroin-related deaths recorded in 1995.

(b) Psychotropic substances

373. The illicit manufacture of amphetamine derivatives has been reported in Australia. Ephedrine and pseudoephedrine (in tablet form) have been used as precursors for methamphetamine. Following the strengthening of controls over those precursors, clandestine manufacturers started to procure other compounds (such as benzyl cyanide) used as precursors for amphetamines. Armed robberies have also been committed to procure precursors for methamphetamine.

374. The clandestine manufacture of methcathinone has also been detected in Australia.

375. The increasing abuse of stimulants (mainly methamphetamine), hallucinogenic amphetamine derivatives (MDMA, paramethylamphetamine (PMA) etc.) and LSD has been noted in Australia; however, there have also been reports on such abuse in New Zealand. A large proportion of the hallucinogens reportedly originate in European countries or in the United States.

6. Mission

376. In January 1996, a mission of the Board visited New Zealand. Cannabis is by far the most widely abused drug in New Zealand. It grows wild in the country and is illegally cultivated especially in forests, where cultivation is difficult to detect. While limited, some psychotropic substances continue to be abused and the Ministry of Health maintains a system of surveillance using computerized databases to monitor prescription and sales patterns. The Board notes with satisfaction that the Government has resumed its cooperation with the Board with regard to the international control of narcotic drugs and psychotropic substances. The Board urges the Government to introduce the necessary amendments to the Misuse of Drugs Act and to apply the control measures of the 1971 Convention to all psychotropic substances. The Board invites the Government to speed up the legislative process for the introduction of the control of precursor chemicals and encourages the Government to accede to the 1988 Convention.

(Signed) Oskar Schroeder
(President)

(Signed) António Lourenço Martins
(Rapporteur)

(Signed) Herbert Schaepe
(Secretary)

Vienna, 15 November 1996

Notes

¹*Report of the International Narcotics Control Board for 1995* (United Nations publication, Sales No. E.96.XI.1), paras. 1-39.

²*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Volume I* (United Nations publication, Sales No. E.94.XI.5).

³*Official Records of the United Nations Conference on the Law of Treaties, Vienna, 26 March-24 May 1968 and 9 April-22 May 1969* (United Nations publication, Sales No. E.70.V.5).

⁴See "Report of the Secretariat on alternatives to conviction or punishment" (E/CN.7/1995/6, 22 February 1995).

⁵United Nations, *Treaty Series*, vol. 976, No. 14152.

⁶*Ibid.*, vol. 1019, No. 14956.

⁷*Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Havana, 27 August-7 September 1990: report prepared by the Secretariat* (United Nations publication, Sales No. E.91.IV.2), chap. I, sect. C.21.

⁸*Official Records of the Third United Nations Convention on the Law of the Sea*, vol. XVII (United Nations publication, Sales No. E.84.V.3), document A/CONF.62/122.

⁹United Nations, *Treaty Series*, vol. 520, No. 7515.

¹⁰*Effectiveness of the International Drug Control Treaties: Supplement to the Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.5), paras. 36-37.

¹¹*Availability of Opiates for Medical Needs* (United Nations publication, Sales No. E.96.XI.6).

¹²*Ibid.*, para. 47.

¹³*Demand for and Supply of Opiates for Medical and Scientific Needs* (United Nations publication, Sales No. E.89.XI.5).

¹⁴*Report of the International Narcotics Control Board for 1995 ...*, paras. 90-94.

¹⁵*Ibid.*, para. 116.

¹⁶*Ibid.*, para. 99.

¹⁷*Ibid.*, para. 125.

¹⁸*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1996 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No.E.97.XI.4).

¹⁹*Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.4), para. 105.

²⁰*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1994 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No.E.95.XI.1).

²¹*Report of the International Narcotics Control Board for 1995 ...*, paras. 137-143.

²²*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1995 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No.E.96.XI.4), paras. 47-64.

²³*Ibid.*, paras. 72-98.

²⁴*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1996 on the Implementation of Article 12 ...*, chap. I.

²⁵*Ibid.*, annex V.

²⁶United Nations, *Treaty Series*, vol. 950, No. 13561.

²⁷*Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), paras. 145-147.

²⁸*Report of the International Narcotics Control Board for 1995 ...*, para. 198.

²⁹*Ibid.*, para. 207.

³⁰*Ibid.*, para. 205.

³¹*Ibid.*, para. 240.

³²*Ibid.*, para. 247.

³³*Ibid.*, para. 253.

³⁴*Report of the International Narcotics Control Board for 1994 ...*, paras. 225-227.

