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INCB ANNUAL REPORT

Release Date: 23 February 1999

EMBARGO: 23 February 1999, 9 a.m. GMT

Release No. 2

Narcotics Control Board Releases Report On Worldwide Use of Controlled Drugs

Notes Increase in Abuse of Stress-reducing Drugs, Rise in Heroin Smoking
Reviews History of Drug Control and Stresses Challenges for Future

VIENNA, 23 February (UN Information Service) -- Global trends in the abuse and trafficking of controlled drugs over the past year are stressed in the latest report of the International Narcotics Control Board (INCB), released here and in 30 other cities around the world today.

Major problems highlighted in this year's report include increased abuse of benzodiazepines ("bennies") and amphetamine-type stimulants as well as an upsurge in street markets selling these and other mind-altering medicines in developing countries. Heroin smoking is on the rise and cannabis with a high tetrahydrocannabinol (THC) content has become popular on illicit drug markets, particularly in North America.

Benzodiazepine abuse has increased sharply in Europe and other developed countries, where some doctors are prescribing the medication over long periods of time for a questionable array of symptoms. The Vienna-based Board, which keeps a close eye on global drug use and compliance with three international drug treaties, urges the governments concerned to impress upon doctors that these drugs must be used more sensibly.

The abuse of amphetamine-type stimulants, especially "Ecstasy", has spread in South America, especially in Argentina, Brazil, Chile and Uruguay, as well as in the former Soviet Union and West Asian countries. LSD and "Ecstasy" abuse has shown up in Israel, as has the use of other amphetamine-type "designer" drugs not yet under international control.

Use of the stimulant, methylphenidate, to treat Attentional Deficit/Hyperactivity Disorder (ADHD) has risen by a staggering 100 per cent in more than 50 countries. In several nations -- Australia, Belgium, Canada, Germany, Iceland, Ireland, the Netherlands, New Zealand, Norway, Spain and the United Kingdom -- use of the drug could reach levels as high as in the United States, which currently consumes more than 85 per cent of the world total.

The Board urges nations to seek out possible over-diagnosis of ADHD and curb excessive use of methylphenidate. Patients being treated with the drug, who were mainly primary school boys at the beginning of the 1990s, now include an increasing number of children, adolescents and adults. Children as young as one year are being diagnosed with ADHD in the United States.

Use of amphetamine-type stimulants as diet pills has dropped following record levels in 1996, but is still high in the United States. Dieting with these drugs has recently become more popular in Asia, particularly

Hong Kong, Malaysia and Singapore, reaching levels formerly reported in Latin American countries with the highest use.

Low supplies of licit mind-altering drugs, such as pain-relievers and tranquillizers, in developing countries has led to “parallel markets”, which cater to both abusers and genuine patients. Drugs on these markets lack official controls and consumers are given no medical counselling. The Board urges governments to ensure that an adequate supply of these drugs pass through controlled channels for medical purposes.

Legitimate morphine use is increasing in most developed countries, with estimated world-wide needs at over 25 tonnes. Use of this drug has been boosted by increasing palliative care for patients suffering from terminal illnesses, such as cancer and AIDs, as well as growth of the elderly population.

Purer and cheaper heroin on the North American market has led to more smoking of the drug, especially among young people. Much of this heroin is made in Colombia, Mexico and Guatemala using locally grown poppies. Opiate abuse seems to have increased in many countries of West Asia as well as in the Commonwealth of Independent States (CIS). Injection of drugs in these regions is becoming particularly worrying, since it is a major means of spreading human immune deficiency virus (HIV), which causes AIDS.

While drug abuse has increased in some regions, the report stresses that applying international drug treaties has led to recent successes in thwarting the diversion of psychoactive substances that could have been headed for the illicit drug trade.

German authorities recently reported large amounts of chlordiazepoxide, ephedrine hydrochloride and diazepam (1,250 kilogrammes each) that were to be exported from Germany and China to Ghana and then re-exported to Gabon. The quantities greatly exceeded Gabon’s needs. Gabon and Ghana discovered that import authorizations for the drugs were false and that a fictitious person was to receive them. These substances could have been used to make several hundred million tablets, according to the INCB.

