

INTERNATIONAL NARCOTICS CONTROL BOARD
Vienna

**REPORT OF THE
INTERNATIONAL NARCOTICS
CONTROL BOARD
FOR 1997**



UNITED NATIONS

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REPORTS PUBLISHED BY THE INTERNATIONAL NARCOTICS CONTROL BOARD IN 1997

The *Report of the International Narcotics Control Board for 1997* (E/INCB/1997/1) is supplemented by the following technical reports:

Narcotic Drugs: Estimated World Requirements for 1998; Statistics for 1996 (E/INCB/1997/2)

Psychotropic Substances: Statistics for 1996; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV (E/INCB/1997/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1997 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/1997/4)

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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The text of the present report is also available via Internet at the following location:
http://www.undcp.org/incb_hp.html.

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UNITED NATIONS
New York, 1998

E/INCB/1997/1

UNITED NATIONS PUBLICATION

Sales No. E.98.XI.1

ISBN 92-1-148103-1

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

The following abbreviations have been used in this report:

ADD	attention deficit disorder
ADDH	attention deficit disorder with hyperactivity
ADHD	attention deficit/hyperactivity disorder
CIS	Commonwealth of Independent States
CONSEP	Consejo Nacional de Control de Sustancias, Estupefacientes y Psicotrópicas (Ecuador)
CONTRADROGAS	Comisión de la Lucha contra el Consumo de Drogas (Peru)
ECOWAS	Economic Community of West African States
HIV	human immunodeficiency virus
Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDA	methylenedioxyamphetamine
MDEA	<i>N</i> -ethylmethylenedioxyamphetamine
MDMA	methylenedioxymethamphetamine
MEK	methyl ethyl ketone
OFECOD	Oficina Ejecutiva de Control de Drogas (Peru)
SADC	Southern African Development Community
THC	tetrahydrocannabinol
UNDCP	United Nations International Drug Control Programme
WHO	World Health Organization

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.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Data reported later than 1 November 1997 could not be taken into consideration in preparing this report.

I. PREVENTING DRUG ABUSE IN AN ENVIRONMENT OF ILLICIT DRUG PROMOTION

1. Since drug abuse is driven by both demand and supply, it is necessary not only to control production and distribution of drugs, but also to aim at slowing the pace of growth of the drug market by reducing consumer demand. That was pointed out in an earlier report of the International Narcotics Control Board.¹ Programmes to reduce illicit demand for drugs must take into account a vast range of factors that influence people's tendencies to take drugs and must attempt to change attitudes and behaviour by tackling all environmental variables in a comprehensive manner.

2. Preventing the abuse of drugs is becoming an increasingly difficult endeavour, at least partly because of the rapid and growing spread of messages in the environment that promote drug abuse. Many of them can be regarded as public incitement and inducement to use and abuse drugs. Therefore, present efforts at prevention need to be strengthened and innovative prevention initiatives need to be developed and implemented.

3. Public health measures, to ensure a healthy society, include the prevention of drug abuse. No form of non-medical drug use is healthy; therefore, drug abuse prevention should be seen as part of the general effort to raise the level of health in society. People who abuse drugs cause direct damage to their own health but people who abuse drugs by injection also expose themselves and others to a considerably greater risk of contracting and spreading the human immunodeficiency virus (HIV) and other blood-borne diseases such as hepatitis B. Drug abuse also damages the fabric of the family, the community and society. The costs to society of treating and rehabilitating drug abusers are high; prevention programmes, even if they do not bring immediate results, can be more cost-effective than treatment and rehabilitation programmes. In addition, drug abusers often commit offences such as stealing money or food from their families, other individuals and public or private properties or engage in prostitution, in order to pay for drugs.

4. While the elimination of all forms of drug experimentation, use and abuse will never be achieved, it should not be a reason to give up the ultimate aim of all prevention efforts, namely a drug-free society. Most prevention efforts do have an effect and, like commercial advertising, reach enough of the market to have a positive impact. Prevention programmes should be considered successful even though they may not prevent all illicit drug use.

5. Reducing illicit drug demand and reducing illicit drug supply are both essential components of a comprehensive programme for preventing drug abuse. Restricting supply through interdiction, for example, pushes up the price of illicit drugs and makes them less available, while demand reduction policies reduce the market demand for such drugs.

A. Risk factors associated with drug abuse

6. Epidemiological and aetiological research shows that the question of whether or not an individual might abuse drugs is related to the risk and protective factors individuals possess or are confronted by. These factors are related to the biological and psychosocial factors, including personality traits, behavioural factors and family and educational background of the individual, to the wider environment, which includes school and peer groups, and to the contextual situation, such as illicit drug promotion, drug availability, cultural norms, such as the frequency with which medicines are resorted to, economic circumstances, community disorganization and social marginalization. Some risk factors may vary

between countries and even within countries. They may vary in importance, as their relative weighting may change in time and in response to individual and cultural contexts.

7. Drug abuse can be averted if the risk factors are avoided, reduced or appropriately modified. This must take into account, however, the fact that the reasons—and the associated risk factors—for first taking illicit drugs, for continuing to take such drugs on an irregular basis and for becoming dependent on drugs are likely to be different. In modifying risk factors, account must also be taken of the broader sociocultural setting, which determines how drug-taking behaviour is perceived—whether it is regarded as deviant or acceptable for certain groups of people. This is especially true where there are long-standing cultural norms in favour of, or against, the taking of a particular drug. Increasing influence is being exerted by some media in terms of encouraging the initiation into drug abuse of children and adolescents, and in some instances there appears to be, if not public incitement, public inducement to use and abuse drugs.

B. Legal status of public incitement to abuse drugs: international drug control treaties and national legislation

8. Article 3 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988² refers to “publicly inciting or inducing others, by any means, to commit any of the offences established in accordance with this article or to use narcotic drugs or psychotropic substances illicitly” (subparagraph 1 (c) (iii)) and requires each party to establish such conduct as a criminal offence under its domestic law. The provision was included in the 1988 Convention because of concern about magazines and motion-picture films glorifying drug abuse and promoting a drug culture.

9. When considering the meaning of “public incitement”, the word “public” can be understood to refer to an action taken in public or a situation where the public as a whole is addressed.* The phrase “by any means” implies that the provision should be broadly interpreted and should cover incitement not only in public addresses or rallies, but also incitement using any type of media, including printed, audio-visual and electronic media. “By any means” should also be understood as covering any method of incitement and inducement, such as deceit, influence, monetary inducement or force.

10. A safeguard clause in article 3 of the 1988 Convention makes the offence of public incitement to use drugs illicitly subject to each party’s constitutional principles and the basic concepts of its legal system. In some countries, the criminalization of public incitement to use drugs illicitly may run counter to guarantees of freedom of expression, either included in the constitution or embodied in statute law, judicial decisions or customary practice. It should, however, be the duty of States to find a practical way of conciliation between the contradictory exercise of rights. The freedom of expression cannot remain unrestricted when it conflicts with other essential values and rights. The Board notes that it has been possible in most countries to take measures against the unrestricted availability and propagation of pornographic literature and material; it hopes that similar measures might be feasible with respect to the promotion of drug abuse.

*Although article 3, subparagraph 1 (c) (iii), refers to “publicly inciting or inducing”, incitement or inducement occurring privately should also be addressed in domestic legislation and, in certain contexts, may be considered as constituting the offence of “facilitating and counselling the commission of an offence”, which is covered under article 3, subparagraph 1 (c) (iv).

11. To avail itself of a safeguard clause, a party to the 1988 Convention does not need to enter a reservation or make a specific declaration to the effect that its constitution does not allow a provision to be implemented. Under a number of articles of the 1988 Convention, however, parties have reinforced safeguard clauses with specific reservations or declarations. No such declaration or reservation has been entered in relation to publicly inciting or inducing others to commit drug-related offences.

National legislation

12. Incitement to commit criminal offences in general is often covered in national penal codes, and incitement by the mass media to commit offences is usually dealt with in legislation governing the media. In addition, many drug control laws and regulations have established incitement or inducement to consume illicit drugs as a separate criminal offence. A number of those laws do not distinguish between public and private incitement to commit such an offence, describing the conduct in question without reference to the number of persons involved. It is assumed that a judge deciding on the appropriate penalty in such a case will take into account the circumstances of the incitement to commit the offence, in particular whether it was public or not. Other laws specifically cover both private and public incitement to commit an offence under separate provisions and still others deal only with public incitement.

13. When describing the means of incitement to use illicit drugs, some provisions use the wording of the 1988 Convention while others describe the conduct in various terms indicative of methods of incitement, such as “encourages”, “persuades”, “surreptitiously or forcibly incites” or “shows illicit use in a favourable light”. A number of laws specifically refer to the promotion or advertising by the mass media of the illicit use of drugs. In France, reference is made to using printed, audio or visual means to incite drug abuse; the public health code provides for up to five years of imprisonment and substantial fines for presentations favouring drug abuse. German law refers to incitement through the dissemination of written material, while the law in Honduras penalizes incitement via the communication media, whether auditory, printed or audio-visual. In Venezuela, it is unlawful to use audio, printed or visual media or drawings, recordings, photographic prints or banners or any other form of symbolic expression to incite illicit drug use.

14. Significant prison penalties are provided for under many laws prohibiting such public incitement. Those penalties largely exceed the penalties provided for illicit drug consumption in cases where the law also penalizes such consumption. Some provisions emphasize that incitement should be penalized whether or not it has led to consumption. Greater penalties are provided for aggravating circumstances, such as where incitement leads to the death of a person; is directed at a minor; is carried out by any person in charge of taking care of the victim, such as a teacher, parent or guardian; is carried out on the premises of educational, sports, health, military or penal facilities; is carried out by a public officer or with recourse to violence; or is carried out as part of the activities of an organized criminal group.

C. Changing the environment that promotes drug-taking

Popular culture

15. By far the greatest influence on many young people in developed countries, as well as in some developing countries, is the promotion or at least the tolerance of recreational drug use and abuse in popular culture, particularly in popular music. Some lyrics of songs advocate, directly or indirectly, smoking marijuana or taking other drugs and certain pop stars make statements as if the use of drugs for non-medical purposes were a normal and acceptable part of a person’s lifestyle. Popular music has quickly developed into a global industry. In most countries, the names of certain pop stars have become

familiar to the members of almost every household. With such globalization of popular music, messages tolerating or even promoting drug abuse are reaching beyond their countries of origin. Therefore, the Board believes that there may be some merit in enlisting the support of pop stars, sports stars and other popular personalities as non-drug-using role models in order to counter the multitude of messages in favour of the recreational use of illicit drugs. The Board invites Governments to contact representatives of the music and sports industries in that regard and to explore with them ways of contributing to the development of a popular culture that is against drug abuse.

Media

16. The media reach a vast audience every day and can therefore make a powerful contribution to the prevention of drug abuse. There have been, however, campaigns that have served to encourage drug use and abuse, in particular the use of marijuana. Some of these have been in the form of newspaper and magazine advertisements signed by prominent people in all walks of life.

17. The portrayal of drug use and abuse by some media reflects the concerns of alarmed parents and, at the same time, often fuels parental concerns without offering solutions, as well as widening the gap between young people and adults. Some newspapers are in the business of entertainment rather than information, so that sensationalism, if it improves circulation, is likely to be pursued at the expense of truth.

18. Objectivity rather than sensationalism should influence the sort of information carried by the media. Sensationalism, the desire to be provocative and the need for higher ratings, may also be behind the fact that several television companies in some countries in western Europe appear to be broadcasting many more programmes in support of a change in the drug law, if not the outright legalization of drugs, particularly cannabis, than programmes examining the consequences of following such a policy and the harm arising from it. Preventive education campaigns aimed at accurately informing the public in general of the effects of drugs and drug abuse will help to promote a more rational approach to drug problems and to avoid sensationalism.

19. The exaggeration of the immediate dangers of abusing some drugs means that there is an increasing gap between the information received by the community and the experience of young people. Similarly, the frequent calls by politicians to respond to drug abuse by introducing more severe punishment reveals a powerful lack of understanding of the nature of drug abuse and, in particular, of drug dependence. It is not the severity of punishment that acts as a deterrent, but the certainty of punishment.

20. In addition, some medical journals, magazines and newspapers have run features and editorials favouring the "medical" use of cannabis or suggesting the outright legalization of drugs. Some reputable journals publish editorials that are mainly or always in favour of legalization of the non-medical use of drugs. While such information can be seen as part of the general discussion of the subject, it tends to generate an overall climate of acceptance that is favourable to or at least tolerant of drug abuse. More thorough research needs to be undertaken in scientifically controlled trials to determine whether there is a case to be made for such medical use or whether existing treatment options are equally or more effective.

21. To maintain a balance in the public debate, policies that offer alternatives to drug legalization, and reliable information on the likely effects of such legalization on the individual, family and society need to be presented. It is also necessary to stress the importance of the international conventions to which States are parties and to see the issues in an international perspective and not just in a local one. Governments should play a positive, leading part in the debate and should not leave the advocacy role only to those who wish to bring about change. Drug issues which are of concern to and which will affect

the majority of people should be the subject of a balanced debate, one that will allow those who are not persuaded by the calls for drug legalization to put forward their views. Scattered evidence from public opinion polls suggests that the majority of people are not in favour of any form of such legalization. The debate, unfortunately, has been taken over by a small number of activists who support some form of drug legalization.

22. It is possible to curb the showing by public broadcasting media, such as the press, radio, film and television, of favourable images of drug abuse. In some countries, it is possible to do this through legislation; in others it can be done through voluntary codes of practice; in still others, however, no restrictions on promoting drug abuse are in place because freedom of information and freedom of speech are considered to be more important than limiting the promotion of illicit drugs. The Governments of those countries may need to reconsider whether unrestricted access to and the propagation of such information are detrimental to the social and health conditions of their populations. Voluntary codes of conduct could be developed by the media, as suggested in the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control,³ to limit the irresponsible statements that are sometimes made and to encourage a more balanced approach to dealing with the issues of drug abuse.

Internet

23. More information on drugs has been made available to more people than ever before through the Internet. There have always been books that explain in detail, for example, how to grow cannabis indoors or how to make a range of “designer drugs” or which common plants contain hallucinogenic properties. That knowledge is now available on the Internet, crossing all national boundaries and defying restrictions on the dissemination of information (in books, newspapers, radio programmes, television programmes). There are many different pages on the World Wide Web devoted to the production and manufacture of illicit drugs and there are news groups for exchanging information not only on making drugs, but also on how to avoid detection, for sharing experiences and for providing support to persons arrested for illegal possession of controlled drugs. Most of the controversial information and ideas can easily be accessed by young people. However, there are also Web sites devoted to the accurate dissemination of facts about drug use and abuse and much of the material on prevention and drug education can be downloaded. Some information sites have taken this laudable step. Therefore, there is a positive side, as well as a negative side, to the new wealth of information available on the Internet.

Misleading promotion of products made from hemp (cannabis plant)

24. The promotion of many products made from hemp (cannabis plant) is designed to further enhance the image of cannabis being a useful product, and the goods that are produced from hemp are often described as being environmentally friendly because they are made from natural substances. The products made from hemp that are currently being marketed include jackets, handbags, caps, hats, wallets and shoes, as well as food and beverages. The use of hemp in foodstuffs and beverages further presents the image of cannabis as an innocuous, edible or even nutritious substance. In many instances, the use of hemp in such products is not intended to demonstrate its superiority to other natural materials that already exist; it is done for tactical reasons, to legitimize the commercial use of hemp as part of a campaign to legalize cannabis. In their catalogues or advertising campaigns, many marketers of hemp openly admit that their objective is the legalization of cannabis, thus contributing to the overall promotion of illicit drugs.

Political campaigns

25. Election campaigns have been conducted with candidates standing for parliament on a drug legalization platform. Some of the candidates for the European Parliament stood on such a platform and

were successful. Thus, they were able to use their access and influence to win others over to their cause. Some campaigns, such as the successful campaigns for the “medical” use of cannabis in Arizona and California in the United States of America, have sought to change the law, while in the State of Washington a similar referendum was resoundingly defeated. Although the vast majority of such campaigns centre on the legalization, decriminalization or use of cannabis for “medical” purposes, there are organizations promoting the legalization of the non-medical use of other drugs; some are even promoting the legalization of all drugs.

26. Such political campaigns need to be met with rational arguments and unambiguous language pointing out the manifold problems that might arise from the decriminalization of drugs and that certainly would arise from the legalization of drugs, in particular the health and economic consequences of such action. The argument given by some that more harm is produced by tobacco and alcohol cannot justify adding other harmful substances to those already existing on the licit market.

27. The Board notes with regret that despite the fact that, as mentioned in paragraphs 8-11 above, Governments of States that are parties to the 1988 Convention are required to make the incitement or inducement to take drugs a criminal offence, either this has not been done or the law has not been enforced. Prominent people have issued some very public calls to take drugs and have not been prosecuted. This flagrant refusal by Governments to implement an international convention to which they are signatories is almost hypocritical.

Law enforcement

28. A certain amount of discretion is inevitable when implementing the law. Prioritization takes place regarding which types of crime are pursued more vigorously than others because of limited financial and human resources. The seriousness of the crime must also be considered. Thus, there are areas in most cities, in both developed and developing countries, where drug transactions are known to take place. This is formally tolerated in some countries, for example, where cannabis is openly sold in coffee shops, an activity that might be described as indirect incitement. This is not in accordance with the spirit or the letter of the international drug control treaties. In other countries there may be known drug-dealing areas where the police do not enforce drug laws to the letter. This might introduce an element of tolerance if not actual approval. Too much liberty and tolerance of open drug dealing can also lead to a situation that attracts drug abusers and promotes drug dealing, as has been seen in some big cities in Europe in the past few years.

29. The most promising form of prevention, in the long term, is to try to promote the formation of opinions and attitudes against drug abuse, so that the culture becomes one that is predominantly against drug abuse, in the same way that tobacco smoking has, in some countries, gradually come to be regarded as being anti-social; as a result, there has been a considerable decrease in tobacco use. The change in attitudes towards tobacco use has required many years of effort on many fronts. It has been achieved by introducing continuous education and advertising campaigns and progressively heavy taxation while trying to reduce the demand for tobacco through price control, in order to restrict its availability. It was possible to raise the cost of smoking tobacco through taxation; increased seizures of illicit drugs and the strict enforcement of drug legislation could have a similar effect on drug abuse.

D. Prevention strategies that can be effective in the present environment

30. A great deal can be done to counteract the messages in favour of drug abuse to which young people are frequently exposed in the present environment. The individual’s environment consists of attitudes concerning the use and abuse of drugs, the availability of illicit drugs and the perception of the risk

involved if they are consumed, together with the likelihood of being caught and the penalties imposed. But individuals are in a larger social environment consisting of the family, peers, the community in which they live and the broader society of which they are a part, whose attitudes, values and patterns of behaviour all have an impact on the individual. Successful demand reduction programmes must take into account all these variables simultaneously. Most campaigns against drug abuse do not deal with all risk factors and are not integrated into wider demand reduction programmes. Social influence programmes, for example those concerned with peer pressure and self-esteem, target a narrow range of known risk factors and, on their own, have an impact that is far from substantial. Alternative activities, however, have been found to be effective for specific high-risk groups, for example, thrill-seeking teenagers or young adults. Such groups are likely to use drugs earlier and more often than their peers.

31. Attitudes are formed at an early age and are influenced at various stages of a child's development by parents, teachers, peers and other potential role models. It is considerably easier to shape the attitudes of young persons, or to move those attitudes in the direction in which they were headed, than to change already formed attitudes. Thus, drug education, as part of a broader approach concerning healthy lifestyles that has proved effective, should start at an early age. Ideally, it should start with the family, in the pre-school years, and should continue throughout the education of the child and adolescent. Since the results of such early prevention might only be visible after a number of years, politicians obviously preferred to spend only a small part of the available funds on primary prevention. The Board encourages Governments to think in a longer term perspective. Drug education should also be appropriate to the age and culture in question. It should be not only knowledge-oriented but also value- and skill-oriented. The content of the messages should also be closely scrutinized and should target specific population groups. The information given in drug prevention programmes must be accurate. Even exaggeration is counter-productive. Many messages against drug abuse are only given to young people after they have been already exposed to a multitude of messages in favour of drug abuse. This is too late to have much of an effect on established opinions, attitudes and beliefs, let alone reverse them, especially if campaigns against drug abuse are limited, as most are, by monetary constraints. Thus, children should receive messages against drug abuse before they are assailed by messages favouring such abuse.

32. Children not in a formal education system can be reached by street educators. In addition, young people outside the school environment can be reached through youth clubs and other activities for youth. In some countries these out-of-school activities may be a more important means of reaching young people than the schools. Drug prevention programmes also need to be carefully evaluated, because programmes that may appear to be successful may in fact not be.

33. The involvement of communities in drug prevention is often important or even essential to the success of prevention activities. In some countries public and private institutions and community organizations have formed a common front to combat drug and crime problems. The private sector is an underutilized but potentially powerful resource in the area of drug abuse prevention.

34. Much more attention should also be given to those who are experimenting with drugs. It is important that they do not continue such experimentation and become polydrug users or become drug-dependent. The drug culture will have less impact when the number of drug users is reduced. It can be argued that primary prevention and demand reduction programmes have not been effective because they have offered too little too late. Most activities against drug abuse concentrate only on one aspect of demand reduction rather than tackling it across the board. There are many good health promotion, healthy lifestyle, self-esteem-building and decision-making programmes in place in schools, but too often they are not accompanied by programmes aimed at those who are experimenting with drugs or at drug users who need various forms of treatment and rehabilitation programmes.

35. Just as it is important to influence general attitudes towards drug use and abuse, so it is also important to try to restrict the availability of these drugs. Drug availability itself contributes to the overall atmosphere favouring drug promotion, which is why it is necessary to maintain vigilance concerning the supply of illicit drugs. A reduction in the supply of illicit drugs can be made in several ways: by restricting the importation, manufacture and production of illicit drugs; by limiting the availability of the source material or the precursors, the substances used to manufacture them; by reducing the availability of drugs at the street level; and by complementing such attempts by effective demand reduction programmes.

E. Conclusion

36. Given the constant messages that are in favour of drug use and abuse, particularly from pop culture and some media, it is more necessary than ever to take demand reduction activities seriously.