³⁵*Report of the International Narcotics Control Board for 1995 ...*, para. 284.

³⁶*Ibid.*, para. 285.

³⁷*Ibid.*, para. 286.

³⁸*Ibid.*, para. 327.

³⁹*Ibid.*, para. 330.

⁴⁰*Ibid.*, paras. 335-336.

⁴¹*Ibid.*, para. 310.

⁴²*Ibid.*, para. 385.

⁴³*Report of the International Narcotics Control Board for 1994 ...*, paras. 287-288.

⁴⁴*Report of the International Narcotics Control Board for 1995 ...*, para. 356.

Annex I

**REGIONAL GROUPINGS USED IN THE REPORT OF THE INTERNATIONAL
NARCOTICS CONTROL BOARD FOR 1996**

The regional groupings used in the report of the International Narcotics Control Board for 1996, together with the States in each of those groupings, are listed below.*

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Libyan Arab Jamahiriya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger

*The States that had previously comprised the former Union of Soviet Socialist Republics are listed under the regional grouping Europe or under an Asian regional grouping, following the practice of the Statistics Division of the Secretariat.

Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
Sudan
Swaziland
Togo
Tunisia
Uganda
United Republic of Tanzania
Zaire
Zambia
Zimbabwe

Central America and the Caribbean

Antigua and Barbuda
Bahamas
Barbados
Belize
Costa Rica
Cuba
Dominica
Dominican Republic
El Salvador
Grenada
Guatemala
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago

North America

Canada
Mexico
United States of America

South America

Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic of Korea
Indonesia
Japan
Lao People's Democratic Republic
Malaysia
Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Viet Nam

South Asia

Bangladesh
Bhutan
India
Maldives
Nepal
Sri Lanka

West Asia

Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel

Jordan
Kazakstan
Kuwait
Kyrgyzstan
Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

Albania
Andorra
Austria
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Gibraltar
Greece
Holy See
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal

Republic of Moldova
Romania
Russian Federation
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
The former Yugoslav Republic of Macedonia
Ukraine
United Kingdom of Great Britain and Northern Ireland
Yugoslavia

Oceania

Australia
Fiji
Kiribati
Marshall Islands
Micronesia (Federated States of)
Nauru
New Zealand
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu

Annex II

CURRENT MEMBERSHIP OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

Sirad ATMODJO

Pharmacist. Assistant Instructor, Drug Dispensing Laboratory, Gajah Mada University (1955-1959). High-school teacher of Chemistry (1957-1959). Staff member, Directorate of Pharmaceutical Affairs, Ministry of Health of Indonesia (1959-1965). Director of Pharmaceutical Affairs, Ministry of Health (1965-1967). Director of Distribution, Directorate General of Pharmacy, Ministry of Health (1967-1975). Director of Narcotics and Dangerous Drugs (1975-1991), Secretary of the Directorate General of Food and Drug Control, Ministry of Health (1981-1987). Dean of the Faculty of Pharmacy (1987-1991), Second Vice-Rector (1991-1993) and First Vice-Rector (1994) of "17 Agustus 1945" University. Member of the International Narcotics Control Board (since 1987). Member of the Standing Committee on Estimates (since 1994) and Vice-Chairman of the Standing Committee on Estimates (1994 and 1996).

Edouard Armenakovich BABAYAN

Graduate of the Second Moscow Medical Institute (1941). Professor, Doctor of Medical Science, Academician. Chairman of the Standing Committee on Narcotic Drugs Control of the Russian Federation (non-governmental). Expert of the World Health Organization (WHO). Honoured Vice-President of the International Council on Alcohol and Addictions. Author of over 200 scientific papers, *inter alia*, monographs and courses on drug control, published in many countries throughout the world. Winner of the E. Brauning international prize for valuable contribution to narcotic drug control; honorary member of the Purkine Society; and Honoured Physician of the Russian Federation. Head of the Russian delegation to the Commission on Narcotic Drugs. Chairman of the Commission (1977 and 1990). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (since 1995).