A company making pharmaceuticals in Hungary tried to import large amounts of supposedly seized opium from countries in central Asia in 1998, but investigations revealed that such large quantities of the drug had never been found in these countries, the report notes. The Hungarian government refused to authorize the import of this opium.

China gave a company permission in 1997 to export 1,800 kilogrammes of diazepam to Singapore, although that country’s legitimate needs were less than 700 kilogrammes, the report says. Inquiries in Singapore found that the importing company, which has denied knowledge of the deal, was not licensed to deal in psychotropic substances. The exported consignment has not been traced yet.

Iran has exported significant amounts of codeine phosphate to countries in Europe and North America over the past year. Since Iran has produced no licit opium since 1979 or imported significant amounts of opiate raw material, the codeine is considered to have been made from seizures, likely of opium, according to the INCB. The Board urges governments to avoid imbalances between licit supply and demand for opiates by allowing products made from seized drugs to hit the market.

History and Future Challenges of Drug Control

A special chapter of the report is dedicated to the history of international drug control and major challenges it faces in the future, including computer-made illegal substances, the rising prescription of psychoactive drugs and widespread use of cannabis.

Dealers can learn how to make illicit drugs through the Internet and then sell them through facilities such as the World Wide Web, the report notes. It urges governments to work closely with the Internet industry, community groups, families and educators to help ensure that these technologies are not misused to spread drug abuse.

At the same time, the prescription rate for some psychoactive drugs, such as benzodiazepines and stimulants, is high, suggesting they may not be confined to legitimate medical or scientific use. The report also points to the widespread use of cannabis in virtually all countries. The 1961 international drug treaty banning non-medical use of cannabis, among other substances with little medical value and high abuse potential, needs to be strictly applied, particularly in countries where the cannabis popularity has soared in recent decades, the INCB says.

Future drug control challenges will be met on the strength of past successes, the INCB stresses. International drug treaties have almost completely stopped legal drugs from being diverted to illegal trafficking routes. And the 1971 treaty has led to a drop in amphetamine prescriptions, for conditions such as depression and obesity, as well as barbiturates and other hypnotics.

The 1988 drug control treaty has sparked concrete measures against trafficking and drug abuse, such as judicial cooperation, extradition of traffickers, controlled deliveries and actions against money-laundering. Drug precursors -- the ingredients of chemically based substances -- have also been far better controlled through the 1988 treaty, keeping millions of doses of LSD, methamphetamine and other amphetamine-type stimulants from reaching the streets.

The INCB stresses that international drug control has curbed the type of addiction epidemics that flourished in the first few decades of this century. Shortly before drug controls were adopted in the United States in 1914, for example, about 90 per cent of narcotic drugs were used for non-medical purposes. China had more than 10 million opium addicts -- out of a total population of 450 million -- before imports of the drug were banned in 1914, the INCB notes.

Regional Drug Trends

Another section of the INCB report gives an extensive analysis of illicit drug abuse and efforts to control it by region. Following are some of the major trends:

Africa

Large cities and seaports in Africa are increasingly being used to trans-ship heroin from Asia as well as cocaine from South America to Europe. Abuse of these drugs on the continent is growing.

A major problem in several African countries is "glue sniffing" of volatile solvents by street children. Nine out of 10 children in South Africa, for example, are estimated to be regular abusers of these products.

Seven African countries -- Angola, the Central African Republic, Comoros, Congo, Djibouti, Equatorial Guinea and Eritrea -- have yet to join any of the three main international drug control treaties. The Board also notes that several African countries still lack the laws or personnel to put these treaties into force.

In April 1988, the Organization for African Unity (OAU) firmly rejected decriminalizing or legalizing cannabis -- the most commonly grown, seized and abused drug in the region -- and asked the UN International Drug Control Programme (UNDCP) to help it set up a special plan to eradicate the drug.

Morocco has had three consecutive, record-breaking cannabis harvests since 1996. Growth is estimated at 60,000 hectares and resin production about 2,000 tonnes for 1998.

Eastern and southern African are making increasing amounts of the psychotropic drug, methaqualone, rather than smuggling it from India. A machine to process drugs on a large scale was seized in the port of Dar es Salaam in March 1998. The Board is also concerned about the clandestine manufacture and abuse of "Ecstasy" in the region.