37. The media have always been an influential force in public education. In general, the media take their role in the prevention of drug abuse and the related problems seriously and have been a factor in drawing the attention of Governments to the magnitude of the problem and in alerting the public to the menace of drug abuse and illicit trafficking. Governments should help the media in their endeavours and should work together with them as partners, in order to prevent drug abuse.

38. The Board calls on Governments to use new forms of communication, particularly the Internet, in order to disseminate objective information about drug abuse. Governments are also invited to seek the cooperation of the telecommunications industries and software providers in removing illegal subject matter from the Internet. Given the important function of popular figures in the sports and music industries as role models for young people and adolescents, Governments should endeavour to engage those individuals as advocates of the struggle against drug abuse and illicit trafficking.

39. The Board wishes to remind parties to the 1988 Convention that article 3 of that Convention requires them to establish as a criminal offence public incitement or inducement to use drugs illicitly. The Board urges Governments to ensure that their national legislation contains such provisions and that those provisions are enforced, making violators liable to sanctions that have an appropriate deterrent effect.

40. The Board also wishes to remind parties to the international drug control treaties that they are required to provide a range of demand reduction measures. Article 38 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol⁴ states that parties should give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved and should coordinate their efforts to those ends. Article 20 of the Convention on Psychotropic Substances of 1971⁵ and article 14 of the 1988 Convention have similar provisions. The importance of reducing illicit demand for narcotic drugs and psychotropic substances was recognized in the Political Declaration and Global Programme of Action adopted by the General Assembly in its resolution S-17/2 of 27 February 1990 and in several resolutions adopted by the Commission on Narcotic Drugs since then. It was also emphasized in the report of the Board for 1993.⁶ It is hoped that at the special session of the General Assembly on international drug control, to be held from 8 to 10 June 1998, a declaration on demand reduction will be adopted and greater priority and renewed urgency will be given to the development of demand reduction programmes.

41. While the Board recognizes that the effectiveness of demand reduction programmes may vary according to the cultural context and environment in which they are implemented, there are nevertheless

a number of elements that are the key to reducing the illicit demand for drugs. For prevention programmes to be effective, they must start early, be comprehensive and tailor their messages to the market. They must also be sustained and must maintain their credibility by not exaggerating or understating the consequences of drug abuse. It is the belief of the Board that, if these principles are followed and if sufficient resources are allocated to this end, preventive measures can have a real impact on the problem of drug abuse.

42. The importance of prevention is pivotal, not only because young people are being inundated with messages favouring drug abuse, but also because of the changing social, economic and political environments, which have led to social upheaval and a lessening of social controls. The opening up of new trafficking routes and the rapid increase in drug abuse in countries previously without a demand problem have led to an upsurge in the number of drug abusers. To counteract this, not only must the supply side of the equation continue to be pursued with vigour, but also the demand side must be tackled with urgency and in a more thorough and comprehensive way. The Board wishes to draw Governments' attention to their responsibility to counteract and limit the promotion of messages favouring the use of licit as well as illicit drugs, because the promotion of licit drug consumption also has ramifications concerning people's attitudes towards illicit drug consumption.

II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

A. Status of adherence to the international drug control treaties

1. Single Convention on Narcotic Drugs of 1961

43. As at 1 November 1997, the number of States parties to the Single Convention on Narcotic Drugs of 1961⁷ or to that Convention as amended by the 1972 Protocol stood at 160, of which 145 were parties to that Convention in its amended form. Since the Board last published its report, Kazakhstan and Tajikistan have become parties to the 1961 Convention and to that Convention as amended by the 1972 Protocol. In addition, Lebanon, already a party to the 1961 Convention, has become a party to that Convention in its amended form.

44. Of the 31 States that are not yet parties to the 1961 Convention or to that Convention as amended by the 1972 Protocol, 10 are in Africa, 5 are in the Americas, 7 are in Asia, 3 are in Europe and 6 are in Oceania.

45. The Board hopes that the States concerned will not only take speedy action to become parties to the 1961 Convention, but also will enact the national legislation and regulations necessary to conform to that Convention. 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 and United Republic of Tanzania, which have already become parties to the more recent international drug control treaties (the 1971 Convention or the 1988 Convention). Since all of the above-mentioned States are benefiting from international assistance, they should show clearly their commitment to international drug control by acceding to the 1961 Convention.

46. Some other States, namely Afghanistan, Algeria, Belarus, Chad, Morocco, Myanmar, Nicaragua, Pakistan, Saudi Arabia, Turkey, Ukraine and Zambia, already parties to the 1961 Convention, have not yet ratified the 1972 Protocol amending that Convention. The Board expects that the ratification will take place soon since these States have all acceded to the more recent international drug control treaties, namely the 1971 Convention and the 1988 Convention. Besides their pending accession to the 1972 Protocol, the Islamic Republic of Iran should accede to the 1971 Convention, the Lao People's Democratic Republic should accede to the 1988 Convention and Liechtenstein should accede to both the 1971 Convention and the 1988 Convention.

2. Convention on Psychotropic Substances of 1971

47. As at 1 November 1997, the number of States parties to the 1971 Convention stood at 152. Since the last report of the Board, Austria, Indonesia, Kazakhstan, Lao People's Democratic Republic, Oman and Tajikistan have become parties to the 1971 Convention.

48. Of the 39 States that have yet to become parties to the 1971 Convention, 12 are in Africa, 10 are in Asia, 6 are in Central America and the Caribbean, 4 are in Europe and 7 are in Oceania. Some States, namely Azerbaijan, Belize, Bhutan, El Salvador, Haiti, Honduras, Iran (Islamic Republic of), Kenya, Nepal, Saint Lucia, Saint Vincent and the Grenadines 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. The Board requests the States concerned, if they have not already done so, to implement the provisions of the 1971 Convention. The Board hopes that all the States concerned will soon accede to the 1971 Convention.

3. *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988*

49. Since the last report of the Board was issued, Austria, Benin, Hungary, Iceland and Kazakhstan have acceded to the 1988 Convention. As at 1 November 1997, a total of 142 States and the European Community, or 74 per cent of all countries in the world, were parties to the 1988 Convention.

50. The Board welcomes the fact that a growing number of Governments have taken steps to establish the necessary mechanisms to implement the provisions of the 1988 Convention and to accede to it. Of the 49 States that have not yet become parties to the 1988 Convention, 16 are in Africa, 14 are in Asia, 11 are in Oceania and 8 are in Europe; however, in the Americas, all States have become parties to that Convention. Among the States that are not parties to it are some major manufacturing, exporting and importing countries, which are indicated in the 1997 report of the Board on the implementation of article 12 of the 1988 Convention.⁸ The Board requests the Governments of all States that have not yet done so to take, as a matter of priority, all the measures necessary to accede to the 1988 Convention as soon as possible.

4. *Scope of control*

Lengthy scheduling procedure under the 1971 Convention

51. In 1997, 111 substances were listed in the four schedules of the 1971 Convention. Six of those substances were placed under international control by the Commission on Narcotic Drugs in March 1995.* The Board is concerned that some Governments have not yet brought existing domestic regulations for those substances in line with the provisions of the 1971 Convention, as required in article 2, paragraph 7, of that Convention. The Board requests the Governments concerned to ensure adequate control of those substances without further delay.

52. The Board has stated on various occasions that the scheduling process under the 1971 Convention is too lengthy and that Governments have been hesitant to send notifications for the inclusion of new substances in the schedules of that Convention. Unscrupulous chemists and drug traffickers often exploit this situation by offering drugs similar to those under international control, thereby escaping prosecution. Some Governments have established national scheduling mechanisms for analogues of substances under international control and for other new synthetic drugs, in particular amphetamine-type stimulants, to deal with this problem. The Board is concerned that this development could lead to the establishment of a variety of different national control systems, a situation that could be exploited by drug traffickers. The Board, therefore, welcomes Economic and Social Council resolution 1997/41, section I, in which the Council invited Governments, *inter alia*, to cooperate in ensuring the compatibility of such national scheduling mechanisms.

*Etryptamine and methcathinone were added to Schedule I (Commission decision 1 (XXXVIII)), zipeprol was added to Schedule II (Commission decision 2 (XXXVIII)) and aminorex, brotizolam and mesocarb were added to Schedule IV (Commission decision 3 (XXXVIII)). In addition, flunitrazepam was transferred from Schedule IV to Schedule III (Commission decision 4 (XXXVIII)).

53. The Board requests all Governments to support the World Health Organization (WHO) and the Commission in reviewing the request by Spain, submitted to the Secretary-General in March 1997, to substantially extend the scope of control of Schedules I and II of the 1971 Convention.

54. The Board reiterates its view that the best solution to problems of scheduling under the 1971 Convention would be the amendment, by simplified procedure (article 30, paragraph 1 (b)), of the provisions of that Convention on scheduling to conform with those of the 1961 Convention.⁹

Notification by the Government of the United States of America on the possible inclusion of phenylpropanolamine in Table I of the 1988 Convention

55. In September 1997, the United States Government notified the Secretary-General in accordance with article 12, paragraph 2, of the 1988 Convention, furnishing him with information that may require the inclusion of phenylpropanolamine in Table I of that Convention. Phenylpropanolamine has been targeted as a precursor by drug traffickers because it may be used as a replacement for ephedrine or pseudoephedrine in illicit drug manufacture. Unlike ephedrine and pseudoephedrine, phenylpropanolamine results in the formation of amphetamine, and not methamphetamine.

B. Cooperation with Governments

1. Reports to the Board

Statistical reports on narcotic drugs and psychotropic substances

56. Approximately 170 States and territories annually provide the Board with statistical reports on narcotic drugs and psychotropic substances. The timely submission, comprehensiveness and reliability of the reports indicate the extent to which Governments have implemented the provisions of the 1961 Convention and the 1971 Convention.

57. In carrying out the responsibilities assigned to it under the international drug control treaties, the Board maintains a continuing dialogue with Governments. The information provided by Governments enables the Board to study the licit movement of narcotic drugs and psychotropic substances, thereby ensuring that all Governments strictly observe the provisions prescribed under the conventions to limit to medical and scientific purposes only the manufacture of, trade in and distribution and use of controlled substances.¹⁰

58. The rate of submission of statistical returns for narcotic drugs and psychotropic substances has increased compared with the submission rate of previous years. The Board notes with satisfaction that the Turks and Caicos Islands and the following States considerably improved their cooperation in 1996 and 1997: Angola, Cambodia, Democratic Republic of the Congo, Eritrea, Gambia, Ghana, Mozambique and Viet Nam.

59. While most States parties to the 1961 Convention and the 1971 Convention have regularly submitted annual statistical reports, the Board is concerned by the fact that some have failed for several years to furnish the required reports. Most of those States parties have received various forms of technical assistance from the Board and the United Nations International Drug Control Programme (UNDCP). Regrettably, a few of those States parties have not responded to the Board's call for the implementation of treaty obligations and did not resume cooperation with the Board. Therefore,

the Board is considering invoking article 14 of the 1961 Convention and article 19 of the 1971 Convention with respect to those States parties.

Reports on precursors

60. Pursuant to article 12, paragraph 12, of the 1988 Convention, Governments are required to report on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

61. It is of serious concern to the Board that a number of States parties to the 1988 Convention do not comply with their treaty obligation to provide, in a timely fashion, the necessary information. As at 1 November 1997, only 51 per cent of all States parties submitted data for 1996. As the Board has repeatedly stated, no reporting or late reporting is an indicator that the framework and systems for adequate control may not be in place. It also creates difficulties for the Board in analysing the precursor control and trafficking situation worldwide and in recommending appropriate action to Governments.

62. More than 50 States and territories have provided data on the licit movement of precursors for 1995 or 1996; some major manufacturing, exporting and transit countries in the Americas, Asia, Europe and Oceania have reported such data for both years. The Board will continue its dialogue with other major manufacturing and exporting countries (and, in particular, with the European Commission), which are still not in a position to provide that type of information, as such information is indispensable to the development of the capacity of the Board to advise Governments on preventing the diversion of precursors into illicit channels.

63. Information on shipments that have been stopped because of sufficient evidence that they contain substances that may be diverted into illicit channels is needed to monitor drug trafficking trends and to preventing attempts to divert the substances from other sources. Therefore, starting in 1996, the Board has included in form D a new part with a request for data on stopped shipments. As mentioned in its 1997 report on the implementation of article 12 of the 1988 Convention,⁸ the Board acknowledges those Governments that have reported data on stopped shipments and requests all other Governments to provide such data to it, where applicable.

Estimates for narcotic drugs

64. Annual estimates of narcotic drug requirements for 1998 were received from 152 States and territories. As the 1998 annual estimates of narcotic drug requirements in respect of 57 States and territories were not received in time for its examination and confirmation during its sixty-third session, the Board had to establish those estimates in accordance with article 12, paragraph 3, of the 1961 Convention. The Board notes with concern that, in spite of repeated reminders sent to Governments, no annual estimates of narcotic drug requirements are received from 55-60 States and territories every year. The Board urges the Governments concerned to make efforts to monitor more closely the activities related to narcotic drugs in their countries and to provide the Board with the information required by the 1961 Convention. The failure of Governments to determine amounts of drugs required for medical purposes indicates the absence of the required monitoring of companies and persons dealing with them. It represents a risk in that drugs manufactured and traded in the country concerned may ultimately be diverted to illicit channels in the country itself or elsewhere, that inappropriate prescribing practices will remain undetected and that the non-availability of such drugs for medical purposes will cause undue suffering among persons with illnesses.

65. No annual estimates of narcotic drug requirements have been received for the last three consecutive years from the following 16 States: Angola, Bosnia and Herzegovina, Cameroon, Comoros, El Salvador, Gabon, Kenya, Liberia, Marshall Islands, Mauritania, Romania, Rwanda, Sierra Leone, Somalia,

Vanuatu 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. Nevertheless, the Board hopes that States that are not yet able to comply with requirements of the 1961 Convention will soon remedy the situation, if necessary by requesting assistance in establishing the required control mechanism.

66. The Board notes with satisfaction the efforts that have been made by the Governments of Albania, Namibia, Republic of Moldova, Sudan and Tuvalu to apply provisions of the 1961 Convention by furnishing annual estimates of narcotic drug requirements for 1998. The Board appreciates those efforts and looks forward to further cooperation in the control of the licit movement of narcotic drugs.

67. A well-functioning drug control administration should have complete information on the operational system for the supply of drugs, including the planning, 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. In 1997, the number of supplementary estimates furnished by Governments continued to be about 700. The frequent submission of supplementary estimates may be an indicator of a Government's response to sudden and unexpected growth in medical needs. It may, however, also indicate that the government administration concerned has not adequately planned the medical use of such drugs or may not even 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 much as possible the need for supplementary estimates.

Assessments for psychotropic substances

68. Assessments of annual domestic medical and scientific requirements (simplified estimates) have been submitted by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. The assessments remain valid for a period of three years, unless an amendment is received in the interim.

69. With the exception of eight Governments, namely Bahamas, Bosnia and Herzegovina, Comoros, Gabon, Grenada, Liberia, Palau and the former Yugoslav Republic of Macedonia, all Governments and territories have submitted to the Board assessments for substances in Schedule II. Assessments for substances in Schedules III and IV have been received for 162 States and territories. In addition, 10 Governments have submitted assessments for at least some substances in Schedule III or Schedule IV.

70. In 1997, some Governments issued import authorizations for quantities of psychotropic substances that were greater than the assessments reported to and published by the Board. When informed about such inconsistencies by exporting countries, the Board has drawn these cases to the attention of the importing countries concerned and requested them to update the assessments. The Board requests all Governments to establish mechanisms to ensure that their assessments are in line with their actual legitimate requirements and that no imports exceeding assessments are authorized. If necessary, Governments should amend their assessments and inform the Board accordingly.

71. The Board was requested by the Economic and Social Council, in resolution 1996/30, to establish assessments of annual licit domestic requirements for countries that had not yet submitted such assessments. In 1997, the Board established those assessments for the first time. All Governments concerned are invited to review assessments established for their countries and to provide the Board with any comments that they may have on the appropriateness of the assessments. The Board urges those Governments to establish their own assessments as soon as possible.

2. Prevention of diversion into the illicit traffic

Diversion of drugs and chemicals into illicit channels

Narcotic drugs

72. During the past three years, only four cases, all related to the disappearance at airports of entire consignments of narcotic drugs or parts thereof (fentanyl, dihydrocodeine) have come to the attention of the Board. That is proof that, over 30 years after the entry into force of the 1961 Convention, the international narcotic drug control system continues to work satisfactorily, primarily because of the system of estimates and statistical returns, which enables the Board to approve or establish upper limits for narcotic drug requirements for each country that are binding on the Government of that country and to monitor worldwide the transactions within those limits. In some parts of the world, however, diversion from domestic distribution channels remains a problem. For example, the abuse of codeine preparations continues to be widespread in South Asia and in south-east Asia.

Psychotropic substances

73. No significant cases involving the diversion of psychotropic substances in Schedule II from licit international trade have been detected since 1990. It appears, therefore, that preparations containing amphetamines, fenetylline and methaqualone in the illicit traffic in various regions of the world are almost entirely from clandestine manufacturers and not from the licit pharmaceutical industry.

74. The application of additional control measures for international trade in substances in Schedules III and IV, as recommended by the Board, has not yet become universal. In analysing statistics on international trade and other information received from Governments, the Board has detected several cases involving the large-scale diversion of those substances into illicit channels. In recent years, the amount of stimulants, sedatives and hypnotics diverted into illicit channels has totalled several tonnes, representing hundreds of millions of tablets. The most frequently diverted substances are certain benzodiazepines (diazepam, chlordiazepoxide and nitrazepam), phenobarbital, phentermine and pemoline. Those substances are diverted mainly into various countries in Africa and Asia. The most frequently applied diversion method was the use of falsified import authorizations.

75. Of the psychotropic substances in Schedules III and IV that are diverted into illicit channels, a significant proportion is destined not for drug abusers but for distribution through informal, "parallel" markets in countries with inadequate supplies of those substances for medical use (see paragraph 163 below).

76. The actual amount of psychotropic substances in Schedules III and IV being diverted from international trade is probably much larger than the amount involved in detected diversion cases. The analysis by the Board of licit international trade in psychotropic substances is complicated by the fact that a few important exporting countries have not yet applied the control measures required by the 1971 Convention for several substances listed in Schedules III and IV and do not report to the Board on their exports (see paragraph 116, below).

77. Seizure data reported by Governments confirm that diversion from licit domestic distribution channels represents an important source of illicit supply of several psychotropic substances, in addition to their diversion from international trade. The substances most frequently diverted from domestic distribution channels include stimulants (amfepramone, methylphenidate, phentermine), hypnotics

(flunitrazepam, temazepam), anxiolytics (chlordiazepoxide, diazepam) and analgesics (buprenorphine). The substances are sold by traffickers for local abuse or are smuggled into other countries where illicit markets for the substances exist.

78. The Board requests all Governments to examine the effectiveness of their national control systems for licit domestic distribution of narcotic drugs and psychotropic substances. Governments should raise their law enforcement authorities' awareness of the diversion of narcotic drugs and psychotropic substances from licit distribution channels and should ensure that such diversion is established as a criminal offence under domestic law and that the sanctions applied are commensurate with the gravity of the offences.

79. The Board trusts that the Governments of countries with large domestic pharmaceutical markets, such as China and India, will pay particular attention to these matters. In recent years, amfepramone tablets licitly manufactured and distributed in China were seized in a neighbouring country during smuggling attempts. Seizures of buprenorphine preparations licitly manufactured and distributed in India have been reported by several countries in Asia.

80. The Board invites Governments of countries where a significant seizure, or a series of smaller seizures, of a pharmaceutical product containing a narcotic drug or a psychotropic substance has been made to provide relevant information to the Government of the country where the diversion of the products occurred, if that country can be identified. The Government of a country receiving such information should initiate investigations with a view to identifying and prosecuting the persons involved in the diversion. If appropriate, Governments should establish joint teams to carry out investigations. The Board offers its services to Governments to facilitate the transfer of information between their competent authorities.

81. In 1997, the Board undertook a survey on the control of the manufacture and domestic licit distribution of flunitrazepam in Latin America. The survey was carried out in close cooperation with the Governments of several Latin American countries.

82. According to the information received, diversion from manufacturers is not a major source of supply of flunitrazepam to the illicit market, in view of the small number of manufacturers and their strict control by the authorities. Diversion does, however, occur at the wholesale and retail levels, mainly because of serious inadequacies in the pharmaceutical inspection systems in some countries. The problem is particularly serious for countries with large numbers of wholesale companies and retailers. A reduction in the number of distributors authorized to deal in flunitrazepam has proved to be an effective measure to reduce diversion. The Governments concerned should also endeavour to increase resources available to pharmaceutical inspection in order to enforce controls for which legal provisions have been made.

Precursors

83. The findings of cases that have been uncovered show that traffickers benefit from loopholes in the monitoring of substances. The Board therefore reiterates its request to Governments to re-examine the scope of their controls over international trade and to make amendments if necessary.

84. The seizure data available so far are mainly available on precursors used in the illicit manufacture of amphetamine, methamphetamine and amphetamine-type stimulants related to methylenedioxy-amphetamine (MDA) and methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"). They have also been reported for key chemicals used in the clandestine manufacture of heroin and

cocaine, mainly acetic anhydride, which is used for the illicit conversion of morphine to heroin, and those reagents and solvents used in the illicit manufacture of cocaine.

85. The Board wishes to express its concern that, in some regions, the number of seizures reported by Governments is not commensurate with the suspected extent of illicit drug manufacture and diversion. That problem has been particularly acute in western Europe, where amphetamine-type stimulants are widely abused and where most of the world's illicit manufacture of those drugs occurs, and in Latin America and south-east Asia, where illicit heroin manufacture takes place.

86. At the same time, where diverted chemicals have been seized at clandestine laboratory sites, efforts have not always been made to identify the sources of the chemicals seized or the methods and routes by which they may have been diverted. A further complicating factor in establishing how diversions have occurred has been that the controls in place, including import and export controls, in some countries en route and at the destinations, do not always allow for effective monitoring.

