

E/INCB/25

**INTERNATIONAL NARCOTICS CONTROL BOARD**

**Geneva**

**Report of the International Narcotics  
Control Board**

**for 1974**



**UNITED NATIONS**



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## INTERNATIONAL DRUG CONTROL AGREEMENTS

International Opium Convention signed at The Hague on 23 January 1912.

Agreement concerning the Manufacture of, Internal Trade in and Use of Prepared Opium, signed at Geneva on 11 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

International Opium Convention signed at Geneva on 19 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Convention for limiting the manufacture and regulating the distribution of narcotic drugs, signed at Geneva on 13 July 1931, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Agreement for the Control of Opium Smoking in the Far East, signed at Bangkok on 27 November 1931, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Convention for the suppression of the illicit traffic in dangerous drugs, signed at Geneva on 26 June 1936, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Protocol amending the Agreements, Conventions and Protocols on Narcotic Drugs concluded at The Hague on 23 January 1912, at Geneva on 11 February 1925 and 19 February 1925 and 13 July 1931, at Bangkok on 27 November 1931 and at Geneva on 26 June 1936, signed at Lake Success, New York, on 11 December 1946.

Protocol signed at Paris on 19 November 1948 bringing under international control drugs outside the scope of the Convention of 13 July 1931 for limiting the manufacture and regulating the distribution of narcotic drugs, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, signed at New York on 23 June 1953.

Single Convention on Narcotic Drugs, signed at New York on 30 March 1961.

Convention on Psychotropic Substances, signed at Vienna on 21 February 1971.

Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972.



## ABBREVIATIONS

The following abbreviations are used, except where the context otherwise requires:

<u>ABBREVIATION</u>	<u>FULL TITLE</u>
Board	- International Narcotics Control Board.
Commission	- Commission on Narcotic Drugs.
Council	- Economic and Social Council.
1931 Convention	- Convention for limiting the manufacture and regulating the distribution of narcotic drugs, signed at Geneva on 13 July 1931, as amended by the Protocol, signed at Lake Success, New York, on 11 December 1946.
1961 Convention	- Single Convention on Narcotic Drugs, signed at New York on 30 March 1961.
1971 Convention	- Convention on Psychotropic Substances, signed at Vienna on 21 February 1971.
Division	- Division of Narcotic Drugs.
Fund	- United Nations Fund for Drug Abuse Control.
1953 Protocol	- Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, signed at New York on 23 June 1953.
1972 Protocol	- Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972.

## FOREWORD

Annual reports on the work of the International Narcotics Control Board are prepared in conformity with the 1961 Convention and earlier treaties on narcotic drugs.\*/ Article 15 of the 1961 Convention provides that the "Board shall prepare an annual report on its work and such additional reports as it considers necessary."

This is the first report submitted by the current membership of the Board, whose term of office expires in 1977.

The members wish first of all to record their heartfelt appreciation for the valuable legacy left by their predecessors whose term of office ended in May 1974. The manner in which they discharged the responsibilities entrusted to the Board will serve as a source of inspiration and guidance for future members in the years to come.

Dr. Fortunato Carranza, Professor Marcel Granier-Doyeux, Sir Harry Greenfield, Professor Pietro di Mattei, Professor Takanobu Itai, Mr. E.S. Krishnamoorthy and Mr. Léon Steinig - to each retiring member a special debt of gratitude is due, for on the basis of his own experience and expertise each contributed to the accomplishments of the Board and to the effective performance of its responsibilities.

All members who served under his leadership will agree that a special word of appreciation should be addressed to Sir Harry Greenfield, who served as President of the Permanent Central Narcotics Board from 1953 to 1968, then as President of the Board up to May 1974. It is in large measure a result of Sir Harry's vision, abilities and dedication that the Board during this period grew in stature and effectiveness.

In their individual capacities all former members of the Board will undoubtedly continue to make a contribution to the cause of drug control and will make available their personal expertise.

During the course of each year the Board receives a considerable body of documentation on most aspects of production, manufacture and utilization of narcotic drugs and on seizures of such drugs in the illicit traffic. In its annual reports, it provides the Economic and Social Council and its Commission on Narcotic Drugs,

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\*/ A list of these treaties is to be found on page iv of this report. Earlier reports of particular importance prepared by the Board and its predecessor, the Permanent Central Narcotics Board, include: An analysis of the 1953 Protocol (report of the Permanent Central Narcotics Board for 1964 - E/OB/20, paras. 4 to 25); An analysis of the 1961 Convention (report of the Permanent Central Narcotics Board for 1965 - E/OB/21, paras. 7 to 103); a brief history of international control on narcotic drugs (Final Report of the Permanent Central Narcotics Board, November 1967 - E/OB/23 - E/DSB/25, paras. 25 to 57); A study of the responsibilities of Parties and of the Board under the international narcotics treaties (First Report of the Board - E/INCB/1 - paras. 1 to 5).

Governments and the public at large with a digest and an analysis of this material and an assessment of the narcotic drug control situation throughout the world. The Board also records the manner in which Governments have complied with the terms of the international treaties on narcotic drugs. In addition, the reports enable the Board to depict trends in the use and abuse of drugs and to propose steps to improve drug control where these may seem desirable.

For a full appreciation of the narcotic drug situation during the year, this report should be studied in conjunction with three other documents published annually by the Board pursuant to the treaties, namely:

- (a) the "Estimated World Requirements of Narcotic Drugs and Estimated Production of Opium" which lists governmental projections of drug needs for the following year with monthly supplements containing additional and revised estimates received during the year under review;
- (b) the "Statistics on Narcotic Drugs with Maximum Levels of Opium Stocks" which traces the licit movement of narcotic drugs from production of the raw material to consumption of the finished product, reviews related trends and lists quantities reported as seized in the illicit traffic;
- (c) the "Comparative Statement of Estimates and Statistics on Narcotic Drugs" which records the movement of narcotic drugs in each country or territory and also indicates whether Governments have kept their manufacture, import, utilization and stocks within the limits established under the terms of the international treaties and whether they have accounted for the quantities available within their respective jurisdictions.