Central America and Caribbean

The amount of cannabis seized in Central America and the Caribbean has steadily increased over the past five years. The drug is produced in Central America almost entirely for domestic abuse, but smugglers are bringing it from countries such as Jamaica and Saint Vincent and the Grenadines into Canada and the United States.

Cocaine seizures have risen steadily in the entire region. "Crack" has become the second most abused drug in Central America, especially among the poor in larger cities as well as along the Atlantic coast and is often linked with growing violence in the region.

The Board welcomes laws against money-laundering that were recently passed in the British Virgin Islands and in Saint Kitts and Nevis and hopes that similar legislation being prepared in Barbados and Trinidad and Tobago will soon be in force.

Belize is the only country in Central America that is not party to the 1961 drug control treaty. The Board calls on Belize to join this as well as the 1971 treaty and urges the government to introduce controls for substances that could be used illicitly to make narcotic drugs and psychotropic substances, as required by the 1988 international treaty.

North America

Cannabis with a higher tetrahydrocannabinol (THC) content is now being grown in greenhouses in Canada and western parts of the United States and trafficked to the south and east.

Referendums held over the past year in several states of the United States approved the use of cannabis for certain medical purposes, but the issue remains controversial. The Board stresses that medical and scientific decisions on all drugs should be taken exclusively by authorized national health authorities.

Mexico and the United States announced a bilateral drug control strategy in February 1998, which should help combat corruption and money-laundering, boost the sharing of information and technology, training and the prosecution as well as extradition of drug criminals.

Do-it-yourself guides appearing on-line that help people make and abuse illicit drugs are spreading over the Internet, with many of the home pages on servers in Canada and the United States. The United States began a media campaign against drug abuse in January 1998 which aims to counteract messages on television and the Internet that promote drug abuse.

Increasingly pure heroin is becoming available in North America, which has led to more heroin smoking, especially among young people. Much of this heroin is made clandestinely in Colombia, Mexico and Guatemala.

The number of deaths from drug overdoses has been rising in Canada and the United States, possibly due to purer heroin. Heroin is attracting new and younger users, mainly because it is easy to obtain, cheaper to buy and more pure.

Over the past few years, the prevalence of human immunodeficiency virus (HIV) among drug abusers in Canada's metropolitan areas has increased, probably due to the increasing number of addicts choosing to inject cocaine in combination with other drugs, such as heroin.

Methamphetamine trafficking and abuse in the United States is rapidly increasing. Criminal groups based in Mexico trafficking cannabis and cocaine have switched to trading this drug in recent years to supply illicit markets in the United States.

Amphetamine and dexamphetamine has been increasingly used to treat attention deficit disorder (ADHD) or attention deficit/hyperactivity disorder (ADHD) in the region.

Multiple drug abuse has increased in the United States, with “speedballing” -- mixing heroin and cocaine through injection or inhaling -- becoming increasingly popular. Cannabis cigarettes mixed with substances, such as cocaine hydrochloride, “crack”, phencyclidine (PCP) or codeine cough syrup, are becoming endemic.

South America

In South America, the growing of coca leaf, the region’s major illicit crop, has decreased in some areas, but has been quickly replaced with new coca crops in others. The Board urges governments, especially in Bolivia, Colombia and Peru, to eradicate new crops.

The Rio de Janeiro police launched a clean-up campaign in early 1998, which has reportedly led to several police officers being fired for corruption. The Brazilian federal police broke up at least three major drug trafficking rings in the southern part of the country and set up a national programme to control precursors between 1997 and 1998.

Colombia has reinstated extradition, but only for crimes committed after December 1997. The country also sentenced several former high-ranking public officials for corruption in 1998 and, under new 1997 laws, considerably upped the prison terms for some major drug traffickers.

Several countries in the region now report at least some heroin abuse, compared to none a decade ago, which may mean the drug is easier to obtain.

Illicit cocaine manufacturing and smuggling has increased in Bolivia and Peru, although Colombia remains the world’s biggest producer of that drug. Cocaine traffickers are now using diverse routes to markets in Europe and North America, but more of the drug has been seized over the past year, except in Peru and Uruguay.