87. The cases that have been uncovered also show the frequent use of pharmaceutical products containing ephedrine or pseudoephedrine in the illicit manufacture of methamphetamine; and essential oils containing safrole, in particular sassafras oil, are used in the illicit manufacture of amphetamine-type stimulants related to MDMA ("ecstasy"). Other mixtures also include solvent blends and thinners and dilute acids and potassium permanganate solutions used to process cocaine.

88. In view of the frequent use of mixtures and the related problems of monitoring and control, the Board recommends the following with a view to enhancing current controls over mixtures: sassafras oil, because of its high safrole content and because it may be used easily in illicit drug manufacture, should be considered safrole itself and referred to as "safrole in the form of sassafras oil"; it should be controlled in the same way as safrole in its pure form. In addition, to provide for the proper control of pharmaceutical preparations containing scheduled substances, the Board has recommended that such pharmaceutical preparations, if technically they can be readily used in the illicit manufacture of controlled substances, should be controlled in the same way as the scheduled substances that they contain.

Successful prevention of diversion

Narcotic drugs

89. The worldwide application of the system of estimates and the import-export authorization system easily and immediately leads to the detection of attempts at diversion. In 1997, no attempts to divert narcotic drugs from manufacture and international trade came to the attention of the Board. However, the diversion of narcotic drugs from some inadequately functioning domestic distribution channels continues to occur.

Psychotropic substances

90. In 1997, the Board and the competent authorities of several exporting countries carried out joint inquiries into the legitimacy of more than 80 commercial orders, thereby preventing the diversion of large quantities of psychotropic substances, including stimulants (phentermine), anxiolytics (chlordiazepoxide, diazepam), anti-epileptics (phenobarbital) and analgesics (buprenorphine).

91. One recent example shows the importance of the cooperation of Governments with each other and with the Board. The authorities of India drew the attention of the Board to an order for 1,800 kg of

diazepam placed in India by a trading company from Singapore. After the Board inquired about the legitimacy of the order, the trading company in question informed the competent authorities of Singapore that it intended to re-export the diazepam to a company in Indonesia. Investigations in that country revealed, however, that the final consignee of the diazepam was a fictitious company and that the consignment might have been destined for another country. If diverted, the 1,800 kg of diazepam would have been sufficient for the illicit manufacture of several hundreds of millions of tablets (see paragraph 75 above).

92. The Board requests all Governments to undertake investigations into activities of companies involved in cases of attempted diversion in order to identify and prosecute individuals who have planned and intentionally facilitated such diversion attempts.

Precursors

93. The Board appreciates that an increasing number of Governments are following its recommendations and using working mechanisms and standard operating procedures for the rapid exchange of information to verify the legitimacy of international and national commercial transactions in precursors.

94. As a result of closer and increasing cooperation among numerous Governments and with the Board, large quantities of precursors were prevented from being diverted from licit manufacture and trade to clandestine drug manufacture.

95. The Board welcomes the fact that an increasing number of Governments have provided information on shipments of precursors and chemicals that were stopped, suspended or voluntarily cancelled because of suspicious circumstances. It reiterates its request to all States to communicate to other Governments and the Board, in a timely manner, relevant details of cases involving diversion or attempted diversion that they have uncovered or cases involving stopped and suspicious shipments to which they have been alerted. The details should include, as a minimum, the type and quantity of the substance in question and the method and route used or intended to be used by the traffickers. Preferably, the reporting of uncovered cases involving diversion or attempted diversion should be done as soon as possible to enable other relevant Governments to be alerted and to prevent similar cases involving diversion from occurring.

96. Suspicious transactions have been identified for a growing number of substances, from which a number of different drugs abused in various parts of the world could have been illicitly manufactured; examples of such cases are provided below. Many recent cases of diversion and attempted diversion have involved very large quantities of chemicals.

97. Attempts to obtain large quantities (typically 200 tonnes or more) of scheduled solvents, in particular methyl ethyl ketone (MEK), have come to the attention of the Board. The Board is also aware of stopped shipments of MEK to Colombia totalling almost 880 tonnes, enough to produce at least 50 tonnes of cocaine (approximately 250 million doses). It is estimated that the total quantity of solvents stopped or seized (the equivalent of more than 4 million litres) would have been sufficient to produce some 200-250 tonnes of cocaine for the illicit market. (Approximately 800 tonnes of cocaine are estimated to be illicitly produced in South America each year.)

98. As a result of government action, some 360 tonnes of acetic anhydride destined to be used in the illicit manufacture of heroin were stopped, seized, or prevented from being diverted. That quantity would have been sufficient to make almost 150 tonnes of heroin. That quantity represents a significant

proportion of the total amount of chemicals required by traffickers to manufacture the heroin available on the illicit market, estimates of which range between 430 tonnes and 530 tonnes.

99. Stopped shipments reveal that there is widespread trafficking in very large quantities of precursors used in the illicit manufacture of amphetamine and amphetamine-type stimulants related to MDMA. While the routes and methods of diversion uncovered appear to be particularly diverse and complex, it is unclear whether they represent new routes and methods, or are established routes which have been identified for the first time. Again, the quantities of precursors prevented from being diverted are significant. For example, a stopped shipment of 10 tonnes of 1-phenyl-2-propanone (P-2-P) would have been sufficient to manufacture up to 5 tonnes of amphetamine (the equivalent of up to 500 million street doses), and a prevented diversion of 5 tonnes per month of 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) would have been enough to manufacture almost 25 tonnes of MDMA per year (the equivalent of approximately 250 million street doses).

100. Finally, just as traffickers have attempted to obtain ephedrine and pseudoephedrine in tablet form because tightened controls have made it difficult to obtain the pure substances, so they have explored the use of substitute precursors. The most recent significant development, seen in North America, is the use of phenylpropanolamine as a starting material in illicit drug manufacture.

C. Control measures

1. Timely endorsement of export authorizations by importing countries

101. The Board has noted with concern that an increasing number of importing countries have failed to return the endorsed copies of export authorizations for narcotic drugs and psychotropic substances to the Governments of the exporting countries or have done so with undue delay.

102. Violation of the corresponding treaty provision might impede the investigation of possible diversion of consignments of narcotic drugs from international trade into illicit channels. The Board therefore urges the Governments of the importing countries concerned to take all measures necessary to ensure prompt compliance with the provisions of article 31, paragraph 7, of the 1961 Convention and article 12, paragraph 1 (e), of the 1971 Convention. Governments approached by the Board on this matter might find it necessary to also review the efficiency of their special administrations, established pursuant to article 17 of the 1961 Convention and article 6 of the 1971 Convention, in order to fully satisfy the treaty obligations.

2. Expiration dates of export authorizations

103. The Board has noted that several Governments of countries exporting narcotic drugs and psychotropic substances have repeatedly issued export authorizations with expiry dates beyond those of the corresponding import authorizations.

104. Although there is no provision in the 1961 Convention that confers on a party the explicit obligation to issue export authorizations whose validity does not exceed that of the corresponding import authorizations, there are provisions, such as those contained in article 31, paragraphs 1 (a), 5 and 7 (a), of that Convention, which constrain the ability of a party to issue such export authorizations.

105. All Governments concerned are therefore requested to ensure that export authorizations are issued for periods within the validity of the corresponding import authorizations.

3. More efficient control over poppy straw

106. The Board, in *Effectiveness of the International Drug Control Treaties*,¹¹ which was published as a supplement to its report for 1994, and in its report for 1996,¹² highlighted the need for enhanced controls over poppy straw in line with the relevant Economic and Social Council and General Assembly resolutions and in order to avoid abuse of preparations obtained from poppy straw in some countries producing poppy straw, particularly in certain eastern European countries. There is considerable abuse of poppy straw extracts not only in a number of those eastern European countries where poppy cultivation has been formally prohibited, but also, though to a lesser extent, in several countries in which the opium poppy is licitly cultivated on a larger scale for the production of seeds and the extraction of alkaloids as a by-product.

107. In view of the above, the Board has undertaken a review of the control of poppy straw. Information furnished to the Board suggests that national control over licit poppy cultivation in many countries is not sufficient to prevent the abuse of poppy straw extracts. Furthermore, the prohibition of poppy cultivation in many other countries is not adequately enforced. The Board calls on the Governments of the countries concerned to address themselves to those situations.

108. In countries that also cultivate poppy for the extraction of alkaloids there appears to be a need for enhanced control of poppy cultivation sites. In particular, the Board wishes to encourage those Governments that have not yet done so to consider introducing a general licensing system similar to the control system established in the main countries producing poppy straw material, namely Australia, France, Spain and Turkey, in line with article 25 of the 1961 Convention.

109. A general licensing of poppy cultivation would also permit States to better fulfil their reporting obligations under the 1961 Convention. A number of Governments that have recently reported cultivation of the opium poppy for purposes other than the production of opiate raw materials have not furnished to the Board estimates and statistical data on the area of cultivation as required under article 19, paragraph 1 (e), and article 20, paragraph 1 (g), of the 1961 Convention as amended by the 1972 Protocol.

4. Control over international trade

110. The control system for licit international trade in narcotic drugs and psychotropic substances in Schedules I and II of the 1971 Convention continues to work satisfactorily.

111. The Board is pleased to note that most Governments have already established effective mechanisms for the control of international trade in psychotropic substances in Schedules III and IV. The Governments of many exporting countries consult the Board regarding the legitimacy of suspicious import orders. The Board would like to commend, in particular, the competent authorities of Denmark, France, Germany and India for the vigilance shown in the control of exports and their close cooperation with the Board.

112. The control measures for international trade in substances in Schedules III and IV, as laid down in the 1971 Convention, have in practice not prevented drug traffickers from diverting those substances from licit manufacture and trade. Therefore, in the past 10 years, the Board has repeatedly urged all Governments to apply additional control measures to international trade in those substances. The measures recommended by the Board include 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 countries of origin of imports and countries of destination of exports of those substances. All those recommendations have been repeatedly endorsed by the Economic and Social Council in its resolutions, the most recent being resolutions 1993/38 and 1996/30.

113. The Board notes with satisfaction that most Governments have already implemented its recommendations. At present, export and import authorizations are required by national legislation for all substances in Schedule III in nearly 140 countries and territories and for all substances in Schedule IV in 120 countries and territories. In more than 50 additional countries and territories, the requirement of import authorizations has been introduced for at least some substances in Schedules III and IV. Information on the implementation of the system of assessments (simplified estimates) is included in paragraphs 68-71. 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.

114. Experience has shown that, until the additional control measures for international trade have been applied in all countries, their effectiveness will remain limited and the diversion of those substances will continue. The Board, therefore, reiterates its recommendation to Governments to make the additional control measures a treaty obligation by amending the 1971 Convention under the simplified procedure (article 30, paragraph 1 (b)).

115. The Board noted the results of the Pan-European Ministerial Conference on the theme "Meeting the drug challenge with a coordinated response", held at Tromsø, Norway, from 15 to 16 May 1997. That Ministerial Conference, which was organized by the Pompidou Group of the Council of Europe, supported calls for the examination in 1998 by the General Assembly at its special session of amendments of the 1971 Convention to establish an import and export authorization system for substances in Schedules III and IV and a simplified estimate system for substances in Schedules II, III and IV. The Board welcomes this recommendation and trusts that the General Assembly at its special session will support the adoption of the amendments.

5. Shortcomings in the control of international trade in psychotropic substances by some Governments

116. A few parties to the 1971 Convention do not yet control international trade in several substances listed in Schedules III or IV of that Convention and do not report to the Board on exports and imports of those substances. For many years, the Board has repeatedly reminded the Governments of those States of their failure to comply with those treaty obligations and of the risk involved, as such a situation can be exploited by drug traffickers. The Board again calls on the Governments concerned to put into force effective controls for all psychotropic substances in Schedules III and IV without further delay. The Board is considering invoking article 19 of the 1971 Convention in respect of those parties, which are major manufacturers and exporters of psychotropic substances.

117. The Board is concerned that the competent authorities of some countries, including Haiti, Mali, Suriname and Zambia, have failed to respond to repeated requests for the confirmation of the legitimacy of import orders placed abroad by companies from those countries. The 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 jeopardize the investigation of attempts at diversion or may cause delays in the import of drugs required for legitimate purposes. The competent authorities of the countries concerned are urged to promptly resume their cooperation with the Board.

118. The Board notes that some exporting countries are not yet verifying import orders for psychotropic substances against assessments of importing countries. Such assessments are disseminated regularly by the Board to all Governments. 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. The Board reiterates its request to all Governments to consistently use assessments of annual legitimate requirements of importing countries as a guide when reviewing the legitimacy of import orders and to consult the Board in all cases when import authorizations or other supporting documents authorize imports in excess of the assessment. Such cooperation between Governments and the Board is essential to identifying attempts by traffickers to divert psychotropic substances by means of falsified import authorizations, the most frequently used method of diversion.

119. In 1997, some Governments in Africa, Asia and Europe informed the Board of the detection of consignments of psychotropic substances, mainly various benzodiazepines, that had been exported to those States without the import authorizations required under their national legislation. Such exports have mainly been effected from countries in Europe that have not yet started to control their international trade in all substances in Schedules III and IV by using the system of import and export authorizations.

6. Advertising through the Internet

120. In its report for 1996, the Board expressed its concern about the use of the Internet for the promotion of stimulants used as anorectics.¹³ The Board notes with appreciation that the issue of the use of the Internet for marketing pharmaceutical products, including controlled substances, has become the subject of discussion at various national and international forums. The Board shares the views of those who are concerned that the Internet could be misused to illegally distribute controlled substances since sales may be effected on the Internet with a high degree of anonymity. Such misuse of the Internet has already occurred in some countries.

121. The Board noted with appreciation the resolution adopted by the World Health Assembly at its fiftieth session, in which the Assembly urged its member States to take action against the uncontrolled sale of pharmaceutical products on the Internet. The Board welcomes the decision of WHO to further investigate this issue, drawing on the experience of experts from various fields, including law enforcement agencies, consumer groups and the pharmaceutical industry. The Board requests all Governments to monitor promotional and sales activities on the Internet regarding substances under international control, in order to detect possible violations of provisions of the international drug control treaties.

7. Further action required on exchange of information on precursors

122. From 30 June to 4 July 1997, the Board convened at Vienna a meeting on information exchange systems for precursor control, in order to enhance government action required under the 1988 Convention to prevent the diversion of precursors. Among the results of that meeting was an agreed set of procedures for sharing information, based on previous recommendations of the Board, that may be applied voluntarily by Governments (see E/INCB/1996/4, annex V). The approach of institutionalizing standard procedures to facilitate the necessary exchange of information was endorsed by Governments at the first informal open-ended inter-sessional meeting, held at Vienna from 7 to 9 July 1997 by the Commission on Narcotic Drugs acting as preparatory body for the special session of the General Assembly to be held in June 1998.

123. Some Governments have expressed concern over the issue of sharing information, because of the commercial or operational sensitivity of some information. The Board understands their concern; however, the information required is not sensitive. Some Governments have also been reluctant to share information, arguing that it is not explicitly required under article 12 of the 1988 Convention. The Board reminds Governments that the monitoring systems that they must establish to identify suspicious transactions in international trade require the sharing of information, as the systems will not function without it. It is not possible, for example, to trace the international movement of precursors unless some form of notification prior to export is given. The working mechanisms and operating procedures described by the Board and the arrangements made at the meeting in July 1997 provide, within the framework of article 12, for such a practical and workable system.

124. Governments should now put in place those mechanisms and procedures and apply them to ensure more universal cooperation in precursor control. The Board trusts that the European Commission, which has expressed particular concern over the issue of information exchange, will, in cooperation with the competent authorities of member States of the European Union, make the necessary arrangements to allow for such exchange or propose alternative solutions to enable it to fulfil all of its obligations under article 12 of the 1988 Convention.

8. Legislative basis for the control of precursors

125. The Board reiterates its request to Governments to enact legislation that will allow the monitoring and control of international trade and domestic distribution of precursors in order to prevent their diversion. Such action should be taken parallel to administrative action taken in the area of information exchange, which may be initiated without a legislative foundation.

126. The Board wishes to remind all Governments of the need to have in place appropriate sanctions against precursor-related offences, in order to deter criminal activity.

127. In view of the increased use of non-scheduled substances in illicit drug manufacture and the preparation of the limited international special surveillance list (see paragraphs 128-130 below), the Board recommends that, where illicit manufacture is involved, Governments should adopt penal, civil or administrative measures for punishing, in accordance with legislative provisions, as a criminal offence in the sense of article 3 of the 1988 Convention, the unlawful conduct of individuals or companies in connection with the diversion of substances used in illicit drug manufacture. Legislation should refer to the intention to manufacture drugs illicitly with chemicals, regardless of whether they are under national control or not.

9. Limited international special surveillance list of chemicals

128. Information provided on seizures of substances not listed in the tables of the 1988 Convention has shown the continued use by traffickers of substitute chemicals for many of the scheduled substances. Most of those reported have been salts and solvents used in the illicit production of cocaine in countries in South America. Others are specific chemicals required for the illicit manufacture of, among other things, amphetamine-type stimulants and methaqualone.

129. Phenylpropanolamine is one of a number of substances identified by the Board for possible inclusion in the limited international special surveillance list to be established in conformity with Economic and Social Council resolution 1996/29. The aim of the list is to aid competent authorities in preventing the diversion of substances that are not currently listed in the tables of the 1988 Convention but have been identified as being used as substitutes for scheduled substances.

130. Now that a provisional list has been drawn up, the Board will convene its Advisory Expert Group to decide which chemicals on that list should be included on the limited international special surveillance list and to draw up appropriate monitoring measures.

10. Control of free zones

131. The Board has noticed that trafficking groups frequently divert chemicals into illicit channels through free ports and free zones, which international drug control treaties require to be controlled in the same way as other parts of the countries. Traffickers chose free ports and free zones because lack of coordination between the authorities in such areas and the regulatory authorities often results in insufficient control over substances channelled through such areas, thus providing a loophole.

132. The Board is increasingly becoming aware of the problems that Governments are facing in monitoring the licit trade in narcotic drugs, psychotropic substances and precursors channelled through free zones. As indicated in its report for 1996,¹⁴ it has taken a first step, preparing, in cooperation with Governments, a list of all free zones in the world. The list includes contact addresses and telephone and fax numbers in order to enable the competent authorities concerned to ensure appropriate surveillance of specific shipments.

133. The Board regrets, however, that, for the time being, the list of all free zones cannot be regarded as comprehensive because of the lack of replies from Governments to the request by the Board. Governments throughout the world were requested to communicate to the Board the relevant details of their free zones. To date, the Board has received only 69 replies: 17 Governments have stated that they do not have free trade zones, 48 have sent the requested information and 4 have sent partial data. It is noted with concern that 133 Governments have not yet replied. A provisional list, containing the information received so far, will be sent to Governments for further completion, verification, amendment and initial use.

D. Ensuring the availability of drugs for medical purposes

1. Supply of opiate raw materials and demand for opiates

134. The Board, in compliance with the functions provided to it under the 1961 Convention and the relevant Economic and Social Council resolutions,* examines on a regular basis the issues affecting the supply of opiate raw materials and the demand for opiates for licit requirements and the means of maintaining a lasting balance between the two. The most recent results of that examination are presented below.

Consumption of opiates

135. In 1996, global consumption of opiates, which had exceeded 210 tonnes in morphine equivalent for the first time in 1991, again reached 237 tonnes, the same level it had reached in 1993 and 1995.

136. Codeine accounts for the bulk of opiate consumption and is mainly consumed in the form of preparations included in Schedule III of the 1961 Convention, as an analgesic or cough suppressant.

*Council resolutions 1979/8, 1980/20, 1981/8, 1982/12, 1983/3, 1984/21, 1985/16, 1986/9, 1987/31, 1988/10, 1989/15, 1990/31, 1991/43, 1992/30, 1993/73, 1994/5, 1995/19, 1996/19 and 1997/38.

Overall consumption has increased slightly over the years. In 1996, 185.6 tonnes of codeine in morphine equivalent were consumed, representing 79 per cent of the total consumption of opiates. The major user countries continued to be, in descending order, United States, France, United Kingdom of Great Britain and Northern Ireland, Canada, India, Germany and Australia. Those countries accounted for 65 per cent of global codeine consumption in 1996.

137. The increasing levels of dihydrocodeine and morphine consumption observed over the past two decades have also contributed to the increase in the global consumption of opiates. In 1996, 30.6 tonnes of dihydrocodeine in morphine equivalent were consumed, compared with 11 tonnes in 1980 and 20 tonnes in 1990. The consumption of morphine has increased significantly, particularly in recent years, reaching the record level of 16.2 tonnes in 1996. The Board welcomes this development, morphine being a valuable substance for the management of severe pain. In addition, opium consumption, which had remained stable at around 3 tonnes in morphine equivalent during the period 1983-1993, rose to 6.3 tonnes in 1996.

138. Judging from the trends of recent years, annual aggregate consumption of opiates is likely to rise gradually in the next few years, with some fluctuations.

Production of opiate raw materials

139. As shown in the table below, after having reached 290 tonnes in morphine equivalent in 1995, a record high level at that time, global production of opiate raw materials fell considerably, to 237.1 tonnes in 1996, mainly because of the significant decrease in the area harvested in Turkey. In 1997, however, based on the provisional statistical data provided by the major producing countries, global production of opiate raw materials may reach a new record level of 298.2 tonnes in morphine equivalent.

140. Production of opiate raw materials in India exceeded 100 tonnes in morphine equivalent in 1997, a substantial rise over the 1996 level and the highest level since 1983. By producing 74.5 tonnes in morphine equivalent in 1997, Australia continued to top the list of countries producing poppy straw for the extraction of alkaloids. The combined production of Australia and India, approximately 179 tonnes in morphine equivalent, accounted for more than 60 per cent of the world total in 1997. In France, because the area under opium poppy cultivation increased, from an annual average of 4,000 hectares in the period 1983-1994 to almost 7,000 hectares in 1997, partly as a result of a production agreement with Spain, production in France rose to 55.7 tonnes in morphine equivalent; that was the largest amount recorded in France in the past 15 years. In Turkey, of the 70,000 hectares estimated for 1997, only 29,681 hectares were harvested and total production was 41.6 tonnes in morphine equivalent. Spain experienced another poor harvest, obtaining only 2 tonnes in morphine equivalent from a harvested area of 1,002 hectares.