Hamid GHODSE

Professor of Psychiatry, University of London. Director, Regional Drug Dependence Treatment, Training and Research Unit, and Director, Addiction Resource Agency for Commissionaries, South Thames Region, United Kingdom of Great Britain and Northern Ireland. President, European Collaborating Centres for Addiction Studies. Chairman of Departments of Addictive Behaviour and of Psychological Medicine. Member of the Academic Board, the Council and the Joint Advisory Management Committee, St. George's Hospital Medical School, University of London. Chairman, Association of Professors of Psychiatry in the British Isles. Adviser, Joint Formulary Committee, British National Formulary. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol. Member of the Executive Committee. Chairman of the Substance Misuse Section and of the Court of Electors, Royal College of Psychiatrists. Member of the Executive Board, Medical Council of Alcoholism, United Kingdom. Adviser, Health Advisory Service, National Health Service, United Kingdom. Editor of the *International Journal of Social Psychiatry* and of the *Substance Misuse Bulletin*. Member of the Editorial Advisory Board of *Addiction*. Author of books and over 200 scientific papers on drug-related issues and addictions. Fellow (since 1985) of the Royal College of Psychiatrists, United Kingdom. Fellow of the Royal College of Physicians and member of the Faculty of Public Health Medicine, United Kingdom. Member, rapporteur and chairman of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence, in particular, convener of WHO expert groups on medical education (1986), pharmacy

education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. M. S. McLeod Visiting Professor, Southern Australia Postgraduate Medical Education Association (1990). Member of the International Narcotics Control Board (since 1992) and member of the Standing Committee on Estimates (1992). President of the Board (1993 and 1994).

Dil Jan KHAN

Bachelor of Arts, Bachelor of Laws and Master of Arts in Political Science. Secretary of the States and Frontier Regions Division of the Government of Pakistan (1990-1993), Secretary of the Interior Division of the Government of Pakistan (1990) and Secretary of the Narcotics Control Division (1990 and 1993-1994) of the Government of Pakistan. Commandant, Frontier Constabulary, North-West Frontier Province (NWFP) (1978-1980 and 1982-1983). Inspector General of Police, North-West Frontier Province (1980-1982 and 1983-1986). Additional Secretary, Ministry of Interior of Pakistan (1986-1990). Counsellor (1973-1978) and First Secretary (1972), Embassy of Pakistan, Kabul. Recipient of Sitara-i-Basalat, one of the highest awards for gallantry, awarded by the President of Pakistan (1990). President of the International Club, Kabul. Dean of the Counsellor/Administration Corps, Afghanistan. Member of the Asian-African Legal Consultative Committee. President of the Police Service of Pakistan Association (1993-1994). Patron of the non-governmental organization anti-narcotics society (1982-1983). Participant in the seminar on replacement of opium poppy cultivation, held at Bangkok (1978). Head of the delegation of Pakistan to the Executive Committee of the Office of the United Nations High Commissioner for Refugees (UNHCR) (1990-1993); the workshop of the UNHCR Asian-African Legal Consultative Committee (1991); the UNHCR meeting (1991); the Asian-African Legal Consultative Committee, New Delhi (1991); the World Food Programme Authority (1992); and the talks on relief assistance for Afghan refugees, Geneva and Washington, D.C. (1993). Head of the delegation of Pakistan to the Commission on Narcotic Drugs (1993 and 1994); the technical consultation between India and Pakistan, held at Vienna under the auspices of the United Nations International Drug Control Programme, on cooperation in drug control activities (1994); and the First Policy-Level Meeting on Technical Cooperation between Pakistan and India (1994). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (since 1995).

Gottfried MACHATA

Doctor of Philosophy (Ph.D.) in Chemistry (1951) and Professor (1968). Pharmaceutical and chemical industry scientist (1951-1954). Head of the Department of Chemistry, Institute of Forensic Medicine, University of Vienna (1955-1990). Court Expert in Forensic Sciences and General Chemistry (since 1955). Expert of the Disarmament Commission (1983-1985). Member of the Senate Commission of the German Research Organization. Author of more than 145 published works in the field of toxicology. Recipient of the International Widmark Award and the Jean Servais Stas Médaille. Recipient of the gold medal of honour for scientific research of the Republic of Austria. Member of the International Narcotics Control Board and member of the Standing Committee on Estimates (since 1992). Vice-Chairman of the Standing Committee on Estimates (1995). Second Vice-President and Chairman of the Standing Committee on Estimates (1996).

Mohamed MANSOUR

Director of Training Institute Affairs Administration, former Director of Operation Administration, Drug Enforcement Administration, Ministry of Interior of Egypt. Teacher of trainees and officers in drug enforcement and criminal investigations, Police Academy, Cairo, and Arab Institute for Police Studies, Saudi Arabia. Recipient of Bachelor's degree in law and police science, training at the Drug Enforcement Administration, Washington, D.C. (1974 and 1978). Recipient of the Honour of

El-Gomhoria (1977) and the Honour of El-Estehkak (1984). Participant in various conferences and meetings in the field of drug law enforcement. Member of the International Narcotics Control Board (since 1990) and Rapporteur (1992). Member of the Standing Committee on Estimates (1992 and 1993). First Vice-President of the Board (1995).