Cocaine hydrochloride abuse is most common in people 30-39 years of age, according to hospital emergency room records. A growing abuse of “crack” has emerged mainly in Brazil, Colombia, Ecuador, Peru and Venezuela.

The abuse of tranquillizers and amphetamine-type substances, such as “ecstasy”, is growing, especially in Argentina, Brazil, Chile and Uruguay.

Tracking chemicals used in cocaine-making is improving and many countries, particularly Colombia, have seized large amounts of these. In 1997, seized acids and solvents were the highest in five years and potassium permanganate (112 tonnes) the most since 1989 -- more than quantities reported seized in the preceding four years combined.

East and South-East Asia

A strong increase in cannabis trafficking has been noted in Malaysia and Cambodia has become a major cannabis source for illicit markets throughout the world.

Heroin smuggling through Hong Kong appears to have dropped significantly, as drug groups move their stores to the Asian mainland and traffic in smaller amounts.

Illicit trade in amphetamine-type stimulants is reaching record levels in some countries, with seizure data pointing to China and Myanmar as the biggest sources for illicitly made methamphetamine.

Seizures of methamphetamine made on the Asian mainland have sharply risen in Hong Kong, en route to countries such as Japan and the Philippines. In late 1997, Chinese police for the first time uncovered a laboratory making “Ecstasy” for the first time in China.

The abuse of amphetamine-type stimulants is rapidly increasing among younger people in the Philippines

and Thailand. The abuse of MDMA and its seizures are increasing in Thailand and the drug continues to be a problem in Indonesia.

Volatile solvent abuse, particularly “glue sniffing”, has risen in several countries, including Cambodia, the Lao People’s Democratic Republic and Thailand, mainly among younger children in depressed urban areas.

Viet Nam joined all three international drug control treaties late in 1997, but still balks at extradition of suspects, a position the Board urges it to review.

Cambodia and the Democratic People’s Republic of Korea are the only countries in the region that are not parties to any of the treaties, although Cambodia may be taking steps in this direction.

Member countries of the Association of South-East Asian Nations (ASEAN) signed a joint declaration for a drug-free region in July 1998, which aims to free it of illicit production, abuse and trafficking by the year 2020.

Cambodia and Thailand signed an extradition treaty in May 1998, an accord to jointly suppress drug trafficking along their common borders and an agreement to mount joint patrols to counter drug trafficking and piracy in common territorial waters in July.

South Asia

The abuse of psychotropic substances and polydrugs has recently grown in South Asia, which suffers from lack of funding to enforce national drug control laws or monitor domestic channels for pharmaceutical products and precursors.

Although cannabis has been regularly eradicated in India, Nepal and Sri Lanka, the plant is still being grown illegally, mainly for use in South Asia.

A major new concern in the region, especially in urban centres, is a link between the spread of acquired immune deficiency syndrome (AIDS) and drug abuse by injection, which is common in the region.

Most of the opiates seized in 1998 in India came from south-west Asia, reaching India by land and sea. The total amount of heroin seized in India in 1997 was about one tonne, with the largest part coming from Kabul and first brought to Peshawar in Pakistan.

Chemicals in Bangladesh used in the textile, tanning and dyeing industries and covered by the 1988 global drug treaty are reportedly not controlled by existing laws. Nor is the manufacture, import or export of these chemicals regulated. This is troubling, since the country’s textile industry needs to import large amounts of acetic anhydride, a crucial chemical for illicit heroin manufacture. the Board says.

The pain-reliever, buprenorphine, has become one of the main drugs abused in some areas, mostly by young men in urban centres of Bangladesh, India and Nepal. The Board urges the Indian government to boost its efforts in ensuring that pharmacies follow prescription requirements for the drug.

The Board welcomes the recent signing of extradition treaties and mutual legal assistance treaties between India and nine other countries as well as ongoing cooperation at the subregional level.

West Asia

Illicit opium growing has increased in Afghanistan, although bad weather should make 1998's crop smaller than last year’s. Afghanistan now be making all the illegal heroin that formerly came from Pakistan and the Board is concerned that opium and heroin have been stockpiled in northern Afghanistan near the Tajik border for trafficking in that and other countries.