141. In response to the need to build up sufficient stocks of opiate raw materials to ensure adequate supply in years of poor harvest, Australia, France and Turkey have further increased their estimates for the areas to be under opium poppy cultivation in 1998, to 102,500 hectares; that represents an increase of 15 per cent over the 1997 level. In contrast, India has reduced its estimate for 1998 to 30,000 hectares compared with 32,000 hectares for 1997, in view of the fact that its opium stocks have built up again (77.2 tonnes). However, because of a further increase in the minimum qualifying yield that farmers need to achieve in order to keep their licence, the 1998 production in India may attain another new record level of 116 tonnes in morphine equivalent. In Spain, the estimate for 1998 is at the same level as that of 1997, however, production in 1998 may be double the average of the previous three years if normal weather conditions prevail.

Production of opiate raw materials,^a consumption of opiates and balance between the two, 1984-1998
(Area harvested in hectares, production, consumption and balance in tonnes of morphine equivalent)

<i>Item</i>	<i>1984</i>	<i>1985</i>	<i>1986</i>	<i>1987</i>	<i>1988</i>	<i>1989</i>	<i>1990</i>	<i>1991</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>
<i>Australia</i>															
Area harvested	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	9 520	12 832 ^b
Production	42.3	49.4	38.5	31.8	38.5	38.8	43.0	67.5	89.8	66.9	66.0	55.6	69.0	74.5	121.3 ^b
<i>France</i>															
Area harvested	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	6 881	7 273 ^b
Production	23.2	20.7	15.7	16.6	21.4	13.4	19.5	30.2	21.8	28.8	32.9	48.9	47.3	55.7	60.2 ^b
<i>India</i>															
Area harvested	18 620	25 153	23 811	22 823	19 858	15 019	14 253	14 145	14 361	11 907	12 694	22 798	22 596	24 591	27 000 ^b
Production	53.4	86.8	75.1	76.8	63.8	53.9	48.0	43.1	54.3	38.1	46.8	80.7	83.7	104.4	116.1 ^b
<i>Spain</i>															
Area harvested	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	1 002	3 261 ^b
Production	17.3	11.2	5.6	12.3	10.8	5.7	8.0	24.2	12.8	9.0	5.2	4.2	4.1	2.0	6.8 ^b
<i>Turkey</i>															
Area harvested	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	29 681	33 755 ^b
Production	20.8	9.2	8.4	9.2	24.7	7.2	13.3	57.9	18.7	7.8	41.1	75.2	16.1	41.6	46.0 ^b
<i>Other countries</i>															
Area harvested															
Production	<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>16.9</u>	<u>20.0^b</u>	<u>20.0^b</u>
<i>Total</i>															
Area harvested															
Production (1)	185.8	211.9	170.4	177.0	196.1	137.4	169.8	254.1	212.3	163.8	213.5	290.1	237.1	298.2 ^b	370.4 ^b
Total consumption (2)	<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>196.0</u>	<u>217.6</u>	<u>212.3</u>	<u>236.5</u>	<u>225.5</u>	<u>237.2</u>	<u>236.3</u>	<u>240.0^b</u>	<u>240.0^b</u>
Balance ((1) minus (2))	-8.2	9.8	-32.7	-29.8	-4.7	-66.7	-26.2	36.5	-	-72.7	-12.0	52.9	0.8	58.2 ^b	130.4 ^b

Note Two dots () indicate that data are not available or are not separately reported
A dash (-) indicates that the amount is nil or negligible

^aOpium or concentrate of poppy straw

^bInternational Narcotics Control Board projection

142. Based on the 1998 estimates furnished by the major producing countries and their previous years' performance, global production in 1998 is projected at approximately 370.4 tonnes in morphine equivalent, assuming that weather conditions will be favourable.

Balance between the production of opiate raw materials and the consumption of opiates

143. In 1995, because of a substantial increase in production in India and Turkey, global production of opiate raw materials exceeded total consumption by about 53 tonnes in morphine equivalent. In 1996, however, the amount produced was only slightly greater than the amount consumed. For 1997, a surplus of 58 tonnes in morphine equivalent is expected, whereas for 1998 the projected surplus will be about 130 tonnes.

Exports and imports of opiate raw materials

144. Opium exports from India increased slightly in 1996, amounting to 52.8 tonnes in morphine equivalent, compared with 49 tonnes in 1995; however, that figure was still below the annual average for the period 1990-1995 (60.2 tonnes).

145. In 1996, the three major opium importers, France, Japan and the United States, increased their imports and the United Kingdom resumed its import of opium, with 2 tonnes in morphine equivalent. Hungary, for the first time, imported opium in significant quantities, amounting to 5 tonnes in morphine equivalent, in order to supplement its domestic production of poppy straw. No import of opium has been reported by the Russian Federation since 1994. According to the Russian Government, domestic demand has been met in the past three years by releasing opium from special government stocks.*

146. Total exports of concentrate of poppy straw have steadily increased. The 114 tonnes supplied in 1996 represent the second highest amount in the last two decades. Australia was the major supplier of concentrate of poppy straw in 1996, supplying 44 per cent of the world total in that year, while Turkey's share dropped to 40 per cent, compared with 57 per cent in 1995.

Stocks of opiate raw materials

147. As a result of increased production over the past two years, stocks of opium held by India at the end of 1996 increased to 77.2 tonnes in morphine equivalent, of which 56.9 tonnes were of commercial grade. In contrast, the stocks of concentrate of poppy straw held by Turkey declined considerably over the last few years, from 51 tonnes in morphine equivalent in 1993 to 6.5 tonnes in 1996, the lowest amount recorded since 1984. The combined stocks of concentrate of poppy straw held by Australia and France increased slightly, to 13.3 tonnes in morphine equivalent, while Spain only held stocks of less than 200 kg in morphine equivalent at the end of 1996.

148. The Board notes that information, including advance statistical data furnished on the licit cultivation of opium poppy, and on the production and stocks of opium and poppy straw for the manufacture of narcotic drugs was not always complete or provided in a timely manner. As such information is a basic and important element for the projection of the global production of opiate raw

*The 1961 Convention defines special stocks as the amounts of drugs held in a country or territory by the Government of such country or territory for special government purposes and to meet exceptional circumstances; and the expression "special purposes" is construed accordingly (article 1, paragraph 1 (w)).

materials, the Board urges the Governments of producer countries to make the efforts necessary to ensure that the required information is as accurate as possible and submitted in a timely manner, with a view to enabling the Board to make more meaningful projections and provide Governments with more reliable data.

149. Pursuant to Economic and Social Council resolution 1996/19, on demand for and supply of opiates for medical and scientific needs, an informal consultation was organized during the fortieth session of the Commission on Narcotic Drugs in March 1997. It was concluded that the increased areas for opium poppy cultivation in 1997 in the major producing countries had brought about a positive impact on the present situation regarding stocks of opiate raw materials. However, the current stock level in respect of concentrate of poppy straw was still not sufficient to meet the world demand should there be a poor harvest.

2. Consumption of psychotropic substances

Consumption of central nervous system stimulants

150. Stimulants controlled under the 1971 Convention are used for the treatment of attention deficit disorder (ADD) and narcolepsy and as anorectics in the treatment of obesity. Until the early 1970s amphetamines were widely used as anorectics; however, that use has since been discontinued or reduced to the point that it involves only very small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries, in very limited quantities. Methylphenidate is increasingly being used in many countries for the treatment of ADD. Dexamfetamine and pemoline are also used for that purpose in some countries. Several amphetamine-type stimulants in Schedules III and IV of the 1971 Convention are used as anorectics.

Use of methylphenidate for the treatment of attention deficit disorder

151. In its reports for 1995¹⁵ and 1996,¹⁶ the Board expressed its concern about the growing consumption of methylphenidate, in particular in the United States, which accounts for almost 90 per cent of world consumption of that substance. The Board has noted the results of a conference organized by the Drug Enforcement Administration of the United States on the theme "Stimulant use in the treatment of ADHD" in December 1996. The consensus of the participants in the conference confirmed the views of the Board that there are cases of improper diagnosis of ADD. The conference also confirmed reports of diversion of methylphenidate from domestic distribution channels into illicit channels. The Board appreciates action taken by the competent authorities in the United States to ensure adequate control of the manufacture of and trade in methylphenidate and to draw the attention of the public and the medical community to the risks of treating children with stimulants. As a result of those efforts, the increase in the consumption of methylphenidate in 1996 was somewhat below the level expected by the United States authorities. However, since the level of consumption of methylphenidate and the rate of its increase are still alarming, the Board trusts that the authorities of the United States will continue their efforts in that area.

152. In addition to the improper diagnosis mentioned in paragraph 151 above, according to information received by the Board from WHO, the use of different diagnostic definitions and criteria in different countries probably accounts for significantly different prevalence rates of ADD and, consequently, large variances in the use of methylphenidate. In the United States, diagnostic definitions of and criteria for

ADD have been broadened twice in the last 10 years.* Starting in 1987, the presence of hyperactivity ceased to be an absolute requirement in identifying the disorder. According to diagnostic criteria established by WHO, which are utilized in a number of other countries, hyperactivity is considered an essential symptom of the disorder. In a study carried out in the territory of Hong Kong** and published in 1996,¹⁷ it was found that, for the same school population, the disorder as currently defined in the United States could be diagnosed 10 times more often than the disorder as defined by WHO.

153. WHO can only evaluate the prevalence of ADD and diagnostic criteria for that disorder if several studies on different diagnostic definitions for ADD and their prevalence rates are undertaken. The Board therefore requests the Governments concerned to undertake such studies and to provide WHO and the Board with their results. The Board invites the authorities of the United States to give adequate attention to the evaluation of diagnostic definitions and criteria at the national consensus meeting on methylphenidate that is expected to be held by United States governmental agencies in 1998.

154. The Board reiterates its request to all Governments to exercise the utmost vigilance in order to prevent over-diagnosing of ADD in children and medically unjustified treatment with methylphenidate and other stimulants.

Consumption of stimulants as anorectics

155. In its report for 1996, the Board expressed its concern about the high consumption of stimulants in Schedule IV of the 1971 Convention, which are used as anorectics, in some countries in the Americas.¹⁸ The Board notes with appreciation that the Governments of Argentina, Brazil and Chile have adopted measures to reduce the consumption of anorectics to a medically sound level. In Brazil and Chile, special prescriptions for anorectics have been introduced and the use of prescription formulas containing more than one psychotropic substance was prohibited. In Chile, the consumption of anorectics has already substantially decreased. Stricter policies on control of anorectics have also been introduced in some European countries, in response to recommendations adopted in 1996 by the Committee for Proprietary Medicinal Products of the European Union. In France, where a strict prescribing status for anorectics had been introduced already in 1995, consumption levels of those substances considerably decreased in 1996.

156. In the United States, the consumption of anorectics under international control sharply increased in 1996 and continued to rise in 1997. That was mainly due to growth in the use of phentermine, particularly in combination with fenfluramine. In its report for 1996,¹⁹ the Board expressed its concern about promotional activities proclaiming the benefits of this combination treatment, commonly referred to as "phen/fen".

157. In September 1997, the authorities of the United States requested the manufacturers of fenfluramine and dexfenfluramine, which are both anorectics not under international control, to voluntarily withdraw those substances from the market. That request had been prompted by reports on the serious adverse effects on health of those substances. The manufacturers have agreed to comply with that request. Fenfluramine and dexfenfluramine preparations have also been withdrawn from the market in a number of other countries.

*The disorder was designated as attention deficit disorder with hyperactivity (ADHD) in 1980 and, subsequently, as attention deficit/hyperactivity disorder (ADHD).

**On 1 July 1997, the territory of Hong Kong became the Hong Kong Special Administrative Region of China.

158. The Board welcomes that action by the authorities of the United States. The Board invites the authorities of that country to also examine the current use of other anorectics and to monitor their prescription. Such monitoring would be of particular importance in the case of phentermine, since the withdrawal of fenfluramine and dexfenfluramine could lead to a further increase in the use of phentermine as a substitute for those substances.

159. Consumption levels of anorectics in other regions of the world are lower than in the Americas. Increasing use and abuse of stimulants have, however, been reported in several countries in all regions. The Board reiterates its request to Governments of countries in which controlled anorectics are prescribed in very high quantities to closely monitor the situation to prevent their overprescribing, which could lead to the abuse of those substances for their stimulant properties. Additional efforts should be devoted to educational campaigns to inform the medical and pharmaceutical community and the general public of the dangers of indiscriminate stimulant use. The Board also reiterates its request to the media to become involved in promoting a more responsible attitude to the use of stimulants as anorectics.

Consumption of other psychotropic substances

160. Most other substances controlled under the 1971 Convention are used as sedatives and hypnotics, anxiolytics and anti-epileptics. Consumption of those substances included in Schedule II of the 1971 Convention has been discontinued or substantially reduced in all countries. Medical practice utilizes substances in Schedules III and IV, some of them to a large extent. Diazepam, a benzodiazepine utilized mainly as an anxiolytic, and phenobarbital, a barbiturate mainly used as an anti-epileptic, are the most widely consumed psychotropic substances. Those substances are on the list of essential drugs established by WHO. With the exception of phenobarbital, the use of barbiturates has been declining. The consumption of non-barbiturate anxiolytics, such as meprobamate, has also been substantially reduced. Those substances have mainly been replaced by benzodiazepines.

161. In a number of countries, the increasing medical availability of benzodiazepines has led to their increasing abuse. In its report for 1994,²⁰ the Board drew the attention of Governments to the abuse of benzodiazepines by multiple drug abusers. Since then, several countries have adopted stricter control policies with respect to those substances. The Board invites Governments of countries with high levels of consumption of benzodiazepines and increasing abuse of such substances to conduct, in cooperation with non-governmental organizations involved in treatment and rehabilitation, comprehensive surveys in order to determine the size of the population abusing those substances.

162. Information received by the Board from several countries indicates that some general practitioners prescribe benzodiazepines for unnecessarily long periods and for symptoms that may not require such treatment. Several countries in Europe have recorded a very high benzodiazepine consumption, with levels substantially exceeding those in comparably developed countries in other regions. The Board encourages the Governments concerned to monitor consumption levels of benzodiazepines and to raise awareness of medical practitioners for the rational use of those substances. The Board notes that, in some regions, benzodiazepines are occasionally supplied by pharmacies without prescriptions. The Board requests all Governments to ensure adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

163. While developed countries have recorded high levels of consumption of sedatives and hypnotics, anxiolytics and anti-epileptics, a large number of developing countries have reported extremely low medical use of those substances. Several of those countries, especially in Africa, are countries into which large quantities of those substances are smuggled. The Board notes with concern that inadequate licit supply of some essential psychotropic substances can lead to their provision through informal

distribution channels that are not subject to official control and do not provide adequate medical counselling to consumers. The Board urges Governments of the countries concerned to re-examine their needs for psychotropic substances and to ensure adequate supply of those substances for medical purposes. The Board invites WHO to support those countries in their endeavour.

III. ANALYSIS OF THE WORLD SITUATION

A. Africa

Major developments

164. Despite some eradication efforts and significant seizures in some countries in Africa, the region remains a major supplier of cannabis and cannabis resin to domestic illicit markets and to Europe. More recently, cannabis from Africa has also been finding its way to North America.

165. Several seaports and airports in Africa have become major transit centres for cocaine from South America destined for Europe and for heroin from Asia destined for Europe and North America.

166. Drug abuse is on the increase, particularly in big cities in Africa. Cannabis remains the main drug of abuse. The abuse of psychotropic substances (stimulants and sedatives) has been reported in a number of countries. The abuse of cocaine and heroin has emerged mainly in the proximity of seaports used by illicit traffickers for the trans-shipment of those drugs. There is a need for a study to be carried out on the drug abuse situation in the region.

167. The medical consumption levels of narcotic drugs and psychotropic substances are low in most countries in the region. There is a need to increase the quantities of such drugs and substances to be made available to meet medical needs.

Treaty adherence

168. Since the last report of the Board was published, Benin has become a party 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 37 are parties to the 1988 Convention.

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

Regional cooperation

170. The Board appreciates the adoption of a political declaration and a plan of action (for the period 1997-2001) by the Economic Community of West African States (ECOWAS) at the conference of ministers responsible for coordination of drug control activities in western Africa held at Praia from 5 to 9 May 1997 and the subsequent approval of those documents by the ECOWAS conference of heads of State and Government held at Abuja in August 1997.

171. The Board notes with satisfaction that the member States of the Southern African Development Community (SADC) are considering an action plan that is necessary for the implementation of the protocol on combating illicit drug trafficking in SADC that was ratified in August 1996.²¹

National legislation, policy and action

172. The Board welcomes the adoption of national drug control laws in Benin, Ethiopia, Gabon, Madagascar and Senegal and urges the other African countries that have received legal assistance from UNDCP to speed up the process of the adoption of adequate drug control legislation.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

173. Cannabis grows wild and is illicitly cultivated in many African countries. South Africa is a large producer of cannabis. The eradication of more than 230 million cannabis plants was reported in Egypt in 1996. Morocco remains one of the world's largest producers of cannabis resin; in 1996, more than 16,000 illicit drug trafficking cases were prosecuted in that country and 38.5 tonnes of cannabis and 65 tonnes of cannabis resin, destined for black markets in Europe, were seized by Moroccan law enforcement services. Large amounts of cannabis are produced in western Africa for illicit trafficking; in Senegal, it is suspected that new hybrid cannabis varieties have been introduced that have a higher tetrahydrocannabinol (THC) content than the local varieties. African seaports are frequently used by illicit traffickers for the trans-shipment of cannabis resin from Asia to Europe or North America.

174. Widespread cannabis abuse has been reported in every subregion in Africa.

175. Illicit opium poppy cultivation was reported only in Egypt, where 3.6 billion poppy plants were eradicated in 1996. Cases involving heroin abuse have been reported in some countries in western Africa. Increasing heroin abuse was reported in big cities in Kenya.

176. African countries have become major centres for trans-shipping cocaine from South America to Europe and for trans-shipping heroin from Asia to Europe and North America.

177. Cocaine abuse is on the increase mainly in some big cities in western Africa having direct flight connections with cities in Brazil. The manufacture of "crack" (cocaine base) from South American cocaine in clandestine laboratories has been reported in Senegal and South Africa. "Crack" is reportedly becoming available in an increasing number of countries in western Africa.

178. The Board welcomes the fact that rapid assessment studies similar to those carried out in 1994 and 1995 first in Kenya and then in Ethiopia will be conducted by UNDCP consultants in other countries in the region.

Psychotropic substances

179. There are continuing reports on the illicit traffic in and abuse of stimulants (ephedrine, pemoline, amphetamine and amphetamine derivatives) from several countries in the region, mainly in western Africa. The Board, in its report for 1996,²² drew attention to the fact that the quantities of ephedrine imported by some African States seemed to be excessive. The import of such large amounts of ephedrine has continued; for example, in 1996, over 4 tonnes of ephedrine were imported into Sierra Leone from one Asian country alone and, in 1997, orders of ephedrine totalling over 5.6 tonnes were placed from Sierra Leone, with the consent of the national competent authorities. The Board urges Governments in Africa to evaluate their real medical needs for ephedrine and invites WHO to assist them in the fulfilment of that task.

180. Significant seizures of benzodiazepines, mainly diazepam, seem to indicate the abuse of sedatives in Africa. The Board reiterates its appeal to Governments in the region to undertake a study and an assessment of the drug abuse situation in their countries, with the assistance of international organizations.

Missions

181. A mission of the Board visited Angola in June 1997. The Board noted that a draft law to replace a decree dating from the time when Angola was a Portuguese colony has been approved at the ministerial level and that the parliament is expected to pass the law at the end of 1997. An interministerial commission against drugs was established in 1991, under the chairmanship of the vice-minister of justice, to deal with legislative issues and preventive and control measures.

182. Angola is a major centre for the trans-shipment of cocaine. Direct flights connecting Luanda with Rio de Janeiro and Lisbon are frequently used for the transportation of illicit drugs. African drug trafficking organizations took advantage of the civil war in order to expand their operations in Angola. The Board encourages the Government of Angola to strengthen customs controls at its airports and seaports, as well as the control of its border with the Democratic Republic of the Congo,* and to request international assistance to that end.

183. As a consequence of the illicit transit traffic in cocaine, the abuse of that drug is on the rise in Angola. As there are no statistics on drug abuse in Angola, the Board encourages the Government to undertake an assessment of the drug abuse situation and to develop prevention programmes.

184. A mission of the Board visited Mozambique in June 1997. The Board invites the Government to forward to the Secretary-General the instruments of accession to the three international drug control treaties, which were approved by the Mozambican parliament. A new law on the control of narcotic drugs and psychotropic substances was adopted in 1997.

185. The main seaports of Mozambique are used by illicit traffickers as transit points for transporting drugs, mainly drugs destined for South Africa. There is a lack of controls along the long coast of Mozambique. The Board welcomes the decision of the Government of that country to establish a system for the control of all seaports and the railway network, which constitutes an important link to the neighbouring landlocked countries (Botswana, Malawi, Swaziland, Zambia and Zimbabwe). The Board hopes that the system will be implemented soon.

186. A mission of the Board visited Nigeria in September 1997. The Board appreciates the strengthening of the import authorization system for psychotropic substances in Nigeria and the increased cooperation of the competent authorities of that country with those of exporting countries and with the Board. Those developments have contributed to the prevention of the diversion of significant amounts of psychotropic substances into illicit channels. However, because of the tightening of controls over psychotropic substances in Nigeria, traffickers are using neighbouring countries as transit points for smuggling such substances into Nigeria. During the first eight months of 1997, 715 kg of diazepam, 170 kg of chlordiazepoxide and 260 kg of pemoline were seized by the Nigerian authorities; those were among the most significant seizures of diverted psychotropic substances worldwide. The Board recommends the

*On 17 May 1997, the name of the country formally called Zaire was changed to the Democratic Republic of the Congo.

Government to further strengthen the capacity and capabilities of its law enforcement services and to continue its cooperation with the Governments of neighbouring countries.

187. In Nigeria, as in other countries in Africa, the main drug of abuse continues to be cannabis, followed by psychotropic substances such as benzodiazepines and pemoline.

188. There are signs that, due to strengthened control measures, illicit traffickers are using seaports and airports in Nigeria for the trans-shipment of cocaine and heroin less frequently than in the past.

