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Narcotic Drugs: Estimated World Requirements for 1999; Statistics for 1997 (E/INCB/1998/2)

Psychotropic Substances: Statistics for 1997; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV (E/INCB/1998/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/1998/4)

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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INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics
Control Board for 1998



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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. 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 (*Interpol*) and 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, that Convention 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. 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.

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EXPLANATORY NOTES

The following abbreviations have been used in this report:

ADD	attention deficit disorder
ADHD	attention deficit/hyperactivity disorder
AIDS	acquired immunodeficiency syndrome
ASEAN	Association of South-East Asian Nations
CARICOM	Caribbean Community Secretariat
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
DDD	defined daily dose
ECOWAS	Economic Community of West African States
GHB	<i>gamma</i> -hydroxybutyrate
HIV	human immunodeficiency virus
Interpol	International Criminal Police Organization
LAAM	levoalphacetylmethadol
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
MERCOSUR	Common Market of the Southern Cone
PCP	phencyclidine
SADC	Southern African Development Community
SEDRONAR	Secretariat for Planning the Prevention of Drug Addiction and the Fight against Drug Trafficking (Argentina)
THC	tetrahydrocannabinol
TIR	International road transport
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 1998 could not be taken into consideration in preparing this report.

I. International control of drugs: past, present and future

1. When Paracelsus (Theophrastus Bombastus von Hohenheim, 1493-1541) stated that he would not like to be a physician without opium, he underlined the importance of opium, which was then widely used as an analgesic, antitussive, hypnotic, sedative and tranquillizer and in the treatment of diarrhoea. The use of opium itself as a universal drug has since become a part of history: opium is no longer used in therapy, but it is used as the starting material for the production of alkaloids, such as morphine and codeine. Today, natural and synthetic opioids are prescribed as analgesics and antitussives and in the treatment of diarrhoea. A great variety of synthetic hypnotics, sedatives and anxiolytics are used to treat insomnia and many different psychiatric disorders. Thus, narcotic drugs and psychotropic substances are as indispensable in the field of medicine today as opium was in the past.

2. When Paracelsus was doing his best to convince his colleagues in Europe of the therapeutic value of opium, the non-medical use of opium (opium smoking) started to create major problems in Asia. The health and social consequences of that development are well known: the lives of millions of individuals were ruined, above all in China.

3. This dual characteristic of opium, as well as of many other narcotic drugs and many psychotropic substances, both natural and synthetic, is at the root of the national and international control systems that have gradually developed since the beginning of the twentieth century, when the international community decided to take action against the tremendous suffering of millions of people as a result of the unrestricted availability of drugs for non-medical purposes.

A. The situation before the evolution of the international drug control system

Opium smoking in China

4. China was forced by the United Kingdom of Great Britain and Ireland and other colonial Powers to abandon its efforts to curtail the trade in opium. The Opium Wars¹ led to the legalization of the import of opium and opened the doors for the free flow of opium from British India into China. Opium smoking spread, resulting in a drastic increase in opium poppy cultivation and opium production in China. In 1906, 30,000 tonnes of opium were produced in China; in the same year, an additional 3,500 tonnes were

imported into the country. Consumption in China alone at the beginning of the twentieth century is therefore estimated to have been more than 3,000 tonnes in morphine equivalent. In comparison, today, worldwide medical consumption of all opiates amounts to approximately 230 tonnes in morphine equivalent annually, while illicit consumption of opiates is estimated to be about 380 tonnes in morphine equivalent annually. These figures demonstrate that the opiate addiction situation today (which mainly involves heroin addiction), although it is serious, is in no way comparable with the addiction epidemic that prevailed when narcotic drugs were available without restriction to medical use.

5. In China, following the gradual elimination of opium production starting in 1907 (whereby production was reduced by 10 per cent per year) and the agreement with the British Government regarding a similar reduction in opium imports, domestic production substantially decreased. In 1914, despite the fact that opium imports from India had been discontinued, large amounts of opium were smuggled into China out of other Asian countries in order to supply the opium addicts in China, who at that time accounted for far more than 10 million² out of a total estimated population of approximately 450 million.

Opium smoking in other Asian countries

6. At the beginning of the twentieth century, opium eating was the predominant method of consumption for both the quasi-medical and the non-medical use of opium in India and in some other Asian countries. However, opium smoking was widespread in south-east Asia (mainly in Burma) and in some parts of India and west Asia (mainly in territories belonging today to Afghanistan, the Islamic Republic of Iran and Pakistan). In some Persian towns, more than 10 per cent of the population were regular opium smokers in 1914.

Non-medical use of opium in Europe

7. In the nineteenth century, in most European countries, prescription obligations and the restriction of dispensing to pharmacies prevented the large-scale non-medical use of opium. One exception was the United Kingdom, where cheap opium was sold in groceries and freely used until 1868, when the first Pharmacy Act became a law.³ Opium smoking appeared also in other European countries that had colonies in Asia, as evidenced by the large increase in the number of *fumeries* (opium dens) following the colonization of Indochina. At the beginning of the twentieth century, there were a large number of opium dens in Paris and in French seaports

(Bordeaux, Marseille, Toulon etc.). In 1908, the import of opium was regulated and the opium dens were closed, but there is evidence that some clandestine opium dens continued to exist in Paris until 1916.

Abuse of morphine, heroin and other opiates in China

8. The shift from opium smoking to morphine injection in China started during the last years of the nineteenth century, but the expansion of the new habit to epidemic proportions took place in the twentieth century. Before 1909, an average of 132 tonnes of morphine were exported annually from the United Kingdom to China and, until that year, those exports were considered legal and were exported directly to China without passing through a third country. By contrast, the first estimate of the world's morphine requirements for medical purposes, established by the League of Nations in 1931, was only 10 tonnes, a small fraction of that amount, and today the entire world's annual morphine consumption is about 16 tonnes. Under domestic and international pressure, the British Government introduced a certificate system that obliged manufacturers to request a certificate from the Chinese Government attesting that the drugs were really needed for medical and scientific purposes. British direct exports were then replaced by "legal" exports from pharmaceutical companies and brokers in other European countries (Belgium, France, Germany, the Netherlands, Switzerland etc.) and large amounts of morphine also entered into China through Japan. In 1920, nearly 30 tonnes of morphine were shipped by Japan to China. According to the League of Nations, during a five-year period, from 1925 to 1930, at least 72 additional tonnes of morphine were smuggled into China.

Cocaine and opiates in patent medicines in Europe and in the United States of America

9. For centuries, medicines in Europe were prepared exclusively in pharmacies by pharmacists, who were responsible for the quality of medicines and for compliance with dispensing regulations, while the control of the pharmaceutical supply system was ensured by the supervision and inspection of pharmacies by medical officers. The marketing of industrially produced pharmaceutical specialities (proprietary medicines), which began in many countries in Europe in the last decades of the nineteenth century, created a new, unregulated situation. The problems became manifest first in the United Kingdom, where the marketing and free sale of patent medicines (which were secret remedies) had started earlier than in other European countries, where pharmacists

preferred to dispense prescription medicines prepared by themselves rather than "ready-made" industrial products without prescription. In the United Kingdom, the easy availability of opiate-based patent medicines led to large-scale "home-drugging", which diminished substantially after the adoption of the Poisons and Pharmacy Act of 1908.

10. In the United States of America, there was no law regulating and limiting the sale of pharmaceutical preparations containing narcotic drugs until 1906. According to a 1902 report of the United States Government, only 3-8 per cent of the cocaine sold in New York, Boston and other metropolitan areas was used in medicine or dentistry. The number of patent medicines whose ingredients were kept secret was estimated at 50,000 in 1905 and a large proportion of those products contained cocaine, opium, morphine or other dangerous drugs. Similarly, in 1914, more than 1,000 manufacturers were marketing products containing either opium, morphine, heroin or cocaine. According to a government report, about 90 per cent of narcotic drugs were used for non-medical purposes. In 1914, annual per capita opium consumption in the United States was many times higher than in those European countries where the sale of opium and other pharmaceutical products was the monopoly of a well-regulated pharmacy system. In the United States, the Pure Food and Drug Act of 1906 required that any drugs contained in patent medicines be listed on the labels of those medicines, but the enforcement of that provision was ensured only in 1914, when the Harrison Narcotics Act was adopted. According to a government report, in 1912, the total number of cocaine and heroin fatalities in the United States exceeded 5,000. The unrestricted availability of those narcotic drugs was a major contributing factor.

Non-medical use of cocaine

11. In the nineteenth century, cocaine was used for medical purposes in Europe and the United States. It should be noted, however, that there was no scientific basis for many of its therapeutic uses in medicine (including its use for the treatment of opiate addiction). The inadequate knowledge of cocaine toxicity contributed to a large number of cocaine-related deaths and disabilities. By the 1890s, the medical use of cocaine had been superseded by its non-medical (or "recreational") use. Cocaine snorting was a fashion in artistic circles and the higher classes of society. The large-scale export of cocaine to China, first from Europe and later also from Japan, started at around the same time; that cocaine was also not used for medical purposes. Between 1925 and 1929, at least

30 tonnes of cocaine were shipped annually into China, according to an estimate of the Permanent Central Board, the first predecessor of the International Narcotics Control Board. Ten years later, the medical requirements of the entire world (established by the League of Nations) totalled 1 tonne per year. In 1998, those requirements amounted to 400 kg.

B. The response to the situation: international cooperation

12. At the beginning of the twentieth century, drug use (or abuse) such as opium smoking in China, Burma, Persia etc., opium eating in India and other Asian countries, cannabis consumption in India (charas, ganja, bhang), Egypt (hashish) and Morocco (kif) and coca chewing among indigenous tribes in South America were regarded as "local" phenomena. At that time, only the licit and illicit export of opium (from Asian countries), morphine, heroin and cocaine (from European countries) to China and the smuggling of hashish into Egypt (out of other eastern Mediterranean countries) were considered to be international aspects of the drug problem. However, 100 years ago it was already evident that "consumer" (or "victim") countries, such as China, were unable to deal with their enormous drug addiction problems without the cooperation of the countries producing and manufacturing drugs and that "supplier" countries could not deny their responsibility in the development of drug addiction problems in other countries—problems that could spread to their own countries. The recognition of those facts led to the first form of international cooperation in the field of drug control.

First phase: cooperation through bilateral agreements

13. Agreements between the United Kingdom and China on the limitation of opium exports from India and the introduction of the system of authorization by the Chinese authorities for the import of opiates (morphine, heroin etc.) from the United Kingdom constituted the first steps towards the "internationalization" of drug control. The rationale of those steps was the belief that they would protect China from the unwanted import of opium and opiates.

14. It soon became apparent, however, that the opium supply from India was being replaced by large amounts of opium that were being smuggled into China out of other parts of Asia and that the supply of opiates from the United Kingdom was being replaced by large shipments of opiates

from other European countries and Japan. This failure of the "bilateral approach" led to the development of international treaties.

Second phase: cooperation through multilateral treaties

15. The adoption in 1912 of the International Opium Convention was the consequence of the first international conference on narcotic drugs, held in Shanghai in 1909, which became known as the International Opium Commission. That conference, held almost 90 years ago, is rightly regarded as having laid the foundation for the current *international drug control system*.

16. The provisions of the first international drug control convention were intended to prevent the shipment of unwanted amounts of narcotic drugs to importing countries, but it was realized relatively soon that, without a reporting system and without monitoring, it would not be possible to review the compliance or non-compliance of exporting countries with treaty provisions. At the same time, weak national controls in some exporting countries (and the activity of a few unscrupulous manufacturing and trading companies) hindered efforts to prevent opiates from being exported to countries with drug abuse problems.

Third phase: cooperation within the framework of an international drug control and reporting system

17. The above experiences led the international community to develop a third form of international drug control. In 1925, a compulsory reporting system was created and an independent international body (the Permanent Central Board) was established to monitor and supervise the compliance of Governments with treaty obligations. That approach remains a cornerstone of the international control system that is in place today.

C. Achievements

Consensus among Governments on the necessity of cooperation in drug control issues despite conflicts

18. In general, cooperation between Governments has frequently been hindered by political conflicts and confrontations, but there are signs that drug control constitutes one of the few exceptions. For example, the cold war did not prevent the east and the west from cooperating in the development and adoption of the Single Convention on Narcotic Drugs of 1961,⁴ the Convention on Psychotropic Substances of 1971,⁵ or the United

Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.⁶

Control over the licit movement of drugs

19. The successful administration of the international control system (i.e. estimates and statistical systems), by the Board and its predecessors, in cooperation with Governments, has made effective control over the licit movement of narcotic drugs almost everywhere in the world. This covers all phases, from production, manufacture and trade to distribution and consumption. Today, there is virtually no diversion of manufactured narcotic drugs from the licit manufacture and international trade to the illicit traffic, even though the number of drugs under the international narcotics control regime has substantially increased.

20. In the case of psychotropic substances, the same degree of success has not yet been achieved. Due mainly to some industrial and commercial interests, the control provisions of the 1971 Convention in respect of international trade in substances listed in Schedules II, III and IV of that Convention are less stringent than those of the 1961 Convention. The reluctance of some major manufacturing and exporting States to adhere to the 1971 Convention and to implement even the minimal requirements of that Convention contributed to a considerable delay in the achievement of its aims. Despite those shortcomings, the 1971 Convention has contributed to the improvement of prescribing practices and drug utilization in many countries. The substantial reduction in the number of prescriptions of barbiturates and other hypnotics (in many countries, the drugs most frequently used in self-poisoning) and amphetamines is partially the result of the implementation of the provisions of the 1971 Convention. Large amounts of amphetamines were prescribed for the treatment of various conditions (e.g. depression, obesity), which is today considered medically inappropriate. In many countries, there were also many curious combination products, containing various mind-altering substances, including an amphetamine-type stimulant with a barbiturate. Such "mood-elevating" products were used for medical as well as non-medical purposes; that situation was very similar to the use of patent medicines containing cocaine or opiates at the beginning of the twentieth century (see paragraphs 9 and 10 above). The 1971 Convention has therefore played a substantial role in the elimination of licit but inappropriate drug use and of drug abuse.

21. Moreover, there has been an improvement in the situation because of the introduction of additional control

and reporting requirements through resolutions of the Economic and Social Council. The voluntary compliance of almost all States with those requirements and the cooperation between Governments and the Board has led to a reduction in the large-scale diversion of most psychotropic substances.⁷

Efforts to reduce the illicit drug supply

22. The success of international cooperation in the control over the licit manufacture of and trade in narcotic drugs and most psychotropic substances has forced traffickers to resort to illicit drug manufacture.

23. Although the need for international cooperation against illicit drug manufacture and trafficking was realized long ago and the requirement for collaboration between Governments was included in international drug control treaties, concrete treaty provisions were formulated and adopted by the international community only in 1988.⁸ The latest international drug control treaty, the 1988 Convention, has been instrumental in furthering the implementation of concrete measures against trafficking in and abuse of drugs, including judicial cooperation, extradition of traffickers, controlled deliveries and action against the laundering of money derived from illicit drug trafficking.

24. Furthermore, cooperation between Governments and the Board in the control and monitoring of some precursors, chemicals and solvents frequently used in the illicit manufacture of narcotic drugs and psychotropic substances has already led to some promising results.

25. Substances convertible into narcotic drugs are under the control regime of the 1961 Convention, but the plenipotentiary conference that adopted the 1971 Convention excluded that possibility in the case of psychotropic substances. It is to the credit of the 1988 plenipotentiary conference that adopted the 1988 Convention that it opened the possibility for the control of some precursors of, for example, lysergic acid diethylamide (LSD), amphetamine-type stimulants and methaqualone. The inclusion of ergotamine, ergometrine, ephedrine and other substances into Table I of the 1988 Convention and the cooperation of Governments and the Board led, from 1990 to 1997, to the prevention of the illicit manufacture of millions of street doses of LSD and methamphetamine and other amphetamine-type stimulants. The control and monitoring of reagents and solvents (substances in Table II of the 1988 Convention, such as acetic anhydride and potassium permanganate) facilitated the detection of a

number of clandestine laboratories engaged in the illicit manufacture of cocaine and heroin.

26. The Board is convinced that the extension of the scope of control of the 1988 Convention and the increasing cooperation between Governments and the Board will lead to a substantial improvement in the prevention of illicit drug manufacture. Concerted joint action by the international community aimed at eliminating the illicit cultivation of coca bush and opium poppy and the supply of coca leaves and opium to clandestine laboratories is a prerequisite to the fulfilment of that expectation.

Compliance with international conventions

27. Ratification of or accession to the three main international drug control treaties can be regarded as the first sign of a Government's determination to contribute to the implementation of international drug control regulations. The entry into force of the international treaties depends on the speed of ratification. Because of the reluctance of several Governments to ratify the 1971 Convention, that Convention only entered into force five years after its adoption; however, the 1988 Convention entered into force already in 1990. The comparatively short "waiting period" is an indication of the increased commitment of Governments. The recent increase in the number of States that have become parties to all three international drug control treaties (see paragraphs 44, 48 and 50 below) is encouraging, as it suggests that universal adherence to those treaties can be achieved in the near future.

28. In the past, implementation of treaty provisions (as well as action against drug abuse and illicit trafficking) were frequently hindered by the absence of communication between national agencies, sometimes as a result of their reluctance to communicate with each other. In addition, in many countries matters related to narcotics were for decades left solely to law enforcement and/or regulatory agencies. A better understanding of drug-related problems has fostered cooperation between different professions and national authorities, which is of paramount importance. Today, the implementation of specific treaty provisions is facilitated by the involvement of national agencies and institutes with specific professional knowledge and competence. At the same time, however, the task has become more complex because of the involvement of a number of agencies and institutes. Many countries are still at the stage of "learning" how best to coordinate all their activities.

29. Despite those difficulties, according to the experience of the Board, the compliance of national

authorities with the provisions of the 1961 Convention, the 1971 Convention and the 1988 Convention is increasing; it is the basis for national drug control strategies in the vast majority of countries.

D. Challenges for the future

Availability and appropriate use of narcotic drugs and psychotropic substances for medical purposes

30. Morphine, codeine and other opioids used for the alleviation of human suffering are essential drugs. Their availability is therefore a priority public health issue (in conformity with the provisions of international drug control treaties). At present, however, there are enormous differences in the medical utilization of such drugs: mean average daily consumption (defined daily dose (DDD)) was 17,450 DDD per 1 million inhabitants during the period 1992-1996 in the 20 countries with the highest consumption and 184 DDD per 1 million inhabitants in the 20 countries with the lowest consumption. Unfortunately, similar differences exist in the case of other pharmaceutical classes of psychoactive drugs.

31. Narcotic drugs and psychotropic substances should be used in conformity with sound medical practices. Very high per capita consumption of a number of those drugs in industrialized countries suggests that there may be serious drug abuse situations notwithstanding the existence of laws designed to limit drug use to medical and scientific purposes. The prescribing of psychoactive drugs should be based on proper medical diagnosis and dosage, and self-treatment using such drugs should be avoided. At the same time, many developing countries are unfortunately not in a position to fulfil public health requirements: limited access to medical care may prevent a large segment of the population from complying with prescription obligations, and drugs are sold on "parallel markets" because of a lack of pharmacies and/or other health-care institutions (in some countries there is only one pharmacy for every 100,000 inhabitants). In addition, the cost of the general health-care system is increasing in many countries and Governments are encountering difficulties in financing the system. Some national health services, even in affluent societies, no longer reimburse patients for the costs of several classes of pharmaceuticals, including some narcotic analgesics and psychotropic substances (hypnotics, sedatives, tranquillizers). There is an imbalance between the overutilization of these effective drugs in some parts of the world and their definite underutilization in others.

32. The Board therefore calls upon Governments to ensure that the development of medical services and pharmaceutical supply systems is included among public health priorities. It is important that a distinction is made between illicit drug use on the one hand and inadequate selling and means of consuming drugs on the other hand. National health authorities should implement drug control measures and ensure that good prescribing and dispensing practices are established and followed and that patients are provided with complete and correct information.

Marketing and sale of products containing narcotic drugs or psychotropic substances

33. Evaluating the efficacy, safety and quality of a new pharmaceutical preparation before authorization is given to market that preparation has become a difficult and complex scientific process. The number of countries that are in a position to undertake this task is limited. Even more limited is the number of countries that are able to investigate and evaluate the abuse and/or dependence potential of new drugs or to monitor the utilization of those drugs for the detection of cases involving their abuse and/or dependence. Harmonizing drug registration requirements of the more developed countries and sharing results of the evaluation of new pharmaceuticals with other countries are excellent examples of international collaboration that could be systematically extended to the field of drug abuse in conformity with the provisions of international drug control treaties.

34. Political debate, community participation and academic discussions regarding policies in drug utilization are worthwhile activities in a civil society and should therefore be encouraged and promoted. However, the legitimacy of the marketing of narcotic drugs or psychotropic substances for medical purposes should, as for any other medicine, be based on scientific data, and authorization should remain the responsibility of the competent national drug regulating authority. The Board wishes to draw the attention of Governments to various attempts to market as "food products" and "dietary supplements" preparations containing narcotic drugs or psychotropic substances. Some attempts have also been made to use loopholes in national pharmaceutical legislations or systems to circumvent drug control measures for products containing psychoactive substances.

The cannabis problem

35. The abuse of cannabis has become widespread in virtually all countries of the world only in recent decades. When the 1961 Convention was adopted, its aim was the elimination of large-scale traditional use of cannabis, bearing in mind the negative health and social consequences of the traditional use of cannabis in countries such as Egypt, India and South Africa. In those countries, the implementation of the provisions of the 1961 Convention has, for the most part, led to the elimination of the traditional use and abuse of cannabis. In countries where cannabis abuse has spread only in recent decades, there is a need for the 1961 Convention to be implemented more thoroughly, in particular through more effective prevention campaigns drawing attention to the dangers of cannabis abuse, thereby correcting the false image that such abuse has gained among a large segment of the youth population. The Board calls upon Governments to sponsor additional research on cannabis, to be carried out by qualified, impartial scientists, and to disseminate widely the results of such research.

Use of new technologies

36. New technologies have become indispensable to the development of drug research and clinical practices. Criminal investigations, including the identification and determination of drugs of abuse or the communication between competent control services, are facilitated by the use of new technologies. At the same time, however, the new possibilities offered by the flow of electronic information appear to be exploited more quickly and easily by criminal organizations: new drugs of abuse can be "designed" without difficulty by "manipulating" on a computer the molecules of drugs under the narcotics control regime, and methods used in illicit drug production or manufacture can be obtained from the Internet in a few minutes.

37. International and national regulatory controls are increasingly being threatened by the misuse of emerging technologies such as the World Wide Web. Drugs of abuse and related paraphernalia are blatantly sold on Web sites. Governments, in particular those that have allowed such Web sites to flourish on servers within their national boundaries, should work in close cooperation with the Internet industry, community organizations, families and educators to set up a framework that will ensure that such emerging technologies are not misused for the proliferation of drug abuse.

Treatment of drug addiction

38. In the past, in some countries, drug abusers were regarded as criminals. Today, in most countries, a distinction is made between drug abusers and drug traffickers, in conformity with the opinion of the Board. Drug law enforcement actions should mainly target illicit drug traffickers, and the treatment of addicts and the medical care of patients suffering from the psychic and/or physical consequences of drug abuse are alternatives specifically referred to in the international drug control treaties.⁹ Unfortunately, some States have opted to pursue policies and practices that are, at best, questionable from the point of view of their obligations under the international drug control treaties. The treatment of addicts is a difficult medical and humanitarian task that should be in line with sound medical practice and should not be used as an instrument to establish or maintain social control.

39. Drug substitution programmes were developed as a last resort for hard-core drug addicts who, for a variety of reasons, had not succeeded in overcoming their dependence using other treatment modalities. Such programmes should be regarded not necessarily as the ultimate goal but as an interim stage that would eventually lead to the development of a healthy, drug-free lifestyle and should be supported by psychosocial care.

E. Conclusion

40. The Board recognizes that drug regulations are not a panacea, that drug control measures alone cannot eliminate illicit drug trafficking and abuse. For that reason, it welcomes, for example, the adoption by the General Assembly at its twentieth special session of the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3), as well as the efforts made by parties to the 1988 Convention to implement its provisions and reduce the supply of illicit drugs. Drug regulations, however, have in the past served an important function and continue to do so, especially in free-market economies: to channel and limit drug use to medical and scientific purposes only while pursuing the public health interests of society as a whole. In that connection, the Board recalls also article 33 of the Convention on the Rights of the Child (General Assembly resolution 44/25, annex), which reads as follows: "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant inter-

national treaties, and to prevent the use of children in the illicit production and trafficking of such substances."

41. Illicit crop cultivation and illicit drug production, manufacture and trafficking by national and international criminal organizations have taken on enormous dimensions. It is understandable that the question of whether it is still worth while to spend money on drug control is frequently raised. Would it not be more economical to do away with all drug regulations and other related efforts and to leave it to market-economy forces to regulate the situation at no cost to society? In the opinion of the Board, this is the wrong question; it is similar to questioning whether it is economical to prevent car accidents or to treat infectious diseases. History has shown that national and international control of drugs has proved to be an efficient tool for reducing the development of drug dependence and is therefore the choice to be made.

42. In the case of narcotic drugs, the original aim of the international drug control regulations was achieved: today, there are only a few isolated cases involving the diversion of narcotic drugs from licit channels. Similar results are being achieved in the control of psychotropic substances pursuant to the 1971 Convention. Had it not been for those controls, the addiction epidemics in some countries in the first few decades of the twentieth century would have continued and similar situations would have developed in many other countries. It can be assumed that without international and national regulations, the extent of the non-medical use of narcotic drugs would have reached the dimensions of the use of any other psychoactive substances that are sold and used with little or no restriction. The social acceptance of the use of tobacco, the high prevalence of smoking (up to 65 per cent of the adult population in some countries) and a very high morbidity associated with use of tobacco and alcohol together result in the premature deaths of millions of individuals each year. Furthermore, alcohol-related criminality and trafficking in products containing tobacco or alcohol have reached significant levels.

43. Pharmaceuticals, above all prescription drugs and especially those containing narcotic drugs or psychotropic substances, cannot be directly compared with consumer goods because, in the case of pharmaceuticals, the "consumer" is not necessarily qualified to establish a medical diagnosis, select the specific drug for the specific disease and determine the appropriate dosage regime, while taking into consideration possible side effects, including (in the case of narcotic drugs and psychotropic substances) drug abuse and drug dependence. The

consequences of the unregulated sale of pharmaceutical products are well documented in the United States, where, before 1906, the use of drugs was determined only by market forces (see paragraph 10 above) and the results of the free availability of narcotic drugs in China (see paragraphs 4 and 5 above). In 1858, all of the national control efforts that had been made by the Chinese authorities in a period lasting over a century (the edicts of 1729, 1799, 1808, 1809 and 1815) were undermined by the legalization of the drug trade imposed by colonial Powers. Such situations should not be allowed to be repeated.