Pursuant to resolution I of the 1971 Conference which adopted the Convention on Psychotropic Substances and to resolution 1576 (L) of 20 May 1971 of the Economic and Social Council, the Board invited Governments to furnish the data called for in the Convention and a large number of them have complied to the best of their ability.

#### Membership of the Board

Article 10 of the 1961 Convention provides that the members of the Board shall be elected by the Council for a term of three years. At its resumed fifty-fourth session (May-June 1973), the Council elected the following members who entered on their current term of office on 2 March 1974:

Mr. D.P. ANAND

Chairman, Tariff Commission (India), Bombay; formerly Chairman, Central Board of Excise and Customs and Head of the Narcotics Department, Government of India, New Delhi; member of the Customs Study Team set up by the Government of India to look into the organization, structure, methods of work and procedures of the Customs Department in India (New Delhi, 1966-1967); member of the Group of Experts established by UNCTAD to prepare a report on the special problems of the land-locked developing countries (Geneva, May 1969/June 1970); Leader of the Indian delegations to the Conference of Experts on the International Exchange of External Trade Statistics - organized jointly by the Statistical Office of the United Nations and the Customs

Co-operation Council, Brussels (Paris, June 1964), the United Nations 24-member Committee on Preparation of a Draft Convention Relating to Transit Trade of Land-Locked Countries (New York, October-November 1964), the United Nations Conference on Transit Trade of Land-Locked Countries (New York, June-July 1965); the United Nations Commission on Narcotic Drugs, 1968, 1969, 1970 (elected Second Vice-President), 1971 (elected First Vice-President), the United Nations Conference for the Adoption of a Protocol on Psychotropic Substances (Vienna, 1971), the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961 (Geneva, 1972); member of the Board since 1974.

Professor Michel A. ATTISSO

Professor at the Faculty of Pharmacy of Montpellier (France); lecturer at the School of Medicine of Togo; Head Pharmacist of the University Hospital Centre of Montpellier; member of the Overseas Academy of Sciences; expert in pharmacology and toxicology for proprietary pharmaceutical preparations (French Ministry of Public Health and Social Security); expert of the World Health Organization on the advisory panel on the International Pharmacopoeia and Pharmaceutical Preparations; former Chairman of the Scientific Council of the Organization of African Unity; Vice-President of the International Union for Health Education; corresponding member of the Academy of Pharmacy (France); member of the Board since 1968; Vice-President of the Board since 1971.

Dr. Nikolai K. BARKOV

Senior Scientist, Institute of Pharmacology, Academy of Medical Sciences, Moscow; member of the Pharmacological Society of the USSR; member of the Moscow Pharmacological Society; member of the Presidium of the Pharmacological Committee of the Ministry of Public Health of the USSR; member of the World Health Organization Expert Advisory Panel on Drug Dependence; member of the Board since 1971.

Dr. Ross A. CHAPMAN

Formerly Assistant Deputy Minister, Food and Drugs, and Director-General, International Health Services, Department of National Health and Welfare, Ottawa, Canada; Assistant Professor, McGill University, 1944-48; Food and Drug Directorate, Department of National Health and Welfare, 1948; Director, Research Laboratories, 1958; Assistant Deputy Minister, 1965; Director General, International Health Services, 1971; head, Canadian delegation to sessions of the United Nations Commission on Narcotic Drugs, 1970, 1971, 1972, 1973; member and acting head, Canadian delegation, United Nations Conference for the Adoption of a Protocol on Psychotropic Substances, (Vienna, 1971); head of Canadian delegation to United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961 (Geneva, 1972); member of Canadian delegation, World Health Assembly, 1972-1973; Honorary Doctor of Science, University of Guelph; Fellow, Chemical Institute of Canada; member of the Board since 1974; Vice-President of the Board.

Professor Ramón de la FUENTE-MUNIZ

Professor and Head of the Department of Medical Psychology, Psychiatry and Mental Health, Faculty of Medicine of the National University of Mexico; Vice-President of the World Psychiatric Association (1971-1976); former President of the Medical Association of Psychiatry and the National Academy of Medicine of Mexico; former member of the General Health Council of the Mexican Republic; member of the Board since 1974.

Professor Sükrü KAYMAKÇALAN

Chairman of the Department of Pharmacology, Medical Faculty of Ankara University; member of the World Health Organization Expert Advisory Panel on Drug Dependence; member of the Turkish Academy of Medicine; member of the Turkish Pharmacopoeia Commission; member of the International Society for Biochemical Pharmacology; member of the New York Academy of Science; member of the Balkan Medical Association; member of the American Association for the Advancement of Science; member of the Balkan Medical Union; member of the Technical Committee of the United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs, 1961; member of the Board since 1968.

Sir Frederick MASON, K.C.V.O., C.M.G.

Director of a private company in the United Kingdom; former member of British Consular Service in Belgium, France, Panama, Zaïre; member of Diplomatic Service in Chile, Norway, Federal Republic of Germany, Greece and Iran; Head of Economic Relations Department, Foreign Office: Under Secretary at the Ministry of Overseas Development and Commonwealth Relations Office; Ambassador to Chile, Ambassador and Permanent Representative to the United Nations and other International Organizations in Geneva; Knight Commander of the Victorian Order; Companion of the Order of St. Michael and St. George; Grand Cross, Chilean Order of Merit "Bernardo O'Higgins"; member of the Board since 1974.