189. In order to prevent cannabis from being illicitly cultivated and smuggled into Europe, a cannabis eradication campaign was launched by the Government of Nigeria. From January 1994 to August 1997, over 60 tonnes of cannabis were destroyed. The Board notes with satisfaction the continuation of the eradication campaign.

190. In the opinion of the Board, the quantities of licit narcotic drugs and psychotropic substances imported into Nigeria do not cover the therapeutical needs of the country. The Board invites the Government of Nigeria to assess the real medical needs regarding narcotic drugs and psychotropic substances and to allocate more resources to increase the quantities of such drugs and substances to be made available to meet those needs. At the same time, the Board urges the Government to strengthen the system of control over the pharmaceutical supply system in order to prevent the dispensing and sale of pharmaceutical preparations containing such drugs without medical prescription.

B. Americas

191. The Board welcomes the adoption of the Anti-Drug Strategy for the Hemisphere by the General Assembly of the Organization of American States at its twenty-seventh session, held at Lima in 1997. It was a clear demonstration of the awareness of Governments of the dimensions of the problem and of their intention to combat it at the regional level in a concerted manner.

Central America and the Caribbean

Major developments

192. Large-scale transit trafficking in cocaine from South America to North America continues. The determination of Central American countries, together with Mexico, to cooperate has been translated into practice, and coordinated action has led to major seizures. Similar results may be expected from the implementation in the Caribbean of the Barbados plan of action, adopted in May 1996.²³

193. Legislative measures against money-laundering have been recently introduced in several Caribbean countries and more and more countries are joining the Caribbean Financial Action Task Force. The Board hopes that those developments will lead to successful results similar to those in Panama, since the Caribbean is affected by money-laundering operations.

194. The abuse of cocaine in Central America and the Caribbean (in some countries in the form of "crack") is spreading fast as a consequence of the large-scale transit traffic in cocaine. In the light of the increasing transit traffic in heroin, Governments in the region should undertake measures to prevent a spillover effect, which could lead to the spread of heroin abuse.

Treaty adherence

195. Of the 20 States in Central America and the Caribbean, 15 are parties to the 1961 Convention, 14 are parties to the 1971 Convention and all are parties to the 1988 Convention. The Board appreciates that all States in the region have acceded to the 1988 Convention, but reminds the Governments of States that are not parties to the 1961 Convention, the 1971 Convention or both that the implementation of the provisions of those conventions is a prerequisite for compliance with the 1988 Convention.

Regional cooperation

196. In May 1997, a declaration was signed at San José, by the presidents of the seven Central American States, together with the Dominican Republic and the United States, committing those States to the development of an action plan to combat common problems related to drugs and crime. The elaboration of a common drug control strategy is in progress.

197. The Board notes with satisfaction that the adoption of the Barbados plan of action has been followed by a number of bilateral and multilateral law enforcement cooperation agreements, including several maritime cooperation agreements. Drug control strategies have been developed in 13 countries and 9 territories in the Caribbean.

198. At a summit meeting held in May 1997, the Governments of 12 Caribbean States, together with the Governments of Belize, Guyana, Suriname and the United States, signed an agreement called the Bridgetown declaration of principles. The agreement contains, *inter alia*, provisions for the promotion of demand reduction programmes, for action against corruption and money-laundering and for the improvement of criminal justice systems.

199. The Board notes with satisfaction that a regional narcotics law enforcement training centre was opened in Jamaica in 1996.

National legislation, policy and action

200. The Board appreciates that several actions have been undertaken in the field of drug demand reduction, including the following:

(a) A programme for the prevention of drug abuse in elementary schools is in progress in Costa Rica;

(b) An epidemiological study on drug abuse was conducted among pupils 12-18 years old in Panama in November 1996. The principal drugs of abuse were cannabis, cocaine (*basuco*, cocaine hydrochloride and "crack") and heroin. The Board notes that national average lifetime prevalence of all drugs was below 1 per cent; however, drug abuse was increasing;

(c) Integrated demand reduction projects are being conducted in the following States and Netherlands Antilles: Bahamas, Barbados, Dominica, Dominican Republic and Trinidad and Tobago. Similar projects are being planned for Belize, Haiti and Jamaica.

201. The Board regrets the lack of data on the drug abuse situation in most Caribbean countries. Several Governments are receiving international assistance for demand reduction projects; assessment of the drug abuse situation constitutes the starting point of such projects. The Board encourages Governments in the region to proceed with the establishment of a harmonized drug abuse surveillance system.

202. The Board welcomes the fact that some States in the region introduced measures against money-laundering, such as the following:

(a) In conformity with the 1988 Convention, Belize, which recently became a party to that Convention, adopted comprehensive legislation against money-laundering in 1996 and became a member of the Caribbean Financial Action Task Force;

(b) In Panama, efficient measures against money-laundering were introduced. The measures have already led to the first trials and sentences in money-laundering cases;

(c) In December 1996, a bill to prevent money-laundering was adopted in Antigua and Barbuda, a country heavily affected by money-laundering operations;

(d) In El Salvador, progress was made towards the development of legislation against money-laundering;

(e) Guatemala and Nicaragua joined the Caribbean Financial Action Task Force.

203. The Board notes with concern that money-launderers continue to operate in the region, mainly in the Caribbean, where non-bank financial institutions are increasingly being used for money-laundering purposes as the banking system is being more closely scrutinized by the authorities. There is a need to extend the monitoring system to include institutions and companies beyond the banking system.

204. The Board welcomes the adoption of precursor control legislation in Antigua and Barbuda.

205. The Board notes with satisfaction that the new Government of Nicaragua has initiated the revision of the existing drug control legislation and the introduction of measures that are necessary for the implementation of the provisions of the 1988 Convention. In order to confront the rapidly growing problem of drug trafficking, the Board encourages the Government to strengthen the capacity of drug control services, particularly along the Atlantic coast of Nicaragua, and encourages the international community to assist the Government in those efforts.

206. The Board notes with satisfaction that the Governments of El Salvador, Guatemala and Honduras started the elaboration of national drug control master plans in September 1997.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

207. Cannabis continues to be cultivated for domestic abuse in most countries in Central America and the Caribbean. Eradication campaigns are regularly carried out in most countries in the Caribbean. Despite the decrease in cannabis seizures in Jamaica (from 54.6 tonnes in 1995 to 34.5 tonnes in 1996), the total amount of cannabis seized in the Caribbean rose from 127 tonnes in 1995 to 141 tonnes in 1996. Illicit cannabis cultivation in Nicaragua is concentrated in the northern part of the country; it supplies the illicit demand within the country and, to some extent, in other Central American countries. The only areas in Central America from which cannabis is smuggled out of the region are in the Peten rainforest, which is shared by Belize and Guatemala. Most of the cannabis smuggled out of the Caribbean originates in Jamaica and Saint Vincent and the Grenadines.

208. Cannabis remains the most widely abused drug in the region. At the same time, the Board notes with satisfaction that, despite the activity of some groups in favour of the legalization of cannabis, 70 per cent of the participants in a survey in Barbados declared that cannabis should not be legalized.

209. Illicit poppy cultivation seems to have been significantly reduced in Guatemala, due to regular eradication efforts.

210. Only small amounts of heroin have been seized in the region, but seizures continue to rise and the Board is concerned that the increased smuggling of heroin through the Caribbean may have a spillover effect, leading to the propagation of its abuse, as has been the case with cocaine.

211. Illicit coca bush cultivation was reported only in Panama; 200 hectares of coca bush were eradicated in that country.

212. Major drug trafficking routes from South America to North America and Europe pass through the Caribbean. The Board hopes that the concerted action of the law enforcement services in the Caribbean will counteract the activity of drug traffickers operating in that subregion.

213. As a consequence of the illicit transit traffic, the abuse of “crack” is increasing in Central America. Its easy availability and low prices have contributed to the spread of its abuse in the region.

Psychotropic substances

214. In larger urban centres in Central America, such as Panama City, methamphetamine abuse is on the increase.

215. Inadequate prescribing practices and insufficient controls are contributing to the spread of the abuse of pharmaceutical preparations containing psychotropic substances, mainly benzodiazepines such as diazepam. The Board reiterates its appeal to Governments in the region to strengthen the supervision and control over the prescribing, distribution and dispensing of psychotropic substances.

North America

Major developments

216. In North America, comprehensive national drug control programmes, covering many areas related to drug control, are being systematically carried out. Many of the law enforcement actions are conducted jointly.

217. The number of demand reduction programmes is increasing in the region. The funding of youth-oriented drug prevention programmes is becoming a priority issue. Efforts are being made in all three countries in the region to improve data collection methodologies.

218. The level of drug abuse is different in each of the three countries in North America: the last-month prevalence of illicit drug abuse is highest in the United States (6 per cent) and lowest in Mexico (0.45 per cent). The abuse of cannabis, cocaine, heroin and lysergic acid diethylamide (LSD) among youth appears to be slightly increasing in Canada and the United States.

219. Despite significant seizures, cocaine and heroin continue to be smuggled on a large scale through the territory of Mexico. Methamphetamine continues to be clandestinely manufactured in Mexico and the United States and abused in Canada and the United States.

Treaty adherence

220. All three States in North America are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention.

Regional cooperation

221. Cooperation in drug control matters has further developed in North America, mainly in the field of law enforcement. All three States in the region have concluded cooperation agreements with a number of other States and are playing active roles in international drug control programmes.

222. There is continuing cooperation between the three countries in the region, particularly between their law enforcement services. In 1996, Mexico and the United States increased their bilateral cooperation by, among other things, establishing a high-level contact group and an alliance for the coordination of activities involving the two countries in all aspects of drug control and related matters.

223. The Board appreciates that, in 1997, Mexico and the United States continued to initiate and conclude bilateral and multilateral agreements with other States in the Americas and elsewhere.

National legislation, policy and action

224. The Board notes with satisfaction the continuation of drug prevention programmes conducted in Canada by non-governmental organizations, parent-teacher associations, sport clubs and law enforcement agencies. The programmes have focused mainly on youth.

225. The Board urges the Government of Canada to introduce the regulations necessary for the control of all psychotropic substances and precursors as provided for by the Controlled Drug and Substances Act, which was adopted in that country in June 1996.²⁴

226. The Board appreciates the introduction in Mexico of a comprehensive strategy to combat illicit drug trafficking and related criminal activities, such as money-laundering and arms trafficking, and the adoption of a number of laws and regulations, as well as the action-oriented implementation of those regulatory measures.

227. The Board welcomes the strengthening of the Mexican authorities responsible for the investigation of cases involving drug trafficking and related matters and for the prosecution of drug traffickers. Those measures taken by the Government of Mexico have led to the arrest of over 11,000 persons from September 1996 to August 1997 for drug trafficking and related criminal activities. Those arrested included high-ranking government and military officials.

228. The Board appreciates that the Government of the United States is focusing increasingly on demand reduction programmes, including campaigns against the glamorization of drug abuse by the media and entertainment industry.

229. The Board welcomes a number of initiatives in the United States. For example, the national drug control strategy for 1997 includes a 10-year programme of action covering all aspects of the drug

problem (prevention, education, treatment, research, law enforcement etc.). Initiatives of the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services against substance abuse among youth, including a mass media campaign and data collection, have been expanded and the funding of a programme for safe and drug-free schools has been increased.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

230. In the United States, a significant proportion of the illicit cannabis supply is produced locally. In that country, cannabis is cultivated mainly indoors using hydroponics; in 1996, about 3,800 such cases were detected. Large amounts of cannabis are smuggled into the United States, mostly out of Mexico, where 22,760 hectares of cannabis were destroyed and more than 1,000 tonnes of cannabis were seized in 1996.

231. Cannabis remains the most widely abused drug in North America. In the United States, there were about 10 million last month abusers of cannabis in 1996.

232. Mexico continued its campaign to eradicate a significant portion of the illicit opium poppy cultivation sites on its territory, destroying about 14,600 hectares of opium poppy in 1996. In the same year, Mexican law enforcement services seized 363 kg of heroin, an increase of almost 90 per cent over 1995; Mexican heroin (known as "black tar") is smuggled into the western states in the United States. The share of south-east Asian heroin on the black market in the United States, which dominated that market in the late 1980s and early 1990s, is declining. Most of the heroin seized in the United States seems to be of Colombian origin. The average purity of the heroin sold on the street significantly increased in the United States, from 7 per cent 10 years ago to 26 per cent in 1991 and 36 per cent in 1996. The share of heroin of high (90 per cent) purity, which can be snorted, sniffed or smoked more easily than adulterated heroin, is increasing.

233. In the United States, the easy availability of heroin of high purity seems to have been a factor contributing to the significant increase in the number of new heroin abusers from 1992 to 1996. The new heroin abusers were mainly teenagers and young adults.

234. Nearly 24 tonnes of cocaine were seized by the Mexican authorities in 1996. Mexico is on one of the main routes used to smuggle cocaine out of South America and into the United States, where 123 tonnes of that drug were seized in 1996, compared with 109 tonnes in 1995.

235. In the United States, there were no major changes in the level of cocaine abuse in 1996. According to the National Household Survey on Drug Abuse, the last-month prevalence of cocaine abuse was 0.8 per cent in the household population aged 12 years and older (1.7 million persons). However, among teenagers the perception of cocaine as risky is diminishing; consequently, the danger of a future increase in cocaine abuse among youth is real.

236. According to the National Household Survey on Drug Abuse, in 1996, the last-month prevalence of abuse of illicit drugs was 6 per cent in the household population aged 12 years and older in the United States. That figure is 50 per cent lower than the estimate in 1979. Important drug-abusing segments of the population, however, are not covered by the Survey.

Psychotropic substances

237. In the United States, the abuse of methamphetamine seems to be growing despite the introduction of a comprehensive law enforcement, treatment and prevention strategy against such abuse.²⁵ Methamphetamine is illicitly manufactured not only in the United States, but also in Mexico, where 172 kg of methamphetamine and 6.7 tonnes of ephedrine (sufficient to manufacture a similar quantity of methamphetamine) were seized in 1996. In the United States, significant amounts of methamphetamine were seized in 1996 along the border with Mexico and elsewhere while being transported in vehicles. The abuse of methamphetamine and other stimulants has also been reported in Canada.

238. In the United States, as a consequence of the large-scale prescribing of methylphenidate to children and its easy availability, the abuse of that substance appears to be on the rise. The Board reiterates its concern in respect of the dangers of the overprescribing and widespread use of methylphenidate (see paragraphs 151-154, above).²⁶

239. Stimulants are widely used as appetite suppressants (anorectics) in the United States. The Board welcomes the withdrawal from the United States market of fenfluramine and dexfenfluramine, which are anorectics not under international control. This action, which was initiated by the Food and Drug Administration of the United States, led to the discontinuation of the use of fenfluramine in combination with phentermine, a treatment commonly referred to as "phen/fen". The Board had drawn attention to the risks connected with the use of that product in its report for 1996.²⁷ The Board hopes that the action taken in the United States will be followed by the revision of the large-scale prescribing of stimulants for weight control in that country.

240. Some increase in the abuse of hallucinogens, mainly LSD, has been reported in Canada and the United States. Several LSD laboratories were dismantled and the equivalent of about 370,000 doses of LSD were seized in the United States in 1996.

241. The abuse of sedatives (benzodiazepines and barbiturates) continues in Canada and the United States. The increasing availability and abuse of flunitrazepam are of great concern to the authorities of the United States. Flunitrazepam is not marketed in the United States; it is smuggled into that country out of other countries in the Americas.²⁸

South America

Major developments

242. Joint transborder operations have led to the seizure of substantial amounts of drugs and to the dismantling of trafficking organizations in South America. Despite the geographical obstacles in the region, a more comprehensive mechanism for the exchange of information and better coordination of law enforcement activities could enhance efforts to combat illicit drug trafficking, particularly in the Amazon and Paraná basins.

243. Most States in the region concluded a number of bilateral and multilateral mutual assistance agreements and further agreements are under consideration.

244. In several countries, laws against money-laundering have been adopted in the last few years; however, more concrete regulations and improved organizational systems must be put in place in order to achieve more practical results.

245. Illicit coca bush cultivation, coca leaf production and manufacture of and trafficking in coca derivatives continue in South America. The abuse of coca base, coca paste, cocaine hydrochloride and “crack” is spreading in the region.

246. Non-compliance with national regulations concerning the manufacture, prescribing and sale of psychotropic substances continues in several countries in South America. The Board again urges Governments in the region to ensure the enforcement of regulatory controls.

247. National drug abuse surveys have been conducted recently in Bolivia, Chile, Colombia and Ecuador; similar surveys are needed in other countries in the region.

Treaty adherence

248. The Board notes with satisfaction that, with the exception of Guyana, which is not a party to the 1961 Convention, all States in South America are parties to the three international drug control treaties.

Regional cooperation

249. The Board appreciates that increasing transborder operations carried out in Argentina, Brazil, Chile, Paraguay and Uruguay led to the seizure in 1996 of cannabis and cocaine in amounts that were much more substantial than in any previous year. Joint law enforcement operations resulted in the dismantling of local drug trafficking gangs, particularly in the border areas between Bolivia, Brazil and Peru and between Bolivia, Brazil and Paraguay in 1996 and 1997.

250. The Board welcomes the fact that, in 1996 and 1997, Argentina, Bolivia, Chile, Peru and Uruguay held joint seminars on prevention, control of chemicals, money-laundering and the role of the judicial system and are planning to organize similar seminars.

251. The Board appreciates that, in the last two years, legislation against money-laundering has been enacted in several countries in the region and multilateral conferences and seminars on the subject have taken place. The Board urges Governments to strengthen their institutional structures and ensure that the financial and technical resources necessary for the prevention and/or detection of money-laundering operations are provided. A proliferation of casinos has been reported in several countries. The Board draws the attention of Governments in the region to the risk of casinos being used as money-laundering “front” companies.*

252. The Board recommends Governments in the region to define clear rules on the management, use and final destination of seized and confiscated assets. The lack of such rules may lead to controversies and discussions among governmental agencies, as has happened already in some countries.

*“Front” companies are entities that are legally incorporated (or otherwise organized) and participate, or act under the pretence of participating, in legitimate trade. However, this trade serves primarily as a cover for money-laundering.

National legislation, policy and action

253. The Board trusts that in Argentina the new federal plan will contribute to the improvement of the coordination of government action in the field of drug control. The Board appreciates that in 1996 new precursor regulations were adopted in Argentina but regrets that the adoption of the bill against money-laundering is still pending.

254. The Board, in its report for 1996,²⁹ acknowledged the adoption of legislation on precursors in Chile. It notes with satisfaction that, despite the delay in introducing complementary regulatory controls, the voluntary cooperation of the industry with the government authorities has already led to results.³⁰

255. The Board notes with satisfaction that in Bolivia, the prosecution of cases involving money-laundering, including the confiscation of assets, has been made possible by the amendment of the penal code. It hopes that the new law on pharmaceuticals will improve controls over the import, distribution and dispensing of narcotic drugs and psychotropic substances for medical purposes.

256. The Board regrets that in Brazil money-laundering is still not considered a crime. It urges the Government to speed up the long-pending adoption of regulations against drug-related money-laundering.

257. The Board welcomes the coming into force of new legislation in Colombia on money-laundering and on increasing prison terms and fines for major drug traffickers, as well as the establishment of a new agency responsible for formulating official drug control policy and supervising its implementation. The adoption in 1996 of a new law on the confiscation of assets derived from criminal activities, together with vigorous efforts by the Government to implement that law, is a positive development.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

258. Cannabis, the principal drug of abuse in South America, continues to be cultivated for international trafficking in Brazil, Colombia, Guyana, Paraguay and Suriname. In 1996, about 3.7 million cannabis plants were eradicated in Brazil, about 30 per cent more than in 1995.

259. Large-scale illicit poppy cultivation continues in Colombia and has spread to the Venezuelan part of the Perija mountain range. In Colombia, 81 kg of heroin were seized in 1996 and 87.5 kg were seized during the first half of 1997, but recent estimates on the extent of opium production and heroin manufacture are not available. Most of the heroin manufactured in clandestine laboratories in Colombia is smuggled into the United States; however, heroin abuse, previously unknown in Colombia, is taking place in Colombian ports and is also being reported in several cities in Brazil.

260. The Board notes with concern that information gaps and contradictory reports have hindered the assessment of the current status of illicit cultivation of narcotic crops in the region.

261. Large-scale illicit coca bush cultivation continues in Bolivia, Colombia and Peru. Peru remains the largest producer of coca leaves and Colombia is the second largest. Illicit cultivation of the *epadú* variety of coca bush (*Erythroxylon coca* var. *ipadu*) seems to be increasing in Brazil, mainly in areas that are close to its borders with Colombia and Peru. Colombia continued its large-scale illicit crop eradication programme throughout 1997.

262. The illicit manufacture of coca base, coca paste and cocaine hydrochloride continues in Bolivia, Colombia and Peru. In the past, large amounts of coca base and coca paste were smuggled into Colombia out of Bolivia and Peru. Clandestine laboratories in Colombia appear to be using mostly locally produced coca base or coca paste for the manufacture of cocaine hydrochloride. That has led to a significant reduction in the import of raw materials from Bolivia and Peru, where a significant drop in the price of coca leaves and an expansion in the manufacturing capacity of clandestine cocaine laboratories have been reported. In the opinion of the Board, the increasing availability of the solvents and chemicals needed for illicit cocaine manufacture could lead to an increase in clandestine cocaine manufacture in Brazil.

263. In the first half of 1997, a significant increase in cocaine seizures was reported in Colombia: the amount of cocaine seized in that period was almost the same as the amount seized in the entire year 1996.

264. Mainly because of the migration and changing lifestyle of the traditional coca-leaf-chewing population in Bolivia and Peru, that practice appears to be on the decrease.