II. Operation of the international drug control system

A. Status of adherence to the international drug control treaties

Single Convention on Narcotic Drugs of 1961

44. As at 1 November 1998, the number of States parties to the Single Convention on Narcotic Drugs of 1961 or to that Convention as amended by the 1972 Protocol¹⁰ stood at 166, of which 152 were parties to that Convention in its amended form. Since the Board published its report for 1997, El Salvador, Djibouti, Grenada, Namibia, Palau and Viet Nam have become parties to the 1961 Convention as amended by the 1972 Protocol. In addition, Saudi Arabia, already a party to the 1961 Convention, has become a party to that Convention in its amended form.

45. Of the 25 States that are not yet parties to the 1961 Convention or to that Convention as amended by the 1972 Protocol, there are 8 in Africa, 3 in the Americas, 6 in Asia, 3 in Europe and 5 in Oceania. Azerbaijan and Georgia remain, to date, the only two States that once formed part of the former Union of Soviet Socialist Republics that have not yet indicated their intent to succeed or accede to the 1961 Convention. The Board once more calls on all the States concerned not only to take prompt action to become parties to the 1961 Convention, but also to enact the necessary legislation and regulations that may be required to implement its provisions.

46. Some States, namely Azerbaijan, Belize, Bhutan, Guyana, Saint Vincent and the Grenadines and the United Republic of Tanzania, which have already become parties to the most recent international drug control treaty, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, have not yet become parties to the 1961 Convention. The Board reminds those States that the full implementation of the 1988 Convention is not possible without implementing the provisions of the 1961 Convention. The Board urges the Governments concerned to review the issue.

47. Afghanistan, Algeria, Belarus, Chad, Iran (Islamic Republic of), the Lao People's Democratic Republic, Morocco, Myanmar, Nicaragua, Pakistan, Turkey, Ukraine and Zambia continue to be parties to the 1961 Convention in its unamended form only. They have all acceded to the 1971 Convention and/or to the 1988 Convention. The other State party to the 1961 Convention that has not yet ratified the 1972 Protocol is Liechtenstein. All States

concerned should report to the Board their reasons for not having become parties to the 1972 Protocol; if there are no reasons, they should accede or ratify the 1972 Protocol without further delay.

Convention on Psychotropic Substances of 1971

48. As at 1 November 1998, the number of States parties to the 1971 Convention stood at 158. Since the last report of the Board was published, El Salvador, Georgia, Mozambique, Namibia, Palau and Viet Nam have become parties to the 1971 Convention.

49. Of the 33 States that have yet to become parties to the 1971 Convention, there are 10 in Africa, 5 in the Americas, 8 in Asia, 4 in Europe and 6 in Oceania. Some States, namely Azerbaijan, Belize, Bhutan, Haiti, Honduras, Iran (Islamic Republic of), Kenya, Nepal, Saint Lucia, Saint Vincent and the Grenadines and the 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, like the implementation of the provisions of the 1961 Convention, is important 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 trusts that all those States will soon accede to the 1971 Convention.

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

50. Since the last report of the Board was issued, Georgia, Iraq, Lithuania, Mozambique and Viet Nam have acceded to the 1988 Convention. A total of 148 States, or 77 per cent of all countries in the world, and the European Community were parties to the 1988 Convention as at 1 November 1998, nearly 10 years following its adoption.

51. The Board is pleased to note the high rate of accession to the 1988 Convention in the first 10 years following its adoption, which is approximately twice as high as the rate of accession to the 1961 Convention¹¹ and the 1971 Convention¹² in the first 10 years after their adoption. Of the States that have not yet become parties to the 1988 Convention, there are 15 in Africa, 10 in Asia, 7 in Europe and 11 in Oceania. The Board requests all those States that have not already acceded to the 1988 Convention to take, as a matter of priority, steps to establish the necessary mechanisms to implement fully the provisions of that Convention and to become parties to it as soon as possible.

B. Cooperation with Governments

Reports to the Board

Statistical reports on narcotic drugs and psychotropic substances

52. In carrying out the responsibilities assigned to it under the 1961 and 1971 Conventions, the Board maintains a continuous dialogue with Governments. The statistical data and other information received from them are used by the Board in analyses of the licit manufacture of and trade in narcotic drugs and psychotropic substances worldwide, in order to identify whether Governments have strictly enforced treaty provisions requiring them to limit the licit manufacture of, trade in and distribution and use of those substances to medical and scientific purposes.

53. In accordance with the provisions of article 20 of the 1961 Convention, 142 States and territories furnished complete quarterly trade statistics for 1997 and 28 furnished partial information; however, 41 did not submit any data. There was a noticeable improvement in the rate of submission compared with the previous year, when 117 countries and territories submitted complete statistical information, 57 furnished partial information and 35 did not submit any data. Annual statistical data for 1997 were received from 146 States and territories.

54. As at 1 November 1998, a total of 154 States and territories had furnished to the Board annual statistical reports on psychotropic substances in accordance with article 16 of the 1971 Convention. That figure represents 74 per cent of the 209 countries and territories requested to submit such reports. The total number of reports received for 1998 was approximately the same as the number of reports received for 1997 at the same time of the year.

55. While most States parties and non-parties to the 1961 and 1971 Conventions have always submitted annual statistical reports, the cooperation of some has been irregular. The number of Governments not reporting regularly has been particularly high in Africa and Oceania. The Board, in close cooperation with the United Nations International Drug Control Programme (UNDCP), has continuously endeavoured to provide assistance to those States. The Board notes with satisfaction that some Governments, including the Governments of the Central African Republic, Kenya and Sierra Leone, have improved their reporting on psychotropic substances.

56. The timely submission, comprehensiveness and reliability of the statistical information provided are important indications of the extent to which individual Governments have implemented the provisions of the 1961 and 1971 Conventions. The Board continues to be concerned that only about 40 per cent of all Governments furnished their statistical information for narcotic drugs and psychotropic substances by the required deadlines. The Board, therefore, calls once more on all Governments to step up their efforts to comply fully with their obligations under the 1961 and 1971 Conventions by furnishing timely and accurate reports.

Reports on precursors

57. The timely and comprehensive reporting of information to the Board as required by the 1988 Convention is an indicator of the existence of adequate mechanisms to monitor precursors and of the appropriate coordination of government bodies responsible for data collection. As at 1 November 1998, a total of 104 States (including 9 member States of the European Union) and territories had submitted information for 1997 pursuant to article 12 of the 1988 Convention. That figure represents only 50 per cent of the 210 countries and territories that have been requested to provide the information, a rate of return similar to that of previous years (51 per cent in 1996).

58. While many non-parties to the 1988 Convention are already submitting the information required under that Convention, it is of serious concern to the Board that again nearly one half of the parties to that Convention have failed to submit the requisite data for 1997 and several parties, such as Argentina, Canada, Venezuela and Yugoslavia, have not provided such data for at least the last two years. The Board notes also with regret that, for 1997, the European Union has not submitted that information on behalf of the member States of the European Union. The Board urges all States that have not yet done so and the European Commission to submit the required information as soon as possible.

59. The Board is pleased to note that 64 Governments have provided data on licit trade in, uses of and requirements for substances listed in Tables I and II of the 1988 Convention. The Board particularly appreciates the reports of 29 Governments that have regularly sent information for the years 1995-1997, including States that have extensive trade in precursors. The Board welcomes the fact that many major manufacturing and exporting States and territories now provide data on exports of precursors. The Board is also pleased to note that a number

of other Governments, including, in particular, Governments in areas where illicit drug manufacture takes place or in trans-shipment areas, have provided data on imports of and licit requirements for precursors. The Board invites Governments that have not yet done so to provide information on licit trade in scheduled substances.¹³

Estimates for narcotic drugs

60. Annual estimates of narcotic drug requirements for 1999 were furnished by 161 States and territories. As the 1999 estimates of narcotic drug requirements in respect of 48 States and territories were not received in time for examination and confirmation by the Board during its sixty-fifth session, in November 1998, 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 reminders being repeatedly sent to Governments, no annual estimates of narcotic drug requirements are received from, on average, around 50 States and territories every year. The Board urges the Governments concerned to make efforts to monitor more closely the activities related to their domestic requirements for narcotic drugs and to provide the Board with the information required by the 1961 Convention.

61. The failure of Governments to determine amounts of drugs required for medical purposes may indicate that appropriate information was not collected or otherwise provided by domestic health institutions and/or shortcomings in the capacity to monitor the companies and persons involved in supplying drugs. While those problems increase the risk of a shortage of drugs for medical treatment, including pain relief, it also creates a risk that drugs manufactured and traded in a country may ultimately be diverted to illicit channels in that country or elsewhere because of lack of monitoring.

62. No annual estimates of narcotic drug requirements have been received for at least the last three years from 14 States, including Bhutan, El Salvador, the Marshall Islands, Mauritania, Romania and Vanuatu. The Board understands that the other nine States, because of their political and economic situations, are not yet in a position to cooperate fully. Nevertheless, the Board hopes that States that are not yet able to comply with the requirements of the 1961 Convention will soon remedy the situation, if necessary by requesting assistance in establishing the required control mechanisms.

63. The Board notes with satisfaction that the Governments of Cameroon, Gabon, Sierra Leone and Zambia have furnished their estimates of narcotic drug

requirements for 1999 after not having submitted them for several years. The Board appreciates the efforts of those Governments and looks forward to further cooperation with those and other Governments.

64. The worldwide aggregate of the morphine estimates for consumption now exceeds 25 tonnes. Morphine consumption is increasing in most developed countries. Two major reasons for this are the growth of palliative care for terminally ill patients (e.g. patients with cancer or acquired immunodeficiency syndrome (AIDS)) and the increase in the elderly population, which together will increase the number of patients needing pain relief treatment. At the same time, there has been a more extensive use of pharmaceutical preparations in oral form and in slow-release form, which require higher doses of morphine to produce the same effect but permit cancer patients or patients under palliative care to continue their treatment at home.

65. While the amount of morphine consumption has been increasing worldwide, the Board notes that several of the 161 States and territories that furnished estimates did not plan for any medical or scientific need for morphine in 1999. Furthermore, the Board noted that many States have reported a very low consumption level of morphine for 1997, the equivalent of less than one person out of 1 million having received the standard defined daily dose (DDD) of morphine. About 16 of those States have a population of more than 10 million inhabitants. That may be an indication that the authorities of those States, contrary to the recommendations of the World Health Organization (WHO), do not consider morphine among the essential analgesic drugs in their formularies or that they are precipitating serious shortages in the medical supply of morphine for pain relief. It may also indicate that some national drug control administrations still find impediments in the prescribing and dispensing of morphine by health professionals, a subject discussed in detail in a special report of the Board entitled *Availability of Opiates for Medical Needs* prepared on the basis of a survey initiated by the Board in 1995.¹⁴

66. Eighty-three States have furnished estimates for methadone. In addition to its use as an analgesic, methadone is also used for the treatment of opioid addiction. Nineteen of the 83 countries indicating the use of methadone in the treatment of opioid addicts continued with those programmes, according to explanations provided by those States. At least seven States have increased considerably their estimates for methadone for 1999 compared with their figures for previous years, most probably

because of the expansion of those programmes (e.g. an increase of 85 per cent in Canada and 50 per cent in Poland). Ten States have furnished estimates for levo-alphaacetylmethadol (LAAM), an isomer of alphaacetylmethadol that has been increasingly used for the treatment of addictions.

67. National drug control administrations are encouraged to develop mechanisms to manage the supply of narcotic drugs to cover as far as possible their countries' medical needs. They should have complete and reliable information on the types of drugs and the quantities needed and, at the same time, they should be able to determine if the quantities requested by manufacturers and/or importers are in line with actual medical requirements. Although the 1961 Convention allows the revision of estimates by means of supplementary estimates to cope with unforeseen circumstances, the greatest effort should be made to examine data obtained from companies from a public health perspective in the light of actual needs and to determine correct estimates in advance. Since 1990, the number of supplementary estimates furnished by Governments has fluctuated between 600 and 770. The frequent submission of supplementary estimates may be an indicator of a Government's response to growing medical needs. It may, however, also indicate that the administrative authority concerned has not adequately planned the medical use of such drugs or may even not be aware of actual requirements.

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 serve as guidelines for the competent authorities of exporting countries when approving exports of psychotropic substances.

69. With the exception of six Governments, namely the Bahamas, Bosnia and Herzegovina, the Comoros, Gabon, Grenada and Liberia, all States and territories have submitted to the Board assessments for substances in Schedule II. As at 1 November 1998, assessments for substances in Schedules III and IV had been received from 174 States and territories; in addition, 9 States had submitted assessments for at least some substances in either Schedule III or Schedule IV.

70. In 1997, pursuant to Council resolution 1996/30, the Board established assessments of annual licit domestic requirements for 51 States and territories that had not submitted such assessments. The Board notes with satisfaction that 16 of those States and territories established their own assessments in 1998. The Board invites all Governments that have not yet done so to review assessments established for their countries or territories and to provide the Board with comments on the appropriateness of those assessments. The Board reiterates its request to those Governments to establish their own assessments as soon as possible.

71. In 1998, the Board noted that some Governments had issued import authorizations for quantities of psychotropic substances in excess of the assessments reported by them to, and published by, the Board. In some cases, the difference between the quantity authorized for imports and the corresponding assessment was considerable. Investigations into the authenticity of such import authorizations by exporting countries and the Board require additional resources and may delay imports of consignments of substances urgently needed for medical purposes. The Board, therefore, 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.

Prevention of diversion into the illicit traffic

Narcotic drugs

72. In 1998, only one case involving the possible diversion of substances from licit international trade into the illicit traffic was brought to the attention of the Board: the partial disappearance of a consignment of fentanyl at a port of entry. Given the present volume of licit international trade in narcotic drugs worldwide, diversion remains negligible.

Psychotropic substances

Successful prevention of attempts to divert psychotropic substances into illicit channels

73. In 1998, the Board and the competent authorities of several exporting countries carried out joint investigations into the legitimacy of a considerable number of commercial transactions. As a result of this cooperation, large quantities of psychotropic substances were prevented from

being diverted into illicit channels. The substances targeted by drug traffickers were stimulants (amfepramone, dexamfetamine), benzodiazepines (chlor-diazepoxide, diazepam), phenobarbital and buprenorphine.

74. The most frequently used method of diversion was the falsification of import authorizations. The application of the system of assessments was the most effective tool used to identify such diversion attempts.

75. One recent example of attempted diversion involved the proposed export in 1998 of large quantities of chlor-diazepoxide, ephedrine hydrochloride (a substance listed in Table I of the 1988 Convention) and diazepam (1,250 kg each) from Germany and China to Ghana, for eventual re-export to Gabon. The competent authorities of Germany drew the attention of the Board to that transaction because the quantities required significantly exceeded the estimated legitimate needs of Gabon. The German authorities also requested the Board to review the authenticity of an import authorization, purportedly from the authorities of Gabon, presented to them in support of the order. The subsequent enquiry with the authorities of Gabon revealed that the import authorization had been falsified and that the final consignee was fictitious. A related enquiry with the authorities in Ghana confirmed that the import of the substances into Ghana had also not been authorized. The competent authorities of Gabon and Ghana requested that the export of the substances in question be stopped, and the German and the Chinese authorities complied. If diverted, the substances involved would have been sufficient for the illicit manufacture of several hundred million tablets.

Actual diversions of psychotropic substances

76. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to infrequent transactions involving no more than a few grams. No cases involving the diversion of those substances from licit international trade have ever been reported to the Board. There has been, for some time, almost universal application of strict control measures for substances in Schedule II. No significant cases involving the diversion of those substances from licit international trade have been uncovered since 1990, confirming that preparations containing hallucinogens, amphetamines, fenetylline and methaqualone on the illicit markets in various regions of the world are almost entirely from clandestine manufacture and not from the licit pharmaceutical industry.

77. In 1997 and 1998, the analysis by the Board of data on international trade in substances included in Schedules III and IV, followed by the investigation by Governments of suspicious transactions, led to the detection of several cases involving the diversion of those substances into illicit channels, including two cases in which quantities of more than 1 tonne of diazepam were involved. In most of the diversion cases identified, drug traffickers had succeeded in diverting psychotropic substances from a few important exporting countries that had not yet implemented basic control requirements of the 1971 Convention for some substances in Schedules III and IV or additional control measures recommended by the Board for international trade in those substances. In some of those cases, psychotropic substances had first been imported from countries with strict export controls. It is, therefore, clear that the failure of certain countries to implement effective controls has enabled drug traffickers to circumvent strict controls implemented in other countries.

78. The quantities of substances in Schedules III and IV identified in 1997 and 1998 as diverted (amphetamine-type stimulants and benzodiazepines) total several tonnes, enough to manufacture hundreds of millions of tablets. The quantities detected as diverted from international trade are probably much smaller than the total quantities actually diverted. The identification of cases involving diversion is hindered by the fact that a few important exporting countries do not yet report to the Board their exports of all psychotropic substances.

79. According to seizure data reported by Governments, diversion from licit domestic distribution channels represents an increasingly important source of the illicit supply of several psychotropic substances. The substances most frequently diverted from domestic distribution channels include stimulants (amfepramone, methylphenidate, phentermine), benzodiazepines (chlor-diazepoxide, diazepam, flunitrazepam, nitrazepam and temazepam) and buprenorphine. The substances are sold by traffickers to abusers in the country of diversion or are smuggled into other countries where there are also illicit markets for the substances.

80. The methods used to divert psychotropic substances from domestic distribution channels include theft, pretended export, falsified prescription, inappropriate prescribing, and illegal supplying of substances without prescription. While each incident of diversion usually involves a very small amount of psychotropic substances, such incidents occur so frequently that the total quantity

actually diverted is quite considerable. Single diversions involving a large amount can also occur. For example, in October 1997, drug traffickers stole various amphetamines totalling more than 400 kg from the stocks of a manufacturing company in France.

81. The Board notes with satisfaction that some Governments have recently introduced additional control measures to increase the effectiveness of their national control systems for the distribution of certain psychotropic substances. In some countries, such measures have been adopted in response to the diversion of psychotropic substances for abuse in other countries. The Board trusts that newly introduced control measures will prevent the diversion of buprenorphine to the illicit market in India and the smuggling of that substance out of the country.

82. The Board appreciates the measures adopted by several Governments in the Americas to stop the diversion of flunitrazepam from domestic distribution channels and the smuggling of that substance into the United States. The measures proven to be most effective include the restriction of the number of wholesale distributors and retail outlets, increased reporting requirements of wholesalers and retailers, close scrutiny by authorities of all trade transactions and the strict implementation of prescription requirements. The Board hopes that similar measures being implemented in the Czech Republic and Slovakia will prevent the smuggling of flunitrazepam from central Europe into countries in northern Europe.

83. The Board welcomes the close cooperation of the pharmaceutical industry with the law enforcement authorities in many countries aimed at preventing the diversion of flunitrazepam and the activities of the International Criminal Police Organization (Interpol) aimed at strengthening the cooperation of law enforcement authorities confronted with the problem of the diversion of and illicit traffic in that substance.

Precursors

84. Information on cases involving diversion and attempted diversion and seizure data are not sufficient to draw a conclusion concerning the actual ratio of precursors diverted from international trade to those substances diverted from domestic manufacture and distribution channels. The ratio varies significantly depending on the substance and the regions involved. For example, acetic anhydride used in heroin manufacture in south-east Asia is understood to be mainly from smuggling within that subregion, while there is much evidence of acetic

anhydride being diverted from international trade to the heroin-producing areas in the Golden Crescent.

85. The Board has for the first time been in a position to review data from a five-year period on cases involving diversion and prevented diversion and has obtained a more comprehensive picture of diversions from international trade channels. The diversions involved significant amounts of chemicals, particularly ephedrine: 824 tonnes of acetic anhydride; 85 tonnes of 1-phenyl-2-propanone (P-2-P); 48 tonnes of precursors used in the illicit manufacture of methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") and related drugs; 200 tonnes of ephedrine and pseudoephedrine; and thousands of tonnes of solvents and acids destined to Latin American countries for use in cocaine processing. The quantities involved would have been sufficient to manufacture 330 tonnes of heroin, 40 tonnes of amphetamine, 25 tonnes of MDMA, 130 tonnes of methamphetamine and hundreds of tonnes of cocaine.

86. In most cases, Governments have prevented the diversion by checking with other Governments the legitimacy of individual transactions before they take place. The number of diversions prevented by such action has increased rapidly in recent years. For example, attempted diversions have been identified, and shipments have been stopped, following enquiries about suspicious transactions. In a large number of other cases involving diversion, the transactions were deemed at first glance not to be suspicious and the diversion was discovered only after pre-export notices were sent. The most common methods of diversion that have been identified involve falsified import authorizations (or end-user declarations) and the use of "front" companies created solely to sell chemicals to drug traffickers. Effective cooperation with industry is essential, since many cases involving such diversion have been discovered after law-abiding companies have alerted law enforcement authorities to unusual orders.

87. In about 15 per cent of the cases, alerts provided by Governments on previously uncovered cases of diversion and attempted diversion have been instrumental in helping other Governments to identify suspicious orders involving essential chemicals. Those cases once again highlight the importance of Governments informing the Board and any other Governments concerned of any identified diversion, attempted diversion or suspicious order. The Board requests Governments to continue to provide such information, for instance, by using, whenever possible, the standard form developed by the Board for sharing information on individual transactions.

88. Specific findings from cases of diversions are presented in the 1998 report of the Board on the implementation of article 12 of the 1988 Convention¹⁵

C. Control measures

Action plans adopted by the General Assembly at its twentieth special session

89. The General Assembly at its twentieth special session, held from 8 to 10 June 1998, adopted resolution S-20/4 A, containing an action plan against illicit manufacture, trafficking and abuse of amphetamine-type stimulants and their precursors, and resolution S-20/4 B, containing an action plan on the control of precursors. The Board welcomes those resolutions, recognizing that a key element emphasized in the resolutions is the need for concerted and uniform application, by all Governments, of the provisions of the 1971 Convention and of article 12 of the 1988 Convention and for strict compliance with the provisions and proposals of related resolutions of the Commission on Narcotic Drugs and the Economic and Social Council and with the recommendations of the Board related to the control of psychotropic substances and precursors.

90. The Board notes with satisfaction that the Governments represented at the twentieth special session of the General Assembly decided to deal with the problem of amphetamine-type stimulants in all its aspects and to give that problem higher priority. The Governments agreed to improve the technical basis of controls, particularly with regard to increasing the flexibility of the process of scheduling, and confirmed their determination to detect and prevent the diversion of amphetamine-type stimulants from licit into illicit channels, as well as the irresponsible marketing and prescribing of such substances.

91. As for precursors, the Governments agreed that they would provide to the Secretary-General, on request, some form of pre-export notices not only for all substances in Table I of the 1988 Convention, but also for acetic anhydride and potassium permanganate, key chemicals used in the illicit manufacture of, respectively, heroin and cocaine. The Governments also agreed that the same efforts should be made with regard to the remaining substances in Table II. In addition, the Governments accepted proposals to prevent the diversion of non-scheduled chemicals used in illicit drug manufacture and to consider punishing, as a criminal offence in the sense of article 3 of the 1988 Convention, the diversion of non-scheduled chemical substances with the knowledge that

they are intended for use in the illicit manufacture of narcotic drugs or psychotropic substances and introducing related penal, civil and administrative sanctions. A summary of the key proposals for action by Governments included in resolution S-20/4 B is given in the 1998 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁶

92. The Board will continue to monitor the progress made by Governments in implementing the measures outlined in the General Assembly resolutions, including the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), and stands ready to assist Governments in matters that fall within its treaty functions.

Control of intermediaries

93. In 1997, the Board completed a study on the feasibility of formulating specific guidelines on the control of intermediaries involved in international trade in psychotropic substances. The study, carried out in response to Economic and Social Council resolution 1996/30, showed that, while the formulation of general guidelines on the control of such intermediaries for worldwide application was feasible, specific guidelines would not be appropriate in view of the specificity of national situations.

94. The Board sought the views of almost 80 Governments in all regions of the world in connection with the above-mentioned study. The information received indicated that diversion involving intermediaries could be significantly reduced if the Board's recommendations for additional measures to control international trade in psychotropic substances and precursors, endorsed by the Economic and Social Council and by the General Assembly at its twentieth special session, were universally implemented. Those recommendations included the application of the system of import and export authorizations and the system of assessments for psychotropic substances and, in the case of precursors, the application of the procedures for the exchange of communications.

95. In addition, based on the above-mentioned study, the Board recommends as general guidelines on the control of intermediaries that all Governments should, taking into account their domestic situations, alert industry to the risks of diversion arising from the involvement of intermediaries. The conclusion of memoranda of understanding between industry and Governments may be a helpful starting point in that process. All intermediaries should be required to report suspicious transactions to the authorities, and Governments should establish sanctions

for intermediaries involved in diversion, whether or not the diversion occurs within their territorial jurisdiction. The Board also recommends that Governments organize controlled deliveries, as provided for in article 11 of the 1988 Convention, in cases involving intermediaries, wherever possible.

96. The Governments should consider adopting the same control measures for intermediaries as for other operators involved in the licit trade in controlled substances. That would include licensing or registration, record-keeping requirements and the inspection, involving the records of intermediaries, of their premises and stocks.¹⁷

97. The Board will continue to monitor the involvement of intermediaries in the diversion of psychotropic substances and precursors.

Scope of control

Control of buprenorphine

98. Increasing abuse of buprenorphine, a potent opioid in Schedule III of the 1971 Convention, has been reported for a number of years in countries in various regions, particularly in South Asia. In response to that trend, the Board suggested in its reports for 1995¹⁸ and 1996¹⁹ that WHO and the Commission on Narcotic Drugs review the status of the international control of buprenorphine. In view of the reports that the number of abusers of buprenorphine and the number of countries affected are increasing, the Board again urges WHO and the Governments of countries affected by its abuse to initiate the review of the status of buprenorphine without delay.

Control of phenylpropanolamine

99. In 1998, the Board conducted an assessment of phenylpropanolamine for possible inclusion in Table I of the 1988 Convention, pursuant to a notification submitted by the Government of the United States in 1997.²⁰

100. Phenylpropanolamine is suitable for use in the illicit manufacture of amphetamine and could therefore play an important role as a precursor. The Board is of the view that strict international control of that substance would limit its availability to traffickers and reduce the quantity of amphetamine that is illicitly manufactured. However, the Board has deferred for one year any decision on the scheduling of phenylpropanolamine, in order to allow time for a study to be carried out on the possible impact of scheduling under the 1988 Convention on the availability for medical use of pharmaceutical products containing that

substance. Consequently, until the study is completed, the Board has included phenylpropanolamine in its limited international special surveillance list of non-scheduled substances.