Over the past two years, smugglers appear to have used new routes through the CIS countries in central Asia, where drugs are further channelled to Belarus, the Russian Federation, Ukraine and the Baltic States and thence into western Europe.

Opiate as well as heroin abuse is high and appears to be rising in Afghanistan, Iran and Pakistan.

Strong measures against money-laundering have still not been adopted in many West Asian countries, including those with high investment rates, particularly Israel, Lebanon and many countries on the Persian Gulf.

Official commitment to ban illicit poppy growing and opiate processing in Afghanistan is questionable, the Board says. Preliminary estimates of the 1998 poppy crop in Pakistan suggest an increase over 1997 and the Board hopes the government will still be able to eradicate the plant by the year 2000, as promised.

CIS countries in central Asia are increasingly being used as alternative sources for chemicals used in illicit heroin-making. Uzbek customs officials have stopped attempts to illegally export 72 tonnes of these chemicals to Afghanistan since 1995.

Opiate seizures in Iran continue to be the largest worldwide, but most CIS countries have discovered sharply increasing amounts of the drug, particularly heroin. At the end of 1997, almost 2,000 kg of heroin en route to western Europe through Turkey was seized by the Turkmen security service.

The Caucasus has emerged as a new corridor for transit trafficking in illicit drugs, mainly due to the porous CIS borders and an increase in organized crime.

Opiate abuse is believed to be increasingly widespread in Afghanistan and heroin abuse to have risen in many other countries in West Asia, including those with low previous abuse. It also seems to have sharply increased in the CIS, especially among young people. Drug injection is particularly worrying, since it has become a major means of spreading HIV.

The Kazak government is concerned about a vast natural growing area of the *Ephedra* plant, covering about 350,00 acres in the mountains to the south. During 1997 alone, Kazak police seized 13 tonnes of Ephedra herbal material, which would probably have been used to make ephedrine and other stimulants, such as methamphetamine.

Abuse of amphetamine-type drugs, including "Ecstasy" from western Europe, is increasing in the CIS and other West Asian countries. The abuse of LSD and various amphetamine-type drugs, including "Ecstasy", has been found in Israel, as well as amphetamine-type "designer" drugs not yet under international control.

Europe

Heroin abuse has risen in some western European countries, while it has remained stable or decreased in others. Abusers have switched from injecting the drug to smoking it, perhaps due to its increased purity.

A drop in price and the misconception that smoking heroin is free from major risks may have sparked its revival.

Disrupted from becoming a party to international drug treaties by unrest in 1997, Albania has still not joined any of the conventions. Criminal groups have expanded there and the country is now faced with serious drug trafficking problems.

An agreement to rapidly exchange information about new synthetic drugs and their risks came into force in the European Union in January 1998, Baltic states border guards agreed to cooperate in fighting drug trafficking in July 1998, and operation "Kanal", a joint effort by Belarus, Moldova, Russian and Ukraine has strengthened the borders of these countries. Legislation against money-laundering in Switzerland came into force in April 1998.

Belgium's College of Public Prosecutors and Ministry of Justice urged public prosecutors in April 1998 to give the "lowest judicial priority" to charges for possession of small amounts of cannabis and proposed that cannabis users with no previous offences should not be imprisoned. Unfortunately, this has been widely misinterpreted as a move towards legalizing the drug, the Board notes.

In Germany, a law came into force in August 1998 that outlaws driving under the influence of drugs. Anyone driving after using cannabis, heroin, morphine, cocaine or amphetamines will have to pay a large fine and have his or her driving licence suspended.

The European Union amended its rule in June for granting aid to flax and hemp growers, which limits assistance to those who have signed contracts with approved primary processors of hemp or those who process it into straw. The Board urges the EU to introduce further control measures, including on-site inspections or sanctions to prevent subsidized hemp from being used illegally.

A randomized clinical study in the Netherlands has begun comparing medically co-prescribed heroin and oral methadone or the use of oral methadone alone in treating chronic heroin addicts. The Board is concerned an increase of heroin experiments and the prescription of heroin before projects have been fully evaluated.