265. The abuse of coca base and cocaine hydrochloride is increasing in several countries in the region; in many countries a significant increase in cases involving "crack" abuse has been reported. Easy availability and low prices have contributed to the popularity of coca paste and "crack". In the last years, two consecutive drug abuse surveys were conducted in four countries in the region. In Bolivia and Colombia, drug abuse surveys conducted in 1992 and 1996 showed that, although the level of drug abuse is still relatively low, there have been significant increases, mainly as a consequence of the increasing cocaine abuse. In Bolivia, for example, the annual prevalence of cocaine abuse increased from 0.2 per cent to 1.2 per cent from 1992 to 1996. In Chile, however, annual prevalence of the abuse of illicit drugs remained stable (at 4.3 per cent) and monthly prevalence decreased from 2.02 per cent to 1.36 per cent from 1994 to 1996. In Ecuador, due to methodological differences, the results of the two surveys conducted in 1992 and 1995 are not comparable, but lifetime prevalence of illicit drug abuse was relatively low (5.2 per cent) in 1995.*

Psychotropic substances

266. In many South American countries, regulations concerning the prescribing and dispensing of psychotropic substances are not applied. The Board trusts that the implementation of existing legislation will allow the Government of Brazil to improve its system of control over the manufacture of, trade in and distribution of pharmaceutical products, particularly those containing psychotropic substances. In Brazil, several cases involving the diversion of psychotropic substances from licit to illicit channels have recently been discovered, more than 300 unauthorized pharmaceutical laboratories have been detected and, despite the adoption of new regulations with respect to the control of anorectics, the dispensing of such amphetamine-type stimulants has continued (see paragraph 155, above).

*Extrapolation from sample surveys based on interviews; rate of "yes" answers to the following question:

"Did you take any illicit drug (or a specified drug), at least at one occasion
"(a) in your life (lifetime prevalence)
"(b) during the last 12 months (annual prevalence)
"(c) during the last 30 days (monthly prevalence)".

267. Due to inadequate control and monitoring, information on the abuse of sedatives is scarce. The Board recommends that the Governments of countries in the region should systematically collect data and assess the situation in respect of sedatives.

Missions

268. In July 1997, the Board sent a mission to Ecuador. The Board notes with satisfaction that, since the adoption of its main legislation on narcotic drugs and psychotropic substances in 1990, the Government has continually updated its legal framework by, among other things, introducing regulations on seizure, confiscation and use of assets, money-laundering, judicial cooperation and precursor control.

269. The establishment in Ecuador of Consejo Nacional de Control de Sustancias, Estupefacientes y Psicotrópicas (CONSEP), the national drug control commission, is a positive development. The Board trusts that the matter concerning the remaining overlapping responsibilities of CONSEP and other governmental agencies will soon be resolved.

270. The Board welcomes the recent establishment in Ecuador of a monitoring system for drug abuse and a system for the prevention of money-laundering by monitoring the flow of capital above 10,000 United States dollars per client and month.

271. The extent of illicit drug production and trafficking in Ecuador is much lower than in some other South American countries; consequently, the full implementation of the new regulations and the adequate functioning of the new institutions in Ecuador would be of great preventive value. Those goals could be better achieved with some assistance from the international community.

272. In July 1997, the Board sent a mission to Peru. In the opinion of the Board, the establishment in Peru of Comisión de la Lucha contra el Consumo de Drogas (CONTRADROGAS), the national drug control commission, has greatly improved coordination and the exchange of information between agencies. The Board considers the high political level of the composition of CONTRADROGAS to be a clear indication of the priority given by the Government to drug control issues. The Board hopes that the responsibilities of CONTRADROGAS and Oficina Ejecutiva de Control de Drogas (OFECOD), the executive office for drug control, will be coordinated.

273. The Board appreciates the efforts by the Government of Peru to update the national legal framework. However, the Board notes with concern that, despite its previous calls, national policy and legislation regarding coca bush cultivation and coca leaf production and distribution are not in line with the provisions of the 1961 Convention.

274. As recommended by the Board in the past, the Government of Peru should strengthen the authorities in charge of controlling licit activities connected with narcotic drugs and psychotropic substances.

C. Asia

East and South-East Asia

Major developments

275. Illicit opium poppy cultivation, opium production, heroin manufacture and opiate trafficking remain major drug problems in south-east Asia, particularly in Myanmar. Heroin injecting is spreading

in the region, particularly in some southern provinces of China. The illicit manufacture of and traffic in amphetamines, particularly methamphetamine, are on the rise in the region and the spread of methamphetamine abuse poses a major challenge to some Governments in the region. The prevalence of the abuse of methamphetamine and other amphetamine derivatives seems to be significantly lower in Japan and the Republic of Korea than in most European countries and the level of heroin and cocaine abuse remains very low despite the high purchasing power of their populations. The illicit traffic in acetic anhydride (used for the manufacture of heroin) and in ephedrine and pseudoephedrine (used for the production of methamphetamine) has continued in the region.

Treaty adherence

276. In 1997, Indonesia and the Lao People's Democratic Republic acceded to the 1971 Convention and Singapore acceded to the 1988 Convention. Of the 15 States in the region, 12 are parties to the 1961 Convention, 11 are parties to the 1971 Convention and 7 are parties to the 1988 Convention. The Board welcomes the preparatory steps undertaken by the Government of Viet Nam for accession to the three main international drug control treaties. The Board urges Cambodia and the Democratic People's Republic of Korea, which are not parties to any of the international drug control treaties, to accede to those treaties as soon as possible. The Board welcomes the withdrawal of the reservation by the Philippines on certain provisions of the 1988 Convention related to money-laundering and extradition.

Regional cooperation

277. The Board welcomes the further development of the cooperation between Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam in the field of drug control, including new arrangements for the exchange of intelligence, the training of professionals and demand reduction programmes. The Board appreciates the new bilateral agreement between the Lao People's Democratic Republic and Myanmar on border control and prevention of drug trafficking.

278. In the opinion of the Board, the establishment at Bangkok in February 1997 of the Asia/Pacific Group on Money Laundering, in which 13 countries in Asia and the Pacific are participating, and the agreement of that Group on the development of a regional plan of action constitute important steps in the fight against money-laundering.

National legislation, policy and action

279. The Board expects that following the coming into force of a new drug law in Cambodia, the Government will accede to the three international drug control treaties.

280. The Board welcomes the adoption of a law on psychotropic substances in Indonesia.

281. The Board notes with satisfaction the coming into force of a new regulation on the tracing, freezing and confiscation of the proceeds of drug trafficking in Brunei Darussalam.

282. The Board urges the Government of Thailand to enact the draft bill on measures against money-laundering as soon as possible.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

283. Cannabis grows wild in several countries in the region and is also cultivated in many south-east Asian countries. Large-scale cannabis cultivation has been reported in the Philippines. Substantial amounts of cannabis originating in Cambodia were seized in the region, as well as in Australia and countries in Africa and Europe. Cannabis is widely abused in countries in south-east Asia.

284. In Myanmar, opium poppy is grown illicitly as a major cash crop by farmers in the hilly border areas. The Board welcomes the UNDCP-funded project for the alternative development of one of those areas, the Wa area of eastern Shan State in Myanmar, which is to be implemented in close cooperation with China. There are no reliable estimates of opium production in Myanmar, which remains one of the largest opium producers in the world. The levels of poppy cultivation and opium production in other south-east Asian countries are not comparable to those in Myanmar; the levels seem to have remained low in the Lao People's Democratic Republic, Thailand and Viet Nam.

285. Heroin is manufactured on a large scale in south-east Asia, mainly in Myanmar. Worldwide seizures of heroin originating in the region are declining. Many of the consignments of acetic anhydride (used for the manufacture of heroin) that were seized in Myanmar were reported to have been smuggled into that country out of China. The territories of Cambodia, Lao People's Democratic Republic, Philippines, Thailand and Viet Nam, as well as some southern provinces of China, particularly Guangdong, are used as transit points and storage places for heroin destined to be smuggled into Europe and North America.

286. Although the number of opium abusers is falling in south-east Asia, the abuse of heroin is on the rise. The practice of injecting heroin is increasing in certain parts of China, particularly in Yunnan Province. The spread of HIV infection among injecting drug abusers is of particular concern in Viet Nam, as well as in some parts of Myanmar.

Psychotropic substances

287. The increasing illicit manufacture of, traffic in and abuse of amphetamines, particularly methamphetamine, are major problems in the region. Seizure data indicate that illicit manufacture of methamphetamine is taking place mainly in China, but several clandestine laboratories have been detected in the Lao People's Democratic Republic, Myanmar and other countries in the region. Ephedrine is used for the clandestine manufacture of methamphetamine in China or smuggled into neighbouring countries. China has been efficiently controlling licit exports of ephedrine, has prevented the diversion of several large consignments of that precursor and is increasing its efforts to curb the diversion of that precursor into illicit domestic channels. Reacting to the increasing spread of methamphetamine abuse, Thailand has tightened controls over the licit trade in ephedrine by withdrawing the ephedrine import licences of all private companies; as a result, the Food and Drug Administration of Thailand has become the only legal importer and distributor of ephedrine. Pseudoephedrine imports have been subjected to individual import certificates.

288. Although Japan and the Republic of Korea were able to clamp down on all illicit manufacturing capacities for methamphetamine some time ago, the abuse of methamphetamine remains a concern since it is spreading to increasingly younger segments of the population.

289. Seizures of MDMA ("ecstasy") of European origin were reported in several countries in the region.

Missions

290. The Board sent a mission to Cambodia in February 1997. The Board noted with concern that drug trafficking activities originating in that country, in addition to transit activity, were increasing and that there were indications that money-laundering activities were also increasing. Strong measures against drug abuse and trafficking in neighbouring countries have led traffickers to move their operations to Cambodia, taking advantage of its weak legislative, enforcement and administrative structures and scarce resources resulting mainly from decades of war and political instability. International seizure reports indicate increasing illicit cultivation of cannabis and transit trafficking in heroin in Cambodia. The clandestine manufacture of methamphetamine is likely to take place. Attempts to import large quantities of ephedrine into the country for such illicit purposes must therefore be investigated by national authorities.

291. The Board notes with appreciation the coming into force of a comprehensive drug control law in Cambodia at the beginning of 1997. Therefore, Cambodia could become a party to the international drug control treaties. Efficient application of the new law, however, will require the strengthening of the organizational and administrative structures in the judicial and law enforcement areas, support from and close cooperation with neighbouring countries and the provision of bilateral and multilateral assistance. Police and health authorities should continue to cooperate closely with one another in order to close down hundreds of non-authorized pharmaceutical outlets, thereby preventing the misuse of pharmaceuticals in general and narcotic drugs and psychotropic substances in particular.

292. The Board sent a mission to Indonesia in January 1997. The Board appreciates the efforts by the Government to bring the national legislation on drug control in line with the international drug control treaties, as well as the initiatives by the Government aimed at the consolidation, rationalization and coordination of all drug control activities. Although the level of drug abuse in Indonesia does not appear to be significant, the Board noted with concern that the abuse of psychotropic substances, particularly MDMA ("ecstasy") smuggled into the country out of the Netherlands, has spread among the younger segments of the population. The Board trusts that the Government of Indonesia will therefore strengthen its efforts to prevent drug abuse and encourages the Government to involve the community, as well as non-governmental organizations, in such programmes, paying special attention to youth, both in school and out of school. Following the prevention of the diversion of some exports of benzodiazepines into illicit channels in Indonesia, the Board invited the Government to investigate the extent of abuse of those psychotropic substances in that country.

293. The Board sent a mission to Viet Nam in January 1997. The Board is pleased to note that the Government of that country is in the process of acceding to the three international drug control treaties and that new drug control legislation is scheduled for adoption by the national assembly in 1997. The Board appreciates the strong commitment by the Government to addressing itself to drug problems and its efforts and achievements in the last few years in the eradication of illicit opium poppy cultivation. Drug trafficking and abuse are no longer issues limited to ethnic minorities but have developed into nation-wide problems. The Board appreciates the establishment of the national drug control committee to ensure effective leadership and coordination of the multisectoral and joint drug control efforts in Viet Nam.

294. The Board has received disquieting reports on the drug control situation in the Democratic People's Republic of Korea. Therefore, the Board expresses its concern that the Government of the Democratic People's Republic of Korea has not yet accepted its proposal, originally made in 1995, to send a mission to that country to study and clarify drug control issues.

South Asia

Major developments

295. Strict control measures and law enforcement action in India have curtailed the large-scale smuggling of methaqualone out of that country into African countries. Cooperation between national law enforcement authorities aimed at preventing the cross-border smuggling of drugs, including cooperation between India and Pakistan, has significantly increased in the region. The abuse of and traffic in codeine-based cough syrups and buprenorphine, diverted from licit channels, as well as cannabis and heroin, have continued in South Asia. International trade in psychotropic substances is under strict control in India; however, in the other countries in South Asia, either domestic trade, distribution and dispensing of those substances are not regulated or the regulations are not adequately implemented. India is also the only country in South Asia where the manufacture, export and import of precursors are regulated; their relatively free availability in other countries in the region might result in illicit manufacturers exploiting that situation.

Treaty adherence

296. 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. The Board urges the Government of Maldives, which is not a party to any of the international drug control treaties, to accede to those treaties; the board notes that a draft law on drug abuse is being considered by a committee of the parliament in Maldives.

Regional cooperation

297. The Board appreciates the role of the South Asian Association for Regional Co-operation and the Colombo Plan in the enhancement of regional cooperation in drug-related matters.

298. The Board notes with satisfaction the further development of the cooperation between the authorities of India and Pakistan in the field of drug control. New zonal offices have been opened and inter-agency task forces have been created to facilitate operations involving the border between India and Pakistan in response to a recent sharp increase in the illicit traffic in heroin and cannabis resin. The two States have agreed to cooperate with each other in carrying out financial investigations related to drug trafficking cases, in exchanging information on money-laundering activities, in establishing a mechanism for the quick exchange of information and in conducting controlled delivery operations and joint investigations.

299. The Board welcomes the decision taken by the Governments of China and India to start to cooperate closely with one another in drug control matters and encourages both Governments to build up the mechanisms necessary for such cooperation.

National legislation, policy and action

300. The Board hopes that the adoption of the New Delhi Charter on Global Drugs Law by an international conference held in India in February 1997, will contribute to the harmonization of drug-related national legislation in the region and in other parts of the world.

301. The Board urges the Government of Nepal to speed up the adoption of five new draft laws related to drug control that were developed with UNDCP assistance.

302. The Board encourages the Government of India to speed up the updating of the Narcotic Drugs and Psychotropic Substances (amendment) Act, which is needed to implement the provisions of the 1988 Convention, to which India is a party. The Board hopes that the draft bill on money-laundering and seizure of assets will be adopted soon in India.

303. India is the only country in South Asia where manufacture, export and import of precursors are regulated; the Board urges the other countries in the region to adopt adequate legislation on precursor control.

304. The Board welcomes the drug abuse prevention programmes introduced in some states in India, particularly in the north-eastern part of the country, where the incidence of heroin abuse cases is high. In the opinion of the Board, a central coordinating and monitoring body would enhance the development and implementation of a policy for drug demand reduction at the national level.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

305. Cannabis grows wild and is also illicitly cultivated in South Asia. In Sri Lanka, significant quantities of cannabis are used in traditional ayurvedic medicine; Sri Lankan authorities regularly conduct campaigns to eradicate illicit cannabis cultivation in remote jungle areas. Cannabis resin produced in Nepal is smuggled mainly into India. In Nepal, the number of seizures of cannabis and cannabis resin and the number of persons arrested for drug offences have increased since the beginning of the 1990s; however, the border of that country with India is virtually open, making the fight against illicit traffic in cannabis resin and other drugs more difficult.

306. Licit opium poppy cultivation and opium production take place under governmental control in India (see paragraph 140, above). There have been no reports on the seizure of Indian opium outside of India. Continued efforts by the Government of India have kept to a minimum the diversion of opium from licit cultivation and have limited illicit cultivation mainly to some northern areas of the country. Some of the morphine base illicitly manufactured in Pakistan is smuggled into India, where it is converted into heroin in clandestine laboratories (such as the ones dismantled in Gujarat and Maharashtra) or is smuggled into other countries. Heroin is also smuggled into India out of Pakistan and, to a lesser extent, out of Myanmar. Buprenorphine and cough syrups containing codeine are smuggled out of India, the manufacturing country, into Bangladesh and Nepal; the abuse of those products has continued in India, as well as in Bangladesh and Nepal.

Psychotropic substances

307. The Board greatly appreciates the operation of an import/export authorization system covering all psychotropic substances and ephedrine and pseudoephedrine in India. This system and the close collaboration of the Government of India with the Board have prevented the diversion of very large amounts of psychotropic substances and ephedrine and pseudoephedrine into illicit markets. At the same time, efforts have continued to be made to strengthen controls over other precursors, such as those used in the illicit manufacture of amphetamine and amphetamine-type stimulants. The resulting successes have underlined the positive contribution of such efforts to global chemical control. The Board hopes that the current control systems will be maintained and expanded in the future.

308. A voluntary code of conduct of the industry proved to be a valuable supplement to governmental controls over acetic anhydride. The use of such a code for precursors of psychotropic substances would

enhance the functioning of the precursor control system. The Board hopes that the Indian pharmaceutical and chemical industries will agree to such a code of conduct.

309. Increased regulatory and law enforcement action has reduced the large-scale smuggling of methaqualone out of India into countries in Africa. There has been a sharp decrease in methaqualone seizures in India, and seizures in African countries of methaqualone of Indian origin have become rare.

310. There have been very few reports on the abuse of psychotropic substances in South Asia. In Nepal, persons who formerly abused heroin have shifted to nitrazepam and other hypnotics because those drugs are less expensive, easier to obtain and perceived as less harmful than heroin.

Mission

311. In January 1997, the Board sent a mission to Sri Lanka. The drug trafficking and abuse situation in that country has not deteriorated in recent years. Measures taken by the Government have contributed to the containment of the situation.

312. Although the Government has received no reports of any major abuse of psychotropic substances, the unregulated availability of those substances means that there is a risk of such abuse developing. Illicit drug traffickers might exploit inadequate controls over international trade by using companies in Sri Lanka to serve as intermediaries for the diversion of psychotropic substances into other countries. Therefore, the controls required under the 1971 Convention and related Economic and Social Council resolutions should be introduced without delay. In addition, the Board requests the Government of Sri Lanka to fully comply with the provisions of the 1961 Convention with regard to cannabis use.

313. No illicit manufacture of drugs appears to be taking place in Sri Lanka. The Board appreciates the efforts made to introduce controls over precursors, thereby preventing the use of Sri Lanka to channel chemicals into clandestine laboratories in other countries and preventing the development of clandestine manufacture in Sri Lanka.

West Asia

Major developments

314. The adherence to the three main international drug control treaties by the overwhelming majority of countries in West Asia, including most of the newly independent States in central Asia and the Caucasus, is a promising development. The determination of West Asian countries to cooperate with each other in the fight against illicit drug trafficking is being translated into a number of bilateral and multilateral agreements and cross-border operations.

315. In Afghanistan, due to civil war, political turmoil and lack of administrative structures, large-scale illicit opium poppy cultivation, opium production and heroin manufacture continue. Largely as a result of the increase of 25 per cent in the opium yield in 1997 in Afghanistan, opium production in south-west Asia now exceeds that in south-east Asia. A ban has recently been issued on poppy cultivation, opium production and heroin manufacture. For the time being, the extent to which the illicit traffic can be reduced depends mainly on the law enforcement services of neighbouring countries of Afghanistan and the extent to which they are able to stop, or at least hinder, the flow of illicit opium and morphine from Afghanistan into or through their territories. There are also some clandestine heroin laboratories operating in Afghanistan, but most are in other countries in the region. In Pakistan, the easy availability and low prices of heroin have resulted in its abuse becoming even more widespread than before.

316. The illicit cultivation and abuse of cannabis are also widespread in the region. Afghanistan is one of the largest producers of cannabis resin in the world. There is a high risk that in central Asia the current levels of illicit drug production, trafficking and abuse will significantly increase as a consequence of the increasing local production of illicit cannabis and opium and the influx of large amounts of cannabis resin, opium and morphine originating in Afghanistan.

317. The lack of systems for the prevention and/or detection of money-laundering operations is a major problem in several countries in the region.

Treaty adherence

318. Since the last report of the Board was published, Kazakhstan and Tajikistan have acceded to the 1961 Convention, Kazakhstan, Oman and Tajikistan have acceded to the 1971 Convention and Kazakhstan has acceded to the 1988 Convention. Of the 24 States in West Asia, 22 are parties to the 1961 Convention, 21 are parties to the 1971 Convention and 20 are parties to the 1988 Convention. The Board urges the Government of Georgia, which is not a party to any of the international drug control treaties, to accede to those treaties.

319. The Board, in its report for 1996,³¹ expressed its concern over the far-reaching reservations made in 1996 by Lebanon and the Philippines on provisions related to measures against money-laundering in the 1988 Convention. The Board notes with satisfaction that the Government of the Philippines has withdrawn its reservations (see paragraph 276, above) and urges the Government of Lebanon to follow that example. Several Governments have objected to the reservations made by Lebanon because those reservations are incompatible with the objective and purpose of the 1988 Convention and, consequently, they are not in conformity with international laws and the provisions of the Vienna Convention on the law of treaties.³²

Regional cooperation

320. The Board notes with satisfaction the development of cooperation in West Asia, as evidenced by the following:

(a) The Baku Accord on Regional Cooperation against Illicit Cultivation, Production, Trafficking, Distribution and Consumption of Narcotic Drugs and Psychotropic Substances and their Precursors was adopted by the Subcommittee on Illicit Traffic and Related Matters in the Near and Middle East* at its thirty-second session, held at Baku from 17 to 21 February 1997. The Baku Accord is annexed to Economic and Social Council resolution 1997/39;

(b) The member States of the Economic Cooperation Organization** decided to establish a drug control coordination unit;

(c) The law enforcement authorities of Pakistan have increased their cooperation with the authorities of India and with those of the Islamic Republic of Iran in their border areas. The efforts by the Islamic Republic of Iran to stop the flow of illicit drugs across its border with Afghanistan have

*All of the States in West Asia except Armenia and Georgia are members of the Subcommittee. (Egypt and India are also members of that body.)

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

prevented the smuggling of large amounts of drugs into Europe. The Board encourages the Government of Pakistan to further increase its efforts to prevent the flow of illicit drugs across its borders and to allocate the funds necessary for the adequate functioning of its law enforcement services. The Board welcomes the fact that Pakistan has signed bilateral drug control agreements with China, Kyrgyzstan, the United Arab Emirates and Uzbekistan;

(d) Law enforcement services in central Asia have been strengthened and cross-border cooperation involving those services in Kyrgyzstan, Tajikistan and Uzbekistan (with the assistance of UNDCP) has improved, as has cooperation between law enforcement services in central Asia and their counterparts in the Russian Federation in border areas where illicit opium and heroin traffickers have been active;

(e) In the United Arab Emirates, a new common treatment centre was created and a subregional demand reduction forum was organized.