101. Full details of the Board's assessment of phenylpropanolamine are contained in the 1998 report of the Board on the implementation of article 12 of the 1988 Convention.²¹

International trade in seized opiate raw materials or in substances derived therefrom

102. In 1998, the Islamic Republic of Iran exported significant amounts of codeine phosphate to countries in Europe and North America. The Islamic Republic of Iran has not reported licit production of opium since 1979 and has had no significant imports of any opiate raw material. The codeine in question is considered to have been manufactured from seized raw materials, most likely opium.

103. The Economic and Social Council, in its resolution 1998/25, on demand for and supply of opiates for medical and scientific needs, commended the Board for urging Governments to avoid unforeseen imbalances between licit supply of and demand for opiates caused by sales of products manufactured from seized and confiscated drugs. The Board, in its report for 1994, had drawn attention to the concern that a country might export opiates manufactured from seized opium, thereby adversely affecting the balance between the supply of and demand for opiates for medical and scientific needs, and had invited all Governments to avoid any proliferation of supply sources.²² The Board therefore calls on countries exporting, or considering the export of, seized drugs and/or products manufactured from such drugs to refrain therefrom and requests importing countries to take into account Council resolution 1998/25.

104. In 1998, attempts were made by a company manufacturing pharmaceuticals in Hungary to import large quantities of purportedly seized opium from countries in central Asia. Investigations revealed that such large quantities of opium had never been seized in the countries concerned. The Board notes the decision of the Government of Hungary not to authorize the transactions and hopes that the circumstances will be investigated.

Cultivation of cannabis for medical and scientific research

105. The Board is aware that there is a need to investigate the possible medical uses of cannabis in treating glaucoma, in treating AIDS wasting syndrome and in alleviating the side effects of cancer chemotherapy, and that there is a growing interest in that issue among the medical community, the general public and the media. In 1998, the Governments of two countries, the Netherlands and the United Kingdom, approved research projects in that area, in addition to research started earlier in the United States.

106. The Board notes that sound scientific research into the possible therapeutic properties and medical uses of cannabis should be undertaken to obtain more reliable data on an issue that has so far been handled on a rather anecdotal basis. Any decision on the medical use of cannabis should be based on clear scientific and medical evidence. Political initiatives and public votes can easily be misused by groups promoting the legalization of all use of cannabis and/or the prescription of cannabis for recreational use under the guise of medical dispensation.

107. Furthermore, Governments considering engaging in cannabis cultivation and production and making licit the use of cannabis should also bear in mind all of the control requirements set by the relevant provisions of the 1961 Convention, as well as the security measures that may be needed to reduce the risks of cannabis being diverted or abused.

Additional controls over international trade in psychotropic substances

108. Controls over licit international trade in narcotic drugs under the 1961 Convention, as well as the control systems for licit international trade in psychotropic substances in Schedules I and II of the 1971 Convention, continue to work satisfactorily.

109. The Board notes with appreciation that most Governments have established effective mechanisms for the control of international trade in psychotropic substances in Schedules III and IV of the 1971 Convention by implementing the treaty provisions and applying additional control measures recommended by the Board. 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 their vigilance in monitoring international trade in psychotropic substances.

110. The additional control measures recommended by the Board for international trade in substances in Schedules III and IV include controlling the import and export of substances in those schedules by means of a system of import and export authorizations and a system of assessments. Governments have also been requested to include in their annual statistical reports to the Board details on countries of origin of imports and countries of destination of exports. All those measures, without which the monitoring of international trade in psychotropic substances would be inadequate, have been repeatedly endorsed by the Economic and Social Council in its resolutions, the most recent being resolutions 1993/38 and 1996/30. The Board notes with satisfaction that the General Assembly at its twentieth special session, in its resolution S-20/4 A, recommended that States should implement those Council resolutions.

111. The Board welcomes the recent decision by the Governments of several countries, including countries that are key importers and exporters of psychotropic substances such as Austria, Denmark, Japan and Switzerland, to expand the system of import and export authorization to include all substances in Schedules III and IV. At present, export and import authorizations are required by national legislation for all substances in Schedule III in more than 140 countries and territories and for all substances in Schedule IV in 125 countries and territories. In more than 50 additional countries and territories, the requirement of import authorizations has been introduced for at least some substances. Significant progress has also been achieved in the implementation of the system of assessments (see paragraphs 68-70 above). Nearly 90 per cent of Governments have provided in their annual statistical reports to the Board details on the countries of origin of imports and the countries of destination of exports for all psychotropic substances.

112. Experience with the functioning of the international control system has shown that until those additional controls are applied in all countries, their effectiveness will remain limited and the diversion of psychotropic substances will continue, particularly through defaulting countries. The Board, therefore, again calls on the Governments of all countries that do not yet control the import and export of several psychotropic substances in Schedule III or IV via the system of import and export authorizations in particular developed countries such as Belgium, Canada, Singapore and the United Kingdom of Great Britain and Northern Ireland, to introduce such controls as soon as possible.

113. The Board appreciates that measures are being taken by Switzerland, which recently acceded to the 1971 Convention, to ensure that details on the countries of origin of imports and the countries of destination of exports for all psychotropic substances are included in its future statistical reports. No details on trade in psychotropic substances in Schedules III and IV were included in the annual statistical report for 1997 submitted by the United Kingdom. That State was, however, requested by the Board in 1993 to include in its future statistical reports information on the countries of destination of exports of all substances in Schedule IV, pursuant to the provisions of article 16, paragraph 5, of the 1971 Convention, which makes the submission of those details mandatory. The authorities of the United Kingdom have in the past complied with that requirement. The Board requests that they resume the submission of those details.

114. The Board regularly circulates to all Governments assessments of the legitimate requirements for psychotropic substances of all countries and territories. The Board is concerned that some exporting countries in Asia and Europe approved in 1997 and 1998 exports of large quantities of psychotropic substances despite the fact that those quantities exceeded the assessments of legitimate requirements of the importing countries, thereby increasing the risk of diversion of psychotropic substances into illicit channels. In one such case, an export authorization was issued in 1997 to a company in China for the export of 1,800 kg of diazepam to Singapore, although that country's assessment of its annual legitimate requirements for diazepam was less than 700 kg. Inquiries carried out in Singapore at the request of the Board revealed that the company indicated by the exporter as the importer of the diazepam had not been licensed to deal in psychotropic substances. The company denied any involvement in the transaction. The exported consignment has not been traced yet.

115. The Board appreciates the measures already taken by the authorities in China to prevent the reoccurrence of such a case. The Board again calls on all Governments to consistently use assessments of annual legitimate requirements of importing countries as a guide when reviewing the legitimacy of import orders for psychotropic substances. The competent authorities of exporting countries should confirm with the competent authorities of the importing country, prior to authorizing exports of psychotropic substances, the legitimacy of all orders for such substances exceeding the importing country's assessments. The Board is available to assist competent authorities of exporting countries in their efforts to communicate with

the competent authorities of the importing countries, if necessary.

More effective controls for precursors

116. Over the years, the Board has made a number of specific recommendations for action that Governments should take in order to prevent the diversion of substances in Table I or II of the 1988 Convention. The recommendations were made based on its examination of cases involving diversion and attempted diversion that had been uncovered. The recommendations were endorsed by the Commission on Narcotic Drugs and, subsequently, the Economic and Social Council. Having scrutinized the most recent cases brought to its attention, the Board finds that the recommendations made so far continue to be valid. It recognizes that Governments may need to take the actions proposed in a progressive manner, reviewing how they should implement each in the light of the changing circumstances faced by the competent authorities. The Board therefore invites all Governments to re-examine those recommendations with a view to refining the controls currently exercised. It also invites all competent authorities to provide to it any feedback from their experiences in applying the actions proposed. The 1998 report of the Board on the implementation of article 12 contains a summary of those recommendations.²³

Actions being taken by Governments in line with the General Assembly resolutions

117. The Board is pleased to note that an ever-increasing number of Governments now utilize some form of pre-export notice for precursors to prevent their diversion, as recommended by the General Assembly in its resolution S-20/4 B. For example, the Board has been informed that member States of the European Union now regularly provide pre-export notices for all transactions involving substances in Table I of the 1988 Convention and for all transactions involving substances in Table II of that Convention that are destined for "sensitive" countries. Since some exporting countries find it helpful to receive official requests for such notices from the importing countries, the Board urges all Governments of importing countries to request pre-export notifications for substances in Table I by invoking article 12, paragraph 10 (a), of the 1988 Convention, and for acetic anhydride and potassium permanganate. The Board notes with appreciation that the Governments of Colombia, Ecuador and Turkey, countries that are situated in areas where the illicit manufacture of narcotic drugs takes place, and the United Arab Emirates, an important trans-shipment country, have requested

pre-export notices for all substances in Table II, including acetic anhydride and potassium permanganate.

118. The Board is also pleased to note that the European Parliament, by revising a regulation and a directive of the European Economic Community, is considering the establishment of close cooperation between the competent authorities and industry aimed at identifying unusual transactions involving non-scheduled substances, which may be diverted for the illicit manufacture of narcotic drugs or psychotropic substances.

119. To ensure effective monitoring of shipments into and out of their territories, pre-export notices should also be requested by many exporting countries, including in Europe, where substances in Tables I or II of the 1988 Convention are imported for subsequent re-export. The Board therefore welcomes the steps now being taken by the European Commission to invoke article 12, paragraph 10 (a), for substances included in Table I. Furthermore, the Board re-emphasizes that, for pre-export notices to be effective in preventing diversion, timely feedback should be given by the importing countries concerned: they should either confirm that they have no objection to the transactions in question or request the authorities of the exporting countries to take appropriate action.

Problematic approaches in precursor control

120. The Board in its previous reports repeatedly highlighted the dangers of a so-called "targeted approach", where Governments monitor only shipments to certain countries that are considered "sensitive". Bearing in mind that traffickers often use complex routes to avoid countries considered "sensitive" by exporting countries, the Board recommended that Governments should re-examine such controls and make amendments, where necessary.²⁴ Some exporting countries, including in Europe, have become important sources of substances used in the illicit manufacture of drugs since only exports destined for "sensitive" countries are monitored effectively. The Board is pleased to note that the European Commission is now ready to study that issue. The Board urges all Governments that use a similar targeted approach to discontinue that practice and to carefully monitor all shipments and not just those to regions where illicit drug manufacture is known to take place.

Sanctions associated with precursor controls

121. The Board again reminds parties to the 1988 Convention that they should establish penal and/or administrative sanctions for the manufacture, transport or distribution of substances included in Table I or II, knowing that they are to be used in or for the illicit manufacture of narcotic drugs or psychotropic substances, as required under article 3 of the 1988 Convention. Those parties should also establish sanctions for non-compliance with the laws or regulations on monitoring the licit movement of those substances.

122. The Board reminds all Governments that have established such sanctions to apply those sanctions in all cases involving diversion or attempted diversion, as well as in cases involving wilful or repeated non-compliance with regulations for the control of essential chemicals, to act as a deterrent to criminal or negligent behaviour.

Proper application of controls and protection of legitimate trade in precursors

123. The Board expects that exporting countries will verify with the importing countries the legitimacy of individual transactions when an established pattern of trade appears to be changing in a way that raises concern, even if the intended shipments are purportedly destined for a known company. For such shipments, Governments should not automatically continue to send exports; they may find it necessary to suspend shipments or not to authorize future shipments until the necessary investigations are carried out.

124. At the same time, the de facto embargo of shipments without such verification should be avoided. In its 1994 report on the implementation of article 12 of the 1988 Convention,²⁵ the Board added a word of caution to that effect, noting that, in deciding to stop an export shipment, competent authorities should make every effort to verify the legitimacy of individual transactions and identify the exact circumstances of the case. In particular, it noted that adequate monitoring, exercised judiciously, should not hinder legitimate trade in chemicals. It is essential, therefore, that in those cases where shipments are suspended, appropriate action is taken rapidly by all concerned to verify the legitimacy of the individual transactions.

Limited international special surveillance list of chemicals

125. Traffickers have sought to obtain chemicals that may be used as substitutes for those that are more closely monitored. They have identified and used new methods for processing or manufacture, requiring substances currently not listed in Table I or II of the 1988 Convention. They have also manufactured so-called "designer" drugs, many of which require as starting material substances currently not listed in Table I or II. Many of the non-scheduled substances reported to the Board have been salts and solvents used in the illicit processing of cocaine in some South American countries. Others are specific chemicals required for the illicit manufacture of, for example, amphetamine-type stimulants.

126. In 1998, the Board established a limited international special surveillance list of such non-scheduled substances, pursuant to Economic and Social Council resolution 1996/29, section I.²⁶ The aim of the special surveillance list, and the associated recommendations for action by Governments, is to aid competent authorities in preventing the diversion of substances that are not listed in Table I or II of the 1988 Convention by providing a more flexible system of control, one that is able to respond quickly to emerging trends and situations.

127. From an initial list of about 500 substances, for which information existed regarding their use or potential for use in illicit drug manufacture, the Board has now identified 27 substances, including phenylpropanolamine (see paragraphs 99-101 above) for inclusion in the special surveillance list. It has also made recommendations for actions to be taken by Governments, including proposals for monitoring measures, with regard to the substances included on the list. The proposed monitoring measures have been devised to complement the more strict controls provided for in article 12 of the 1988 Convention for scheduled substances. The list and the recommendations for action have been distributed to all Governments. The Board has emphasized that the proposed monitoring measures should be applied to the substances on the special surveillance list, in close voluntary cooperation with the chemical industry. Further observations on the special surveillance list are contained in the 1998 report of the Board on the implementation of article 12.²⁷

D. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

Consumption of opiates

128. Global consumption of opiates, after exceeding 210 tonnes in morphine equivalent for the first time in 1991, has averaged 235.2 tonnes over the past five years. Annual aggregate consumption of opiates is also likely to fluctuate for the next couple of years at around 235 tonnes in morphine equivalent.

129. Codeine consumption alone constitutes around 75 per cent of total opiate consumption. It is used mainly as a cough suppressant in the form of preparations included in Schedule III of the 1961 Convention. In 1997, 173.9 tonnes of codeine in morphine equivalent were consumed. The main countries using codeine continued to be the United States and France, followed by the United Kingdom, Canada and India.

130. The upward trend in dihydrocodeine consumption observed over the previous two decades continued in 1997. The share of global opiate consumption accounted for by dihydrocodeine consumption increased gradually from an annual average of 8 per cent in the period 1983-1991 to 14 per cent in 1997. That was a result of increased utilization of dihydrocodeine for the manufacture of preparations in Schedule III in the main countries using the drug, such as Germany, Japan, the Republic of Korea and the United Kingdom. In absolute terms, 31.6 tonnes of dihydrocodeine in morphine equivalent were consumed in 1997, the highest level ever recorded. The consumption of morphine followed a similar pattern, reaching a new peak of 17.8 tonnes in 1997, compared with an average level of 2.2 tonnes per year prior to 1983. It seems likely that such pronounced upward trends in consumption will continue.

131. In contrast to those developments, global consumption of ethylmorphine declined continuously after 1978 and fell to 2.2 tonnes in morphine equivalent in 1997, the lowest level in 20 years. Pholcodine consumption remained above 7 tonnes in morphine equivalent for four consecutive years, from 1993 to 1996, and dropped to 6.2 tonnes in 1997.

Production of opiate raw materials

132. Due to adverse weather conditions, the actual harvest in some of the main countries producing opiate raw

materials was at a lower level than forecast, thus contributing to a decrease in stocks.

133. In view of the need to build up sufficient stocks of opiate raw materials and in order to meet the demand for opiates even in years of poor harvest, further efforts to increase production have been made by the main producing countries in the last two years.

134. In 1998, despite a significant decrease in India, overall production of opiate raw materials increased further, due to production increasing in Spain (by 5.2 tonnes), France (by 24.2 tonnes), Australia (by 29.7 tonnes) and, above all, Turkey (by 31 tonnes). According to provisional statistical data provided by those countries, global production in 1998 is estimated at approximately 289 tonnes in morphine equivalent (see table), which would be the second highest production level in 20 years.

135. Production of opiate raw materials in India dropped to 26.6 tonnes in morphine equivalent in 1998, a decrease of 73.7 tonnes compared with the preceding year and the lowest yearly production level ever recorded in that country. The shortfall was the result of a sharp decrease in the area harvested in the country in 1998: of the 30,714 hectares that were licensed, only 10,098 hectares were actually harvested, mainly because of unexpected bad weather conditions.

136. In contrast to that development, the production of opiate raw materials increased in Australia, France, Spain and Turkey, reaching the highest levels of production recorded in each of those countries during the past three years. Australia continued to top the list of countries producing poppy straw for the extraction of alkaloids, having produced 93.8 tonnes in morphine equivalent in 1998. It was followed by France, which produced 76.2 tonnes in morphine equivalent. Turkey increased its production to 69.3 tonnes in morphine equivalent in 1998 as a result of an increase in both the area actually harvested and the yield per hectare. Spain produced 7.1 tonnes in morphine equivalent in 1998, almost four times as much as it had produced in 1997 (1.9 tonnes).

137. In an effort to build up stocks to ensure an adequate supply of opiate raw materials in years of poor harvest, Australia has further increased its estimate for 1999 of the area to be under opium poppy cultivation, to 15,500 hectares. The area under opium poppy cultivation is at its highest level ever in that country. The estimates for 1999 for France (8,000 hectares) and Spain (6,000 hectares) remain the same as for the previous year.

138. In view of the expected depletion of opium stocks at the time of the 1999 harvest, India increased its area to 32,000 hectares to be under opium poppy cultivation in 1999, compared with 30,000 hectares in the previous year. With an average minimum qualifying yield of 39 kg per hectare established for the 1999 harvest, India's production is expected to attain a new record level of 112.3 tonnes in morphine equivalent.

139. Based on the estimates furnished by the major producing countries and their performance in previous years, global production of opiate raw materials in 1999 is expected to increase to approximately 360 tonnes in morphine equivalent under normal weather conditions.

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

140. The relatively low production level in 1996 had a negative effect on the balance between global production of opiate raw materials and consumption of opiates. However, global production of opiate raw materials exceeded total consumption by 30.2 tonnes in 1997 and by 49.2 tonnes in 1998. That was partly the result of an increase in production in all major producing countries except India in 1998.

Exports and imports of opiate raw materials

141. The quantity of opium exported annually by India has averaged approximately 60 tonnes in morphine equivalent since the beginning of the 1990s. The United States and Japan have been the main opium importers.

142. France is also importing opium from India, but it continues to rely mainly on domestically produced raw materials for the extraction of alkaloids. Hungary and the United Kingdom are also importers of opium. The Russian Federation has reported no imports of opium for the fourth consecutive year.

143. Total exports of concentrate of poppy straw increased steadily between 1992 and 1995, when it attained a record high level of 133.5 tonnes in morphine equivalent. Since then, however, global exports have been on the decline, decreasing to 103.5 tonnes in 1997. The decline is mainly attributable to Turkey, which reduced its exports by 25.5 tonnes, and, to a lesser extent, to Hungary, which reduced its exports by 4.5 tonnes.

144. Australia remained the largest exporter of concentrate of poppy straw in 1997, exporting 46.5 tonnes in morphine equivalent and accounting for 45 per cent of the world total that year. The share of the world total

**Production of opiate raw materials,^a consumption of opiates and
balance between the two, 1985-1999**

(Area harvested in hectares; production, consumption and balance in tonnes of morphine equivalent)

<i>Item</i>	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999 ^b
Australia															
Area harvested	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	11 491	13 596
Production	49.4	38.5	31.8	38.5	38.8	43.0	67.5	89.8	66.9	66.0	55.6	69.0	64.1	93.8	114.9
France															
Area harvested	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	7 884	7 407
Production	20.7	15.7	16.6	21.4	13.4	19.5	30.2	21.8	28.8	32.9	48.9	47.3	52.0	76.2	65.7
India															
Area harvested	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	10 098	28 800
Production	86.8	75.1	76.8	63.8	53.9	48.0	43.1	54.3	38.1	46.8	80.7	83.7	100.3	26.6	112.3
Spain															
Area harvested	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	1 640	3 000
Production	11.2	5.6	12.3	10.8	5.7	8.0	24.2	12.8	9.0	5.2	4.2	4.4	1.9	7.1	7.7
Turkey															
Area harvested	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	49 207	31 818
Production	9.2	8.4	9.2	24.7	7.2	13.3	57.9	18.7	7.8	41.1	75.2	16.1	38.3	69.3	44.1
Other countries															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production	<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>6.1</u>	<u>16.2</u>	<u>16.0</u>
Total															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production (1)	211.9	170.4	177	196.1	137.4	169.8	254.1	212.3	163.8	213.5	290.1	237.4	262.7	289.2	360.7
Total consumption (2)	<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>231.8</u>	<u>243.9</u>	<u>232.5</u>	<u>240.0</u>	<u>240.0</u>
Balance															
((1) minus (2))	9.8	-32.7	-29.8	-4.7	-66.7	-26.2	36.5	-	-72.7	-12.0	52.3	-6.5	30.9	49.2	120.7

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

^a Opium or concentrate of poppy straw.

^b Figures for 1999 (in the shaded area) are International Narcotics Control Board projections.

accounted for by Turkey fell from 57 per cent in 1995 to 40 per cent in 1997.

Stocks of opiate raw materials

145. Increased production during the period 1995-1997 led to a substantial replenishment in the stocks of opium held by India, which reached 100.7 tonnes in morphine equivalent at the end of 1997. That was more than twice the amount of opium stocks held by India at the end of 1994 (36.9 tonnes), when such stocks were at their lowest level in 20 years. Opium stocks will again be substantially reduced as a result of the bad harvest in 1998. The stocks of concentrate of poppy straw held by Turkey declined from 50.9 tonnes in morphine equivalent at the end of 1993 to 5 tonnes at the end of 1997, the lowest level recorded by Turkey since 1982. The combined stocks of concentrate of poppy straw held by Australia, France and Spain amounted to 9.4 tonnes in morphine equivalent at the end of 1997 and good harvests were reported in all those countries in 1998.

146. Pursuant to Economic and Social Council resolution 1998/25, the Board continues to urge Governments concerned to adjust global production of opiate raw materials to a level corresponding to actual licit needs and to avoid unforeseen imbalances between licit supply of and demand for opiates. An informal consultation meeting with the main States importing and producing opiate raw materials was held during the forty-first session of the Commission, in March 1998, pursuant to Council resolution 1997/38, on demand for and supply of opiates for medical and scientific needs.

Consumption of psychotropic substances

Consumption of central nervous system stimulants

147. Stimulants controlled under the 1971 Convention are used for the treatment of attention deficit disorder (ADD) (called attention-deficit/hyperactivity disorder (ADHD) in the United States) and narcolepsy and as anorectics in the treatment of obesity. Up to the early 1970s, amphetamines were extensively used as anorectics; however, such 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. Amphetamines 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

148. Since 1993, the Board has closely followed developments in the use of methylphenidate for the treatment of children diagnosed with ADD. The main areas of concern for the Board have been trends in the diagnosis of ADD and in the prescription of methylphenidate for its treatment in the United States, which consumes more than 85 per cent of the world total. Recognizing, however, that developments in the United States could have an impact on other countries, the Board requested, already in its report for 1995,²⁸ that all Governments exercise the utmost vigilance in order to prevent the over-diagnosis of ADD in children and, with that, medically unjustified treatment with methylphenidate or other stimulants.

149. Recently, the consumption of methylphenidate has grown in more than 50 countries, the majority of them reporting annual increases of over 100 per cent in the use of the substance. For most of those countries, that high growth rate did not yet result in high consumption levels of methylphenidate since their previous consumption levels were low. In some countries, however, consumption has been growing steadily for several years and could reach levels comparable to that of its use in the United States if the trend continues unabated. That group of countries includes Australia, Belgium, Canada, Germany, Iceland, Ireland, the Netherlands, New Zealand, Norway, Spain and the United Kingdom. The Board, therefore, reiterates its request to all Governments to monitor prescription levels of methylphenidate in order to identify possible over-diagnosis of ADD and to prevent medically inappropriate use of that substance.

150. A factor contributing to the increasing consumption of methylphenidate is the expansion of the population of patients treated with the substance. At the beginning of the 1990s, the majority of children treated were boys in primary school. Since then, the range of patients has been extended to include children, adolescents and adults. The proportion of female patients has also increased. According to recent reports, some children as young as one year old are being diagnosed with ADD in the United States. There has been an increase in the number of children under five years of age who are being treated with methylphenidate in that country.

151. The Governments of many countries experiencing a sudden rapid growth in the use of methylphenidate for the

treatment of ADD do not have the necessary experience and background information to evaluate the medical justification for such an increase in its use. The Board has been requested on a number of occasions to provide Governments with guidelines or other information on how to identify or prevent over-diagnosis of ADD and medically unjustified treatment with methylphenidate or other stimulants. The Board, therefore, reiterates its request to WHO to evaluate the diagnostic criteria for ADD and the use of methylphenidate and other stimulants in the treatment of children and to bring the results of the evaluation to the attention of national public health authorities. The Board invites the Government of the United States to inform it of any progress made on that issue.

Consumption of stimulants as anorectics

152. In its reports for 1996²⁹ and 1997,³⁰ the Board included information on the alarmingly high consumption of amphetamine-type stimulants used as anorectics in some Latin American countries and increasing reports on illicit trafficking in and abuse of those substances. The Board is pleased to note that decisive measures taken in some of the most affected countries have yielded positive results. Legislative changes implemented in Argentina and Chile have led to a considerable reduction in the consumption level of amphetamine-type stimulants in those countries. The Board also welcomes the initiation of educational campaigns to inform the medical and pharmaceutical communities and the media in those and some other countries in that region about the risks of inappropriate use of anorectics.

153. In July 1998, a subregional meeting on the control of anorectics took place at Santiago, Chile. The meeting was organized by the Pan American Health Organization, the regional office of WHO for the Americas, and the Board, in cooperation with the Ministry of Health of Chile and UNDCP. As it was felt that interdisciplinary efforts would provide the most efficient use of scarce resources to identify possible remedial or preventive measures, the meeting brought together participants with competence in various fields from all countries in the Southern Cone (Argentina, Brazil, Chile, Paraguay and Uruguay) and from Bolivia and Peru. The meeting concluded with a number of practical recommendations regarding the following: improved regulatory measures; prohibition or restriction of the form in which anorectics are most widely used (prescription formulas); education of medical doctors, pharmacists and the general public; and means to obtain the support of the media. The Board welcomes such

initiatives and hopes that the planned follow-up to that meeting in individual countries will be adequately supported by the Governments concerned and the relevant international organizations.