Professor Victorio V. OLGUIN

Professor of medicine in the Faculty of Medical Sciences, National University of Buenos Aires; Brigadier (Medical Corps) in the Argentine Air Force; Director of Hospital Institutes; lecturer, Faculty of Medical Sciences, University of Buenos Aires; director of the Córdoba Aeronautical Hospital, of the Central Aeronautical Hospital and of the Buenos Aires Pediatrics Hospital; head of the Department of Scientific Research and director of the National Institute of Aeronautical and Space Medicine of the Argentine Air Force; Director-General of Aviation Hygiene; adviser to the Ministry of Social Welfare and Public Health and director of International Health Relations of the Ministry and of the National Secretariat of Public Health; consultant at the Medical Clinic of the Central Aeronautical Hospital; director, Medical Teaching Unit of the Central Aeronautical Hospital of the Argentine Air Force; director, Medical Teaching Unit, Vicente López Municipal Hospital; member of the Advisory Committee of the National Commission for the Organization of the River Plate Treaty Countries; member of the National Zoonosis Commission of the Secretariat of State for Public Health and the Ministry of Agriculture; member of the National Council of Microbiology of the Ministry of Social

Welfare and Public Health; member of the Argentine National Military Staff College; member and Chairman of the Appointment Board for Professors to the Faculty of Medical Sciences, University of Buenos Aires; member of the Argentine-Bolivian Commission to study health problems in the border areas; representative of the Argentine Government at World Health Assemblies; representative and member of the Executive Board of the World Health Organization; representative of the Argentine Government at the meetings of the Pan-American Health Organization, at its Directing Council, and at its Executive Committee; President of the XVIIIth World Health Assembly; representative of the Argentine Government at the United Nations Conference on the Application of Science and Technology for the Benefit of the Less Developed Areas; Chairman of the Executive Committee of the Pan-American Health Organization; Chairman of the Programme and Budget Committee of the XVIth World Health Assembly; member of the Expert Advisory Panel of the World Health Organization; member of the WHO Executive Board Committee on the Co-ordination of the World Health Organization with the United Nations and the Specialized Agencies; representative of the Argentine Government to the meeting of experts to prepare for the Conference of American Heads of State; representative of the Argentine Government to the Pan-American Meeting of Ministers of Health; representative of the Argentine Government at the ministerial meetings of the Organization of the River Plate Treaty Countries; representative of the Argentine Government at the United Nations Conference for the Adoption of a Protocol on Psychotropic Substances (Vienna, 1971); representative of the Argentine Government to the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs (Geneva, 1972); representative of the Argentine Government to the meeting of the Inter-American Committee on Agricultural Protection; Assisting Doctor, British Post-Graduate Medical School, Hammersmith, University of London; member of national and international scientific societies; participant in and rapporteur of national and international scientific meetings and congresses; author of works and publications; member of the Board since 1974.

Mr. Martin R. POLLNER

Attorney, private practice, New York City; former attorney, Office of Deputy Attorney General, United States Department of Justice (Washington, D.C.); former Assistant United States Attorney, Department of Justice (New York); former Director, Office of Law Enforcement, United States Treasury Department (Washington, D.C.); former Deputy Assistant Secretary of the United States Treasury for Enforcement (Washington, D.C.); former member of the White House Conference on Food, Nutrition and Health, of the Cabinet Committee on International Narcotics Control and of the United States delegation to ICPO/Interpol General Assemblies (Brussels, 1970), (Ottawa, 1971), (Frankfurt, 1972); former member United States delegation to the Commission on Narcotic Drugs; member of the American Bar Association, the Association of the Bar of the City of New York and the National District Attorneys Association; member of the Board since 1974.

Professor Paul REUTER

Professor in the Faculty of Law and Economics, Paris; member of the Permanent Court of Arbitration, The Hague; member of the United Nations International Law Commission; member of the Permanent Central Narcotics Board from 1948 to 1968 and its Vice-President from 1953 to 1968; member of the Board since 1968, its Vice-President in 1973 and its President in 1974.

Dr. Tsutomu SHIMOMURA

Deputy Director, National Institute of Hygienic Sciences; former Counsellor, Pharmaceutical Affairs Bureau, Ministry of Health and Welfare; member of the Central Pharmaceutical Affairs Council; Chief, Department of Pharmacognosy, National Institute of Hygienic Sciences; member of the Pharmacists Examination Council; Technical Officer of Tokyo Hygienic Laboratory; Research associate in the Faculty of Medicine, University of Tokyo; representative of Japan in the Commission on Narcotic Drugs 1969, 1970 and 1973; representative of Japan at the Plenipotentiary Conference for the Adoption of a Protocol on Psychotropic Substances, 1971 (Vienna, 1971) and at the United Nations Plenipotentiary Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961 (Geneva, 1972); member of the Board since 1974.

At its fourteenth session, the Board elected Professor Reuter President, and Dr. Chapman and Professor Attisso, Vice-Presidents. Their terms of office will conclude the day before the opening of the first session of the Board in 1975.

#### Sessions in 1974

The Board held its fourteenth session from 27 May to 11 June and its fifteenth session from 21 October to 13 November 1974. The Secretary-General of the United Nations was represented at these sessions by Dr. S.G. Mårtens, Director of the Division of Narcotic Drugs. The World Health Organization was represented by Dr. T.L. Chrusciel, Chief Medical Officer, Office of Mental Health.