321. The Board encourages the League of Arab States to ensure the provision of the financial means necessary for the implementation of the Arab drug control strategy adopted by the Council of Arab Ministers for Social Affairs.

National legislation, policy and action

322. The Board welcomes the adoption in Turkey of legislation against money-laundering and notes with satisfaction that the adoption of a new law in the Islamic Republic of Iran will enable that State to accede to the 1971 Convention. The Board notes with satisfaction that money-laundering has become an offence in Pakistan and urges the Government of that country to continue with the development of preventive regulatory measures against money-laundering. The Board encourages Israel to adopt legislation against money-laundering and to become a party to the 1988 Convention. The Board regrets that in several countries in West Asia money-laundering operations are still facilitated by a lack of legislation and regulations. In most countries in the region, legislative and administrative measures have not yet been introduced to prevent the diversion of precursors from licit to illicit channels. Such action is urgently needed because the region is frequently used for the trans-shipment of such chemicals to illicit manufacturing sites.

323. The Board urges the Governments of Armenia, Azerbaijan and Georgia to proceed with the adoption of new drug legislation (drafted with the assistance of UNDCP). There is an urgent need to implement regulatory and control measures to combat the increasing flow of illicit drugs through Armenia, Azerbaijan and Georgia on their way from Asia to Europe and the growing drug abuse problems in those three countries.

324. The Board appreciates the adoption of national programmes for the fight against drug abuse and illicit trafficking in Kazakhstan and Tajikistan, the establishment of a national coordinating committee in Turkmenistan and the creation of national centres for the analysis of information on drug control in Kyrgyzstan and Uzbekistan.

325. The Board notes with satisfaction the organization in 1996 of the first national symposium on the prevention of drug abuse in the Islamic Republic of Iran and the enhancement of the treatment policy of the Government.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

326. Cannabis, the most widely abused drug in West Asia, grows wild in many countries in the region. Vast areas in central Asia are covered with wild-growing cannabis. There are contradictory reports in respect of the THC content of the wild-growing cannabis plants in Kazakhstan; the Board encourages the Government of Kazakhstan to investigate and confirm or correct the reports on the very low THC content of those plants. Illicit cannabis cultivation takes place mostly in Afghanistan, but illicit cannabis cultivation has also been reported in Pakistan (mainly in the North-West Frontier Province, bordering Afghanistan) and in several central Asian countries. In 1996, more than 100 tonnes of locally grown cannabis plants were destroyed in Armenia and more than 900 tonnes of such plants were destroyed in Georgia.

327. Many countries in the region are used to trans-ship large amounts of cannabis resin, originating mostly in Afghanistan, to different regions, mainly Europe.

328. Illicit opium poppy cultivation and opium production are taking place mainly in Afghanistan, but opium poppy is also illicitly cultivated in some member States of the Commonwealth of Independent States (CIS), in central Asia and in Armenia, Azerbaijan and Pakistan. The Board appreciates that the export of opium poppy seeds was prohibited in Pakistan in September 1997; that brought that country's policy regarding poppy seeds in line with its policy of banning all cultivation of the opium poppy. The Board regrets that illicit opium poppy cultivation has not been eliminated in the Dir district of Pakistan as foreseen in the agreement with UNDCP. In Tajikistan, where increasing illicit opium poppy cultivation in the mountainous areas had been reported, some illicit cultivation sites were destroyed in 1996. Significant eradication campaigns were conducted in Armenia and Azerbaijan in 1996.

329. Illicit heroin manufacture and trafficking continue unabated in West Asia. Clandestine heroin laboratories were detected in Afghanistan, Pakistan and Turkey. The opium supplied to the laboratories originated mostly in Afghanistan. Acetic anhydride, which is necessary for the conversion of the morphine content of opium into heroin, is diverted into the region mainly from Europe but is also illicitly obtained in other countries in Asia (see paragraph 285, above). The existence of clandestine heroin laboratories in some countries in central Asia is suspected by local authorities. Large quantities of heroin are smuggled into Europe, mainly out of and through Pakistan and Turkey and through the Islamic Republic of Iran, Tajikistan, Turkmenistan and Uzbekistan. In addition to the existing trafficking routes, illicit traffickers have started to use the territories of the States in the Caucasus (Armenia, Azerbaijan and Georgia) for the transportation of illicit drugs from south-west Asia and central Asia to Europe.

330. The widespread abuse of heroin continues in Pakistan; smoking and inhalation are still the most common methods used to administer the drug in that country, though heroin abuse by injection is emerging among youth. Increasing heroin abuse has been reported in Israel and Turkey and in the countries in the Persian Gulf area. Injection of poppy straw extracts remains the usual form of opiate abuse in central Asia. The abuse of synthetic opioids has been reported in Armenia and Azerbaijan; in each of those countries, the seizure of buprenorphine ampules originating in India has been reported. In Armenia, six clandestine laboratories engaged in the illicit manufacture of trimeperidine, a synthetic opioid, have been dismantled in recent years.

331. The abuse of cocaine remains negligible in most countries in the region, but increasing abuse of cocaine has been reported in Israel, Lebanon, Turkey, United Arab Emirates and Saudi Arabia.

Psychotropic substances

332. An organization engaged in the illicit manufacture of methaqualone on a large scale has been dismantled in the United Arab Emirates, leading to the seizure of 5 tonnes of the substance that had been destined for Africa.

333. Seizures in Saudi Arabia, the Syrian Arab Republic and Turkey indicate that the smuggling of fenetylline out of Europe into countries in the Persian Gulf area has continued. The Board reiterates its appeal to interested Governments to cooperate with each other in clarifying the origin, the trafficking routes and the composition of the different products involved, which are called fenetylline (or Captagon).

334. Increasing abuse of stimulants and LSD and a high prevalence of the abuse of MDMA (commonly known as "ecstasy") have been reported in Israel; these trends are similar to those observed in Europe.

335. Increasing illicit manufacture and abuse of methcathinone (ephedrone) have been reported in central Asia. In 1996, 40 clandestine laboratories engaged in the manufacture of methcathinone from wild-growing *Ephedra* plants were dismantled in Kyrgyzstan. In Kazakhstan, during the first three months of 1997, 10 tonnes of *Ephedra* plants were seized.

336. With the exception of reports on the abuse of sedatives in Israel and Pakistan and on cases involving the abuse of diazepam and oxazepam, information on the abuse of sedatives, including benzodiazepines, is scarce in West Asia. In the opinion of the Board, an assessment of the drug abuse situation and a review of the regulatory controls, including prescribing and dispensing rules, would be in the interest of most countries in the region.

Missions

337. A mission of the Board visited Kyrgyzstan in April 1997. The Board highly appreciates the achievements by the Government, such as the development of a functional control system for licit narcotic drugs, psychotropic substances and precursors, the creation of an effective coordinating body and the drafting of new comprehensive drug control legislation that has been presented to the parliament. The Board recommends the adoption of legislation for the prevention of money-laundering and the introduction of provisions for the immediate, pre-trial destruction of seized drugs to prevent such drugs from accumulating.

338. A mission of the Board visited Turkmenistan in April 1997. Before Turkmenistan acceded to the international drug control treaties, all activities related to the control of the licit movement of narcotic drugs, psychotropic substances and precursors were carried out on behalf of Turkmenistan by the Standing Committee on Narcotics Control of the Russian Federation. The Board encourages the Government of Turkmenistan to create its own national control structures, which are necessary for the implementation of the provisions of the international drug control treaties, and to speed up the drafting and adoption of comprehensive national drug control legislation and the development of a national drug control policy.

339. The Board highly appreciates the efforts by Turkmenistan to fight illicit drug trafficking. The geographical location of Turkmenistan has made it attractive to drug traffickers. The large-scale smuggling of cannabis resin, opium and heroin across the country, out of Afghanistan and into the Russian Federation poses a major challenge: more than 1 tonne of opium, 68 kg of heroin and more than 24 tonnes of cannabis resin were seized in Turkmenistan in 1996. Turkmen law enforcement officers are frequently confronted with well-equipped and heavily armed groups of drug traffickers.

340. Law enforcement action against the large-scale smuggling of chemicals, above all acetic anhydride, out of the Russian Federation and into Afghanistan (and other countries in West Asia where clandestine heroin laboratories are located) is hindered by the lack of the necessary national drug control legislation. The Board urges the Government of Turkmenistan to introduce legal provisions for precursor control as soon as possible.

341. In May 1997, the Board sent a mission to Armenia. The Board notes with satisfaction the significant progress achieved by Armenia in the control of licit narcotic drugs and psychotropic substances and recommends strengthening the administrative structures for the control of precursors.

342. The Board invites the Government of Armenia to improve the interministerial coordinating mechanism and to adopt a national drug control programme.

343. The Board trusts that the Government of Armenia will expedite the adoption of adequate drug control legislation, including provisions against money-laundering, and will enhance the capacity of the customs services to prevent drug smuggling. The Board encourages the Government to establish a system for the collection of information on the rapidly deteriorating drug abuse situation and to provide the necessary resources for the treatment of drug addicts.

344. In May 1997, the Board sent a mission to Azerbaijan. The Board encourages the Government of Azerbaijan, which is already a party to the 1988 Convention, to accede to the 1961 Convention and the 1971 Convention.

345. The Board appreciates the recent strengthening of the drug control coordination mechanism at the interministerial level in Azerbaijan. It encourages the Government to adopt adequate drug control legislation, which should include provisions against money-laundering. There is an urgent need for effective control over the precursors in Tables I and II of the 1988 Convention, since Azerbaijan has a large chemical industry.

346. The Government of Azerbaijan should develop services for the treatment of drug addicts and adapt the administrative structures responsible for the control of licit narcotic drugs and psychotropic substances to the conditions of a market economy.

D. Europe

Major developments

347. There are signs of some important changes in drug abuse trends in Europe. In some western European countries, the number of occasional abusers of stimulants and hallucinogens is increasing while the number of regular heroin abusers is decreasing. The number of hard-core drug addicts seems to be stagnating and, at least in some countries, smoking, instead of injecting, appears to have become the prevalent route of administration of heroin among young abusers of that drug.

348. Despite changing trends and successful law enforcement interventions, Europe remains a major illicit market for drugs. Indoor and outdoor cultivation of highly potent cannabis is spreading and amphetamine and "ecstasy"-type amphetamine derivatives are produced in a number of clandestine laboratories, for trafficking within Europe and elsewhere.

349. Central and eastern European countries are making progress in adapting their legal systems and administrative structures for the control of licit narcotic drugs and psychotropic substances to the market-economy situation, but they have great difficulties preventing the propagation of abuse of illicit drugs in their countries.

350. Among member States of the European Union, differences between national drug control policies as well as the ongoing promotion of the liberalization or legalization of the non-medical use of drugs, are increasingly threatening the consensus needed for meaningful measures against drug abuse and trafficking, especially in the area of demand reduction.

351. The Board welcomes the holding of drug demand reduction campaigns in the region, but regrets that some of those campaigns have focused only on "harm reduction". The Board reiterates its opinion that "harm reduction" is an important part of demand reduction but not a substitute for it; the Board greatly appreciates the main message of a mass media campaign in Spain that the idea of "controlled" or "safe" taking of illicit drugs is not appropriate.

352. The activities of drug trafficking and other criminal organizations are considered to be among the biggest threats to the security of the Russian Federation and they have become a major challenge for the international community. An assessment of the extent of the drug threat was made at the International Conference on Drug Control Cooperation with the Russian Federation, held in Moscow from 16 to 17 April 1997; the Conference was attended by representatives of 25 countries and 14 international and regional organizations. It is expected that the follow-up to this initiative will strengthen regional and global cooperation in the field of drug control.

Treaty adherence

353. Since the last report of the Board was published, Austria has become a party to the 1971 Convention and Austria, Hungary and Iceland have become parties to the 1988 Convention. Of the 44 States in the region, 41 are parties to the 1961 Convention and 40 are parties to the 1971 Convention; and 35 States and the European Community are parties to the 1988 Convention.

354. Albania is not a party to any of the three main international drug control treaties. The Board urges the Government of Albania to accede to those treaties as soon as possible.

Regional cooperation

355. The Board welcomes the adoption by the European Union at the end of 1996 of a programme of community action on the prevention of drug dependence (for the period 1996-2000). The programme calls for action aimed at demand reduction and supply reduction at the international level and coordination among member States of the European Union. The Board appreciates the efforts of the European Union to improve the comparability of data on drug abuse, such as the standardization of guidelines to be used by its member States for providing information to the European Monitoring Centre for Drugs and Drug Addiction.

356. The Board notes with satisfaction that the European Union concluded a number of cooperation agreements with groups of States and individual States in the field of drug control.

357. The Board welcomes the decision of the European Union to establish an early warning system for new synthetic drugs of abuse and to develop a mechanism to expeditiously place those drugs under control in its member States. The Board recommends that, following the placing of a drug under national

control in the member States of the European Union, the member States should consider whether such a drug should be added to the schedule of one of the international drug control treaties.

358. The Board appreciates the organization of a conference on money-laundering at Riga in November 1996 by the Governments of the three Baltic States (Estonia, Latvia and Lithuania) and the adoption of a declaration on the commitment of those States to enact national laws and set up structures against money-laundering (with the assistance of UNDCP, the European Commission and the Financial Action Task Force established by the heads of State or Government of the Group of Seven major industrialized countries and the President of the European Commission), as well as the agreement between the Baltic States on the establishment of a group for the coordination of efforts to combat illicit trafficking and drug abuse. The Board notes with satisfaction the organization of a workshop on drug demand reduction for the Baltic States at Riga in 1997.

National legislation, policy and action

359. The Board notes with satisfaction that Austria, following its accession to the 1971 Convention and its ratification of the 1988 Convention, extended its national control regime to include psychotropic substances in Schedules III and IV of the 1971 Convention.

360. The Government of the Russian Federation confirmed its political commitment to strengthen its drug control system and adopted a plan of action for the implementation of the federal drug control programme for the period 1997-2000. The Board appreciates the adoption in the Russian Federation in 1997 of a federal law on drug regulatory measures and a new criminal code and notes with satisfaction that a draft law against money-laundering is under consideration by the Duma, the national legislative body.

361. The Board welcomes the adoption of a new law on precursor control in Switzerland in 1996 but regrets that that State is still not a party to the 1988 Convention.

362. The Board appreciates the adoption of new laws in several European countries, such as the comprehensive law on drug abuse counteraction in Poland in 1997. In Estonia, a law regulating the manufacture and possession of narcotic drugs was adopted in 1997, making cultivation of the opium poppy and cannabis for licit purposes subject to governmental authorization. The Board is confident that the Government of Estonia will speed up the process leading to the enactment of legislation on precursor control and controlled delivery and to the accession of Estonia to the 1988 Convention.

363. In Cyprus, a new law against money-laundering was adopted in 1996, followed by the establishment of a unit against money-laundering.

364. Penalties for drug-related offences were increased by amendments to the national criminal codes in Latvia and Lithuania and by an amendment to drug control legislation in Portugal. The Board notes with satisfaction that, in Belarus, a new criminal code adopted in 1996 included a separate chapter on drug-related offences.

365. The Board recalls that a policy of toleration of drug abuse in public places that was pursued in major Swiss cities until the early 1990s led to increased drug trafficking and growth in the drug-abusing population. The Board expressed its concern at the time and welcomed the abandonment of that practice.

366. The Board expressed its doubts about one element of the new policy in Switzerland, namely, a project for distributing heroin to addicts, and recommended that the scientific merit of the research

protocol and the results of that experiment should be evaluated by WHO. That proposal was accepted by the Government of Switzerland and by WHO.

367. In July 1997, the Swiss Government made known its own evaluation of the project, under which heroin had been administered to about 1,000 heroin addicts. It claimed that, for a limited number of addicts who could not be reached by other means, the medical distribution of heroin, accompanied by health and social support services, led to some positive results. The Board is concerned that the announcement of those results and a subsequent national referendum on the Swiss drug policy have led to misinterpretations and hasty conclusions by some politicians and the media in several European countries. The Board regrets that, before the evaluation by WHO of the outcome of the Swiss experiment, pressure groups and some politicians are already promoting the expansion of such programmes in Switzerland and their proliferation in other countries. The Government of the Netherlands has already submitted to the Board estimates for heroin to be used in conducting a similar project. The Board expressed the same reservations about that project as it had expressed about the Swiss project and firmly believes that no further experiments should be undertaken until the Swiss project has undergone full and independent evaluation.

368. The Board is not convinced that the limited positive results claimed by the Swiss Government can be attributed solely to the distribution of heroin itself, as many other factors, such as the prescribing of other controlled drugs and intensive psychosocial counselling and support, were involved.

369. The Board looks forward to the medical and scientific evaluation by WHO and expects that the findings will be communicated to the Commission on Narcotic Drugs, which has consistently recommended prohibiting the use of heroin (for example, in Commission resolution 5 (S-V) of 23 February 1978 and Commission resolution 2 (XXXII) of 11 February 1987).

370. The Board notes with satisfaction that the Government of the Netherlands and local authorities have increased their efforts to curb cannabis demand, for example by conducting media campaigns to inform parents about cannabis and other drugs and by encouraging them to tell their children about the risks connected with drug abuse.

371. A company in the Netherlands started to make use of the Internet (see paragraphs 23 and 120-121, above) for the sale of cannabis products and seeds; the authorities in that country are investigating the case and have decided to intensify efforts to prosecute the export of cannabis and cannabis seeds for illicit purposes. The sale of cannabis in coffee shops in amounts in excess of 5 grams (instead of the previous limit of 30 grams) will also be prosecuted in the Netherlands. The Board notes that in the Netherlands penalties for the commercial production of cannabis have been doubled, cannabis cultivation in greenhouses will be made illegal and a law will be drafted allowing mayors to close coffee shops and trade locations if drugs are illegally sold there. In the United Kingdom, legislation was adopted in 1997 enabling local authorities and the courts to close an establishment in or near which there is a serious drug problem, without having to await the outcome of a lengthy appeal. The Board considers those measures to be steps in the right direction.

372. The Board notes with satisfaction that, in Germany, the proposal of a state government to sell cannabis in pharmacies³³ has been rejected by the competent federal authorities.

Cultivation, production, trafficking and abuse

Narcotic drugs

373. Cannabis, the principal drug of abuse in Europe, is also illicitly cultivated in many countries in the region, above all in the Netherlands, where 180 indoor cultivation sites were detected and 500,000 cannabis plants were seized in 1996.

374. Areas in which cannabis varieties with a low THC content are licitly cultivated, with subsidies from the European Commission, are increasing by 40 per cent annually in the member States of the European Union. The Board, in its reports for 1994³⁴ and 1996,³⁵ drew the attention of Governments to the necessity of adequate regulation and monitoring of such cultivation. But the Board is concerned that controls may no longer be feasible if licit cultivation spreads. It calls on European Governments and the institutions of the European Union, when determining their policies, to take into account not only environmental, industrial and economic aspects, but also drug control aspects.

375. Since 1996, cannabis has also been increasingly used in food and beverages, and some products containing cannabis are advertised mostly by underlining its virtues. The Board has doubts that such practices are in line with the spirit of the 1961 Convention and the national legislation of the countries concerned. The Board calls on Governments and the industries concerned to counteract such practices, which appear to be, in some cases, aimed at legalizing the non-medical use of cannabis.

376. The Netherlands is used as the main point of entry for cannabis smuggled into Europe, and Belgian ports are also frequently used for that purpose. About 75 per cent of the cannabis seizures reported in Europe in 1996 were made in those two countries. Albania has become a major supplier of cannabis to Greece and Italy. The seizure of 35 tonnes of cannabis in Colombia on a ship destined for Poland might be a sign of the opening of new trafficking routes. Most of the cannabis seized in the Russian Federation was smuggled into the country out of Kazakhstan and Uzbekistan.

377. A total of 410 tonnes of cannabis resin were seized in Europe in 1996. Of that total, 243 tonnes of cannabis resin, almost all of which was of Moroccan origin, were seized in Spain. Significant quantities of cannabis resin were also smuggled into Europe out of Pakistan.

378. Cannabis abuse continues among youth in Europe. In the opinion of the Board, the continuous debate about the liberalization and depenalization of cannabis abuse and the aggressive publicity in favour of its legalization are major factors contributing to the attitude of many young people towards cannabis abuse.

379. Illicit opium poppy cultivation was reported mainly in CIS member States. In 1996, 3,500 hectares of opium poppy were eradicated in the Russian Federation and 4,500 hectares were eradicated in Ukraine; and in the Republic of Moldova, about 4 tonnes of poppy straw were seized.

380. The Balkan route remains the most frequently used itinerary of heroin traffickers, as illustrated by the significant heroin seizures made in 1996 in Bulgaria, Greece, Hungary, Romania and Yugoslavia, but the largest amounts were seized in Italy.

381. Authorities of the Russian Federation are having difficulties controlling the many (more than 100) licit manufacturers of precursors and other chemicals in Tables I and II of the 1988 Convention. In 1996, new regulations were introduced: the manufacture, export and import of those substances are subject to

licensing by the competent authorities. Large amounts of acetic anhydride originating in the Russian Federation have been seized in Turkmenistan and in other Asian countries.

382. The abuse of poppy straw extracts continues in Belarus, Estonia, Latvia, Lithuania, Poland, Russian Federation and Ukraine; in those countries, 70-90 per cent of the registered drug addicts abuse such extracts. In the Russian Federation, more than 500 clandestine laboratories engaged in the extraction of poppy straw were dismantled in 1996. The extracts are usually injected, contributing to the growing number of cases involving HIV infection: in the Russian Federation, the share of new HIV cases attributed to intravenous drug abuse increased from 0.3 per cent in 1987 to 61.2 per cent in 1996. In Poland, the rate was 67 per cent. In Belarus and Ukraine, most of the cases involving HIV infection are attributed to intravenous drug abuse. In Ukraine, in 1996, there were about 1,000 registered overdose-related deaths as a consequence of the spread of intravenous drug abuse.