The Swiss government amended a law in February so that heroin could be prescribed to severe addicts, following a national referendum that supported this. The Board stresses its concerns about this programme and regrets that an evaluation of it by the World Health Organization (WHO) was unavailable when the law was amended.

Some countries have set up so-called "shooting galleries", where drug abusers can administer drugs under supervision and supposedly good hygienic conditions. The Board urges these countries to consider problems such as the legal implications, the gathering of addicts, illicit trafficking and messages these places may send to the public.

Cannabis trafficking is increasing and spreading across Europe, largely due to more indoor growing of the drug, which began in the Netherlands, and open trade in cannabis seeds high in THC.

Several countries, including Bulgaria, Hungary, Romania and Slovakia, are increasingly being used as storage and distribution centres, mainly for heroin.

A home-made poppy straw extract is commonly being abused by injection, mainly in Ukraine but also in Estonia, Latvia, Lithuania, Poland and Russia. This has contributed to a rapid spread of HIV, especially in Ukraine, which has the fastest growing rate of the virus in the CIS.

In Russia, authorities are concerned about a rapid increase in home-made synthetic drugs as well as preparations made mainly from ephedrine in small-scale clandestine laboratories.

Oceania

Abuse of amphetamine derivatives is expected to increase in Australia and New Zealand as well as other Pacific countries.

Cannabis abuse seems to have increased in Australia, along with a decrease in the average age of first use. The Board strongly urges the Australian government to continue resisting pressure to legalize cannabis and overturn misconceptions about the drug through education campaigns and the media.

Indoor growing of cannabis with a higher THC content has increased, mainly in Australia and New Zealand, but also in other countries of the region.

The Board is concerned that Papua New Guinea has still not analysed the THC content of cannabis, as supplies of it rise in the country. Cheap cannabis with high THC from this country is popular in Australia,

as is cannabis grown in Australia using hydroponics or that from a pungent hybrid of cannabis with high THC (“skunk”).

Coca growing was found in the Solomon Islands in February 1998. Pacific islands are increasingly being used as transit points for cocaine en route to Australia and New Zealand and seizures of the drug have gradually increased in both of these countries. Two laboratories to make “crack” were dismantled in Australia in 1997.

Amphetamine-making in Australia has increased, along with a trend towards portable laboratories. Two laboratories for amphetamine-making were found in New Zealand in 1997.

Seizures of “Ecstasy” have increased in Australia and New Zealand. A recent report on both LSD and MDMA showed that abuse patterns noted in Europe are now appearing in New Zealand.

Background on the INCB

The INCB was set up in 1968 as an independent and quasi-judicial control organ to implement UN drug control treaties, replacing earlier bodies that had monitored conventions since the time of the League of Nations.

Although the Board’s work is financed by the United Nations, it functions independently of governments and that organization on substantive issues. It seeks to ensure that adequate supplies of drugs are available for medical and scientific uses and that leakages from licit sources to illicit traffic do not occur. At the same time, it tries to identify weaknesses in national and international control of drugs.

The Board’s tasks, including its annual report, are mandated by the international drug control treaties. Its 13 members are elected by the Economic and Social Council, with three chosen from a list of candidates nominated by the World Health Organization (WHO) and 10 from a list nominated by governments.

Adherence to Conventions

While more nations are joining international drug treaties each year, the Board notes that several countries have still not become parties to control efforts. It urges these nations to quickly adhere to the existing treaties and also pass the necessary legislation needed to put them into effect.

As of 1 November 1998, 166 nations had become parties to the Single Convention on Narcotic Drugs, of which 152 had also ratified the treaty as amended by the 1972 Protocol. New parties to the 1961 Convention and its Protocol since the 1997 report include El Salvador, Djibouti, Grenada, Namibia, Palau and Viet Nam. Saudi Arabia, already party to the 1961 treaty, joined the 1972 Protocol.

Some 158 nations have joined the 1971 Convention on Psychotropic Substances, including six new members of El Salvador, Georgia, Mozambique, Namibia, Palau and Viet Nam.

The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances has been ratified by 148 nations and the European Union, or 77 per cent of the world’s countries. New parties over the past year include Georgia, Iraq, Lithuania, Mozambique and Viet Nam.