#### Representation at international meetings

The Board was represented by members of the Board and/or members of its secretariat at the following international conferences:

1. United Nations: Fifty-sixth session of the Economic and Social Council (New York, April-May 1974); third special session of the Commission on Narcotic Drugs (Geneva, February-March 1974); Sub-Commission on Illicit Traffic in the Near and Middle East (Afghanistan, Iran, Pakistan and Turkey, March-April 1974); Far East Regional Course on the Control of Narcotic Drugs and Psychotropic Substances (Jakarta, June 1974); Meeting of Operational Heads of Narcotic Law Enforcement Agencies, Far East Region (Bangkok, September 1974); Inter-Agency Advisory Committee on Drug Abuse Control, first and second sessions (Geneva, March and September 1974); third session of the Committee on Crime Prevention and Control (Geneva, September-October 1974);
2. World Health Organization: Twenty-seventh World Health Assembly (Geneva, May 1974); fifty-third and fifty-fourth sessions of the Executive Board (Geneva, January and May 1974); Steering Committee of the WHO Regional Office for Europe (Copenhagen, January 1974); Meeting of Investigators on Tests for Detection of Dependence-Producing Drugs in Body Fluids (Geneva, January-February 1974); Scientific Group on Progress in Methodology of Evaluation of Dependence-Liability of Drugs (Geneva, November 1974);
3. Intergovernmental and non-governmental organizations: Customs Co-operation Council - Working Party on Customs Enforcement (Brussels, April and September 1974); ICPO/Interpol - Second Asian Regional Conference and forty-third General Assembly (Cannes, September 1974); International Council on Alcohol and Addictions - Sixth International Conference on Alcohol, Drugs and Traffic Safety (Toronto, September 1974).

#### Nomenclature of countries and territories

In referring to political entities, the Board is guided by the rules governing the practice of the United Nations and the nomenclature thus employed does not imply the expression of any opinion whatsoever concerning the legal status of any country or territory or of its authorities, or concerning the delimitation of its frontiers.

## ELEMENTS AND OBJECTIVES OF DRUG CONTROL:

### GENERAL OBSERVATIONS

#### Introduction

1. Anchored on the principle of indirect administration, the international drug control system depends on the active co-operation of national authorities throughout the world for its effectiveness in reaching generally agreed objectives. These objectives include the regulation of the production of and trade in drugs placed under control in such a way as to ensure that they are always available in sufficient quantity for medical and scientific purposes while preventing their misuse and abuse.

2. This system has been in operation since the early decades of the twentieth century and has been progressively expanded to meet the challenges posed by the increase in the volume and geographical scope of drug abuse and by the increasing variety of drugs used.

3. The development of the drug control system has been in response to governmental demands for expanded action. An increasing number of Governments have participated directly in the process of elaboration and adoption of new agreements drafted for the benefit of mankind. But while signature and ratification formalize the official commitments to the treaties, the validity and effectiveness of these instruments depend on the extent to which they are faithfully applied and universally implemented.

4. On the basis of information regularly furnished by almost all Governments, the Board is able to provide a global evaluation of drug control machinery, to identify special characteristics and problems and to prepare recommendations on matters within its competence. Principal trends, as well as specific developments, are outlined in succeeding chapters on a regional or national basis; they are the subject of a detailed statement, including figures, in this Report's companion volume which covers the licit movements of narcotic drugs from production of the raw material to consumption of the finished product and which also reports quantities seized in the illicit traffic.<sup>1/</sup>

#### Concerted multilateral action

5. On the basis of its own experience and that of its predecessor organs in existence since 1928, the Board would reiterate its firm belief that only through sustained multilateral collaboration will it be possible to solve the problems arising from the continuing misuse of drugs still affecting so many regions of the world today.

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<sup>1/</sup> E/INCB/27.



6. Moreover, it is the Board's considered opinion that the campaign required to improve drug control and thus to reduce drug abuse should not only be guided by the provisions set forth in the treaties but should also be based on any knowledge gained concerning the various causes and contributing factors of drug abuse. In this connexion, research and prompt exchange of findings play an important rôle. Perseverance and flexibility are also needed. Most Governments do recognize that drug abuse cannot be reduced save through intensified collaboration, prolonged efforts and long-term investment.

7. One of the key features of the treaty network in question has been the ability to address problems as they arise. The 1972 Protocol amending the 1961 Convention on Narcotic Drugs, expected to enter into force in the near future, exemplifies the continuing adaptability of the worldwide system of control created by Governments not only to protect their own nationals from the threats of drug abuse but in the interest of the international community.

8. It must always be borne in mind that international action can only be as effective as national authorities permit it to be. The role of the Board consists primarily in supporting national efforts towards improved fulfilment of treaty objectives. In addition to administering the drug quota system and monitoring the international trade in controlled substances, the Board is also expected to analyse illicit traffic data, to identify areas likely to become danger centres, to indicate remedial measures as required and to assist in determining the priority of countries in need of external assistance. The treaties also assign special tasks to the Secretary-General of the United Nations, the Economic and Social Council and its Commission on Narcotic Drugs, and the World Health Organization. In the discharge of its responsibilities, the Board works in close collaboration with each of these organs and with the more recently established United Nations Fund for Drug Abuse Control. In addition, the Board is in contact with a number of organizations involved in international action to prevent drug abuse. In the belief that the exchange of information and ideas is fruitful, the Board accepts invitations to be represented at meetings and conferences dealing with matters within its competence.

9. In addition to national authorities and international bodies, other elements of society are called upon to play an active part in the campaign against drug abuse. Parents, educators, opinion makers and in general all persons with social responsibilities, have an important and perhaps even decisive role to play in this regard. All could contribute to a clearer realization of the dangers of drug abuse. The role of public opinion and of community support in this regard cannot be overemphasized.

#### National control networks

10. It is clear that the international drug control system can operate only through national administrations. Complete, accurate and clear government reports, and their timely submission, are essential elements. These reports provide information which make it possible to evaluate not only the operation of the system as a whole but also the efforts and accomplishments of individual countries. Moreover, this information permits the Board to supervise the proper implementation of the treaties, to identify weaknesses or problem areas, and to propose remedial measures as required.