154. In the United States, the level of consumption of stimulants under international control as anorectics declined following a record level in 1996 but was still very high. That decline was mainly attributable to a significant reduction in the use of phentermine caused by the withdrawal from the market in the United States in September 1997 of fenfluramine, an anorectic not under international control. Fenfluramine had largely been utilized in combination with phentermine in the treatment commonly referred to as "phen/fen". The Board would like to reiterate its previous request to the authorities of the United States to continue to monitor the prescription of anorectics.

155. Recently, the consumption of stimulants used as anorectics has increased in some parts of Asia, particularly in the Hong Kong Special Administrative Region of China, Malaysia and Singapore, approaching levels formerly reported in the Latin American countries with the highest levels of consumption of those substances. There have also been reports on the abuse of stimulants used as anorectics in countries in Asia. The Board, therefore, requests the Governments concerned to carefully monitor the use of such substances so as to avoid their over-prescription and possible abuse.

Consumption of other psychotropic substances

156. Most other substances controlled under the 1971 Convention are used as anxiolytics, sedatives and hypnotics, and anti-epileptics. Consumption of those substances listed in Schedule II of the 1971 Convention has been discontinued or considerably reduced in all countries. Medical practice employs substances in Schedules III and IV, some of them to a very large extent. Diazepam, a benzodiazepine utilized mainly as an anxiolytic, and phenobarbital, a barbiturate mainly prescribed 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 decreasing. The consumption of non-barbiturate anxiolytics, such as meprobamate, has also been substantially reduced. Those substances have mainly been replaced by benzodiazepines.

157. The availability of psychotropic substances differs widely between regions. While developed countries have

recorded high levels of consumption of anxiolytics, sedatives and hypnotics, and anti-epileptics, many developing countries have reported extremely low consumption of those substances. Significant quantities of psychotropic substances are smuggled into some of those countries, particularly in Africa. In those countries, lack of adequate licit supply of psychotropic substances can lead to situations where informal "parallel markets" not only cater to abusers of those substances but are also used by genuine patients unable to obtain required medication through licit distribution channels. The Board notes with concern that essential psychotropic substances are distributed through "parallel markets" that are not subject to any official control and do not provide adequate medical counselling to consumers. The Board reiterates its request to the Governments concerned to re-examine their needs for psychotropic substances and to ensure the adequate supply of those substances for medical purposes through adequately controlled distribution channels. The Board invites WHO to support those countries in their endeavour.

158. Various factors are at the origin of insufficient consumption of psychotropic substances in many developing countries, including persistent political and economic problems. In addition, in some countries, especially in Africa, the competent authorities for the control of licit psychotropic substances are not functioning adequately. As a result, importers in those countries experience difficulties in obtaining mandatory import authorizations to import essential medicines. For the same reason, exporting countries frequently find it difficult to verify the legitimacy of proposed imports as the authorities in the importing countries cited often fail to provide timely responses to enquiries or simply fail to respond. Such situations can lead to the postponement or even cancellation of shipments of psychotropic substances needed for medical purposes. The Board, therefore, requests the Governments concerned to ensure the functionality of their competent authorities for the control of licit psychotropic substances. The Board invites UNDCP to support such efforts, particularly in Africa.

159. In a number of developed countries, the widespread availability of benzodiazepines is a factor facilitating their increasing abuse. The Board reiterates its previous request to Governments of countries with high levels of consumption of benzodiazepines and their increasing abuse to conduct, in cooperation with non-governmental organizations involved in treatment and rehabilitation, comprehensive surveys to determine the size of the population abusing those substances. There are indications that, in several countries, some doctors prescribe benzo-

diazepines for unnecessarily long periods and for symptoms that may not require such treatment. The Board invites the Governments of countries in Europe that have recorded very high levels of benzodiazepine consumption, levels significantly exceeding those of comparably developed countries in other regions, to raise the awareness of medical practitioners of the need to use those substances in a more rational manner.

160. The Board notes with concern that, in some countries, benzodiazepines can frequently be obtained from pharmacies without prescriptions. The Board strongly requests all Governments to enforce adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

E. Measures to ensure the execution by Governments of the provisions of the 1961 Convention and the 1971 Convention

161. Article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention enable the Board to take certain measures to ensure the execution of the provisions of those conventions. The Board has found that invoking those articles is helpful in ensuring the execution of the provisions of the 1961 and 1971 Conventions when its attempts at encouraging compliance through other means have been unsuccessful.

Procedures under article 14 of the 1961 Convention and article 19 of the 1971 Convention

162. The procedures under article 14 of the 1961 Convention and article 19 of the 1971 Convention consist of three increasingly severe steps. The first step involves communicating to the Government concerned the Board's decision to invoke those articles, to make clear to that Government the grounds under which the articles are being invoked and to request from that Government explanations or the opening of consultations. The 1961 and 1971 Conventions specify the criteria that must be met in order to invoke the provisions: the Board must have objective reasons to believe that the aims of those conventions are being seriously endangered by the failure of any country or territory to carry out the provisions. The commentaries on the 1961 Convention^{30a} and the 1971 Convention^{30b} state that this clause should be interpreted to mean that lack of control or defective control in one country or territory must appear to endanger the effectiveness of control in another country or territory. The Board also has the right to propose to the Government concerned the

opening of consultations if, without any failure in implementing the provisions of the Convention, a party or a country or territory has become, or if there exists evidence of a serious risk that it may become, an important centre of illicit cultivation, production or manufacture of, traffic in or consumption of narcotic drugs.

163. In the second step, if the Government concerned fails to give satisfactory explanations when called upon to do so or fails to adopt any remedial measures recommended by the Board pursuant to the Government's explanations, or there is a serious situation that requires cooperative action at the international level in order to be remedied, the Board may call the matter to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs through the publication of a report.

164. In the third step, if all of the above-mentioned actions have failed, the Board may, under article 14 of the 1961 Convention or article 19 of the 1971 Convention, recommend to the parties that they stop the import or export of narcotic drugs or psychotropic substances to the country or territory concerned, either for a designated period or until the Board is satisfied with the situation in that country or territory.

165. In view of the seriousness of these measures, several procedural safeguards exist for countries that are the object of action under article 14 of the 1961 Convention or article 19 of the 1971 Convention. Communications with the Government in question must remain confidential until the Board decides to go public and call the matter to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs. All decisions of the Board under those articles are taken by a two-thirds majority of the entire membership of the Board. A State that is the subject of action under the provisions of those articles must be invited to be represented at a meeting of the Board at which a question directly interesting it is considered under those articles. The views of the Government concerned must be published in reports of the Board directed to the Council, if the Government so requests. Lastly, if in any case a decision of the Board that is published under those articles is not unanimous, the views of the minority must be stated. For every State in respect of which it has invoked article 14 of the 1961 Convention or article 19 of the 1971 Convention, the Board establishes a file in which it keeps a record of all decisions taken, communications between it and the Government and developments in the State related to those decisions.

Recent examples

166. The Board recently invoked article 19 of the 1971 Convention in respect of two States, both of them parties to the 1961 and 1971 Conventions, which had repeatedly delayed the promulgation of regulations to give effect to certain mandatory control measures under the 1971 Convention. The risk of psychotropic substances being diverted from licit international trade would be substantial in the absence of those mandatory controls, given the volume of trade involving the States in question. Following its invoking of article 19, the Board received replies from the Governments concerned in which it was stated that they would expedite measures to remedy the situation. The Board has therefore decided to suspend further action under article 19 for the time being and to review the situation at its sixty-sixth session, in 1999.

167. In addition, article 14 of the 1961 Convention and article 19 of the 1971 Convention were invoked in respect of four other States because of their persistent failure to furnish information required under the international drug control treaties and to respond to enquiries of the Board, despite numerous reminders and the international technical assistance, including training, given to them in the field of drug control. The Board notes that it has now begun a dialogue with the Governments of all of those States. The Board trusts that they will soon comply fully with their obligations under those conventions.

168. In a more serious case, the Board also invoked article 14 of the 1961 Convention and article 19 of the 1971 Convention with respect to a State that had ceased reporting to the Board, in particular on the cultivation of opium poppy on its territory, and that had not given a positive reply to the Board's request to send a mission or to the Board's enquiries, notwithstanding numerous opportunities given to it to clarify the drug control situation within its territory. The Board notes that the Government of that State has finally agreed to initiate a dialogue at a technical level. The Board hopes that the dialogue will lead to the acceptance of its proposal to send a mission to that country.

III. Analysis of the world situation

A. Africa

Major developments

169. Limited availability of reliable data on drug cultivation, production, manufacture, trafficking and abuse, as well as on legislative and other measures taken by Governments, is a major constraint when assessing the drug situation in most African countries. Although some improvement in the reporting quality and frequency has been noticed, the Board is of the opinion that the assessment of the drug situation remains difficult and encourages Governments in Africa to intensify their efforts to make more accurate assessment of the situation as well as to enhance cooperation with the relevant international and regional bodies.

170. While cannabis cultivation, trafficking and abuse remain major drug control issues throughout the region, large cities and seaports are increasingly being used for the trans-shipment of heroin and cocaine, and the subsequent abuse of such drugs is growing.

171. The abuse of psychotropic substances diverted from licit channels continues unabated in the region. At the same time, the non-availability of narcotic drugs for justified medical needs remains an important shortcoming of the national health systems of many countries in the region.

172. A major drug-related health problem in several African countries consists in the abuse of volatile solvents (glue-sniffing) by street children; in South Africa, for example, it is estimated that 9 out of 10 street children are reported to be regular abusers of such products.

173. The Board welcomes the efforts made by the Governments of Liberia and Sierra Leone to restore their national drug control systems, following the period of civil war.

Treaty adherence

174. Since the last report of the Board was published, Mozambique has become a party to the 1961 Convention, the 1971 Convention and the 1988 Convention and Namibia has become a party to the 1961 Convention and the 1971 Convention.

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

treaties, to participate in the international drug control system by acceding to those treaties.

176. While formal adherence to the international drug control treaties continues to improve, several African countries still lack adequate legislation to implement the provisions of those treaties, as well as the administrative capacity to give full effect to their national laws and regulations.

Regional cooperation

177. In April 1998, a ministerial meeting of the Organization of African Unity elaborated a common position paper in which it categorically rejected the legalization or decriminalization of cannabis and requested the assistance of UNDCP in the development of a special plan for the eradication of cannabis in Africa. The meeting also considered issues concerning criminal justice administration and underlined the importance of designing alternatives to imprisonment, especially for first-time drug offenders.

178. The member States of the Southern African Development Community (SADC)³¹ approved a new drug strategy for southern Africa in September 1998. The Board notes that the SADC strategy entails pursuing a multidisciplinary approach to drug control and the establishment of national drug control coordinating bodies involving law enforcement and judiciary officials, as well as representatives of the media and of the education system.

179. The Board appreciates the holding, on a regular basis since 1996, of meetings on drugs for eastern African heads of criminal investigation departments and anti-narcotics units. It notes that a seaport control project for countries in eastern and southern Africa, involving the establishment and training of seaport drug intelligence units, has already yielded results. The area covered by the project will be extended to include Djibouti, Eritrea, Somalia and South Africa in 1999 and Mozambique in 2000.

180. The Board notes the existence of subregional legal cooperation instruments such as the treaties of the Economic Community of West African States (ECOWAS)³² on extradition, mutual legal assistance and the transfer of prisoners. The Board encourages African States to further develop practical subregional and bilateral agreements for mutual legal assistance and cooperation in drug trafficking cases. In one successful example of such cooperation, collaboration of the drug law enforcement authorities of the Niger and Nigeria led to the arrest of several drug traffickers.

181. The Board welcomes the establishment by ECOWAS of an "Ecodrug Fund" (a regional fund for drug control in West Africa) for drug control activities in western Africa and calls on international donors to consider supporting the Fund.

182. The Board notes the involvement of non-governmental organizations in various African countries in efforts to reduce illicit drug demand and encourages them to further mutual support at the regional level.

National legislation, policy and action

183. Interministerial committees for drug control have been established and national drug control master plans have been formulated in many African countries. The unavailability of adequate and reliable information on the drug control situation is a major obstacle to efficient planning and action. In several countries, the success of drug control coordinating bodies has been hindered by a lack of authority, recognition and teamwork, as well as a general lack of human and financial resources. The Board encourages the Governments concerned to request when necessary international assistance in those areas.

184. The Board notes with satisfaction that Madagascar and Togo have adopted new drug control legislation and that the adoption of updated legislation is pending in Burkina Faso, Lesotho, Morocco, Swaziland and Uganda.

185. The Board welcomes the intention of Governments in southern and eastern Africa to train their judges, magistrates, prosecutors and investigators in drug-related matters, using the justice training institutions in that subregion and seconded judicial officers and prosecutors to deliver practical training. The aim of the training is the development of "mentor courts" in participating countries, so that justice system personnel can be increasingly trained "on the job" rather than in seminar rooms.

186. The Board notes with satisfaction prevention efforts in several African States where the communities are increasingly being mobilized and drug abuse prevention is being integrated in school curricula. One example of such initiatives is the establishment in Nigeria of "drug-free clubs" in learning institutions. In several other countries, non-governmental organizations have created a network for demand reduction that will deal with after-school activities, as well as demand reduction activities at universities.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

187. Measured in terms of area under cultivation, reported seizures and abuse, cannabis is the most prevalent drug in Africa. The continent continues to be a major supplier of cannabis and cannabis resin for Europe.

188. Large-scale cannabis cultivation has continued in Morocco. Government surveys on the extent of and trends in cannabis cultivation are not available. The Board notes, however, that the Moroccan Government is planning to receive a UNDCP mission for the assessment of the area under cannabis cultivation. Sources outside of Morocco estimate the area under cannabis cultivation in that country to be at least 60,000 hectares; 1998 production of cannabis resin is estimated at 2,000 tonnes. According to the same sources, Morocco has experienced three consecutive record-breaking cannabis harvests since 1996 because of exceptionally favourable climatic conditions and the use of at times rather sophisticated cultivation methods. The Board notes that increasingly large quantities of cannabis have been seized by the Moroccan law enforcement authorities. The cooperation of Moroccan authorities with their counterparts in other countries has also led to large-scale seizures worldwide of cannabis originating in Morocco.

189. The main cannabis producers in western Africa are still assumed to be Ghana and Nigeria, followed by Senegal and Côte d'Ivoire. Despite a cannabis eradication campaign in Nigeria, there are estimates that cannabis production in that country is still increasing, since illicit cannabis cultivation is being carried out on a larger scale than before. Illicit cannabis cultivation sites have recently been destroyed in the Gambia and Togo.

190. Problems involving trafficking in and abuse of cannabis are growing in central Africa. Illicit cannabis cultivation sites have been discovered in most countries in that subregion.

191. Southern and eastern Africa continues to be an important source of the cannabis being trafficked throughout the region and elsewhere. South Africa remains one of the largest producers of cannabis on the continent.

192. Seaports and airports throughout Africa serve as trans-shipment points for heroin from Asia and cocaine from South America. Such trafficking has resulted in the increased abuse of both heroin and cocaine, especially in large cities in the region. The Moroccan Government has

expressed serious concerns over the trafficking in cocaine and heroin destined mainly for Europe that is taking place along its extensive coastline. Efforts by the Government have resulted in large amounts of cocaine being seized on the Moroccan coast.

193. Efforts to eradicate illicit poppy and cannabis cultivation have been reported by Egypt. The Board urges the Government to establish a system for monitoring illicit cultivation, providing ground measurement data on both the extent of illicit cultivation and the results of eradication campaigns.

Psychotropic substances

194. In Africa, there is growing concern about the lack of control over pharmaceutical products, including narcotic drugs and psychotropic substances, which are readily available without prescription. In many African countries, the authorities do not possess the means of making assessments of their national legitimate requirements in narcotic drugs and psychotropic substances (on the basis of which the Board establishes national estimates) or the means of limiting or increasing the level of imported drugs to the amount required to cover their legitimate needs. The Board endorses the conclusions and recommendations of the Tenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held at Abuja from 20 to 24 April 1998, concerning measures to reduce the hawking of drugs in the street.

195. During the 1980s and the beginning of the 1990s, methaqualone was largely smuggled out of India into countries in eastern and southern Africa; it now is increasingly being manufactured in those countries in Africa. In the last few years, clandestine laboratories for the manufacture of methaqualone have been discovered in Kenya, South Africa, the United Republic of Tanzania and Zambia. In March 1998, a machine for processing drugs on a large scale was seized in the port of Dar es Salaam. There are also concerns about the emergence of the clandestine manufacture and abuse of "ecstasy" in the subregion.

196. Countries in western and central Africa seem to be increasingly affected by the abuse of psychotropic substances, as noted by the missions of the Board to Côte d'Ivoire and Gabon.

197. Large quantities of ephedrine have been imported into African countries in recent years. In the view of the Board, ephedrine has been abused in the region but has not been used for the illicit manufacture of methamphetamine. In Liberia, for instance, large quantities of ephedrine were

imported for use by soldiers. The Board notes with appreciation that WHO has proposed the inclusion of ephedrine in Schedule IV of the 1971 Convention.

Other issues

198. Eastern Africa is known for its extensive cultivation of khat (*Catha edulis*). Khat is mainly grown in Ethiopia, Kenya (in the Nyambe district), Uganda and Yemen and in some parts of Madagascar and the United Republic of Tanzania, from where tonnes of it are exported to Djibouti, Somalia and Yemen. The khat industry has transformed one of the most lush and wealthy agricultural areas into a net food importer. Most of the khat is consumed in eastern Africa. Khat trafficking is somewhat limited by the fact that khat is effective for only a short period after it is harvested; however, there are indications that new methods have made it possible for fresh khat leaves to be transported to some major cities in Europe and elsewhere.

Missions

199. A mission of the Board visited Côte d'Ivoire in March 1998. The Board noted the drug control efforts made in that country. The Board expects that the Government, having ratified the 1988 Convention, will expedite the adoption of the relevant domestic laws and regulations, particularly in the areas of money-laundering and precursors. Even though Côte d'Ivoire has no pharmaceutical industry and does not manufacture any precursor, the country, especially its main seaports, could be used as a transit point.

200. Cannabis is the most widely abused drug in Côte d'Ivoire. There is some danger posed by the abuse of psychotropic substances in the form of medicinal products. The Board trusts that the Government will reinforce the monitoring of imports and distribution of such products.

201. The Board notes the restructuring of the interministerial committee for drug control in Côte d'Ivoire and invites the Government to provide the necessary support to enable the committee to function effectively. In addition, the Board recommends that the capacity of the national health services be enhanced to enable those services to deal with the widespread, uncontrolled availability of psychotropic substances and other drugs.

202. A mission of the Board visited Gabon in March 1998. The Board urges the Government to ratify without further delay the 1988 Convention and to comply with its obligations under that treaty by incorporating the necessary changes in its national legislation and regulations,

especially in the areas of money-laundering and precursors.

203. The Board invites the Government of Gabon to assess the real medical needs of the country regarding narcotic drugs and psychotropic substances and to enhance the capacity of its national health services to monitor more adequately the distribution of narcotic drugs and psychotropic substances and fulfil international reporting requirements.

B. Americas

204. The Summit of the Americas held at Santiago in April 1998 and the twenty-eighth General Assembly of the Organization of American States (OAS), held at Caracas in June 1998, reiterated the will and commitment of Governments throughout the Americas, to face the problems of drug abuse and illicit trafficking as a matter of priority and to do so in a concerted manner. The Board is pleased to note that, especially since the Summit of the Americas held at Miami, Florida, United States, in December 1994, there have been several regional and sub-regional initiatives in fields as varied as drug abuse prevention, drug law enforcement, legislation against money-laundering, judicial cooperation and the sharing of proceeds of crime.

205. The Board welcomes the above-mentioned initiatives and the efforts of Governments, OAS and its Inter-American Drug Abuse Control Commission (CICAD) to develop a multilateral evaluation mechanism as a basis for an effective strategy against drug abuse, illicit drug trafficking and related crime in the Americas.

206. The Board would like to emphasize the significance of the standardized statistical system on drug abuse and law enforcement, which has begun operating under the coordination of CICAD. A mechanism to collect, maintain, retrieve and analyse comparable data on drug abuse and illicit trafficking at the regional level is an extremely useful tool; although it is currently still in its initial stage, it may one day serve as a model for similar mechanisms in other regions.

Central America and the Caribbean

Major developments

207. The Board notes with sadness the human and economic losses caused in October 1998 by a hurricane in Central America, particularly in Honduras and Nicaragua. The Board, aware of the dimension of the reconstruction

tasks ahead and of the need for Governments in the sub-region to redirect their priorities, calls upon the international community to support and assist countries in Central America in every respect, including drug control.

208. The region of Central America and the Caribbean continues to be highly vulnerable to the illicit transit traffic in drugs and their precursors between producing and consuming areas of North America and South America and to criminal activities derived from that traffic, such as money-laundering and corruption. The transit traffic in cocaine has increased the availability of that substance and fuelled a rise in drug abuse in the whole region. Governments should remain vigilant and step up their efforts to adjust their legal and institutional frameworks to deal more appropriately with the dangers of drug trafficking and drug abuse.

Treaty adherence

209. The Board welcomes the accession of El Salvador to the 1961 and 1971 Conventions and the accession of Grenada to the 1961 Convention.

210. All States in Central America and the Caribbean are parties to the 1988 Convention. Belize is not a party to the 1961 Convention or the 1971 Convention. Haiti, Honduras, Saint Lucia and Saint Vincent and the Grenadines are not yet parties to the 1971 Convention. Those States are strongly urged to accede to those conventions as soon as possible, since implementation of the 1988 Convention cannot be dissociated from the implementation of the earlier conventions.

Regional cooperation

211. As a follow-up to the Plan of Action on Drug Control Coordination and Cooperation in the Caribbean, also known as the Barbados Plan of Action, a second meeting on drug control cooperation in the Caribbean was held at Santo Domingo in December 1997. The Caribbean countries and the international donor community reiterated their commitment to implementing the Barbados Plan of Action and the OAS anti-drug strategy in the hemisphere, both adopted in 1996. The Board welcomes the prioritizing of a number of initiatives, including the creation of legal frameworks for the functioning of national drug control bodies, the earmarking of forfeited assets for demand reduction and drug law enforcement purposes, the procurement of funds for the implementation of national drug control strategies and the strengthening of the investigating and prosecutorial powers of the relevant national agencies. The Board notes with interest the work

carried out by the Intergovernmental Task Force on Drugs, established by the Caribbean Community Secretariat (CARICOM), with a view to enhancing the coordination of policy on drug control issues in the Caribbean.

212. The Board notes with satisfaction that within a cooperation mechanism established between countries in Central America, Mexico and UNDCP, a subregional programme for technical cooperation in the field of drug control has been formulated for the period 1998-2002 and a number of initiatives are already under way. The Board hopes that the Governments concerned, with the support of the international donor community, will soon be able to provide the funds required to fully implement the programme.

213. The Board welcomes a project designed to upgrade forensic laboratory services in the Caribbean, initiated in May 1998. The project will improve the forensic capacity of 21 States and territories in the Caribbean. The Board expects that it will enhance the capacities of those countries to support law enforcement agencies and judicial systems in the prosecution of drug-related offences.

214. The Board welcomes the continuing joint drug law enforcement operations undertaken bilaterally and multilaterally by countries in Central America and the Caribbean. The Board would, however, like to point out that the region as a whole would greatly benefit from more clearly defined operational mechanisms for the expeditious exchange of data on illicit drug trafficking and for the planning and execution of joint operations. The creation of a CARICOM regional drug coordination office in October 1998 could prove to be a positive step in that direction.

National legislation, policy and action

215. The Board notes with satisfaction the initiatives taken by countries and territories in the Caribbean to bring their legal frameworks up to date and enhance their ability to deal with drug-related crime, in particular money-laundering. The Board welcomes the legislation against money-laundering that was recently enacted in the British Virgin Islands and in Saint Kitts and Nevis. The Board trusts that similar legislation currently under preparation in Barbados and Trinidad and Tobago will be put into effect soon. The Board also welcomes the adoption in 1997 of legislation required for the implementation of the provisions of the 1988 Convention on mutual legal assistance in the Cayman Islands. In Central America, Belize, Costa Rica, Honduras and Panama have already enacted legislation against money-laundering in line with

the model legislation of CICAD. The Board urges the authorities of El Salvador, Guatemala and Nicaragua to speed up the legislative processes that they have initiated in that respect.

216. The Board notes the strengthening, in the context of drug-related crime, of the national police and public prosecution services in Jamaica. The Board hopes that legislation against laundering the proceeds of crime and legislation on the control of precursors, which are currently being considered, will be adopted promptly. Jamaica, like other countries in the region, has signed an agreement on mutual cooperation in drug law enforcement operations with the United States.

217. The Board notes with appreciation that Trinidad and Tobago recently signed a mutual legal assistance treaty with the United Kingdom and is in the process of renegotiating several of its extradition treaties with a view to making them more effective. The Board also notes the clear position against corruption and money-laundering adopted by the authorities of the Cayman Islands, where banking institutions have been closed down as a result of financial irregularities, and hopes that adequate legislation will be put in place.

218. The Board notes with concern the slow rate of progress in the adoption of national drug control master plans in the Caribbean. It urges the countries in that subregion that have not yet adopted the master plan to do so as soon as possible. The master plans are useful in dealing with such complex problems as drug abuse and illicit trafficking.

Cultivation, production, manufacture, trafficking and abuse

219. While, in Central America, cannabis is illicitly produced almost exclusively for domestic abuse, in the Caribbean, it is produced in countries such as Jamaica and Saint Vincent and the Grenadines mainly to be smuggled into Canada and the United States. In all but a few countries in Central America and the Caribbean, cannabis is the most widely abused drug, as well as the most common illicit drug of initiation among teenagers. The amount of cannabis seized in every country in the region except El Salvador and Jamaica has steadily increased over the past five years.

220. Illicit opium poppy cultivation is reported to have continued on a limited scale in Guatemala. Although no reliable data are available on the actual extent of such cultivation, the authorities should remain vigilant to

ensure that the reported reductions in the cultivation area are not reversed. Of all the countries in Central America, only Panama reports heroin seizures, but small quantities of heroin continue to be seized throughout the Caribbean. No abuse of heroin has been reported in the region as a whole.

221. Cocaine hydrochloride and "crack" are readily available throughout the region. In Central America, "crack" has within a few years become the second most frequently abused drug, particularly among the poorer and more marginal social segments in larger cities and along the Atlantic coast. In the Caribbean, the abuse of "crack" is noticeable and is often linked to the growing incidence of violence.