Bunsom MARTIN

Doctor of Medicine with postgraduate advanced training in Tropical Medicine. Long-time service as hospital, medical school and university official, in particular as Head of Department, President and Chairman of the University Board. Director-General of the Department of Physical Education. Active participant in a variety of organizations, such as the Red Cross and the Scout Association. Chairman of the Committee for Prevention and Publicity of Drug Abuse for 22 years. Minister of Education (1982) and Minister of Health (1984) of Thailand. Member of the Standing Committee on Estimates (since 1993). Second Vice-President of the International Narcotics Control Board and Chairman of the Standing Committee on Estimates (1995).

António Lourenço MARTINS

Graduate in Law, University of Coimbra. Prosecutor (1965-1972); Judge (1972-1976); General Director of Judicial Police (1977-1983); Deputy Attorney-General and member of the Consultative Committee of the Attorney-General's Office (since 1983). Government-appointed head of the working groups that drew up Portuguese anti-drug legislation (1983 and 1993); and coordinator of the computerization of the courts, as designated by the Minister of Justice of Portugal (since 1988). Lecturer on law computer at the Law Institute for Communications, Faculty of Law, University of Coimbra. Author of various articles on questions concerning drugs and electronic information, a collection of the main international and national contributions to the fight against drugs, with commentary. Participant in various meetings of the International Criminal Police Organization (ICPO/Interpol) General Assembly (1977-1982) and in various sessions of the Commission on Narcotic Drugs. Participant in working groups of the Pompidou Group of the Council of Europe and in various meetings of the European Anti-Drug Committee (CELAD). Head of the ad hoc group that established a framework for the creation of the European Monitoring Centre for Drugs and Drug Addiction (1992). Head of one of the groups in the seminar on policy strategies against drugs in Europe (1993). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (1995). Rapporteur (1996).

Herbert S. OKUN

Executive Director, Financial Services Volunteer Corps, New York. Visiting Lecturer on International Law, Yale University Law School. United States Foreign Service (1955-1991). Special Assistant to the Secretary of State, Washington, D.C. (1969-1971). Vice-Chairman of the United States delegation to the SALT II negotiations and to the Trilateral Talks between the United States, the United Kingdom and the Union of Soviet Socialist Republics on a Comprehensive Test Ban Treaty (1978-1980). Ambassador to the German Democratic Republic (1980-1983). Deputy Permanent Representative and Ambassador of the United States to the United Nations (1985-1989). Special Advisor and Deputy Co-Chairman of the International Conference on the Former Yugoslavia (1991-1993). Member of the Secretary-General's Group of Experts on the United Nations structure for drug abuse control (1990). Member of the International Narcotics Control Board (since 1992). First Vice-President of the Board (1996).

Alfredo PEMJEAN

Medical Doctor (1968). Psychiatrist (1972). Clinical practice in psychiatry units of general hospitals (1972-1989). Head of Service of Clinical Psychiatry, Hospital Barros Luco-Trudeau of Santiago de Chile (1975-1981). Instructor in undergraduate and postgraduate programmes, Faculty of Medicine, University of Chile (since 1975). Head of the Department of Mental Health and Psychiatry, Faculty of Medicine, Campus South, University of Chile (1976-1979 and 1985-1988). Professor of Psychiatry, University of Chile (since 1979). Professor of Psychiatry, School of Psychology, Universidad Católica de Chile (since 1983). Head of the Mental Health Unit, Ministry of Health of Chile (1990-1996). President of Sociedad Iberoamericana para el Estudio del Alcohol y las Drogas (1986-1990). Professor in the Magister Program entitled "Public Health, Mention in Mental Health", School of Public Health, University of Chile (since 1993). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (1996).

Manuel QUIJANO

Doctor of Medicine. Practising surgeon for 35 years at a teaching hospital. Professor of a three-year postgraduate course in general surgery. Scientific counsellor to the Mexican delegation to the United Nations Educational, Scientific and Cultural Organization (1980-1983). Director of International Affairs, Ministry of Health of Mexico. Member of the Executive Board of the World Health Organization and Chairman (1988-1989). Member of the International Narcotics Control Board and member of the Standing Committee on Estimates (since 1992). First Vice-President (1993) and Rapporteur (1995) of the Board.