11. As mentioned above, a basic requirement for the success of the international control system is universality in its application. For many years the Board has expressed in its reports the hope that the co-operation of all Governments in the implementation of the international drug control system may be secured. In this connexion, in addition to the written requests which it sends periodically to Governments, in recent years it has been in contact on several occasions with the representatives of the People's Republic of China, in both New York and Geneva, with a view to gaining that country's collaboration, which would be particularly valuable.

12. For the purpose of applying the provisions of the treaties, Governments should have a special drug control administration. Experience has shown the usefulness of an interdepartmental agency, possibly at the ministerial level, to co-ordinate in each country the work of all the authorities concerned, to collect and forward statistics and other information, to identify problems and solutions, to determine national priorities and to encourage international co-operation.

13. In helping Governments to fulfil both their national and international obligations, the Board must clearly take into consideration the various levels of development, the specific problems to be solved and the available resources, and it does so in a constructive spirit. The Board pursues this goal through a variety of means: by providing explanations through correspondence, by exchanging ideas and information during visits of officials at its headquarters, by participating in training seminars and by organizing field missions to provide guidance and gather information. The supportive role played by the Board in this regard is set forth in the treaties; national authorities obviously continue to retain their individual responsibilities.

#### Some underlying causes of drug abuse

14. Drugs are abused both in the least developed regions and in the more developed areas of the world. This would clearly indicate that some of the underlying causes of this abuse vary from one region to another. The South American Indian who chews coca leaves to help assuage the pangs of hunger has dramatically different reasons for turning to drugs than the student in Europe who seeks to escape reality. Yet, there appear to be some common factors which transcend cultural and economic differences and account in some part for the growing phenomenon of drug misuse.

15. The pace of modern life has resulted in an accelerating rate of change in most societies. This has often resulted in disruption of the basic family unit, in re-evaluation of traditional behaviour patterns and in conflicts between generations. With progressive modernization and urbanization have come attendant increases in drug abuse, even in areas having long traditions of basic family stability such as Southeast Asia and Africa. In addition, the remarkable gains registered in the field of communications over the past 25 years have led to the transmission of ideas and fads throughout the world, particularly among young people; at the same time, ease of transport has greatly facilitated the material distribution of goods. One is tempted to ask whether increased drug abuse may even be an inevitable

consequence of modernity. This question would seem to call for intensified research to the same extent as already identified problems relating to prevention (including the early identification of persons more prone to drug abuse) and rehabilitation.

16. Scientists and public authorities should combine their efforts to an increasing extent in an attempt to solve these complex issues by considering the needs of both the individual and the society in which he lives. Means must be found to protect the family unit, to stimulate positive aspirations and to create relevant activities. Research efforts in these various fields must perforce be expensive and long-term, but they are essential and the findings should be disseminated as widely and rapidly as possible.

17. Continued research into the still little understood causes of expanding drug abuse is clearly necessary. The advances made with respect to the etiology and sociology of drug abuse should help the authorities to formulate pragmatic strategies intended to improve control of drugs and to reduce their abuse. While drug abuse in any form cannot be officially endorsed, the realization that the problem will not be totally eradicated in the immediate future may lead to the formulation of more realistic programmes and the setting of short-term goals.

#### Prevention, treatment and rehabilitation

18. It is clearly easier and less expensive to take measures to forestall drug abuse than to cure it and the necessary resources should be provided as a matter of priority for such action. The relationship between drug abuse and criminality, and its high cost in economic and human terms, is in itself sufficient impetus for the promotion of more wide-spread preventive action.

19. These measures would involve a substantial financial burden; however, if account is taken of all the losses suffered by the individuals concerned and by society from the standpoint of public health, family life, employment and other social aspects, they are undeniably worthwhile.

20. Similarly, adequate resources must be made available for the treatment and rehabilitation of drug addicts. While the initial treatment often emphasizes the medical aspects, it is the psychological adjustment which subsequently prepares the abuser for his return to a normal life. Some countries have established a wide-spread network of programmes, particularly in Europe and North America, where a variety of methods of treatment and rehabilitation makes it possible to provide patients with the treatment best suited to each individual case. It is particularly interesting to note the results obtained in North America through the use of methadone and other forms of chemotherapy as one element of a comprehensive treatment regimen which consists in providing physical and psychological care to the patient, ensuring his vocational training and assisting him in securing employment. As methadone is itself a dependence-producing substance, the Board is pleased to note the promulgation of strict national regulations governing its use in the treatment of drug dependent persons.

## Illicit traffic and supply

21. While production and demand are the primary causes of abuse, it is the illicit traffic which often justifiably attracts the greatest attention. Pending the elimination or, at the very least, a reduction in illicit production and manufacture, governmental efforts in the first instance will be concentrated against the illicit traffic in order to block the link between supply and demand. It is essential that these efforts should continue to be successfully pursued. The progress made in this field is examined by the Board in the regional analyses appearing below in this Report.

22. Whatever success may have been achieved in the efforts to curb illicit trafficking, it must be recognised that illicit and uncontrolled production and the clandestine manufacture of drugs remain a fundamental problem of extreme gravity towards which the Governments concerned must direct their efforts. The elimination of the production of opium, to take the most worrying example, will require development of alternative crops or other productive activities, creation of the necessary marketing infrastructure and substantial modification of traditional practices. This shows the complexity of the task, which will necessitate long-term investment of human and financial resources.