222. Seizures of cocaine have risen steadily over the past five years in all countries in the region, particularly in the central Caribbean corridor. Many Caribbean countries have reported seizures of "crack" for a number of years and in Central America the abuse of "crack" has spread rapidly. Given the high addiction potential and lower prices of "crack", health and law enforcement authorities should monitor domestic trends in the abuse of and illicit traffic in that form of cocaine and, with support from the international community, adopt the appropriate counter-measures.

223. The stockpiling of cocaine has been detected in most countries in Central America and the Caribbean. Drug traffickers thus try to minimize the risks of being indicted in, and extradited to, the United States and to reduce the quantities of cocaine being moved at any given time to the levels actually required by traffickers in North America, rather than having to move entire consignments, which are more easily detectable. Some countries in the Caribbean appear to be re-emerging as transit points for illicit drug trafficking.

224. Psychotropic substances, mainly benzodiazepines, are licitly manufactured in Cuba, Guatemala and Panama. Although no diversion of such drugs has been noted in the licit intraregional trade, domestic controls over the distribution and sale of certain psychotropic substances are seriously deficient in several countries, where, for example, diazepam is reported to be readily available over the counter.

225. The Board notes with concern that, in general, reliable data on drug abuse are not readily available for the region. Some improvement has been noted in respect of Central America, particularly since the introduction by CICAD of its centralized information system on drug

abuse. Few comprehensive drug abuse surveys have been undertaken in the Caribbean. Governments in that sub-region should consider undertaking such surveys as they are an essential tool in the formulation of drug control policy.

226. In order to reduce the possibility of diversion of precursors in the region, particularly in Central America, Governments should carefully review their legitimate requirements of controlled chemicals, especially ephedrine, which in some countries was found to have been diverted for use in the illicit manufacture of amphetamines.

Missions

227. A mission of the Board visited Belize in April 1998. Belize is a party to the 1988 Convention but has not yet acceded to the 1961 and 1971 Conventions. In fact, Belize is the only country in Central America that is not a party to the 1961 Convention.

228. The Board strongly urges the Government of Belize to accede to the 1961 and 1971 Conventions, as a matter of priority. The objectives of the 1988 Convention cannot be achieved unless the provisions of the earlier conventions have been fully implemented.

229. The Board requests the Government of Belize to introduce control mechanisms for those substances that may be used in the illicit manufacture of narcotic drugs and psychotropic substances, as required under article 12 of the 1988 Convention. The Government of Belize should establish the mechanisms required to collect data on its legitimate domestic requirements of controlled chemicals and to ensure the legitimacy of chemical imports, which would greatly contribute to its fulfilment of the reporting obligations under article 12 of the 1988 Convention.

North America

Major developments

230. Cannabis continues to be the most commonly abused drug in all three countries in North America. There is a trend towards a higher tetrahydrocannabinol (THC) content in the cannabis cultivated in greenhouses in Canada and the western parts of the United States that is trafficked to the south and to the east. Another trend, the increasing purity levels of heroin available in North America, has led to an increase in heroin smoking, especially among young people. The market share of heroin from south-east Asia that is abused in the United

States has continued to be displaced by heroin originating in Latin America, while heroin manufactured in south-east Asia has maintained a predominant share of the illicit market in Canada. Drug-related organized crime remains a major concern throughout the region.

231. Within the past year, referendums held in several states of the United States resulted in the approval, to various degrees, of the use of cannabis for certain medical purposes. The issue remains controversial. The Board wishes to emphasize that medical and scientific decisions with regard to all drugs should fall under the competence of authorized national health authorities and, in that context, renews its call for additional scientific research to be carried out on that matter.

232. On-line do-it-yourself guides that enable their readers to prepare and abuse controlled substances continue to proliferate on the Internet. While the problem is not confined to North America only, many of the home pages are located on servers in Canada and the United States.

233. In April 1998, Canada acted as host to a major and successful youth forum on international drug prevention, in anticipation of the twentieth special session of the General Assembly. At the forum, youth from 24 countries shared the experiences of their communities in dealing, with the support of non-governmental organizations, with drug abuse. Some of the young people later addressed the General Assembly at its twentieth special session, where they spoke in favour of a drug-free lifestyle.

Treaty adherence

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

Regional cooperation

235. Cooperation continues to be an important element of the drug control strategies of the Governments in North America, and multilateral and bilateral strategies are high on the political agendas in the region. The exchange of information is considered to be particularly crucial with regard to money-laundering and precursor control.

236. It is hoped that the bilateral drug control strategy announced by the Governments of Mexico and the United States in February 1998 will increase cooperation between the two States in areas such as anti-corruption efforts, measures against money-laundering, asset forfeiture, interdiction, the sharing of information to reduce illicit

drug demand, the sharing of technology, training, the identification of precursors, and the prosecution and extradition of drug criminals. At the first conference on demand reduction between Mexico and the United States, held at El Paso, Texas, in March 1998, joint strategies and programmes were developed to reduce illicit demand for drugs. The Board notes the cooperation between the law enforcement officials of Mexico and the United States aimed at stemming the flow of chemicals used in the illicit manufacture of methamphetamine in the south-western part of the United States and the cooperation between Colombia and the United States aimed at thwarting the trafficking in potassium permanganate from countries in Asia to Colombia.

237. The Board welcomes the conclusion of numerous agreements by Governments in the region, with each other and with third countries, to enhance regional and international cooperation in drug control.

National legislation, policy and action

238. The Board notes that Canada has begun developing regulations to ensure that its national legislation, especially with respect to benzodiazepines, is in compliance with the provisions of the 1971 Convention. The Board urges the Government to promulgate those regulations without delay. Legislation is also being introduced in Canada that would supplement the existing laws against money-laundering by establishing new financial reporting requirements regarding suspicious transactions and the cross-border movement of currency. The Board encourages Canada to take similar measures without delay to ensure that its regulation of precursors and other chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances meets international standards.

239. The Board welcomes the enactment in 1998 by the Government of Mexico of precursor control legislation covering all substances under Table I and Table II of the 1988 Convention, as well as additional substances. The Board trusts that the Government will soon establish a comprehensive regulatory framework to ensure the effective implementation of that legislation. The Board welcomes the establishment, by the Office of the Attorney General of Mexico, of a unit to investigate money-laundering.

240. The United States has continued its efforts to build on its strategy, announced in 1997, to reduce illicit drug use and availability in that country by one half over a 10-year period. The Board notes with appreciation that the United States Government is providing substantial funding

to youth programmes and community-based efforts to combat the drug problem.

241. A significant amount of work is being done by the United States to provide via the Internet accurate information on drug prevention, addiction and treatment to parents with drug-addicted children, to doctors and to researchers worldwide. The Board notes the media campaign against drug abuse that began in January 1998 under the sponsorship of the United States Government. The campaign is intended to counteract the proliferation of messages on television and the Internet that tolerate or even promote drug abuse, a subject discussed extensively in the report of the Board for 1997.³³

242. The Board appreciates the substantial work being done by local non-governmental organizations in Mexico to reduce illicit drug demand. The Board notes the launching in May 1998 of a televised public information campaign on demand reduction, organized by a private sector foundation, complementing the efforts of the Mexican Government in that area.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

243. Indoor cannabis cultivation has increased significantly in Canada. Seizure data indicate the movement of illicit cannabis with a high THC content from the province of British Columbia to the United States, as well as from west to east in the United States.

244. Cannabis remains the most widely abused drug in North America and is the preferred drug of abuse in each of the three countries in the region. Surveys in the United States have shown that the upsurge of cannabis abuse among young people is directly linked to propagation of the false perception that cannabis abuse is harmless.

245. Efforts continue to be made by the Government of Mexico to eradicate illicit opium poppy cultivation. Opium poppy continues to be illicitly cultivated in limited areas, mostly in high altitudes. Heroin manufactured from poppy grown in Colombia, Guatemala and Mexico is destined primarily for the illicit market in the United States. As opium produced in Mexico is thought to be used to manufacture heroin within the borders of that country, the Board encourages the Government to exercise increased vigilance over precursors involved in heroin manufacture and to strengthen its cooperation with the

Board. The purity level of heroin manufactured in Latin America and transported northward is increasing.

246. Seizure data indicate that illicit trafficking in cocaine from South America through Mexico is still significant.

247. In Canada and the United States, the number of deaths due to drug overdose has been rising, possibly as a result of increased purity levels of heroin. While overall drug abuse levels in Mexico have remained low compared with the levels in the United States, the abuse of cocaine and "crack" in Mexico, especially by young people, appears to have risen in recent years. The abuse of "crack" appears to be declining in the United States. Unfortunately, new and young users are being attracted to heroin, mainly because of its easy availability, lower prices and higher purity. Over the past few years, increases in the prevalence of human immunodeficiency virus (HIV) infection among drug abusers were reported in many metropolitan areas in Canada, purportedly owing to the increasing number of addicts choosing to inject cocaine in combination with other drugs, such as heroin.

Psychotropic substances

248. The trafficking in and abuse of methamphetamine in the United States continues to increase. Criminal organizations based in Mexico that were involved in cannabis and cocaine trafficking have switched to methamphetamine trafficking in recent years to supply the illicit market in the United States. The use of existing distribution networks appears to be facilitating the rapid spread of methamphetamine abuse throughout the United States.

249. The medical consumption of methylphenidate, after increasing steadily over a 10-year period ending in 1996, appeared to level off in 1997; however, the use of amphetamine and dexamphetamine for the treatment of ADD has increased sharply. The Board reiterates its concern, expressed in its report for 1997,³⁴ that the utmost vigilance should be exercised to prevent the possible misdiagnosing and the inappropriate prescribing of methylphenidate and other stimulants.

250. LSD, which is manufactured illicitly and is particularly popular on the west coast of the United States, is being sold and distributed worldwide by postal order.

Other issues

251. Multiple drug abuse is being reported with greater frequency in the United States. For example, "speedballing" (i.e. combining heroin and cocaine through injection or inhaling) is becoming increasingly popular

throughout the country. Cannabis cigarettes combined with other substances, such as cocaine hydrochloride, "crack", phencyclidine (PCP) or codeine, are readily available in many parts of the United States.

252. Sodium oxybate (*gamma*-hydroxybutyrate (GHB)) and ketamine are emerging drugs in the United States, particularly in the "club scene".

Missions

253. In October 1998 the Board sent a mission to the United States.

254. The Board highly appreciates the firm intention of the United States Government to significantly reduce the supply of and demand for drugs during the next 10 years and to have designed a well-targeted strategy of actions with an inbuilt mechanism for evaluating the performance of activities to be undertaken in the coming years.

255. The Board invites the United States Government to share with other interested Governments experiences with and results of its unprecedented media campaign aimed at preventing young people from abusing drugs, which focused on their attitudes towards recreational drug abuse.

256. The Board urges the United States Government to find new ways of effectively dealing with drug abuse among hard-core addicts, which account for the major share of illicit drug demand, as recognized in the strategy.

257. The Board notes with appreciation the encouraging results of interdiction efforts, in particular the high interception rates for cocaine and the successful efforts to prevent the diversion of a number of chemicals from licit manufacture and trade to the clandestine manufacture of drugs inside and outside the United States.

258. The Board hopes that a consensus meeting on the diagnosis and treatment of ADD held in the United States in November 1998 will contribute to a common understanding of correct medical and scientific criteria, which in the last decade have become significantly less stringent than the criteria established by WHO and used in most other countries. Ways must be found to ensure that the practices followed in diagnosing ADD and prescribing stimulants in the United States are in line with established criteria and not subjected to present wide variations, in order to reduce the risk of misdiagnosis, over-prescribing and abuse.

259. The Board trusts that the United States Government will vigorously enforce its federal law, which is in line with the international drug control treaties, in states that,

pursuant to referendums, have authorized the use of cannabis, contrary to the federal law prohibiting the medical and non-medical use of cannabis. The decision of whether a substance should be authorized for medical use has always been taken, and should continue to be taken, in all countries by the bodies designated to regulate and register medicines. Such decisions should have a sound medical and scientific basis and should not be made in accordance with referendums organized by interest groups.

South America

Major developments

260. The efforts of Governments and international organizations have led to a decrease in areas under coca bush cultivation and the production of coca leaf, the main illicit crop in South America. However, reductions in coca bush cultivation in some areas are quickly and easily compensated for by new cultivation sites in other areas.

261. Good eradication results must be followed by effective and sustained reduction of illicit crop cultivation areas throughout the region. Governments may have to pay more attention to the eradication of new cultivation sites. The Board expects that the Governments of Bolivia, Colombia and Peru will bear such considerations in mind when they implement eradication strategies, with a view to complying fully with the commitments assumed by them at the twentieth special session of the General Assembly, held from 8 to 10 June 1998.

Treaty adherence

262. Guyana continues to be the only country in South America that is not yet a party to the 1961 Convention. All other States in the region are parties to the three international drug control treaties.

263. The Board, therefore, calls on the Government of Guyana not to delay any further its accession to the 1961 Convention. The Board would like to reiterate its opinion that full and effective implementation of the more recent international drug control treaties is only possible if the provisions of the 1961 Convention are fully implemented.

Regional cooperation

264. At the first conference of the Andean regional group on drug control, held at Arequipa, Peru, in August 1998, Bolivia, Brazil, Chile, Colombia, Panama, Peru and Venezuela agreed on the establishment of a regional drug

law enforcement training centre and on the creation of an electronic information exchange system for drug law enforcement. It is hoped that the two initiatives will prove useful in fostering mutual trust among drug law enforcement agencies in the region and in standardizing investigative techniques, data collection methods and systems for the dissemination of information.

265. Furthermore, such subregional mechanisms may in due course assist the countries involved in developing more functional and coordinated control of their common borders, particularly if other interested parties such as Ecuador, Guyana and Suriname are also included. Effective border control is especially difficult in a region with dense tropical rainforests, as in the Amazon and Orinoco river basins, where smuggling across national borders is particularly difficult to combat.

266. In 1998, Ecuador and Peru agreed on a plan to end their long-standing border dispute. The agreement includes the creation of bilateral commissions on commerce, navigation, cross-border collaboration, boundary delineation, mutual confidence and security. It is hoped that that agreement, similar to the one concluded between Ecuador and Colombia, will contribute to effective cooperation between those countries in drug and chemical control.

267. A joint survey on drug abuse is due to be conducted for the first time by the Governments of Argentina, Bolivia, Chile, Peru and Uruguay during the second half of 1998. The Board welcomes that initiative and trusts that such joint exercises will produce comparable data on drug abuse levels and trends. It encourages the Governments concerned to proceed with the undertaking and to share their experiences with other Governments upon request.

National legislation, policy and action

268. In January 1998, Bolivia launched Anti-Drug Strategy 1998-2002, also known as the Dignity Plan, outlining its goals and policies against drug abuse and illicit drug production, manufacture and trafficking until the year 2002. The plan was designed on the basis of broad national consensus despite some initial opposition. The Board welcomes the adoption of the plan and hopes that the international donor community will support those efforts of the Government.

269. In Brazil, money-laundering was criminalized, regulations sheltering bank secrecy were relaxed and new legislation against money-laundering and concealment of assets was enacted, all in the first quarter of 1998, following steps that had been recommended by the Board on

several occasions and that had already been taken in other countries in South America. Brazil being the largest economy and financial market in the region, the measures were a necessity. The Board hopes that the new legislation will be fully implemented and its impact closely monitored.

270. In 1998, Brazil also began a major effort to reshape its structures for drug control and for making drug policy. A new board, responsible for the formulation and coordination of both drug abuse prevention and law enforcement policies, is an integral part of the Government.

271. The Board has taken note of the anti-corruption campaign launched in early 1998 by the state police of Rio de Janeiro with the full support of the Government. According to some accounts, many police officers were fired on corruption charges. That should serve as an example for other countries worldwide and all levels of public service. Furthermore, between 1997 and 1998, the Brazilian federal police dismantled at least three major drug trafficking organizations in the southern part of the country and launched a national programme for precursor control.

272. The Board notes that in 1998 the Constitutional Court of Colombia confirmed the reintroduction of the extradition from Colombia of Colombian nationals but that it is applicable only in cases involving crimes committed after December 1997. Also in 1998, Colombia introduced legislation to allow for the early release of sentenced criminals who have served at least 60 per cent of their prison terms and for an unsupervised annual leave of absence for those who have served a minimum of 80 per cent of their terms. The Board notes that the legislation excludes sentenced drug traffickers from the early release benefit and that the Government has expressly instructed the relevant authorities not to consider such persons for the annual leave benefit.

273. The Board notes that in Colombia in 1998, several former public servants of high rank were sentenced to jail on corruption charges and, under legislation enacted in 1997, the prison terms of some major drug traffickers were substantially increased. Furthermore, law enforcement authorities dismantled two emerging drug trafficking organizations.

274. In Peru, legislation against money-laundering and banking regulations enacted in July 1998 were temporarily suspended pending the adoption of amendments to solve problems related to implementation. The Board encourages the Government to speed up the amendment process

and to reintroduce the amended legislation as soon as possible.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

275. The extent of illicit cannabis cultivation in South America is unknown. Cannabis is cultivated usually for local consumption; in Brazil, Colombia, Guyana, Paraguay and Suriname, it is also cultivated to be smuggled into other countries. In most countries in the region, the amount of cannabis seized has continued to increase. According to some surveys, cannabis remains the most common drug of abuse, particularly among the very young (15-19 years of age), and is the most often reported drug of initiation.

276. Trends in illicit opium production and heroin manufacture remained unchanged in 1998. Some surveys indicate that opium poppy cultivation in Colombia has remained stable for the past three years, despite an increase in the amount of heroin seized in the past year. Nonetheless, in contrast with the situation a decade ago, several countries in the region now report at least some abuse of heroin. That may be an indicator of the growing availability of heroin, a fact that should not be ignored by Governments planning their national strategies against drug abuse and illicit trafficking.

277. Reliable data on the illicit cultivation of coca bush, the production of coca leaf and the manufacture of cocaine hydrochloride continue to be scarce. The increase in the area under coca bush cultivation in Colombia is largely offset by reductions in the areas under coca bush cultivation in Bolivia and Peru. The country with the largest area under coca bush cultivation is reported to be Colombia, followed by Peru and Bolivia. In view of the higher coca leaf yield in Peru, it appears that the country has remained the world's leading producer of coca leaf.

278. The Board notes with satisfaction that a new Peruvian eradication and integrated economic development plan was endorsed by the international donor community early in November 1998. The Board hopes that the required funds will be made available to the Government.

279. The Board welcomes the fact that Bolivia, Colombia and Peru were well on their way to reaching their coca bush eradication targets for 1998. The Board hopes that the present decreases in coca bush cultivation in the region will be sustained in the long term. As the Board has

repeatedly stated in the past, the eradication of coca bush requires major efforts combining effective law enforcement and alternative development programmes.

280. As for the illicit manufacture of cocaine, Colombia continues to be the world's leading cocaine producer. Nevertheless, illicit trafficking organizations in both Bolivia and Peru have kept increasing their cocaine manufacturing and smuggling capabilities over the past few years. Governments are reminded of the dangers that well-organized and self-sufficient criminal organizations may present to political, economic and social institutions.

281. Knowledge of the regional patterns of the diversion of and trafficking in chemicals used in the illicit manufacture of cocaine is improving. Governments of a number of exporting countries have stopped suspicious shipments of chemicals, including increasingly large shipments of potassium permanganate, destined to cocaine-processing areas in South America. Countries in the region, in particular Colombia, have seized large quantities of such chemicals. For instance, the quantities of acids and solvents reported seized have been the largest in five years; the quantity of potassium permanganate seized in 1997 (112 tonnes) is the largest reported since 1989 and is more than the quantities reported seized in the previous four years combined.

282. Many substances not listed in Table I or Table II of the 1988 Convention have been reported seized. In contrast, little is known about the diversion of and trafficking in the critical chemicals used in illicit heroin manufacture, particularly acetic anhydride.

283. Verification of the legitimacy of individual transactions has led to the identification of suspicious shipments. Governments in the region are invited to follow the example of Colombia and Ecuador and invoke article 12, paragraph 10 (a), of the 1988 Convention, as it would apply to acetic anhydride and potassium permanganate and other substances in Table II under the agreements reached at the twentieth special session of the General Assembly. The Assembly, in its resolution S-20/4 B, on the control of precursors, recommended that States extend to acetic anhydride and potassium permanganate key measures related to the exchange of information on substances in Table I, requiring exporting countries to provide some form of pre-export notification upon request.

284. The Board would like to emphasize the need for the Governments of importing countries in South America to carefully review their legitimate uses and requirements of controlled chemicals, particularly acetic anhydride and potassium permanganate, in view of the fact that there

have been large, excess imports of several chemicals in the region, much of which might be diverted into illicit channels.

285. Traffickers of cocaine destined for illicit markets in Europe and North America continue to use more diverse methods and routes. No country in the region has been able to avoid being used as a transit point for cocaine smuggling. In most countries, the amount of cocaine seized has continued to increase over the past year, the sole exceptions being Peru and Uruguay.

286. Surveys of hospital emergency rooms indicate that abuse of cocaine hydrochloride is most prevalent among persons between 30 and 39 years of age and that the growing abuse of "crack", common to the entire region, is more noticeable in Brazil, Colombia, Ecuador, Peru and Venezuela.

Psychotropic substances

287. As for psychotropic substances, one of the main concerns in the region continues to be the abuse of stimulants in the form of anorectics.³⁵ The three countries most directly affected by such abuse, Argentina, Brazil and Chile, have, on the recommendation of the Board, taken legislative and/or administrative steps to deal with the problem. A decrease in such abuse has already been reported in Chile, while Argentina and Brazil are still trying to overcome implementation difficulties related to the large size of their territories.

288. Neighbouring countries still not facing serious problems related to the abuse of stimulants, namely Bolivia, Paraguay, Peru and Uruguay, should take all the preventive measures that they deem appropriate to avoid the spread of such abuse. The Board notes that Uruguay has banned the use of prescription formulas to prescribe stimulants, a measure that other Governments should also consider.

289. The Board is concerned over the growing abuse of tranquillizers and amphetamine-type substances, such as "ecstasy", noted in surveys of hospital emergency rooms, particularly in Argentina, Brazil, Chile and Uruguay. Solid statistical data are scant, but health authorities in South America as a whole should collect data on the subject in a more systematic manner, with a view to determining the real extent of such abuse.

Missions

290. A mission of the Board visited Suriname in April 1998. Although drug control legislation and some regulations against money-laundering are already in place, money-laundering per se is not yet a crime and legislation against money-laundering is still needed.

291. The Board welcomes the establishment in Suriname of a national coordinating body for drug control matters: the National Anti-Drug Council, responsible for, *inter alia*, advising the Government on the national drug control policy and for developing policy in areas such as drug law enforcement and the reduction of illicit drug demand, including matters related to the treatment and rehabilitation of drug abusers. The adoption of a national drug control plan, which already exists in draft form, would greatly facilitate the work of the Council in carrying out its functions, for which adequate resources will also be required.

292. Illicit production of and trafficking in cannabis, as well as illicit trafficking in cocaine destined mainly for Europe, remain significant problems in Suriname. Its extensive seacoast and difficult to reach uplands, both extremely difficult to control, together with its proximity to major illicit cocaine manufacturing areas and its close commercial and communication links with countries in Europe, particularly the Netherlands, make Suriname an ideal trans-shipment point for consignments of illicit drugs and precursors. The Board urges the Government of Suriname to step up its control measures and to pursue closer bilateral and multilateral cooperation with the Governments of neighbouring countries.

293. Until now, some efforts have been made by the Government of Suriname to assess the country's legitimate national requirements in precursors and chemicals. The Board encourages the Government to continue those efforts and to use the information thus obtained to establish a functional and effective system to prevent the diversion of controlled chemicals into illicit channels. Closer cooperation with exporting countries should be fostered in that area.

294. A mission of the Board visited Argentina in September 1998. The Board appreciates the role played by the Secretariat for Planning the Prevention of Drug Addiction and the Fight against Drug Trafficking (SEDRONAR), the national body for making drug policy in Argentina, created in 1989, in the enactment of needed regulations in the fields of drug control, demand reduction and illicit drug trafficking. Nonetheless, a comprehensive

law against money-laundering is still under consideration. The Board urges the Government of Argentina to enact the long-pending law against money-laundering, as soon as possible.

295. The Board encourages the Government of Argentina to enhance the capacity of SEDRONAR to coordinate policies and action with all other government agencies with responsibilities in drug-related matters, particularly those involved in national and international drug control at the state and national levels, as well as to establish the presence of SEDRONAR in all states.

296. The Board is aware that considerable resources are required for Argentina to adequately control the passage of persons and goods along its borders with Bolivia, Brazil and Paraguay, which are highly vulnerable to smuggling of all sorts, including illicit trafficking in drugs and their precursors. Such a complex border control situation can only be effectively dealt with on a multilateral basis. The Board, therefore, encourages the Government of Argentina, together with the Governments of its neighbouring countries, to step up efforts aimed at enhancing the coordination of border control policies and improving the exchange of information and the conducting of joint drug law enforcement operations.

297. A total of 29 independent police forces are involved in, *inter alia*, combating illicit drug trafficking and related crime in Argentina at the state and national levels. The Board trusts that there will be centralized monitoring of their activities, as well as coordination, including with other relevant agencies such as the state judicial systems, to ensure the efficiency of those activities.

298. The Board appreciates the role played so far by the Government of Argentina in drug and chemical control at the subregional level, in particular its efforts within the Common Market of the Southern Cone (MERCOSUR) to harmonize existing lists of precursors and essential chemicals, as well as of drug control procedures.

299. The national drug control administration of Argentina, within the Ministry of Health, should be strengthened, especially in its capacity to exert effective control over the misuse of prescription formulas containing psychotropic substances. For instance, closer cooperation between the health authorities and the medical and pharmaceutical communities should be fostered with a view to improving inspection capabilities at the state and national levels.

300. The Board welcomes the recent control measures introduced in Argentina with regard to the high consump-

tion of anorectics, including the monitoring of prescription formulas and of the medical use of pemoline, which resulted in a considerable decrease in the consumption of that substance.

Technical visits

301. In September 1998, a technical visit was made to Brazil to review the control of the licit manufacture of and trade in substances under international control, in particular the control of the domestic distribution of stimulants. The Board notes the adoption in May 1998 of a new regulation on substances under special control, which includes internationally controlled substances and consolidates several regulations issued on the subject since 1974. It is expected that resources for the implementation of the new regulation will be made available to the relevant authorities.

302. In order to prevent the abuse and misuse of licitly manufactured psychotropic substances in Brazil, the operational capacity of the authorities responsible for the licit domestic movement of drugs should be strengthened, particularly with respect to the registration, control and inspection procedures.