Oskar SCHROEDER

Lawyer and administrator. Doctor of law. Public Prosecutor (1957). Director-General, Inland Revenue and Tax Auditing Unit in the Financial Administration of North Rhine-Westphalia (1957-1964). Ministry for Youth, Family Affairs, Women and Health of the Federal Republic of Germany (1965-1989): Personal Secretary to the State Secretary and Head, Budget Division and several Divisions of Health Legislation (1965-1973); Head, Division for Legislation on Narcotic Drugs (1973-1982); and Director-General for Family Affairs and Social Welfare (1982-1989). Head of the delegation of the Federal Republic of Germany to the Commission on Narcotic Drugs (1973-1982) and Chairman of the Commission (1980). Chairman of the Commission for Social Development (1989). Member of the International Narcotics Control Board (since 1990). Member of the Standing Committee on Estimates and Chairman of the Budget Committee (1990). President of the Board (1991, 1992, 1995 and 1996).

Elba TORRES GRATEROL

Lawyer. Central University of Venezuela (1959). Adviser on drug-related matters, Ministry of Foreign Affairs of Venezuela (1985-1994). Director for Social Protection, Office of the Attorney-General of the Republic (1971-1981); representative of the Department of Public Prosecution to the Drug Abuse Control Commission (1971-1981); member of the commission to prepare a preliminary draft law on narcotic drugs and psychotropic substances (1974-1984); and Adviser, Department of Crime Prevention, Ministry of Justice (1982-1983). Member of the Venezuelan delegation to the Commission on Narcotic Drugs (1985-1993). Participation in the intergovernmental expert group meetings to consider the draft convention against illicit traffic in narcotic drugs and psychotropic substances (1986-1988); the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988); meetings of the group of experts designated by the Inter-American Drug Abuse Control Commission (of the Organization of American States) to draft model regulations on the laundering of assets derived from illicit drug trafficking (1990-1992); and the first

meeting on the implementation of articles 5 and 7 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1993). Head of the Venezuelan delegation at the meeting convened at Panama City by the Inter-American Drug Abuse Control Commission to analyse the problem of money-laundering regulations (1993). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (since 1995).

THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The responsibilities of the International Narcotics Control Board under the international drug control treaties are to endeavour, in cooperation with Governments, to limit the cultivation, production, manufacture and use of narcotic drugs to the amounts required for medical and scientific purposes, to ensure that the quantities of those substances required for legitimate purposes are available and to prevent illicit drug cultivation, production, manufacture, trafficking and use. Since the entry into force of the Convention on Psychotropic Substances of 1971, the functions of the Board also include the international control of such drugs. Moreover, with the entry into force of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the Board has specific responsibilities related to the control of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, as well as the assessment of such substances for possible change in the scope of control of that Convention. Under the provisions of the 1988 Convention, the Board also reports annually to the Commission on Narcotic Drugs on the implementation of article 12 of that Convention.

The Board is required, in carrying out these responsibilities, to investigate all stages of 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 required for medical and scientific purposes; to see that precautions are taken to prevent the diversion of those 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 that 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, especially since the adoption of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, that multilateral or bilateral assistance, either technical or financial, or both, should be accorded to a country experiencing such difficulties. If, however, the Board notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties, the Commission and the Economic and Social Council in cases where it believes that that would be the most effective way to facilitate cooperation and to improve the situation. As a last resort, the international drug control treaties empower the Board to recommend to parties that they stop importing drugs from the defaulting country, exporting drugs to it or both. Naturally, the Board does not confine itself to taking action only when serious problems have been discovered; on the contrary, it seeks to prevent major difficulties before they arise. In all cases the Board acts in close cooperation 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 licit trade and illicit traffic. Consequently, the international drug control 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 cooperation with Governments, the Board administers the system of estimated world requirements of narcotic drugs and the system of statistics on narcotic drugs. The first of these systems enables the Board, in analysing future licit requirements, to verify in advance whether these requirements are reasonable; and the second enables it to exercise *ex post facto* control. Finally, the information on illicit traffic that is communicated to the Board either directly by Governments or through the competent organs of the United Nations system enables the Board to determine whether the aims of the 1961 Convention are being seriously endangered by any country and, if necessary, to take the measures described in the preceding paragraph.

كيفية الحصول على منشورات الأمم المتحدة

يمكن الحصول على منشورات الأمم المتحدة من المكتبات ودور التوزيع في جميع أنحاء العالم . استعلم عنها من المكتبة التي تتعامل معها أو اكتب إلى : الأمم المتحدة ، قسم البيع في نيويورك أو في جنيف .

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