23. In the meantime, although the figures are only approximate, it is probable that more than 1,000 tons of opium enter the illicit traffic annually in most regions of the world. This opium is believed to derive from three major sources: from Southeast Asia, from the central part of South Asia, particularly Pakistan and Afghanistan, and from illicit Turkish stockpiles constituted prior to the ban on opium poppy cultivation. To these supplies must be added illicit production in Mexico, where it has recently reached alarming proportions, and in certain South American countries.

24. While a substantial portion of the opium, morphine and heroin produced in Southeast Asia is consumed in the geographical area extending from the so-called "Golden Triangle" to the territory of Hong Kong, Asian heroin continues to reach Europe and North America.

25. The reduction in the flow of heroin processed in the Mediterranean area to the Americas has been attributed mainly to the effectiveness of the Turkish opium ban and the concerted actions of countries where it is converted and transshipped. To some extent, it has been replaced by brown heroin of Mexican origin, reportedly widely available in North America.

26. In Europe, as well as in North America, the abuse of cocaine is growing. This traffic appears to include not only individuals whose primary occupation is drug smuggling but also an increasing number of travellers involved on an occasional basis. While this latter type of trafficking is much more difficult to detect, many of these people have been arrested in transit and imprisoned for extended periods of time.

27. Hashish originating in Afghanistan, Lebanon, Morocco and Pakistan has been reaching Europe and North America. Both these regions, as well as the Middle East, report a noteworthy increase in the use of liquid cannabis during the past year (see paragraphs 41 to 45 below). The traffic in cannabis in North America is reported to have risen very sharply, the drug coming principally from Latin America and the Caribbean.

28. The packaging of amphetamines and barbiturates in dosage unit form ultimately destined for illicit use continues to take place in countries other than those where the products were originally manufactured. This practice illustrates the possibility of substantial diversion of psychotropic substances from licit trade into the illicit traffic, often involving the territory of several countries. Increased awareness of such practices and related threats to public health should lead to intensified international co-operation and early ratification and more formal implementation of the 1971 Convention.

## MAJOR DEVELOPMENTS

### Turkey

29. For many years, the Government of Turkey has been working together with the Permanent Control Narcotics Board and later the Board, to prevent the diversion of licitly produced opium to the illicit market. The Permanent Central Narcotics Board, in its 1965 Report, noted the Turkish authorities' efforts to improve the existing dangerous situation through the enactment of legislation designed to strengthen control measures. In the mid-1960's, the Turkish National Assembly ratified the 1953 Protocol and the 1961 Convention. The Government gradually reduced from 25 in 1964 to 11 in 1969 and ultimately to 4 in 1972, the number of provinces in which opium poppy cultivation was permitted. In late 1971, a law was enacted which provided for the granting of an individual licence to any producer engaged in poppy cultivation for the purpose of producing opium on specific plots. All these steps were aimed at the reduction and ultimate elimination of Turkish opium from the illicit market. However, these measures failed to achieve the expected result and, as was noted by the Turkish authorities themselves, substantial quantities of the drug still continued to enter illicit channels.

30. In 1971, in view of the existing difficulties, the Turkish Government imposed a total ban on opium poppy cultivation throughout the country beginning in the autumn of 1972. In announcing the decision, the Prime Minister stated that even in 1970, when only nine provinces were producing the drug, large quantities of opium were being smuggled from the country. He pointed out that the 1961 Convention envisaged the prohibition of poppy cultivation in certain circumstances and said that the Government's decision had been taken to protect "Turkey's supreme interests and the prestige of the nation". The provision of the 1961 Convention to which he referred was article 22 which states that a Party shall prohibit the cultivation of the opium poppy whenever, in its opinion, this would be the most suitable measure "for protecting the public health and welfare and preventing the diversion of drugs into the illicit traffic".

31. Following the announcement by the Turkish authorities in 1971 of their decision to ban opium production, the Board stated in its Report for the same year: "Admirable as are the motives underlying the change of policy, however, its value to the world community will depend on the degree to which it ultimately succeeds in diminishing the flow of contraband opium or opium derivatives. Clearly the Government will need to apply a series of consequential measures which will be expensive and may also prove unpopular."<sup>2/</sup>

32. Even during the short period when it was in force, the ban had a substantial beneficial impact. The measures taken by the Turkish Government had a direct effect on the quantities of illicit opium and morphine made available to the

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<sup>2/</sup> E/INCB/13, para. 33.

clandestine laboratories which manufactured heroin in western Europe. Combined with very close co-operation between the law-enforcement agencies in Canada, the United States and France, the ban brought about a significant reduction in the flow of heroin from Europe to North America. This led to shortages of the drug which encouraged many heroin addicts in the United States to seek treatment.

33. The Board was therefore greatly concerned upon the announcement by the Turkish Government on 1 July 1974 of its decision to suspend the ban on opium poppy cultivation. Although the Government had always been determined to pursue the long-term goals of its policy and had decided to strengthen control measures, its action nevertheless constituted a sharp setback. At first sight, the manner in which production was to be resumed, namely the virtually immediate placing under cultivation of an extensive area by a large number of small scale poppy growers, was likely to re-establish a situation in which the Turkish authorities had recently made courageous but vain efforts to prevent the diversion of opium into the illicit market. Furthermore, such an example given by a State as concerned about the interests of the international community as Turkey might encourage other even less desirable initiatives.

34. Early in July 1974, the Board expressed its concern to the Turkish authorities and it has remained in contact with them since that time.

35. Following a United Nations mission decided upon by the Director of the Division and the Acting Director of the Fund and led by an eminent international expert and former President of the Board, accompanied by two senior officials of the Division, the Turkish Council of Ministers decided in principle to prohibit the lancing of the poppy capsule and consequently not to produce opium any longer but to cultivate the plant solely for the purpose of obtaining poppy seeds and poppy straw. It is from the latter, without production of opium, that the opium alkaloids (morphine, codeine) which are used for licit medical purposes would be obtained through appropriate industrial processing.