303. The use of prescription formulas for the prescribing of psychotropic substances and the dispensing of such products by pharmacists and, above all, by unqualified individuals may have to be discontinued. That practice is a major factor contributing to the abuse of stimulants and other substances under international control.

C. Asia

East and South-East Asia

Major developments

304. The economic crisis in East and South-East Asia is having an effect on all aspects of life in the region. The annual budgets for drug control are being significantly cut in some countries. It is still difficult, however, to determine with any certainty the effect of the economic downturn on illicit drug trafficking, consumption patterns and street prices.

305. Efforts to promote increased trade and mobility between the countries along the Mekong River (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) continue notwithstanding the economic situation. While proposals for paving roads and opening additional border points will undoubtedly facilitate economic recovery and growth in the region, the

Board underlines the importance of incorporating, at the level where such projects are designed, appropriate mechanisms that guarantee that improvements in infrastructure and increased ease of mobility through the region do not unintentionally facilitate an increase in illicit trafficking in controlled substances.

306. The major drug control problems affecting the region continue to be the illicit cultivation of opium poppy (in the areas along the border between Myanmar and its neighbouring countries) and the smuggling of acetic anhydride, ephedrine and pseudoephedrine into the Golden Triangle, where those chemicals are used to manufacture heroin and amphetamine-type stimulants in clandestine laboratories. Drug trafficking routes extend from that area to illicit markets in and outside the region, and the availability of illicit drugs is contributing to drug abuse problems, including the rapid spread of HIV infection among those who abuse those substances by injection.

Treaty adherence

307. The Government of Viet Nam acceded to all three international drug control treaties late in 1997. The Board, however, notes with concern the reservations formulated by Viet Nam on the extradition provisions of the three treaties (article 36, paragraph 2 (b), of the 1961 Convention as amended by the 1972 Protocol; article 22, paragraph 2 (b), of the 1971 Convention; and article 6 of the 1988 Convention). Extradition being an essential mechanism in the provision of international cooperation under the international drug control treaties, the Board urges Viet Nam to review its position in that regard and to withdraw its reservations.

308. While the Indonesian parliament ratified the 1988 Convention early in 1997, the Government has not yet deposited the instrument of ratification with the Secretary-General. The Board urges the Government to do so without further delay.

309. Cambodia and the Democratic People's Republic of Korea remain the only two countries in the region that have yet to become a party to any of the international drug control treaties, although there are signs that Cambodia is taking steps in that direction (see paragraphs 310 and 312 below). Mongolia is not yet a party to the 1971 Convention or the 1988 Convention. The Board hopes that Thailand will soon be in a position to become a party to the 1988 Convention.

Regional cooperation

310. The Board welcomes the increasing operational cooperation taking place among the six countries that are signatories to the 1993 memorandum of understanding in drug control (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) through the implementation of a UNDCP-assisted sub-regional programme aimed at precursor control, cross-border cooperation and training in law enforcement, the reduction of illicit drug use in the highlands and among high-risk groups and the introduction of alternative development among the poppy growing population. In July 1998, the foreign ministers of the member States of the Association of South-East Asian Nations (ASEAN) signed a joint declaration for a drug-free ASEAN, aimed at making the subregion free from illicit drug production, abuse and trafficking by the year 2020.

311. Considering the extent of the illicit trafficking in narcotic drugs and psychotropic substances in East and South-East Asia and the smuggling of chemicals used in their illicit manufacture between countries in that region and countries in South Asia, the Board believes that greater cooperation with countries in South Asia may be warranted.

312. As for bilateral initiatives, the Board appreciates the increased cooperation between Cambodia and Thailand in taking action against drug traffickers, as exemplified by the following: the signing in May 1998 of an extradition treaty between the Governments of those two countries; the signing in July 1998 of an agreement by the regional border committee of Cambodia and Thailand to mount a joint drive to suppress drug trafficking along the common border of the two countries; and the signing in July 1998 of an agreement by the navies of the two countries to conduct joint patrols to counter drug trafficking and piracy in common territorial waters. In July 1998, protocols establishing cooperation in civil and criminal justice were also signed by the Governments of the Lao People's Democratic Republic and Viet Nam. In June 1998, a memorandum of understanding on drug control cooperation was signed by Cambodia and Viet Nam. In October 1998, agreements were reached between Thailand and Viet Nam on legislative and judicial cooperation and joint activities aimed at suppressing the illicit traffic in narcotic drugs.

National legislation, policy and action

313. The Board notes that a new bill designed to curb money-laundering is expected to be passed shortly by the

parliament of Thailand. The Board encourages the Government to enact that legislation without delay as a further step to enable it to meet the requirements of and become a party to the 1988 Convention. The Board notes the campaign by the Office of the Narcotics Control Board of Thailand to discourage the media coverage of celebrities who have been involved in drug use. This type of initiative is intended to contain the glamorization of recreational drug abuse, which was discussed at length in the report of the Board for 1997.³⁶

314. The Board appreciates the work being done in a number of countries in East and South-East Asia in the area of prevention, including work done at the grass-roots level by a number of local non-governmental organizations in countries such as the Philippines and Thailand. Those organizations have contributed significantly to the efforts to reduce illicit drug demand in those countries.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

315. Cannabis continues to be cultivated in many countries in the region, both for domestic consumption and for export. Cambodia has become a major source of cannabis for illicit markets throughout the world. A strong increase in trafficking in cannabis was reported in Malaysia.

316. The illicit trade in and abuse of opiates continue to pose major problems in the region. Myanmar remains the source of a sizeable proportion of the world's illicit supply of opiates, although strengthened law enforcement efforts by the Government of Myanmar appear to have led to more opiates being seized and opium poppy cultivation being eradicated in more areas. The cultivation of opium poppy and the production of opium as well as the manufacture of heroin persist not only in Myanmar, along its borders, but in neighbouring countries as well. The large-scale eradication of opium poppy cultivation has been carried out by the Government of Viet Nam. China and Thailand are major trafficking centres for heroin from the Golden Triangle, although routes through Cambodia, the Lao People's Democratic Republic and Viet Nam also exist. The smuggling of heroin through the Hong Kong Special Administrative Region of China appears to have dropped off significantly, as drug syndicates appear to have moved their stores onto the mainland and are trafficking in smaller quantities, which are more difficult to detect.

317. In the Mekong area, downward trends in opiate ingestion, smoking and inhaling have been offset by an upward trend in drug injection. In China and Myanmar, where drug injection is common, the sharing of contaminated injection equipment has contributed to the spread of HIV infection. Increased availability of opiates, perhaps as a result of the increased presence of trafficking in the area, has led to a rise in injection of opiates among youth throughout Viet Nam. The more traditional form of opium smoking and the resulting dependence are prevalent mainly in the highland areas among older persons.

318. There have only been isolated reports of trafficking in and abuse of cocaine in the region.

Psychotropic substances

319. The illicit manufacture of and trade in amphetamine-type stimulants are spreading, reaching record levels in some countries in the region. Seizure data indicate that China and Myanmar are major sources of the illicitly manufactured methamphetamine found on illicit markets in those countries and elsewhere, although laboratories for the illicit manufacture of that substance have been found in other countries in the region as well. The Hong Kong Special Administrative Region has seen a sharp increase in seizures of consignments of the methamphetamine manufactured on the mainland, on their way to illicit markets in countries in the region such as Japan and the Philippines. Although most of the MDMA ("ecstasy") seized in East and South-East Asia is manufactured in Europe, police uncovered for the first time in November 1997 a laboratory in China manufacturing the substance. The manufacture of MDMA was reported in Indonesia as well.

320. The abuse of amphetamine-type stimulants, particularly amphetamine and methamphetamine, is expanding significantly in some countries in the region. While levels of drug abuse and trafficking have been fluctuating in Japan since the 1950s, in recent years there has been a new upward trend in the number of arrests for abuse of and trafficking in stimulants. It should be mentioned, however, that the proportion of the population abusing drugs in Japan appears to have remained low compared with most Western countries. The Board notes with concern that the abuse of amphetamine-type stimulants is spreading quickly among younger persons in the Philippines and Thailand. In Thailand, both the abuse of MDMA and the number of seizures of that substance are reported to be rising. The abuse of MDMA continues to be a problem in Indonesia as well.

321. While it appears that steps have been taken to strengthen law enforcement efforts to intercept the movement of precursors from China to Myanmar, the smuggling of ephedrine from India into Myanmar has been detected by Indian authorities.

Other issues

322. The increasing trend towards multiple drug abuse in the region continued through 1998. For example, a sizeable number of persons in China and Viet Nam abused both tranquillizers and opiates.

323. The abuse of volatile solvents, particularly glue sniffing, has been reported to be on the increase in several countries in the region, including Cambodia, the Lao People's Democratic Republic and Thailand. That form of drug abuse is often associated with younger children in difficult circumstances, usually in depressed urban areas. Toluene, an industrial solvent used in the manufacture of paint thinner and controlled as a precursor in Table II of the 1988 Convention, is being sold by criminal groups for abuse in Japan.

Missions

324. The Board sent a mission to Myanmar in March 1998. Myanmar continues to be one of the largest producers of opium and heroin in the world. A significant proportion of the illicit manufacture of methamphetamine in East and South-East Asia takes place in that country. There is a clear political commitment by the Central Committee for Drug Abuse Control to drug control and alternative development. For instance, the reorganization and strengthening of the Committee and law enforcement activities resulted in intensified efforts to eradicate illicit crops and in increased drug seizures. The Board encourages all government ministries to cooperate fully with the Committee.

325. The international assistance provided to Myanmar since 1988 has been minimal. The Board notes that the scope of drug control programmes in Myanmar is limited. The Board hopes that the Government will fulfil its commitment under the eradication plan. International assistance is needed to achieve long-term results, particularly in order to provide alternative sources of income for those who currently rely on the cultivation of opium poppy as a subsistence crop.

326. The Board calls on the Government of Myanmar to place under the national drug law all narcotic drugs, psychotropic substances and precursors under the inter-

national drug control treaties and to apply fully the controls provided for under those treaties, including penal provisions, so that the necessary measures may be taken against any new trends in the abuse and illicit manufacture of drugs, in particular psychotropic substances. The Board also invites the competent authorities to examine the mechanism for compiling data and reporting to the Board in a timely manner, as required under those treaties.

327. It has increasingly become necessary to identify the sources of precursors being smuggled into Myanmar, as well as the routes being used to smuggle those precursors, and to find out any new methods being used in illicit drug manufacture. The Board trusts that particular efforts will be made by the Government to locate clandestine laboratories manufacturing methamphetamine, in addition to those manufacturing heroin, and to cooperate, as necessary, with neighbouring countries in order to prevent the diversion and smuggling of the precursors required for that illicit activity. The Board invites the Government to make further efforts to determine the extent of drug abuse in Myanmar, especially in the light of the rapid spread of HIV infection, and to develop appropriate counter-measures.

South Asia

Major developments

328. Drug trafficking and drug abuse in South Asia continue to be largely transit-related, owing to the close proximity of the region to the world's two main opiate-producing areas: the Golden Crescent and the Golden Triangle. The illicit cultivation of narcotic crops in countries in South Asia has remained relatively limited and the resulting illicit drug products have been destined mainly for illicit markets within the region. India continues to cooperate closely with the Board in an effort to control international trade in narcotic drugs, psychotropic substances and precursors. On many occasions, India has prevented the diversion of controlled substances into illicit channels. Problems in drug control in South Asian countries are largely attributable to lack of adequate resources for the implementation of national legislation or regulations and, in cases involving pharmaceutical products and precursors, to inadequate control of domestic distribution channels. One recent concern is the growing abuse of psychotropic substances and polydrug abuse.

Treaty adherence

329. 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 Bhutan, which is not a party to the 1961 Convention or the 1971 Convention, and the Government of Nepal, which is not a party to the 1971 Convention, to accede at the earliest possible date to those treaties. The Board also welcomes the announcement of the Government of Maldives, which is not a party to any of the international drug control treaties, that the necessary steps for accession to those treaties will be taken shortly.

Regional cooperation

330. The Board notes with appreciation the signing of extradition treaties and mutual legal assistance treaties between the authorities of India and those of nine other countries. The Board welcomes the ongoing collaboration at the subregional level, including the activities being carried out by regional bodies, such as the Drug Advisory Programme of the Colombo Plan Bureau, the secretariat of the South Asian Association for Regional Co-operation, and by a number of non-governmental organizations in implementing drug control programmes. The Board trusts that cooperation initiated in 1996 between the Government of India and the Governments of China and Pakistan will be further developed.

National legislation, policy and action

331. The Board appreciates that the Government of Maldives established in 1997 the Narcotics Control Board and intends to prepare a rapid assessment survey and a national master plan for drug control. In Nepal, a new drug control policy and a new strategy for reducing illicit drug demand were included in the ninth five-year plan. The Board once again³⁷ urges the Government of Nepal to adopt the five new draft laws related to drug control that were developed with UNDCP assistance.

332. The Board also urges the Governments of Bangladesh and Sri Lanka to proceed with the consideration of draft amendments to update existing legislation in line with the provisions of the 1988 Convention. The Board encourages the Government of India to speed up the updating of existing legislation by amending the Narcotic Drugs and Psychotropic Substances Act and adopting the Foreign Exchange Management Act and draft legislation on money-laundering. The draft legislation on money-laundering would constitute the first comprehensive

legislation in India to combat money-laundering, in compliance with its obligations under the 1988 Convention.

333. The Board appreciates recent demand reduction activities carried out in Bangladesh, India and Maldives. In 1998, the authorities of Maldives initiated a drug awareness programme for schoolchildren. In Bangladesh, a national drug demand reduction strategy has been formulated and new treatment centres for drug addicts have been set up by non-governmental organizations, as well as by the Government. The Board trusts that those initiatives will receive the necessary support. Numerous activities in the field of demand reduction were carried out in India, including activities on the prevention of drug abuse in the workplace.

334. The Board notes that, with regard to supply reduction, large numbers of law enforcement officers have been trained in countries in the region. India has extended its export controls to cover additional precursors used in the illicit manufacture of amphetamines and potassium permanganate.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

335. Cannabis eradication campaigns are conducted regularly in India, Nepal and Sri Lanka but illicit cultivation of the plant has continued. Most of the harvested cannabis is destined for use within South Asia, though a relatively small amount is smuggled into countries outside of the region. There have been infrequent reports of the abuse and sale of hashish oil in Maldives.

336. Large quantities of heroin have been smuggled into countries in South Asia out of Afghanistan, the Lao People's Democratic Republic, Myanmar, Pakistan and Thailand, mainly to be shipped further, to illicit markets in Europe and North America, but also to be abused locally. The abuse of heroin by injection began to spread in Bangladesh, India and Nepal in about the year 1989. Today, there is a major concern in several areas of the region, especially in urban centres, with regard to the link between the spread of AIDS and the abuse of drugs by injection, which has been clearly established in the region. Sri Lanka remains the exception; in that country, inhaling the vapours of heated heroin is the predominant method used to administer that drug.

337. In India, most of the opiates seized in 1998 originated in south-west Asia and had reached India by land as well as by sea; smaller quantities came from local sources

(either licit or illicit). The heroin in the biggest seizures made in India in 1998 originated in Kabul and was first brought to Peshawar in Pakistan. The total quantity of heroin seized in India in 1997 was approximately 1 tonne. In Sri Lanka, a significant amount of the heroin that is abused is brought from India in boats by traffickers operating between southern India and the western coast of Sri Lanka.

338. Codeine-based cough medicines continue to be widely abused drugs in South Asia. Brands such as Phensedyl, either diverted or in the form of counterfeit products, are abused in Bangladesh, India and Nepal. They are smuggled across borders that are difficult to patrol. There have been reports of seizures of codeine-based cough medicines with a higher codeine content than legally manufactured cough medicines. Bangladesh has reportedly been provided with counterfeit products. The abuse of synthetic narcotic drugs, such as pethidine, has also been reported in countries in the region.

339. In India, because of the elaborate system for monitoring the movement and distribution of acetic anhydride, seizures of acetic anhydride have considerably diminished over the last few years. It is suspected that acetic anhydride is now increasingly being diverted into illicit channels using as a ruse sales on the high seas, an internationally accepted commercial practice by which the actual importer can even at the last moment sell the consignment to someone else. Recently, the diversion of acetic anhydride has been prevented in Sri Lanka. That may be an indication that Sri Lanka has been targeted by traffickers as a transit country to be used to ship acetic anhydride to heroin-manufacturing countries nearby.

340. The Board is concerned that, in Bangladesh, the use of chemicals controlled under the 1988 Convention in, for example, the textile and garment manufacturing industries, tanning and dyeing is reportedly not covered by existing regulations and there is no system for regulating their manufacture, their imports and their exports or for monitoring their use. This is particularly troubling, as the very large textile and garment manufacturing industry in the country requires the import of substantial quantities of acetic anhydride. Reports indicate that large quantities of sulphuric acid are manufactured in the country as well.

Psychotropic substances

341. The analgesic buprenorphine is increasingly being abused in South Asia and has already become one of the main drugs abused in some parts of the region. Buprenorphine is reportedly abused mostly by young men who live

in urban centres in Bangladesh, India and Nepal. Reports indicate that, in recent years, there have been cases involving the abuse and/or seizure of buprenorphine of Indian origin in Bangladesh and Nepal and also in countries outside the region, such as Armenia and Azerbaijan. In response to reports on the growing abuse of buprenorphine, manufacturers of that substance have been asked by the competent authorities of India to introduce a number of control measures. The Board calls on the Government of India to increase its efforts to ensure that pharmacies follow prescription requirements for buprenorphine.

342. Other medicinal products, such as hypnotics and sedatives and anxiolytics (barbiturates and benzodiazepines), continue to be abused in most countries in South Asia. Nepal has reported an increase in the abuse of nitrazepam (Nitrosun) smuggled out of India. India has reported the abuse of diazepam and Sri Lanka has reported the small-scale abuse of diazepam and flunitrazepam. Deficiencies in the control of domestic distribution channels and the resulting smuggling appear to be the main source of the substances that are abused in the region.

343. In India, law enforcement efforts by different agencies launched against methaqualone trafficking and the introduction of regulatory measures to control precursors in the last couple of years have led to the dismantling of several clandestine laboratories used in the illicit manufacture of methaqualone and to a significant reduction in the amount of that substance that is illicitly manufactured. Traffickers, however, have continued to obtain precursors from sources outside of India for the manufacture of Mandrax (a preparation containing methaqualone) in clandestine laboratories in various other countries.

344. In India, control measures for precursors have, on several occasions, prevented the diversion of ephedrine, particularly to Central America and North America.

Missions

345. A mission of the Board visited India in October 1998, in particular to discuss with the Government issues related to the licit cultivation of opium poppy and stocks of opium in that country. The Board appreciates the strong commitment and efforts by the Government to maintain a sustained and stable source of licit opium to meet global demand and the additional control measures taken to prevent diversion.

346. In order to face the new challenges emerging as a result of increased illicit trafficking and drug abuse, the Board calls on the Government of India to establish an effective coordinating body and adopt, as a matter of urgency, the master plan for drug control drafted in 1994, so that a comprehensive national drug control policy and strategy can be developed to ensure the full involvement and concerted efforts of the ministries and agencies concerned in various aspects of drug control.

347. The Board is pleased to note that a series of control measures have been taken in India to prevent the abuse of buprenorphine and it hopes that further efforts will be made to ensure their effective implementation. The Board encourages the Government to establish close cooperation with the Governments of neighbouring countries, such as Bangladesh and Nepal, with a view to putting a stop to the smuggling of buprenorphine from India into those countries.

348. As the domestic consumption of morphine has decreased to an extremely low level over the last few years, the Government of India should take effective measures to ensure its adequate availability for medical purposes.

349. The Board sent a mission to Bangladesh in October 1998. The Board appreciates the efforts made by the Government to bring its national legislation on drug control in line with the international drug control treaties. The Board hopes that the amendment to the National Narcotics Control Act 1990 and the rules framed thereunder will come into force at the end of 1998 as scheduled.

350. The Board notes with concern the weaknesses in the current control system in Bangladesh, particularly with respect to the system of distribution and inspection, and trusts that the Government will take the necessary measures to remedy the situation, thereby preventing the abuse of narcotic drugs and psychotropic substances diverted from licit sources. New laws should provide the Government with adequate instruments for the control of narcotic drugs, psychotropic substances and precursors. Efforts should be made to ensure the enforcement and implementation of those laws, which will require the strengthening of the organizational and administrative structures in the judicial and law enforcement areas.

351. The Board notes that implementation of the five-year master plan on drug abuse control is to be completed in 1999 and encourages the Government of Bangladesh to ensure the smooth continuation of the current activities in a second plan.

West Asia

Major developments

352. In Afghanistan, the large-scale illicit cultivation of opium poppy appears to be on the increase, although, due to bad weather conditions, opium production is expected to be lower in 1998 than in 1997. While the illicit manufacture of morphine and heroin continues, there are indications that all the illicit manufacture of heroin that formerly occurred in Pakistan has been moved to Afghanistan. The Board is concerned that opium and heroin have been stockpiled in northern Afghanistan, near the border of that country with Tajikistan. It is obvious that the stocks have been prepared for the purpose of ensuring regular and uninterrupted deliveries of opium and heroin across the Afghan border, into Tajikistan and other countries. The quantities of opiates intercepted in West Asia have increased.

353. Most countries in the region are used by traffickers as transit countries for consignments of cannabis and opiates originating in Afghanistan or Pakistan and destined mainly for Europe and also to other regions. Precursors used in the illicit manufacture of heroin are also trafficked through many countries in the region.

354. There are estimates that up to 65 per cent of all Afghan opium, morphine and heroin is trafficked through central Asia. Available information suggests that, during the past two years, smugglers have utilized new routes through the member States of the Commonwealth of Independent States (CIS) in central Asia. After being moved through central Asia, the drugs are further channelled to Belarus, the Russian Federation, Ukraine and the Baltic States, which serve as points of entry into western Europe. The Board welcomes national and regional initiatives to promote drug control, especially in the CIS member States.

355. The prevalence of the abuse of opiates is high and appears to be rising in Afghanistan, the Islamic Republic of Iran and Pakistan; the abuse of heroin is also reported as increasing, but to a lesser degree, in other countries in West Asia. In spite of those developments, the level of abuse of cannabis, heroin and psychotropic substances in many countries in the region³⁸ in general appears to be low compared with the level in countries in some other regions. Due to transit trafficking, drug abuse problems in the CIS member States in central Asia continue to rise. The Board is pleased that many Governments in West Asia are fully aware of the drug abuse problem and that some have started or are planning to assess the actual extent of such

abuse. The Board encourages Governments to give higher priority to the prevention and treatment of drug abuse.

Treaty adherence

356. Since the last report of the Board was published, Georgia has acceded to the 1971 Convention and to the 1988 Convention and Iraq has acceded to the 1988 Convention. Of the 24 States in West Asia, 18 are now parties to the 1961 Convention in its amended form, 4 are parties to the 1961 Convention in its unamended form, 23 are parties to the 1971 Convention and 22 are parties to the 1988 Convention.

357. The Board notes that the Government of Georgia has declared its intention to accede to the 1961 Convention and trusts that parliamentary approval will be given before the end of 1998. The Board notes that the Government of the Islamic Republic of Iran has finalized preparations for accession to the 1971 Convention and that the Government of Pakistan, which is a party to the 1961 Convention in its unamended form, is considering becoming a party to the 1972 Protocol amending the 1961 Convention.

358. The Board notes with satisfaction that almost all countries in the region have become parties to the international drug control treaties. It encourages the Government of Georgia to accede to the 1961 Convention, the Government of Azerbaijan to accede to the 1961 Convention and the 1971 Convention, and the Governments of Israel and Kuwait to accede to the 1988 Convention. Furthermore, the Board encourages the Governments of Afghanistan, the Islamic Republic of Iran and Turkey to become parties to the 1972 Protocol amending the 1961 Convention.

359. Although a new law in Lebanon authorizes the lifting of bank secrecy in criminal cases, the Board remains concerned that the Government of that country has not yet withdrawn its reservations on the provisions in the 1988 Convention against money-laundering, in spite of objections raised by several Governments.³⁹

Regional cooperation

360. The Board notes with satisfaction the further strengthening of regional cooperation in West Asia.

361. The Economic Cooperation Organization, during its Fifth Summit Meeting, held in Alma-Ata, Kazakhstan, in May 1998, called on its member States to cooperate in combating the smuggling of narcotic drugs and psychotropic substances and adopted plans for the training of

drug control experts and for periodic reporting on the drug situation in West Asia.

362. Efforts are under way to create a drug "security belt" around Afghanistan through the promotion of coordinated drug control measures by countries in the vicinity of Afghanistan (Armenia, Azerbaijan, China, Georgia, Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan and Uzbekistan).

363. A training course for customs authorities, organized by the World Customs Organization and hosted by Turkey, in which most countries in West Asia participated, raised awareness of the necessity for precursor control in the region. In addition, the Governments of the Islamic Republic of Iran and Pakistan are participating in a sub-regional project to improve precursor control in South Asia and West Asia.

364. The Board also welcomes the signing by Pakistan of an extradition and judicial cooperation treaty with the United Arab Emirates and the preparation of similar agreements with the Islamic Republic of Iran, Nigeria and Saudi Arabia.

365. The Board encourages the authorities of countries and areas in West Asia to reinstate the border control cooperation that had started in previous years, for example, between Lebanon, the Syrian Arab Republic and Turkey and between the Palestinian Authority and the following countries: Egypt, Israel and Jordan. A more recent positive example is the cooperation between the Governments of Jordan, Lebanon and the Syrian Arab Republic in dismantling a stimulant trafficking ring.

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

National legislation, policy and action

367. The Board notes with satisfaction the adoption of national drug control programmes in Azerbaijan, Kazakhstan, Kyrgyzstan and Turkmenistan and the strengthening of drug control legislation in several CIS member States. New laws aimed at regulating all aspects of the licit movement of narcotic drugs, psychotropic substances and precursors have been adopted in Kazakhstan and Kyrgyzstan. A draft law against trafficking in illicit narcotic drugs, psychotropic substances and precursors is under consideration in Azerbaijan and should be ready for adoption in the near future. New or amended criminal codes have been adopted or are about to be adopted in

Armenia, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan.

368. The Board welcomes the adoption by Lebanon in March 1998 of a law related to narcotic drugs, psychotropic substances and precursors and the establishment of a national council on drugs. It regrets, however, that import controls for psychotropic substances have been weakened, although cases of diversion to the illicit traffic have come to the attention of the Board. The Board notes that, in Pakistan, the Control of Narcotics Substances Act of 1997 is expected to be extended to the Provincially Administered Tribal Areas soon. The Board notes with satisfaction that the Government of Pakistan is reviewing its criminal justice system to enable it to deal with court cases in a more expeditious manner and to convict major drug traffickers.