383. In the Russian Federation, the proportion of abusers of opiates among all drug abusers increased from 1994 to 1997 from 37 per cent to 87 per cent. There was no change in respect of cannabis abusers during that period. According to some surveys, the number of persons abusing drugs regularly in the Russian Federation is estimated at about 2 million. In Ukraine, the number of registered drug addicts increased between 1992 and 1996 from 8,000 to 65,000. In 1996, the emergence of heroin abuse was noted in some central and eastern European countries.

384. Increasing abuse of synthetic opioids was noted in the Russian Federation. Several clandestine laboratories manufacturing fentanyl and 3-methyl-fentanyl were dismantled in the Russian Federation in 1996, mostly in Moscow and St. Petersburg, and growing amounts of buprenorphine, smuggled into the country out of India, were seized.

385. According to the European Monitoring Centre for Drugs and Drug Addiction, a significant increase in the number of methadone abusers was reported in some western European countries, mainly as a consequence of the indiscriminate prescribing of methadone and the uncontrolled use of methadone for maintenance purposes.

386. In 1996, 31.1 tonnes of cocaine were seized in Europe, which was more than in any year before. Most of the cocaine was seized in Spain (13.7 tonnes) and the Netherlands (more than 8 tonnes). Increasing cocaine abuse was reported in Denmark, France and Germany. Cocaine has appeared on the black markets in Belarus, Latvia and the Russian Federation.

Psychotropic substances

387. Clandestine laboratories engaged in the illicit manufacture of amphetamine and/or MDMA or other "ecstasy-type" hallucinogenic amphetamine derivatives were dismantled in several countries in Europe. According to the International Criminal Police Organization (Interpol), the Netherlands is the main source of the MDMA supply in the region.

388. Increasing abuse of amphetamine, MDMA ("ecstasy") and LSD, mainly by young people attending "rave" parties, was reported in several countries in the region. In some countries, the prevalence of the abuse of amphetamine is second only to that of cannabis. A significant increase in the number of hepatitis C infections was recorded among intravenous amphetamine abusers, with severe consequences such as chronic hepatitis, liver damage and/or cancer.

389. The illicit manufacture and abuse of methcathinone (ephedrone) continue in Belarus, Estonia, Latvia, Lithuania, Republic of Moldova and Russian Federation. In those countries, ephedrine is used

as starting material for the illicit manufacture of methcathinone and, in some cases, is extracted from *Ephedra* plants, often in "kitchen laboratories". The abuse of ephedrine itself was also reported in those countries. In the Russian Federation, customs officials alone seized 1.8 tonnes of ephedrine in 1996.

390. Except for the abuse of temazepam in the United Kingdom, there have been very few reports on the abuse of benzodiazepines and other sedatives in Europe. The abuse of methaqualone was detected in the Russian Federation. In the opinion of the Board, the extent of the abuse of sedatives, mainly benzodiazepines, is underestimated in many European countries. The Board, in its reports for 1992³⁶ and 1994,³⁷ has drawn the attention of Governments in the region to the need to review prescribing practices and the use of pharmaceutical preparations containing such psychotropic substances.

Mission

391. A mission of the Board visited Romania in July 1997. As a consequence of the turmoil in the former republics of Yugoslavia, Romania has become an important transit route for illicit drug trafficking and its territory is also used as a storage area for illicit drugs in transit.

392. In Romania, a bill on preventing and combating illicit trafficking and drug abuse and three other bills on matters related to drug control (such as countering money-laundering) are being drafted and it is expected that they will be adopted at the end of 1997. The Board notes with satisfaction that, although the administrative structures for drug control matters are still in the development phase in Romania, international trade in narcotic drugs, psychotropic substances and precursors is under control, import and export authorizations are required for all drugs and substances under international control. Several attempts to divert precursors have recently been detected by the authorities. The Board recommends to the Government the establishment of a drug control coordinating committee.

393. During the last few years, drug abuse has emerged in Romania: cannabis and cannabis resin are the most abused drugs, but cases involving the abuse of heroin and benzodiazepines have also been reported. The first medical centre for the treatment and rehabilitation of drug addicts has been established at Bucharest; most of the patients admitted so far have been heroin abusers. There are plans to establish more such centres throughout the country.

E. Oceania

Major developments

394. Cooperation in drug control is increasing in Oceania; Australia and New Zealand are efficiently assisting other countries in the region. Most of the drug problems in the region have been reported in Australia and New Zealand. In several Pacific island countries, money-laundering by drug traffickers and the resulting economic and political influence that they may gain in such small countries may pose a great danger if no timely and adequate countermeasures are taken. In Australia and Papua New Guinea, the prevalence of cannabis abuse is among the highest in the world. The abuse of amphetamine derivatives is spreading fast in Australia.

Treaty adherence

395. Of the 14 States in Oceania, 8 are parties to the 1961 Convention, 7 are parties to the 1971 Convention and only 3 are parties to the 1988 Convention. The Board urges the Governments of

States in the region that are not parties to the three main international drug control treaties to accede to those treaties.

Regional cooperation

396. The South Pacific Forum and its subsidiary bodies, the Pacific Islands Law Officers Meeting, the South Pacific Chiefs of Police Conference and the Customs Heads of Administration Regional Meeting, are continuing their efforts to suppress the illicit drug traffic, primarily transit traffic, and to enhance cooperation between law enforcement agencies. They are fully committed to putting in place a legislative framework to combat cross-border crime and to harmonizing laws on drug control, money-laundering, extradition, mutual assistance etc. The Board urges countries in Oceania to speed up the adoption and implementation of those laws and encourages the more developed countries to continue with the provision of funds and technical assistance, which are necessary for the development of the judiciary systems and law enforcement services of less developed countries.

397. The Board welcomes the initiatives for the strengthening of measures against money-laundering in the region, as the situation in several small island countries offers many opportunities for money-laundering operations. The Board appreciates the establishment of the Asia/Pacific Group on Money Laundering (see paragraph 278, above).

398. The Board appreciates the regional initiatives of the South Pacific Commission and the South Pacific Forum in the field of demand reduction and prevention and encourages Governments to mobilize community-based groups, health services, teachers and law enforcement services for participation in such programmes.

399. The Board notes with satisfaction the initial results of its training seminar for drug control administrators, hosted by the Government of Australia in June 1997, and hopes that the seminar contributed to the general improvement of the control over the licit trade in drugs and chemicals in the region.

National legislation, policy and action

400. The Board notes with satisfaction the preparatory steps undertaken by the Government of Palau to accede to the 1961 Convention and the 1971 Convention, the drafting of a new criminal code in the Federated States of Micronesia that includes provisions for the prevention of money-laundering and the forfeiture of assets, and the adoption of a new law on controlled delivery in Australia. The Board urges the new Government of Papua New Guinea to proceed as promptly as possible with the long-awaited upgrading of national drug legislation.

401. The Board regrets that legislation on precursors is still lacking in New Zealand and urges the Government of that country to speed up the adoption of such legislation and the ratification of the 1988 Convention. The Board regrets that the existence of various levels of precursor control in the different states of Australia has hindered the efficient implementation of the provisions of article 12 of the 1988 Convention. It urges the Government of Australia to ensure the uniform application of international drug control measures on its territory.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

402. Cannabis grows wild in several countries in Oceania and it is illicitly cultivated in Fiji, Papua New Guinea, Samoa and Vanuatu. Indoor cultivation of potent cannabis is taking place mainly in Australia and New Zealand, but there are also reports on such activity in some other countries in the region.

403. Cannabis remains the most widely abused drug in all of the countries in the region. The average THC content of seized cannabis samples in Australia is 5-6 per cent, which is higher than the average reported in any other country in the world. Cannabis from Papua New Guinea with a high THC content continues to be sold at a premium on markets in other countries, mainly in Australia. In addition, the prevalence of cannabis abuse in Australia and Papua New Guinea is among the highest in the world. This is aggravated by the abuse of cannabis hybrids cultivated indoors and of cannabis oil with an even higher THC content. In the light of that situation, the Board notes with concern the ongoing discussion on the legalization of cannabis consumption in Australia, where already, in some states, possession of cannabis for personal use is not prosecuted. Cannabis oil is produced in Oceania, mainly in Australia and New Zealand, or is smuggled into the region out of Asia.

404. In Australia, under efficient governmental control, opium poppy is grown for the licit manufacture of alkaloids from poppy straw. There have been only a few reports on small-scale illicit poppy cultivation and heroin manufacture in Australia. This has also been the case in New Zealand.

405. Heroin is smuggled into the region mainly out of south-east Asia; most of that heroin is destined for Australia, where heroin abuse remains a major problem.³⁸ The abuse of other opioids (codeine, methadone, morphine and pethidine) is widespread in Australia; it is rated second behind the abuse of cannabis. The overprescribing and diversion of opioids from the licit trade into illicit channels (falsification of prescriptions, robbery and theft in pharmacies etc.) have led the Government of Australia to undertake a review of the methods of control over opioids.

Psychotropic substances

406. In 1995 and 1996, more than 60 laboratories engaged in the clandestine manufacture of amphetamine or its derivatives (mainly methamphetamine) were detected in Australia. Precursors for the illicit manufacture of amphetamines (including 1-phenyl-2-propanone (P-2-P), ephedrine and pseudoephedrine) are usually obtained by diversion of those chemicals from licit domestic sources. The Board invites the Government of Australia to improve the monitoring of those chemicals. The abuse of methamphetamine, MDMA ("ecstasy"), MDA, *N*-ethylmethylenedioxyamphetamine (MDEA, also known as "Eve"), 4-bromo-2,5-dimethoxyphenethylamine (bromo-DMA, also known as "nexus") and other amphetamine derivatives is spreading fast among young people, mainly in Australia and also in New Zealand. Substantial amounts of "ecstasy"-type amphetamines and other hallucinogens (including LSD and psilocybin) are smuggled into Australia and New Zealand, mainly out of countries in Europe.

(Signed) Hamid Ghodse
(President)

(Signed) Herbert S. Okun
(Rapporteur)

(Signed) Herbert Schaepe
(Secretary)

Vienna, 20 November 1997

Notes

¹*Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), paras. 13-31).

²*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).

³*Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

⁴United Nations, *Treaty Series*, vol. 976, No. 14152.

⁵*Ibid.*, vol. 1019, No. 14956

⁶*Report of the International Narcotics Control Board for 1993 ...*, paras. 13-31.

⁷United Nations, *Treaty Series*, vol. 520, No. 7515.

⁸*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1997 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.98.XI.4).

⁹*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. 63-68.

¹⁰See *Narcotic Drugs: Estimated World Requirements for 1998; Statistics for 1996* (United Nations publication, Sales No. E.98.XI.2) and *Psychotropic Substances: Statistics for 1996; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV* (United Nations publication, Sales No. E.98.XI.3).

¹¹*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.

¹²*Report of the International Narcotics Control Board for 1996* (United Nations publication, Sales No. E.97.XI.3), paras. 54-56.

¹³*Ibid.*, para. 114.

¹⁴*Ibid.*, para. 151.

¹⁵*Report of the International Narcotics Control Board for 1995* (United Nations publication, Sales No. E.96.XI.1), paras. 90-94.

¹⁶*Report of the International Narcotics Control Board for 1996 ...*, paras. 90-95.

¹⁷P.W.L. Leung and others, "The diagnosis and prevalence of hyperactivity in Chinese schoolboys", *British Journal of Psychiatry*, No. 168, pp. 486-496.

¹⁸*Report of the International Narcotics Control Board for 1996 ...*, paras. 111-115.

¹⁹*Ibid.*, para. 114.

²⁰*Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.4), paras. 92-95.

²¹*Report of the International Narcotics Control Board for 1996 ...*, para. 163.

²²*Ibid.*, para. 176.

²³*Ibid.*, para. 186.

²⁴*Ibid.*, para. 204

²⁵*Ibid.*, para. 205.

²⁶*Ibid.*, paras. 90-95.

²⁷*Ibid.*, paras. 111-115.

²⁸*Ibid.*, para. 217.

²⁹*Ibid.*, para. 231.

³⁰*Precursors and Chemicals ...*

³¹*Report of the International Narcotics Control Board for 1996 ...*, para. 18.

³²*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).

³³*Report of the International Narcotics Control Board for 1996 ...*, para. 321.

³⁴*Report of the International Narcotics Control Board for 1994 ...*, paras. 287-288.

³⁵*Report of the International Narcotics Control Board for 1996 ...*, para. 329.

³⁶*Report of the International Narcotics Control Board for 1992* (United Nations publication, Sales No. E.93.XI.1), para. 233.

³⁷*Report of the International Narcotics Control Board for 1994 ...*, para. 308.

³⁸*Report of the International Narcotics Control Board for 1996 ...*, para. 372.

Annex I

**REGIONAL GROUPINGS USED IN THE REPORT OF THE INTERNATIONAL
NARCOTICS CONTROL BOARD FOR 1997**

The regional groupings used in the report of the International Narcotics Control Board for 1997, together with the States in each of those groupings, are listed below.*

Africa

Algeria	Liberia
Angola	Libyan Arab Jamahiriya
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cape Verde	Morocco
Central African Republic	Mozambique
Chad	Namibia
Comoros	Niger
Congo	Nigeria
Côte d'Ivoire	Rwanda
Democratic Republic of the Congo**	Sao Tome and Principe
Djibouti	Senegal
Egypt	Seychelles
Equatorial Guinea	Sierra Leone
Eritrea	Somalia
Ethiopia	South Africa
Gabon	Sudan
Gambia	Swaziland
Ghana	Togo
Guinea	Tunisia
Guinea-Bissau	Uganda
Kenya	United Republic of Tanzania
Lesotho	Zambia
	Zimbabwe

*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.

**On 17 May 1997, the name of the State formerly called Zaire was changed to the Democratic Republic of the Congo.

Central America and the Caribbean

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

North America

Canada	United States of America
Mexico	

South America

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

East and South-East Asia

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

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	Sri Lanka

West Asia

Afghanistan	Lebanon
Armenia	Oman
Azerbaijan	Pakistan
Bahrain	Qatar
Georgia	Saudi Arabia
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen

Europe

Albania	Lithuania
Andorra	Luxembourg
Austria	Malta
Belarus	Monaco
Belgium	Netherlands
Bosnia and Herzegovina	Norway
Bulgaria	Poland
Croatia	Portugal
Cyprus	Republic of Moldova
Czech Republic	Romania
Denmark	Russian Federation
Estonia	San Marino
Finland	Slovakia
France	Slovenia
Germany	Spain
Greece	Sweden
Holy See	Switzerland
Hungary	The former Yugoslav Republic of Macedonia
Iceland	Ukraine
Ireland	United Kingdom of Great Britain and Northern Ireland
Italy	Yugoslavia
Latvia	
Liechtenstein	

Oceania

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

Annex II

CURRENT MEMBERSHIP OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

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). Chief of scientific research at the Scientific Research Institute of Social and Forensic Psychiatry. 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 (1964-1993). 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). Second Vice-President of the Board and Chairman of the Standing Committee on Estimates (1997).

Chinmay CHAKRABARTY

Graduate of Calcutta University with honours in History. Participant in various courses on Criminal Law, Public Administration, Personnel Management, Information Systems and National Security and International Relations. Various positions, including narcotics administration, West Bengal State Excise (1956-1959). Various positions, ranging from Assistant Superintendent of Police to Director-General, Narcotics Control Bureau, Government of India (1960-1993), including 18 years in executive field positions in the State of Orissa, 9 years in the highest echelons of national police administration and 6 years at the directional level. Head of the interministerial committees for the preparation of the national master plan for drug abuse control (1993-1994) and for the preparation of terminal reports on projects in India funded by the United Nations International Drug Control Programme (UNDCP) (1996). Member of the delegation of India to the International Criminal Police Organization (Interpol) General Assembly, to the Commission on Narcotic Drugs (1992) and to numerous regional and bilateral meetings. Participant in fellowship study tours of UNDCP and the Drug Enforcement Administration of the United States of America. Author of numerous papers published in professional journals. Recipient of the President's Police Medal for Distinguished Service (1990). Recipient of the Indian Police Medal for Meritorious Service (1997). Member of the International Narcotics Control Board (1997). Member of the Standing Committee on Estimates (1997).

Nelia CORTES-MARAMBA

Doctor of Medicine, Professor of Pharmacology and Toxicology, College of Medicine, University of the Philippines, Manila, and Head of the National Poisons Control and Information Service, Philippine General Hospital. Diplomate of the American Board of Pediatrics and Fellow of the Philippine Pediatric Society. Vice-Chairman, National Drug Committee, Department of Health. Programme Coordinator, National Integrated Programme on Medicinal Plants, Philippine Council for Health Research and Development, Department of Science and Technology. Member of the Pesticide Technical Advisory Committee, Fertilizer and Pesticide Authority. Various posts in 37 committees and advisory panels in the fields of research, paediatric pharmacology, drug dependence, toxicology and medical curricula of national and international organizations, including the following: Chairman, Department of

Pharmacology, University of the Philippines College of Medicine (1975-1983); member of the Advisory Committee on Medical Research, Western Pacific Region, World Health Organization (WHO) (1981-1984); Chairman, Committee on Research Implementation and Development, College of Medicine, University of the Philippines, Manila; and member of the Advisory Panel on Drug Dependence and Alcohol Problems, WHO, Geneva. Author of 47 works, including books, articles published in journals and proceedings of international workshops and monographs in the fields of pharmacology, toxicology, paediatrics. Researcher in the fields of teratology, developmental pharmacology, medicinal plants, occupational toxicology and acute poisoning management. Recipient of 12 honours and awards (since 1974), including the following: the Lingkod Bayan Award, presented by President Corazon Aquino and the Civil Service Commission (1988); the Life Achievement Award in Medical Research, National Research Council of the Philippines (1992); Most Outstanding Researcher, University of the Philippines, Manila (1993); Outstanding Individual in the Prevention and Control of Drug Abuse, Dangerous Drugs Board (1994); the Marsman Professional Chair in Pharmacology (1995-1997); Most Outstanding Teacher in Basic Science, College of Medicine, University of the Philippines, Manila (1996); and the Tuklas Award, Department of Science and Technology (1996). Participant in 43 international meetings (1964-1996) in the fields of toxicology, drug dependence, medicinal plant research and pharmacology. Member of the International Narcotics Control Board (1997). Member of the Standing Committee on Estimates (1997).

Jacques FRANQUET

Prefect for Security and Defense for Northern France. Master of Law and recipient of diplomas in criminology and in languages and civilization of the southern Slav world - Croatian. Head of the Economic and Financial Section, Regional Judicial Police Service, Lyon (1969-1981). Head of the Regional Judicial Police Service, Ajaccio, Corsica (1981-1982). Head of the National Central Office for Illicit Drug Traffic Control (1983-1989). Head of the Anti-Terrorist Coordination Unit, reporting to the General Director of the National Police (1988-1989). Director, Police International Technical Cooperation Service (1990-1992). Central Director of the Judicial Police, National Directorate for Criminal Police, Economic and Financial Police and Technical and Scientific Police Services, and Head of the National Central Bureau, Interpol France (1993-1994). General Inspector of the National Police, reporting to the General Director of the National Police; and UNDCP external consultant. Recipient of the Officer of the Legion of Honour and the National Order of Merit, the Commander of the Luxembourg Order of Merit, the Officer of Spain Order of Merit for Police and seven other honours. Member of the International Narcotics Control Board (1997). Member of the Standing Committee on Estimates (1997).

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, 1994 and 1997).

Alfonso GOMEZ MENDEZ

Attorney-General of Colombia and Professor of Criminal Law. Graduate of Universidad Externado de Colombia, Faculty of Law (1967-1971); specialization in penal sciences and criminology, Universidad Externado de Colombia (1972); and constitutional law, University of Paris (1975-1976). Member of the Chamber of Deputies (1986-1989). Attorney-General of Colombia (1989-1990 and 1997). Ambassador of Colombia to the Republic of Austria and the United Nations Organizations in Vienna (1991-1993). Member of the bench of the criminal division of the Supreme Court of Justice (1984-1985 and 1997). Author of two books published in Spanish, "Continuing crime" (1974) and "Special criminal law (offences against the public administration)" (1987), and of various articles published in specialized criminal law journals. Member of the Colombian delegation to the Commission on Narcotic Drugs (1991 and 1992). Member of the International Narcotics Control Board (1997).

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 (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 UNDCP, 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).

Mohamed MANSOUR

Former Director of Training Institute Affairs Administration, 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). First Vice-President of the Board (1995). Member of the Standing Committee on Estimates (1992, 1993 and 1997).

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). Head of the working groups that drew up Portuguese anti-drug legislation (1983 and 1993). Professor of a postgraduate course in computer law at the Law Institute for Communications, University of Coimbra. Author of articles on questions concerning drugs, of a book containing commentaries on the main international and national legislation, entitled "Drug and law", and of articles on informatics and law. Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (1995). Rapporteur (1996).

Herbert S. OKUN

Diplomat and educator. Visiting Lecturer on International Law, Yale University Law School, New Haven, United States of America. United States Diplomatic Service (1955-1991). United States Ambassador to the German Democratic Republic (1980-1983). Ambassador and Deputy Permanent Representative to the United Nations (1985-1989). 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 (1996) and Rapporteur (1997) of the Board.

Alfredo PEMJEAN

Official responsible for mental health and psychiatric care, Mental Health Unit, Ministry of Health of Chile. 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 (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 (since 1996) and Vice-Chairman (1997) of the Standing Committee on Estimates.

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). Participant 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 (1995 and 1996). First Vice-President of the Board (1997).

THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board is an independent and quasi-judicial control organ, established by treaty, for the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations. The responsibility of the Board is to monitor and promote compliance by Governments with the provisions of the international drug control treaties and to assist them in their efforts to fulfil their obligations under those treaties.

The functions of the Board are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1953 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, the Board deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, the Board endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. The Board also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture, trafficking and use of drugs, the Board identifies weaknesses in national and international control systems and contributes to correcting such situations. The Board is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, the Board:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, *inter alia*, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

The Board is called upon 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. 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 concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower the Board to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases the Board acts in close cooperation with Governments.

The Board meets at least twice a year. Each year, it issues a report on its work, supplemented by technical reports on narcotic drugs, on psychotropic substances and on precursors and other chemicals frequently used in the illicit manufacture of drugs.

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