36. That decision was most encouraging. At its twenty-ninth session, the General Assembly of the United Nations also welcomed the use of the unlanced poppy capsule as a means of producing morphine which, having regard to the social and economic considerations peculiar to individual countries, makes it possible to prevent illicit trafficking more effectively when it is accompanied by appropriate control and enforcement measures. However, surveillance to prevent the lancing of capsules during the season in which opium is produced is essential and every precaution must therefore be taken to prevent the diversion of opium into the illicit traffic. The use of poppy straw for the extraction of alkaloids presents certain advantages because it is more difficult to use for illicit purposes than is opium. Furthermore, in order to obtain sufficient quantities of morphine, the traffickers would have to obtain very large amounts of straw through clandestine channels. At the stage of alkaloid manufacture, whether from poppy straw or opium, the measures provided for in the treaties have proved effective in preventing diversion into the illicit market.

37. If they are to be fully carried out, the intentions expressed by the Turkish Government should be given concrete form through actions which will meet certain economic requirements. In this regard, there are some favourable prospects. As the

capsules are no longer lanced, the poppy can be cultivated more densely with the result that there will be a greater quantity of capsules per hectare; in addition, the yield of morphine will be higher and the quantity of poppy seeds, traditionally used for food and oil production, will be increased.

38. However, it is costly to transport and store poppy straw; the construction of a factory for processing this raw material requires substantial capital. Turkey has already requested and obtained multilateral assistance for the study of some of these problems. It will no doubt require more substantial aid; the international community will certainly wish to help Turkey to pursue a policy in whose success it is so vitally and directly interested.

39. The events of 1974 also demonstrate that reforms affecting the economic and social structures of a nation can be effective only if they obtain the determined and sustained support of those primarily concerned. With regard to its own specific field, the Board considers it essential not to under-estimate the difficulties which must be overcome to ensure that no opium is produced either from authorized poppy-straw production or in areas where such production is not authorized.

40. The Board will continue to follow the situation in Turkey with the greatest attention; it will give all possible assistance to the sustained efforts which are still required in order to achieve the goals set by Turkey and the international community as a whole.

#### Liquid cannabis

41. When, in its 1972 Report, the Board first took note of the appearance of liquid cannabis on the illicit market, it indicated that the drug would present a grave threat if it were produced in substantial quantities. It is unfortunately clear that this is now the case.

42. Illicit traffickers have readily perceived the profit potential of a substance which, according to an analysis of some seized samples, may be 50 times more potent than cannabis. According to reports, one seizure of liquid cannabis was found to contain 90 per cent tetrahydrocannabinol-THC - one of the drug's active ingredients. The manufacture of liquid cannabis does not require sophisticated equipment and the product is much easier to transport across international borders than the cannabis from which it is produced.

43. Most liquid cannabis reportedly originates in Afghanistan, Lebanon, Mexico and Nepal. Seizures have recently been effected in countries such as Australia, Belgium, Canada, Colombia, Greece, New Zealand, Pakistan, Romania, Turkey and the United States of America. This widespread geographical distribution demonstrates vividly the magnitude of the problem and the ability of the traffickers to organize supply networks in a relatively short period of time.

44. Action must be taken to prevent increases in liquid cannabis use, particularly at this time when the medical risks involved in its consumption are not fully known. Law enforcement officials should be informed of the physical characteristics of the substance for ease of identification. Customs services should be made aware of means employed by traffickers to transport the drug and the information obtained should



be circulated internationally. The scientific community should give urgent attention to more specific research into the dangers associated with consumption of liquid cannabis. An educational and publicity campaign should be undertaken to remind potential consumers of liquid cannabis of the lack of adequate knowledge of the long-term somatic effects of the substance, which, when coupled with the frightening potency of some samples which have been analysed, ought to deter individuals from experimentation. Finally, further steps must be taken to eradicate illicit cultivation of the cannabis plant, the raw material of liquid cannabis, in those countries in which it still occurs.

45. The Board is obviously deeply concerned about the spreading availability of yet another, more potent form of a dangerous drug, especially considering the likelihood of this substance's attraction to the many individuals who use cannabis of lesser strength. Governments must prepare for an almost certain increase in liquid cannabis abuse in the near future. Experience has demonstrated that such action is more likely to succeed if undertaken in a concerted manner by the various Governments affected and the competent international organizations. Moreover, the United Nations Laboratory should continue its important work of co-ordinating research relating to the short- and long-term effects on health of cannabis and liquid cannabis.

#### STATUS OF CONVENTIONS

##### 1961 Convention

46. At this date, the tenth anniversary of its coming into force, almost 100 countries have ratified, acceded to or succeeded to the 1961 Convention. The Federal Republic of Germany, Lesotho, Romania, the Sudan and Zaire have either ratified or acceded to the Convention since the Board's last Report, bringing to 99 the number of Parties to the treaty. This is an expression of the almost universal recognition of the need for international control over drugs, but there remain some countries, whether producing, manufacturing or consuming, which have yet to ratify this fundamental agreement. Among the producing or manufacturing countries are Austria, Bolivia, Ireland, Italy and Nepal. Although most non-parties are faithfully applying the provisions of the Convention, the Board is keenly anxious for speedy formal adherence to this keystone of international drug control.

##### 1971 Convention

47. Since November 1973 only four countries have ratified or acceded to the 1971 Convention: Cameroon, Cyprus, Dahomey and Madagascar. This brings the total number of contracting States to 19, still less than half of the 40 needed to bring the Convention into force. With psychotropic drug abuse rapidly increasing, not only in the industrialized countries but in all regions of the world, Governments

are increasingly providing in their domestic legislation for the exercise of strict control over the use of such substances. This should, in principle, make it easier for them to accept the obligations of the 1971 Convention. Since almost 100 countries are applying the treaty provisionally and forwarding information to the Board, it would seem that they would be in a position rapidly to adhere to and implement it, since its requirements, particularly as regards reporting, are no more complex than those of the treaties on narcotic drugs. The Board hopes therefore that Governments will give this matter the prompt attention it merits.