369. The Board notes that Turkey has issued regulations on controlled deliveries. The Board trusts that the regulations will enhance regional and international cooperation in combating drug trafficking and the diversion of essential chemicals.

370. The Board is concerned about the fact that effective measures against money-laundering have not been adopted in many countries in West Asia and particularly in those countries having high investment rates and a high potential to be exploited for money-laundering (e.g. Israel, Lebanon and many countries on the Persian Gulf).

371. In that connection, the Board encourages the Cooperation Council for the Arab States of the Gulf, which is a member of the Financial Action Task Force, to participate actively in developing measures against money-laundering and to guide its member States. The Board notes with satisfaction that Turkey has already issued implementing regulations on money-laundering and has established a financial crime investigation board. The Board also welcomes the fact that the Government of the United Arab Emirates is currently examining a new law against money-laundering and that the Government of the Islamic Republic of Iran is considering drafting a law against money-laundering that is in accordance with the 1988 Convention.

372. The Board commends the implementation of new programmes for drug abuse prevention and treatment in the Islamic Republic of Iran, Israel, Jordan, Pakistan and Turkey. The Board also commends the Islamic Republic of Iran for having started a nationwide assessment of the extent of drug abuse and notes that Jordan, Pakistan and Turkey are planning similar activities for the near future.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

373. Cannabis is illicitly cultivated or grows wild on extensive areas in Afghanistan and Pakistan (in the Tribal Areas). No cannabis eradication has been reported to have been undertaken in 1998 in Afghanistan or Pakistan, although the two countries continue to be major sources of the cannabis resin seized in several parts of the world. The number of cannabis seizures made by the Government of Pakistan continues to be high.

374. Cannabis grows wild in CIS member States in central Asia, particularly on large areas in the Chu valley, which straddles the border between Kazakhstan and Kyrgyzstan, and is a supply source for international traffickers. The Board notes the efforts of the drug enforcement authorities of Kyrgyzstan, which in 1997 eradicated 15,000 hectares of the estimated 60,000 hectares of wild-growing cannabis in the country.

375. In the Caucasus, most of the cannabis cultivated is intended for the domestic market. Authorities have reported the eradication of significant amounts of cannabis.

376. In Lebanon, the illicit cultivation of cannabis has practically ceased.

377. Most of the countries in West Asia are used by traffickers to trans-ship large amounts of cannabis and cannabis resin to consumer countries in the region as well as in Europe and Oceania. Seizures of both cannabis and cannabis resin have been reported in West Asia.

378. As cannabis continues to be the most commonly abused drug in many countries in West Asia, its abuse should be dealt with through adequate national prevention programmes.

379. In Afghanistan, the commitment of the authorities to ban illicit poppy cultivation and the processing of opiates is questionable. It has been observed that while illicit poppy cultivation has been reduced in some areas, it has emerged in areas that were previously unaffected. Due to bad weather conditions, the amount of opium harvested is expected to be less in 1998 than in 1997 (2,100 tonnes in 1998, compared with 2,800 tonnes in 1997). Despite the fact that preliminary estimates of the poppy crop harvested in Pakistan suggest an increase in 1998 over the figure for 1997, the Board trusts that the Government will strengthen its efforts to achieve complete enforcement of the ban by the year 2000, in accordance with the commitment that it

has made. Illicit heroin manufacture is reported to have moved completely from Pakistan to Afghanistan. Laboratories for the illicit manufacture of heroin and morphine are assumed to exist in Afghanistan, mostly in the Nangarhar and Hellmand areas and close to its border with Tajikistan and Turkmenistan. Trafficking groups in the producing areas enjoy greater security than before because of weak local law enforcement. The Board is concerned about reports of large stocks of opium and heroin in the north of Afghanistan, as well as about the fall, in many parts of the country, of the prices of heroin and chemicals used in illicit manufacture of heroin (mainly acetic anhydride).

380. Chemicals used in illicit heroin manufacture in Afghanistan, often routed through Pakistan, originate mainly in Europe, but also in China and India. Many countries in West Asia are used by traffickers as transit countries for those chemicals. Pakistan authorities have foiled several attempts to smuggle acetic anhydride into Afghanistan out of China and countries in Europe via Kuwait and the United Arab Emirates.

381. As controls over those chemicals are being strengthened in other countries in south, south-east and south-west Asia, the CIS member States in central Asia are increasingly being used as alternative sources for their supply. Some of them are, or have the potential to be, manufacturers of key chemicals required for the manufacture of heroin and methamphetamine. Moreover, they are also used as transit countries for smuggling those chemicals (in particular, acetic anhydride) into Afghanistan and other countries in south-west Asia out of industrial establishments in the Russian Federation, as well as out of other European countries. Since 1995, Uzbek customs officials have stopped attempts to illegally export to Afghanistan 72 tonnes of chemicals without which the processing of raw materials into heroin is impossible. A total of 41 tonnes of acetic anhydride destined for Afghanistan were seized by Turkmen authorities in different operations during the first seven months of 1998.

382. The Board underlines that more efforts have to be made by all countries in West Asia to intercept such chemicals.

383. Opium currently produced illicitly in central Asia does not significantly influence the world illicit market but that subregion has a considerable potential for becoming a greater source of illicit narcotic drugs. Campaigns to eradicate illicit crop cultivation are conducted annually in all CIS member States in central Asia. The Board is

concerned about increased heroin processing and the establishment of clandestine laboratories in central Asia.

384. In the countries of the Caucasus (Armenia, Azerbaijan and Georgia), most of the poppy cultivation occurs on very small plots and is largely, if not exclusively, intended for the domestic market.

385. In Turkey, reports of declining seizures of acetic anhydride and heroin may be a sign that heroin processing is being partly transferred to other countries in the subregion.

386. In Lebanon, no major illicit poppy cultivation and manufacture of opiates were detected in 1998. However, as international assistance did not reach the expected level, and the timely implementation of government programmes to provide alternative sources of income has faced difficulties, there is a risk that farmers may revert to illicit poppy and/or cannabis cultivation. The Board wishes to emphasize that international assistance at an opportune time is a prerequisite for the implementation of the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, contained in General Assembly resolution S-20/4 E.

387. A substantial proportion of opiates produced in Afghanistan is abused in West Asia as well as in South Asia; the remainder is smuggled into Europe. Many countries in West Asia are used by traffickers to trans-ship to Europe large amounts of opiates originating mainly in Afghanistan and, to a lesser degree in Pakistan. Most countries in West Asia have reported increasing quantities of seized opiates. In the Islamic Republic of Iran, the quantity of opiates seized continues to be the largest worldwide and continues to increase. Since there are now many different drug trafficking routes, it is of the utmost importance that Governments in West Asia cooperate and consider strengthening controls on their common borders.

388. Although it is assumed that the quantities of drugs seized in CIS member States continue to be a small percentage of the increasing quantities being trafficked through West Asia, the Board notes that most countries in the region report the seizure of sharply increasing quantities of opiates, in particular heroin. For instance, at the end of 1997, nearly 2,000 kg of heroin on its way to western Europe through Turkey was seized by the Turkmen security service.

389. The Caucasus has emerged as a new corridor for transit trafficking in illicit drugs because of the porous borders of the CIS member States and the increasing prevalence of organized crime. The Board urges the

authorities in those countries to enhance the coordination of law enforcement agencies in fighting the rise in crime.

390. The Islamic Republic of Iran is one of the main illicit markets for Afghan opium. Opium abuse in the Islamic Republic of Iran is widespread among the elderly in rural areas, and among the wealthy in cities; young people in cities have turned to cheap heroin, which they smoke or inject.

391. The extent of opiate abuse in Afghanistan is unknown, but it is believed to be widespread and increasing. The abuse of heroin continues to be particularly widespread in Pakistan, where heroin is increasingly being abused by injection. The abuse of heroin is reported to be increasing in many other countries in West Asia, including countries that were previously not very affected by such abuse.

392. In CIS member States, opiate abuse appears to have increased significantly in the past four years, especially among young people, as has drug abuse along the known trafficking routes. The practice of injecting drugs is of particular concern, as drug abuse by injection has become the main vector for the spread of HIV. In Kazakhstan, where approximately 80 per cent of persons identified as being infected with HIV were drug abusers, the Government has implemented a number of drug abuse prevention and treatment activities aimed at reducing the incidence of HIV among injecting drug abusers. The abuse of opiates by injection is also common in the Caucasus, where drug abuse by injection is one of the prime vectors for the spread of HIV.

393. Cocaine abuse continues to be negligible in the region. Small-scale seizures of cocaine indicate limited abuse of that substance in Israel, Lebanon, Turkey and Turkmenistan and in the countries of the Caucasus. The processing of cocaine hydrochloride from coca paste in Lebanon has virtually stopped.

Psychotropic substances

394. According to seizure reports, the abuse of various stimulants, smuggled mainly through Jordan, the Syrian Arab Republic and Turkey, mostly under the brand name Captagon, remains widespread in the Arab peninsula. The coastal borders of the countries on the Persian Gulf are increasingly being used for such smuggling. As in previous reports, the Board encourages all countries concerned to cooperate in order to determine the origin, trafficking routes and composition of the various products involved. The Board welcomes the fact that the Syrian and

Turkish authorities cooperated in the autumn of 1997 to dismantle a stimulant trafficking ring.

395. The Government of Kazakhstan is concerned about the presence of a vast natural growing area of the *Ephedra* plant, covering an estimated 350,000 hectares, in the mountainous area in the southern part of the country. In 1997 alone, Kazakh law enforcement units seized 13 tonnes of *Ephedra* herbal material, which is believed to have been intended for the production of ephedrine and other stimulants. Ephedrine is either converted in home laboratories into methcathinone (ephedrone), which is injected or used as a precursor in the manufacture of methamphetamine. The illicit manufacture of ephedrine from *Ephedra* plants has also continued in Kyrgyzstan.

396. In the CIS member States, there has been in recent years increasing evidence of the abuse of amphetamine-type drugs, including "ecstasy" from western Europe. The abuse of "ecstasy" originating in Europe is also increasing in other countries in West Asia.

397. In Israel, a rise in abuse of LSD and various amphetamine-type drugs, in particular "ecstasy", has been experienced. In addition, amphetamine-type "designer" drugs not yet under international control are being abused in Israel. In July 1998, Israel placed several "designer" drugs under national control.

398. The number of seizures of depressants (secobarbital) in Saudi Arabia and the Syrian Arab Republic have declined. Information on the abuse of pharmaceutical products (stimulants and sedatives, including benzodiazepines) has been made available by the Government of Israel and the Palestinian Authority only. The Board trusts that countries in West Asia that are planning an assessment of the extent of drug abuse will include the abuse of pharmaceutical products in their survey. The Board commends the Government of Pakistan for conducting in 1998 two workshops on the rational prescription of psychotropic substances.

Missions

399. In February 1998, the Board sent a mission to Israel and the Palestinian Autonomous Areas. Under the relevant agreements between the Palestinian Authority and the Government of Israel, activities related to the reduction of the illicit supply and abuse of drugs have to be coordinated by both parties.

400. As close cooperation between the Government of Israel and the Palestinian Authority is in the best interest of both parties, the Board urges both to consider options to

establish an effective mechanism for the coordination of all matters dealing with drug control and to examine the current obstacles to effective coordination with a view to removing them.

401. The Board is pleased that the monitoring of the licit movement of narcotic drugs and psychotropic substances in Israel is functioning well enough to prevent most diversions from licit trade and that importance is attached to activities aimed at demand reduction. The Board hopes that the Government of Israel will speed up the process of updating national legislation that would enable Israel to ratify the 1988 Convention.

402. The Board therefore urges the Government of Israel to accord higher priority to drug control issues and to take all the steps necessary to facilitate the adoption of the relevant laws and ratification of the 1988 Convention. The Board also urges the Government to establish as a matter of priority a legislative basis for the implementation of article 12 of the 1988 Convention.

403. In the Palestinian Autonomous Areas, the Board notes with satisfaction the efforts undertaken by the Palestinian Authority to institutionalize drug control, in particular by preparing comprehensive drug control legislation and strengthening its interdiction efforts. It encourages the Palestinian Authority to adopt, as soon as possible, the new comprehensive drug control legislation and apply it uniformly in all the areas subject to its authority.

404. The Board trusts that other Governments and international bodies, within their field of competence, will assist the Palestinian Authority in its endeavour to reduce the supply of and demand for drugs intended for illicit consumption in the areas under its authority and to strengthen its drug abuse treatment and rehabilitation capabilities.

405. A mission of the Board visited Georgia from 26 to 28 August 1998.

406. Legislation for the control of the licit distribution of narcotic drugs and psychotropic substances in Georgia is currently being drafted. The Board is, however, concerned at the slow pace of progress in that regard and hopes that greater progress will be made to introduce legislation in line with the international drug control treaties.

407. There is no effective control by the customs authorities of Georgia over the national borders, as those borders are contested and therefore not well protected in a number of areas. As such, the customs authorities and the Ministry of the Interior, which are responsible for the customs con-

trol and the security of the borders, are not in a position to deal with drug trafficking in those areas. They are, moreover, very poorly equipped and in urgent need of technical assistance to enable them to function efficiently. That situation has made it difficult for the Government to deal effectively with the problem of drug trafficking, which is greatly facilitated by the strategic geographical position of the country in the Caucasus.

D. Europe

Major developments

408. While Europe has been a major destination for drugs, it also has emerged as a producer of cannabis and synthetic drugs. MDMA ("ecstasy") is manufactured clandestinely in Europe and trafficked worldwide. Unclear messages about the dangers of synthetic drugs, particularly MDMA (the toxic effects of which on the human brain has been confirmed by recent evidence), may have contributed to increased demand for such drugs. In its report for 1997, the Board emphasized the difficulty of preventing drug abuse in an environment where it is increasingly being viewed as an almost normal cultural phenomenon.⁴⁰

409. Most synthetic drugs seized in western Europe are also manufactured in western European countries, mainly in the Netherlands, and in some eastern European countries; the manufacture of synthetic drugs is spreading to other countries as well. The synthetic drugs manufactured in Europe are intended for illicit markets in European countries and in many countries outside Europe.

410. Heroin abuse has risen in some western European countries. In others, it has remained stable or decreased and the average age of heroin abusers is increasing. There has been a shift away from injecting heroin and towards smoking heroin; the shift has been made possible by the increased purity of the drug. Heroin prices have decreased, resulting in increased availability of the substance on illicit markets. The Board is concerned that the heroin revival may also be a result of the misconception that smoking heroin is free of major risks.

411. The number of cocaine seizures continues to be high. Unlike the abuse of synthetic drugs or heroin, which have received much attention, cocaine abuse does not appear to be viewed as a major public health problem by the general public. Polydrug abuse is on the rise, representing a formidable challenge to those involved in treating drug abusers.

412. The Board notes with appreciation that European Governments have been placing increasing emphasis on efforts to reduce drug abuse and illicit trafficking. They have also stressed the importance of the prevention of drug abuse as a tool for achieving long-lasting results in drug control.

Treaty adherence

413. Since the last report of the Board was published, Lithuania has become a party to the 1988 Convention. Of the 44 States in Europe, 41 are parties to the 1961 Convention, 40 are parties to the 1971 Convention and 36 States and the European Community are parties to the 1988 Convention.

414. The Government of Belarus has indicated its intent to accede to the 1972 Protocol amending the 1961 Convention.⁴¹ The Government of Liechtenstein has indicated its intent to become a party to the 1971 Convention and the Government of Switzerland has indicated its intent to become a party to the 1988 Convention.

415. Albania is not a party to any of the international drug control treaties. For several years, the Board has urged the Government of that country to accede to the treaties. The process of preparing for accession to the treaties was disrupted by social unrest in 1997. As a result of that unrest, criminal groups have consolidated and expanded their operations, and Albania is now faced with serious problems involving drug trafficking activities. Therefore, the Board once again urges the authorities of Albania to strengthen their current anti-narcotics efforts by acceding to the treaties, by bringing national legislation into line with the provisions of the treaties and by taking action against trafficking groups.

Regional cooperation

416. In the European Union, a mechanism for the rapid exchange of information on new synthetic drugs and the assessment of their risks entered into force in January 1998, thus implementing the joint action of 16 June 1997 adopted by the European Council on the basis of article K.4 of the Treaty on European Union, concerning the information exchange, risk assessment and the control of new synthetic drugs.

417. The Board trusts that the European conference organized by the city of Vienna in November 1998 to exchange experiences gained in both interdisciplinary cooperation and cooperation between institutions involved in drug abuse prevention and drug control policy will

provide new impetus to the development of a common European policy on drug abuse prevention.

418. The Baltic States (Estonia, Latvia and Lithuania) reaffirmed their cooperation in efforts to fight criminal activities such as money-laundering and illicit trafficking in narcotic drugs. The chiefs of the Baltic States' border guards signed a protocol on cooperation to fight drug trafficking in July 1998.

419. The Board welcomes operation "Kanal", which has been developed jointly by Belarus, the Republic of Moldova, the Russian Federation and Ukraine. The operation entails increasing the interaction of the competent institutions along the borders of the participating countries by mobilizing efforts and means of the law enforcement bodies of those countries.

420. In September 1998, the ministers of the interior of Bulgaria, Greece and Romania agreed to strengthen their joint efforts to fight cross-border crime. The agreement provides for, *inter alia*, the establishment of a trilateral committee to oversee joint police operations aimed at fighting drug trafficking and money-laundering.

421. The Board notes with appreciation the ongoing cooperation programmes of the European Union with countries in central and eastern Europe in the field of drug control, in particular, activities financed by, or implemented within, the framework of the Phare⁴² multi-country programme for the fight against drugs and others.

422. The Board notes the coming into force of the Europol convention in October 1998 and encourages Europol to fully cooperate with Interpol, the World Customs Organization, other international organizations and national law enforcement authorities.

National legislation, policy and action

423. The Board welcomes the adoption of new or the strengthening of existing drug control legislation in several countries, particularly Austria, the Czech Republic, Hungary, Lithuania, Poland, the Russian Federation and Slovakia.

424. The Board welcomes the legislation against money-laundering that entered into force in Switzerland in April 1998. The Board hopes that the Government of Switzerland will accede to the 1988 Convention as soon as possible. Legislation aimed at the prevention of money-laundering was also enacted in Latvia and Lithuania, which are already parties to the 1988 Convention.

425. The Board urges the Governments of Bulgaria, Croatia, Romania, Slovenia and the former Yugoslav Republic of Macedonia to finalize new drug control laws that are currently under preparation. Albania, Bosnia and Herzegovina and Yugoslavia should now make every effort to draft and adopt relevant legislative acts for implementing the provisions of the 1988 Convention.

426. Poland adopted new drug control legislation in 1997. The Board trusts that the corresponding administrative regulations are being introduced without delay. The Board notes that Polish police have been equipped with legal instruments allowing for controlled delivery and modern investigation methods.

427. In July 1998, the Government of Slovenia established an inter-ministerial drug commission and a drug bureau to coordinate drug-related activities.

428. In a joint directive presented in April 1998, the College of Public Prosecutors and the Ministry of Justice of Belgium requested public prosecutors to give the "lowest judicial priority" to bringing charges against persons for possession of small quantities of cannabis. They also proposed that cannabis users who had not committed any offence other than possession should not be imprisoned and that imprisonment should be a "last resort". It is unfortunate that the directive has been widely misinterpreted as a move towards the decriminalization and legalization of cannabis.

429. In Germany, a rule that entered into force on 1 August 1998 introduced administrative penalties for driving under the influence of drugs. Any driver found to have been using any amount of cannabis, heroin, morphine, cocaine or amphetamines will have his or her driving licence suspended, in addition to having to pay a substantial fine. The Board encourages other countries to take similar steps, in the interest of public health and safety, in order to reduce the danger of drivers abusing drugs.

430. The Board notes that the Council of the European Union adopted in June 1998 regulation (EC) No. 1420/98,⁴³ amending the general rules for the granting of aid to growers of flax and hemp. The amendment limits the granting of aid to any hemp grower who has concluded a contract with an approved primary processor of hemp or who processes hemp into straw. The Board encourages the Council of the European Union to consider adopting further control measures, including the introduction of on-site inspections and, if necessary, sanctions, in order to

prevent hemp from subsidized cultivation from being used for illicit purposes.

431. The Board recognizes the difficulties experienced by the Swiss judicial authorities in preventing cannabis grown for horticultural purposes from being sold to cannabis abusers. The Board trusts that the Government of Switzerland will adequately deal with that problem by amending existing legal provisions.

432. The Board notes the adoption of national drug control strategies in Belarus, Estonia, Norway, Ukraine and the United Kingdom. The Board welcomes the fact that the focus of the strategies is on drug abuse prevention and that some of the strategies are accompanied by substantially increased funding for demand reduction activities. The Board appreciates the appointment of a national drug control coordinator in the United Kingdom, which will strengthen efforts in that country to combat drug abuse and illicit trafficking and to regulate licit drug manufacture and trade.

433. The Board encourages the Governments of Latvia and Lithuania to pursue the development of the national drug control programmes that they have initiated. The Board reiterates its recommendation to Romania, made following its mission to that country in July 1997, to establish a drug control coordinating committee.⁴⁴ The Board, while recognizing the difficulties experienced in Bosnia and Herzegovina, recommends that the authorities of that country exploit all possibilities for developing a national mechanism for coordinating the drug control activities of various authorities, including law enforcement authorities.

434. The Board welcomes the fact that several Governments of countries in western Europe have made use of modern means of communication such as the Internet to disseminate factual information about drugs and drug use.

435. In the Netherlands, a randomized clinical study was begun to compare the relative effectiveness of the use of medically co-prescribed heroin and oral methadone and the use of oral methadone alone in chronic, treatment-refractory heroin addicts. In general, the Board remains concerned over the possible proliferation of heroin experiments and the adoption of social policies, including the prescription of heroin before projects have undergone full and independent evaluation. The Board also remains concerned over the effect that the experiments may have on global efforts to deal with the drug problem. The Board trusts that the Government of the Netherlands will ensure that the protocol prepared for the research project is

followed, so that unbiased scientific results may be obtained.

436. In February 1998, the Government of Switzerland submitted to the legislative body a decree amending the Federal Law of 3 October 1951, in order to allow for the medical prescription of heroin to severely dependent addicts. That followed the holding of a nationwide referendum on Swiss drug policy, including the prescription of heroin, in September 1997, which led to the approval of the distribution programme for heroin. Although the amendment recommends some limitations on the medical prescription of heroin, regarding both the number and types of persons to be treated, the Board reiterates its previously expressed concerns about the programme. The Board notes with regret that the WHO evaluation of the programme, requested by the Government of Switzerland at the suggestion of the Board, was not available before the decree was promulgated.

437. Some States in Europe have established so-called "shooting galleries", where drug abusers can administer drugs under supervision and supposedly hygienic conditions. The Board urges those States to consider carefully all the implications of such "shooting galleries", including the legal implications, the congregation of addicts, the facilitation of illicit trafficking, the message that the existence of such places may send to the general public and the impact on the general perception of drug abuse.

438. The Board appreciates the fact that the Government of Luxembourg has again provided funds (\$1.7 million), recovered from seized assets derived from drug-related crimes, for United Nations drug control efforts, in accordance with the 1988 Convention. The Board encourages other Governments to make similar arrangements to ensure that confiscated proceeds of drug-related crimes are used for national and international drug control purposes.

Cultivation, production, trafficking and abuse

Narcotic drugs

439. Trafficking in cannabis is increasing and spreading across the whole European continent. Increasingly large cannabis consignments are being seized, thus confirming the increase in the availability of cannabis on illicit markets. Europe is becoming more important as a source of cannabis because of the increasing indoor cannabis cultivation that takes place in the region, a development facilitated by the open trade in seeds of cannabis varieties with a high THC content. Indoor cannabis cultivation, which originated mainly in the Netherlands, is spreading

throughout many European countries, particularly the United Kingdom, where seizures have multiplied over the past few years. Indoor cannabis cultivation is increasingly being controlled by criminal organizations.

440. Cannabis grows wild on more than 1 million hectares in the southern part of the Russian Federation and in areas of that country east of the Ural mountains and on up to 100,000 hectares in Ukraine.

441. The main non-European sources of the cannabis seized in Europe are Cambodia, Colombia, Morocco, Nigeria, Pakistan and Thailand. Spain and the Netherlands remain the two main cannabis distribution centres in Europe. Spain is the main gateway for Moroccan cannabis, and the Netherlands is the main European point of entry for cannabis from Colombia and Nigeria. Cannabis is smuggled mostly in consignments weighing several tonnes each that are hidden in containerized cargo.

442. Direct and indirect advertising of methods used to grow cannabis at home, easy access to cannabis seeds and the advertising and ready availability of paraphernalia for abusing cannabis have, in the opinion of the Board, further contributed to the widespread abuse of the drug. Public debates on the legalization of cannabis have left the false impression that cannabis is harmless and that it has many virtues, including medical benefits, that have not yet been scientifically established.

443. The Board welcomes any serious research on the medical properties of any narcotic drug or psychotropic substance, including cannabis, but warns Governments against the misuse of scientific efforts for legalization purposes. Should its medical usefulness be established, cannabis will be a drug no different from most narcotic drugs and psychotropic substances, with well-recognized medical usefulness. Those drugs, however, must continue to be used for medical purposes only, in line with the requirements of the international drug control treaties.

444. Opium poppy is illicitly cultivated in the Russian Federation. A large number of sites used for the illicit cultivation of opium poppy on a small scale were detected and destroyed by law enforcement authorities in the southern part of the Russian Federation. At least 3,000 hectares are under illicit opium poppy cultivation in Ukraine. The illicit cultivation of opium poppy appears to be increasing in Lithuania, where large fields of poppies are destroyed annually.

445. Home-made poppy straw extract is commonly abused by injection, mainly in Ukraine but also in Estonia, Latvia, Lithuania, Poland and the Russian Federation. The

fact that it is abused intravenously has contributed to the rapid spread of HIV infection, as there is extensive sharing of needles and little awareness of the danger involved in that practice. Of all the CIS member States, Ukraine appears to be affected the most; it is also the CIS member State with the fastest growing rate of HIV infection.

446. Heroin seizures remained stable or declined in countries in western Europe, except in the United Kingdom, where such seizures reached a record level of over 2 tonnes in 1997. Most of the heroin continues to come from countries in south-west Asia, although some is also produced in countries in south-east Asia and in Colombia. Having expanded to the north, the Balkan route remains the main heroin trafficking route. Traffickers continue to use road transport, particularly international road transport (TIR) trucks, of which there are a great number along the Balkan route, to smuggle large quantities of heroin. Several countries, particularly Bulgaria, Hungary, Romania and Slovakia, are reported to be increasingly used as storage and distribution centres for, above all, heroin.

447. Heroin originating in Colombia was seized in European countries for the first time in 1997. Since Spain has served as the preferred point of entry for cocaine into Europe, there is a danger that existing cocaine distribution networks may be used for the distribution of heroin.

448. Although the levels of heroin abuse are relatively low, an increase in heroin abuse has been reported in Bulgaria, Croatia, the Czech Republic, the Russian Federation, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia. As a spillover effect of the transit traffic in heroin, the abuse of that substance is spreading in several States in the region.

449. The supply, price and purity of cocaine remain high in Europe. The continued high price levels of cocaine are probably the result of measures taken by law enforcement authorities to increase the quantity of cocaine that is seized annually. According to Interpol, maritime cargo continues to be the main means of smuggling cocaine into Europe, although the amount of cocaine seized at European airports has also increased. Other means of smuggling cocaine, such as express mail parcel services, are also being used. Due to fewer border controls, large quantities of cocaine can be moved almost freely throughout the region.

450. The abuse of cocaine remains relatively low in eastern Europe, where such abuse is restricted to certain segments of the population because of its high price.

However, seizures in Bulgaria and Croatia of large consignments of cocaine, shipped in containers by sea, show that the drug is being smuggled on a large scale out of South America through eastern Europe. Some spillover effect in eastern Europe can therefore not be excluded. It appears that the abuse of "crack" has not become widespread in Europe, in contrast with the situation in the United States. The Board is concerned that the true nature and extent of cocaine abuse in western Europe are not well established.

Psychotropic substances

451. In 1997, as in previous years, amphetamine was the main psychotropic substance seized in Europe. The quantity of seized psychotropic substances has been increasing since 1995. Europe has accounted for a substantial proportion of the amphetamine seizures reported worldwide. The main source countries for amphetamines and their analogues such as MDMA ("ecstasy") are Belgium, Germany, the Netherlands and Poland. Available data suggest that eastern Europe is increasingly being used for illicit manufacture of amphetamine-type stimulants and for trafficking in precursors and chemicals used in the illicit manufacture of those drugs.

452. Bulgarian law enforcement authorities raided a clandestine laboratory used for the manufacture of amphetamine on a large scale, having an overall capacity of 1,800 kg of amphetamine per batch. In the Czech Republic, Pervitine, a locally manufactured methamphetamine, continues to be widely abused.

453. The local manufacture of amphetamines, ephedrone (methcathinone) and MDMA on a smaller scale continues in the Baltic States. Precursors used to manufacture synthetic drugs are available on the illicit markets in those countries.

454. In the Russian Federation, the authorities are concerned about the rapidly increasing illicit home-based manufacture of synthetic drugs and preparations mainly from ephedrine in small-scale clandestine laboratories. Amphetamines are manufactured in clandestine laboratories in Ukraine as well. In 1997, authorities also discovered a laboratory used for illicitly manufacturing MDMA for export to Germany.

455. The proliferation of the abuse of synthetic drugs (amphetamines and their analogues, particularly MDMA) has become a significant public health concern in almost all European countries. In some countries in eastern Europe, the large-scale abuse of opiates, predominantly in

the form of locally produced poppy straw extract, has been superseded by a shift towards amphetamine and amphetamine-type stimulants. The abuse of synthetic drugs has also increased in the Baltic States.

456. The precursors and chemicals required for the illicit manufacture of synthetic drugs are imported in countries in Europe or illegally obtained from European manufacturers. The Board welcomes the recent initiatives in the European Union to strengthen controls over synthetic drugs and their precursors.

Missions

457. The Board undertook a mission to Cyprus in September 1998. It noted that comprehensive drug control legislation in line with the international drug control treaties was in place. The control system for narcotic drugs and psychotropic substances was working effectively. The Board would appreciate increased vigilance by the Government with regard to transactions involving the import of psychotropic substances for re-export, in order to ensure that those substances are not diverted into illicit channels in third countries.

458. The Board recommends that the Government of Cyprus continue its efforts to study the extent and patterns of and trends in drug abuse. That will enable the Government to design and implement a sound strategy aimed at reducing the demand for illicit drugs and to achieve the objectives of the National Policy for the Prevention and Treatment of Alcohol and Drug Dependencies, which was announced in July 1996.

459. Its success as an international offshore centre has made Cyprus vulnerable to international money-laundering activities. The Board took note of the action taken by the Government against money-laundering, including the adoption of legislation against money-laundering and the establishment of a unit for combating money-laundering in December 1996 and an advisory authority against money-laundering in April 1998, which provides advice to the Council of Ministers on further measures to be taken to enhance the implementation of legislation against money-laundering. While the efforts of the Government have, in all likelihood, increased its capability to take action against illicit financial activity in the country, more efforts need to be made with regard to the vetting of offshore banks and corporations seeking to be registered in Cyprus. In particular, the central bank should carry out its own inquiries in order to ascertain the legitimacy of off-shore operators.

460. In March 1998, the Board sent a mission to the Netherlands to discuss drug control developments since its last mission to that country, in 1996, and to be briefed about a randomized clinical study to compare the relative effectiveness of the use of medically "co-prescribed" heroin and oral methadone and the use of methadone alone in chronic, treatment-refractory heroin addicts (see paragraph 435 above).

461. Several surveys in the Netherlands indicate a sharp increase in the abuse of cannabis and MDMA among young people. The Board encourages the Government to continue its efforts to correct the misunderstanding among young people that cannabis, MDMA and new drugs such as those contained in a variety of mushrooms are not dangerous and to develop clear messages to discourage all illicit drug use.

462. The Board recognizes that efforts to reduce the supply of amphetamine-type stimulants in the Netherlands appear to have yielded favourable results. It appreciates the fact that the authorities in the Netherlands have shared their experiences with their counterparts in countries faced with similar problems involving the illicit manufacture of and trafficking in stimulants.

463. The Board encourages the Government of the Netherlands to look into ways of making it easier to combat the sale of cannabis seeds by postal order, particularly to other countries, and the advertisement of cannabis seeds. A prohibition of the possession of cannabis seeds for illegal purposes would be difficult to enforce; however, a ban on the indoor cultivation of cannabis for all purposes would contribute to preventing the spread of the cultivation of cannabis with a high THC content to be used for illegal purposes, because in countries with climatic conditions such as the Netherlands, such cannabis can only be grown indoors.

464. The Board notes with satisfaction that in the Netherlands a wide range of facilities for the treatment and rehabilitation of opiate addicts have been built, that the average age of such addicts is increasing and that the number of such addicts appears to have remained stable in the 1990s. The increase in the use by some opiate addicts of cocaine in addition to opiates, however, represents a difficult challenge to persons involved in treating such addicts.

Technical visits

465. In March and April 1998, the Board made technical visits to the Russian Federation and the United Kingdom to discuss problems concerning the control of the licit

movement of substances under international control. The Board appreciates the adoption in the Russian Federation of a new law on narcotic drugs, psychotropic substances and precursors and trusts that the Government will promptly promulgate all regulations necessary to implement the provisions of that law. The Board encourages the Government of the Russian Federation to implement fully the legislation regarding reporting by companies on exports and imports of controlled substances. The Board requests the Government of the Russian Federation to provide adequate resources to the competent authorities responsible for cooperation with the Board. The Board notes the intention of the British authorities to strengthen the legal basis for the control of international trade in some psychotropic substances. The Board encourages the Government of the United Kingdom to enhance the capacity and resources of the competent authorities responsible for the control of the licit movement of narcotic drugs and psychotropic substances.

E. Oceania

Major developments

466. Cannabis continues to be the most widely abused drug in Oceania; it is cultivated for abuse and is available throughout the region. The Board continues to be concerned about the prevalence of cannabis abuse in Australia, New Zealand and Papua New Guinea. The Board trusts that the Governments of those countries are taking adequate measures to achieve a reduction in such abuse.

467. The abuse of amphetamine derivatives is expected to increase further in Australia and New Zealand and possibly in other countries in the Pacific. The Prime Minister of New Zealand, in a letter dated 9 July 1998, stated that her Government had decided to place benzodiazepines under control. The Board trusts that the required amendments to the Misuse of Drugs Act, 1975, will be made as soon as possible to avoid any further delay in implementing the 1971 Convention, to which New Zealand became a party eight years ago.

468. The vulnerability of the South Pacific islands to financial crime, including money-laundering has been the subject of discussion at a number of regional ministerial meetings, such as those of the South Pacific Forum. The Board trusts that the necessary preventive measures will be taken in the countries in question.

469. Regional efforts at cooperation in the region are continuing. The Board appreciates the efforts of both Australia and New Zealand to assist other countries in the region.

Treaty adherence

470. Of the 14 States in Oceania, 9 are parties to the 1961 Convention and 8 are parties to the 1971 Convention. Only three are parties to the 1988 Convention. The Board welcomes the accession of Palau to the 1961 Convention as amended by the 1972 Protocol and to the 1971 Convention. The Board urges all States in the region that are not yet parties to the international drug control treaties to accede to them without delay.

Regional cooperation

471. The South Pacific Forum has continued its activities to suppress illicit drug trafficking by enhancing cooperation among law enforcement agencies. It has encouraged activities to reduce illicit drug demand that involve community-based groups. The Board welcomes the initiatives of the Government of New Zealand aimed at countering money-laundering. The Government organized seminars for political and economic decision makers in Cook Islands, Fiji, Samoa, Tonga and Vanuatu, in order to raise their awareness of the risks of financial crime and of the need for cooperation in combating money-laundering at the regional and international levels. The Board trusts that those activities will be extended to other South Pacific islands.

472. The Board welcomes the participation of the Government of Australia in a law enforcement liaison office network for Asia and the Pacific. The Board notes with satisfaction that the Government has provided funding for the Asia/Pacific Group on Money Laundering. Other regional initiatives of the Government include the provision of the following: support for illicit crop eradication and alternative development in south-east Asia; assistance to combat the spread of HIV infection through intravenous drug abuse; training on substance abuse; and assistance to strengthen customs services in the Pacific.

National legislation, policy and action

473. The Board welcomes the announcement by the Government of Australia in November 1997 of its "Tough on Drugs" strategy, according to which it advocates a balanced approach to dealing with the drug problem. To

reduce illicit drug supply, emphasis is placed on the need to enhance investigative and interception capacities with a view to tracing money-laundering, and efforts are being made to improve judicial cooperation. To reduce illicit drug demand, an information campaign involving schools and the entire community is being planned; the campaign will focus on youth.

474. The Board continues to be concerned at the lack of up-to-date, comprehensive drug control legislation in a number of countries in the South Pacific. It urges the Governments concerned to adopt such legislation as soon as possible. The Board notes that a number of States in the Pacific are working on draft legislation concerning off-shore banking and other financial services, money-laundering, the proceeds of crime, and mutual legal assistance in criminal matters; it is hoped that the draft legislation, currently at varying stages of preparation, will be adopted in the near future. States in the region that are in a position to do so are urged to continue to assist other States, upon request, in updating drug control and related legislation by providing technical assistance and funding.

475. The Board continues to be concerned that New Zealand has not yet adopted legislation on the control of precursors. In this connection, the Government is urged to adopt such legislation and to ratify the 1988 Convention as soon as possible.

476. The Board welcomes recent initiatives to upgrade the police force and increase efforts to reduce illicit drug demand in Solomon Islands.

477. One source of concern is the weakening of the cooperation of some States in the region with the Board as a result of their failing to submit statistical information as required under the international drug control treaties. The Board urges the Governments in question to resume compliance with their treaty obligations.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

478. In Australia, there appears to have been an increase in the number of cannabis abusers and a decrease in the average age at which persons first abuse cannabis. The Board commends the Government of Australia on its steadfast resistance to pressure groups calling for legalization of the use of cannabis. The Board recommends that the Government continue to deal with current mis-

conceptions about cannabis through education campaigns and the media.

479. There is an increasing trend towards the indoor cultivation of cannabis with a higher THC content; the trend is taking place mainly in Australia and New Zealand but also in some other countries in the region. Cloning to ensure consistent crop quality is common in both indoor and outdoor cannabis cultivation.

480. The production and supply of cannabis in Papua New Guinea appear to be increasing, resulting in pressing problems involving public order. The Board is concerned that no analysis of the THC content of cannabis in Papua New Guinea has been conducted by the Government, despite its being requested by the Board to do so in 1996. Cannabis from Papua New Guinea, with its comparatively low price and reputedly high THC content, is in great demand in Australia, as are cannabis cultivated in Australia using hydroponics and a pungent hybrid of cannabis with a high THC content ("skunk").

481. Over the past five years, there has been an increase in the amount of heroin seized in Australia. Heroin has remained widely available, its prices have fallen and its purity has remained high. The prevalence of heroin abuse continues to be unclear. Since 1979, there has been a marked increase in deaths due to overdose involving opiates, mostly heroin.

482. Coca cultivation was detected in Solomon Islands in February 1998. Close monitoring by the Government of any developing pattern and the elimination of such cultivation are required. Pacific islands are increasingly being used as transit points for cocaine en route to Australia and New Zealand. Seizures of cocaine have gradually increased in both Australia and New Zealand and two laboratories for the manufacture of "crack" were dismantled in Australia in 1997. The abuse of cocaine, however, appears to have remained limited.

Psychotropic substances

483. Amphetamine continues to be the second most abused drug in Australia; in particular, the abuse of crystallized methamphetamine (commonly called "ice") is increasing. Few treatment services currently focus on amphetamine-related syndromes.

484. The amphetamine that is abused, including its derivative methamphetamine, is predominantly of domestic origin. The manufacture of amphetamine in Australia has increased and there is a trend towards the use of portable laboratories. The detection of illicit amphetamine labora-

tories and the seizure of illicit amphetamine consignments have increased in part because of the increased control exercised over precursors, ephedrine, pseudoephedrine and P-2-P. Two laboratories for the illicit manufacture of methamphetamine were uncovered in New Zealand in 1997.

485. MDMA ("ecstasy") and its analogues are mostly smuggled into Australia out of countries in Asia and Europe; however, MDMA is also manufactured illicitly in Australia. There have been increased seizures of "ecstasy"-type amphetamines. The efforts of drug traffickers to circumvent existing drug control legislation have resulted in a diversification of the varieties available on the illicit market in Australia. More seizures of "ecstasy" imported from Europe have also been reported in New Zealand. Prior to 1997 the substance was practically unknown in that country. A recently completed strategic assessment of both LSD and MDMA shows that trends and abuse patterns noted in Europe are now appearing in New Zealand. The prevalence of MDMA abuse, which is on the increase, is estimated to be 1 per cent of the population in New Zealand.

486. Pharmaceuticals containing narcotic drugs and psychotropic substances are diverted from licit wholesale and retail sources. Hallucinogens such as LSD are smuggled into countries in Oceania out of the United States and countries in Europe and their popularity appears to be increasing; "herbal ecstasy" (containing ephedrine) is illegally imported from the United States for non-medical use.

487. The medical consumption of methylphenidate has increased substantially in the past few years in both Australia and New Zealand and the abuse of the substance has been reported. The Board requests the Governments of those countries to monitor closely the use of that substance and ensure that it is prescribed and used appropriately.

(Signed) Hamid Ghodse
(President)

(Signed) Oskar Schroeder
(Rapporteur)

(Signed) Herbert Schaepe
(Secretary)

Vienna, 19 November 1998

Notes

- ¹ The first Opium War (1839-1842) was between the United Kingdom and China. In the second Opium War (1856-1860), the United Kingdom and France fought China.
- ² In respect of the number of opium smokers in China at the time, estimates vary from 100 million to 150 million, of whom about 10 per cent may have been heavily addicted to opium.
- ³ The British opium epidemic and its disastrous consequences are clearly described and documented by Virginia Berridge and Griffith Edwards in *Opium and the People* (London, Allen Lane, 1980).
- ⁴ United Nations, *Treaty Series*, vol. 520, No. 7515.
- ⁵ *Ibid.*, vol. 1019, No. 14956.
- ⁶ *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).
- ⁷ The licit manufacture of some psychotropic substance significantly declined following the introduction of effective control measures preventing their diversion for non-medical use. For example, following the strengthening of control measures for methaqualone, the worldwide manufacture of that substance declined from more than 51 tonnes in 1980 to less than 2 tonnes in 1984. The licit manufacture of secobarbital, which in 1988 was transferred from Schedule III to Schedule II of the 1971 Convention, dropped from more than 11 tonnes in 1988 to 2.6 tonnes in 1990 and declined further in the years that followed. The licit manufacture of fenetylline was last reported in 1987, that substance having been brought under international control in 1986. The introduction of additional control measures for pemoline led its exports to decline from 25 tonnes in 1989 to 5 tonnes in 1993.
- ⁸ In reality, the Convention of 1936 for the Suppression of the Illicit Traffic in Drugs (League of Nations, *Treaty Series*, vol. 198, No. 4048) was intended to fill that gap, but its provisions were never implemented because of the increasing confrontation between European countries and the outbreak of the Second World War.
- ⁹ The obligations are clearly described in article 38, paragraph 1, of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol (United Nations, *Treaty Series*, vol. 976, No. 14152), which reads as follows:

"The Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved and shall co-ordinate their efforts to these ends."
- ¹⁰ United Nations, *Treaty Series*, vol. 976, No. 14152.
- ¹¹ In 1971, a total of 79 States were parties to the 1961 Convention.

- ¹² In 1981, a total of 74 States were parties to the 1971 Convention.
- ¹³ For more details, including examples of how this should be done, see the 1998 report of the Board on the implementation of article 12 of the 1988 Convention (*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 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.99.XI.4)).
- ¹⁴ *Availability of Opiates for Medical Needs: Special report prepared pursuant to Economic and Social Council resolutions 1990/31 and 1991/43* (United Nations publication, Sales No. E.96.XI.6).
- ¹⁵ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 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.99.XI.4).
- ¹⁶ Ibid.
- ¹⁷ Specific recommendations concerning the control of intermediaries engaged in the trade in precursors are summarized in the 1998 report of the Board on the implementation of article 12 of the 1988 Convention (United Nations publication, Sales No. E.99.XI.4).
- ¹⁸ *Report of the International Narcotics Control Board for 1995* (United Nations publication, Sales No. E.96.XI.1), para. 286.
- ¹⁹ *Report of the International Narcotics Control Board for 1996* (United Nations publication, Sales No. E.97.XI.3), para. 280.
- ²⁰ *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), para. 6.
- ²¹ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 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.99.XI.4).
- ²² *Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.4), paras. 61-63.
- ²³ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 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.99.XI.4).
- ²⁴ See, for instance, *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), para. 48.
- ²⁵ See *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1994 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.98.XI.1), para. 126.
- ²⁶ The Economic and Social Council, in its resolution 1996/29, section I, called upon UNDCP and the Board, "to establish a limited international special surveillance list of non-scheduled substances for which substantial information exists of their use in illicit drug trafficking; in order to allow, according to the nature and trade patterns of each product, for appropriate measures to prevent use by traffickers of those substances".
- ²⁷ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 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.99.XI.4).
- ²⁸ *Report of the International Narcotics Control Board for 1995 ...*, para. 94.
- ²⁹ *Report of the International Narcotics Control Board for 1996 ...*, para. 239.
- ³⁰ *Report of the International Narcotics Control Board for 1997* (United Nations publication, Sales No. E.98.XI.1), paras. 155 and 156.
- ^{30a} *Commentary on the Single Convention on Narcotic Drugs, 1961* (United Nations publication, Sales No. E.73.XI.1).
- ^{30b} *Commentary on the Convention on Psychotropic Substances* (United Nations publication, Sales No. E.76.XI.5).
- ³¹ Angola, Botswana, Democratic Republic of the Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.
- ³² The ECOWAS member States are as follows: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.
- ³³ *Report of the International Narcotics Control Board for 1997 ...*, paras. 1-42.
- ³⁴ Ibid., para. 154.

- ³⁵ *Report of the International Narcotics Control Board for 1996 ...*, para. 113.
- ³⁶ *Report of the International Narcotics Control Board for 1997 ...*, paras. 1-42.
- ³⁷ *Report of the International Narcotics Control Board for 1996 ...*, para. 301.
- ³⁸ Jordan, the Syrian Arab Republic, Turkey, countries of the Arab Peninsula and those on the Persian Gulf, with the exception of the Islamic Republic of Iran.
- ³⁹ *Report of the International Narcotics Control Board for 1996*, para. 18; and *Report of the International Narcotics Control Board for 1997 ...*, para. 319.
- ⁴⁰ *Report of the International Narcotics Control Board for 1997 ...*, paras. 1-42.
- ⁴¹ United Nations, *Treaty Series*, vol. 976, No. 14151.
- ⁴² A European Union initiative for economic integration with central and eastern European countries (originally, Poland/Hungary Aid for the Reconstruction of the Economy).
- ⁴³ *Official Journal of the European Communities*, No. L 170, 4 July 1998.
- ⁴⁴ *Report of the International Narcotics Control Board for 1997 ...*, para. 392.

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 1998

The regional groupings used in the report of the International Narcotics Control Board for 1998, together with the States in each of those groupings, are listed below.^a

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

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	Belgium
Andorra	Bosnia and Herzegovina
Austria	Bulgaria
Belarus	Croatia

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

Oceania

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

Notes

^aThe 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.

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. Senior Scientific Researcher at the Scientific Research Institute of Social and Forensic Psychiatry. Honorary 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 Award for valuable contribution to narcotic drug control; winner of the Skryabin Award for the contribution to the development of biology and medical science; and winner of the Semashko Award for the best publication on public health management. 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). Member of the Standing Committee on Estimates (1998).

Chinmay Chakrabarty

Graduate of Calcutta University with honours in History. Participant in various courses on Criminal Law, Public Administration, Personnel Management, Information Systems and in National Security and International Relations. Various positions in criminal law enforcement and in narcotics administration, starting from West Bengal State Excise (1956-1959) and ranging from Assistant Superintendent of Police to Deputy Inspector General in Orissa State Police Force and subsequently Director-General, Narcotics Control Bureau, Government of India (1990-1993), including 22 years in executive field positions in two states and 15 years in the highest echelons of national police administration and at directional level in the Government of India. 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 delegations of India to the International Criminal Police Organization (Interpol) General Assembly (1990, 1991, 1992), 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 (1977). Member of the International Narcotics Control Board (1997). Member of the Standing Committee on Estimates (1997 and 1998).

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, American Board of Pediatrics; and Fellow of the Philippine Pediatric Society and the Philippine Society of Experimental and Clinical Pharmacology. Vice-Chairman, National Drug Committee, Department of Health. Previous posts in 37 committees and advisory panels in the fields of research, pharmacology, drug dependence, toxicology and medical curricula of national and international organizations, including: 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); and member of the Advisory Panel on Drug Dependence and Alcohol Problems, WHO, Geneva. Author of 52 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, and occupational and clinical toxicology. Recipient of 13 honours and awards (since 1974), including the following: Lingkod Bayan Award, presented by President Corazon Aquino and the Civil Service Commission (1988); Life Achievement Award in Medical Research, National Research Council of the Philippines (1992); Most Outstanding Researcher (1993) and Most Outstanding Teacher (Basic Science, 1996); University of the Philippines, Manila (1993); Outstanding Individual in the Prevention and Control of Drug Abuse, Dangerous Drugs Board (1994); and the Tuklas Award (1996) and

Most Outstanding Award in Medical Research (1998), Philippine Council for Health Research and Development, Department of Science and Technology. Participant in 46 international meetings (1964-1997) in the fields of toxicology, drug dependence, medicinal plant research and pharmacology. Member of the International Narcotics Control Board (since 1997). Vice-Chairman of the Standing Committee on Estimates (1998).

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, Head of the Criminal Section, Regional Judicial Police Service, Lyon (1969-1981). Head of the Regional Judicial Police Service, Ajaccio, Corsica (1981-1983). 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 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 (1995-1996). 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). Member of the Committee on Finance and Administration of the Board (1998).

Hamid Ghodse

Professor of Psychiatry, University of London. Consultant, Public Health Medicine, Merton, Sutton and Wandsworth Health Authority. Director, Regional Drug Dependence Treatment, Training and Research Unit, and Director, Addiction Resource Agency for Commissioners, South Thames Region, United Kingdom of Great Britain and Northern Ireland. President, European Collaborating Centres for Addiction Studies. Chairman, Departments of Addictive Behaviour and of Psychological Medicine; Member of the Academic Board, Quality Assurance Committee, Equal Opportunity Committee, St. George's Hospital Medical School, University of London. Convener, Association of Professors of Psychiatry in the British Isles; Member of the Executive Committee of the

Federation of Clinical Professors, United Kingdom. Chairman, Higher Degrees in Psychiatry, University of London. Adviser, Joint Formulary Committee, British National Formulary. Member, WHO Expert Advisory Panel on Drug Dependence and Alcohol. Member of the Executive Committee, Substance Misuse Faculty and Court of Electors, Royal College of Psychiatrists. Member of the Executive Board, Medical Council on Alcoholism, United Kingdom. Editor, *International Journal of Social Psychiatry and Substance Misuse Bulletin*. Member of the Editorial Advisory Board, *Addiction*. Author of books and over 200 scientific papers on drug-related issues and addictions. Fellow of the Royal College of Psychiatrists, United Kingdom. Fellow of the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh and the Faculty of Public Health Medicine, United Kingdom. Chairman, Association of European Professors of Psychiatry; member of the International Association of Epidemiology. Member, Rapporteur and Chairman of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence. 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). Honorary Professor, Beijing Medical University. Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997 and 1998).

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). First Vice-President of the Board (1998).

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, 1997 and 1998). Chairman of the Committee on Finance and Administration of the Board (1998).

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). Member of the Committee on Finance and Administration of the Board (1998).

Herbert S. Okun

Diplomat and educator. Visiting Lecturer on International Law, Yale Law School, United States of America. United States Diplomatic Service (1955-1991). 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); Rapporteur (1997); and member of Standing Committee on Estimates (1998).

Alfredo Pemjean

Medical Doctor (1968). Psychiatrist (1972). Professor of Psychiatry, University of Chile (since 1979). Professor of Psychiatry, School of Psychology, Universidad Católica de Chile (since 1983). Head of Psychiatry Clinical Service, Hospital Barros Luco-Trudeau. Head of the Department of Mental Health and Psychiatry, Faculty of Medicine, Campus South, University of Chile (1976-1979 and 1985-1988). Professor in the Magister Program entitled "Public Health, Mention in Mental Health", School of Public Health, University of Chile (1993-1996). 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). Member of the International Narcotics Control Board (since 1995), and Second Vice-President (1998). Member (since 1996), Vice-Chairman (1997) and Chairman (1998) 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). Rapporteur of the Board and member of the Standing Committee on Estimates (1998).

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).

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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.