#### 1972 Protocol

48. More solid progress has been recorded with regard to the 1972 Protocol (see paragraphs 185 to 193 below). Of the 33 countries which have adhered to the treaty, 16 have done so since November 1973: Argentina, Cameroon, Cyprus, Dahomey, Egypt, Fiji, Israel, Kuwait, Lesotho, Madagascar, Niger, Norway, the Philippines, Romania, Senegal and Syria. It can therefore be expected that this latest agreement embodying the international concern at the abuse of drugs will soon come into force with the deposit of the fortieth instrument of ratification or accession.

49. The General Assembly, for its part, adopted a resolution 3/ at its twenty-eighth session stressing the importance to international drug control of universal adherence to the 1961 and 1971 Conventions and to the 1972 Protocol and of the earliest possible entry into force of these latter two treaties.

50. With the exception of the 1971 Convention, the Board can report progress in this area. Although most Governments are already fulfilling the requirements of all the existing treaties, ratification of these agreements is called for in order formally to guarantee for the bases of the international drug control system. It is also hoped that the few Governments which have ratified the treaties but are not yet enforcing their provisions will do so as soon as possible.

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3/ Resolution 3147 (XXVIII) of 14 December 1973.

## RECEIPT OF RETURNS

51. The data on which the Board bases its periodic reviews and recommendations are derived mainly from those furnished by Governments in response to the questionnaires drawn up by the Board in accordance with the requirements of the international treaties. These questionnaires are sent to all countries, whether or not they are Parties. While nearly all countries furnish completed returns, a number still do not do so by the dates prescribed and some send incomplete information or none at all.

52. The following countries have furnished incomplete returns on narcotic drugs for the last two or more years:

Afghanistan	Laos
Bolivia	Malawi
Burma	Mongolia
Colombia	Nepal
Equatorial Guinea	Paraguay
Gabon	Yemen

53. No data have so far been received from the Democratic People's Republic of Korea, the Democratic Republic of Viet-Nam or the People's Republic of China.

## REGIONAL SURVEYS

### NEAR AND MIDDLE EAST

#### A. General analysis

54. The announcement by the Government of Turkey of its decision to authorize resumption of opium poppy cultivation was undoubtedly the most important development in this region during 1974 (see paragraphs 29 to 40 above). Even with the imposition of the Turkish ban on opium poppy cultivation, certain amounts of opium, although far less than in previous years, were reported to be reaching Europe from quantities stockpiled for illicit trafficking purposes.

55. In the past, opiate abuse in the Near and Middle East tended to centre upon the use of opium. In recent years however the abuse of heroin has become more marked. Meanwhile, as already reported, the production of opium in areas outside of governmental control continues in Afghanistan and Pakistan and has adversely affected the drug control efforts made by Iran.

56. While the Governments of Afghanistan and Turkey report little incidence of opiate addiction in those countries, Pakistan and Iran have serious problems. In Iran limited cultivation of the opium poppy for distribution to registered addicts is permitted and apparently the control measures taken are sufficient to prevent large-scale diversion of opium into international illicit channels. Pakistan also still allows limited cultivation of opium for traditional use without medical supervision, in accordance with the transitional reservation entered by the Government under the 1961 Convention. It is to be hoped that with increasing treatment and rehabilitation efforts being undertaken in this region, licit production, as well as illicit cultivation and traffic, will progressively decrease.

57. In the past year the Governments of the region responded to the problem with legislative measures designed to strengthen law enforcement efforts, increase penalties for violations and provide treatment to drug dependent persons. Yet most countries lack technical or financial resources to fully implement some of the planned programmes. The assistance given to Afghanistan and Pakistan from bilateral sources, as well as under the aegis of the United Nations and the Specialized Agencies, will therefore be welcome. Neighbouring countries, particularly those whose economic situation has recently improved, will no doubt wish to support these efforts.

58. Uncontrolled cultivation of cannabis is continuing in Afghanistan, Lebanon and Pakistan, with most of the product entering illicit international channels, particularly in Egypt and Europe. Clandestine hashish production has been a traditional source of income for many farmers in this region and effective control measures can be taken only through agricultural and industrial development, coupled with strong law enforcement measures. Liquid cannabis has appeared in this area and the abuse of psychotropic substances seems to be increasing. Therefore, while priority should continue to be given to halting the flow of opiates into the illicit market, attention should also be paid to the misuse of cannabis and psychotropics. The only country in the region which has ratified the 1971 Convention is Egypt, while, in addition to this country, Israel, Jordan, Kuwait and Syria have adhered to the 1972 Protocol.

#### B. Countries of particular interest

##### Afghanistan

59. Afghanistan cannot be expected to be able to solve its many problems of drug control quickly. Several positive steps have, however, been taken there in the past year.

60. The Afghan Government has established a special unit in the Ministry of the Interior to counter narcotic drug smuggling. An agreement has been signed with the Fund for assistance in law enforcement activities. This action has reportedly already been of benefit, resulting in a higher rate of seizures. A new law relating to drug control, drafted with the assistance of the Division, is under consideration. The Afghan Government intends to enforce stringently its decision to put an end to poppy cultivation as the opium-producing regions develop economically and are able to switch to new crops and gain access to other sources of income.

61. The Afghan Government therefore recognizes its duty to the international community to halt the production of and traffic in narcotic raw materials more effectively. It is obvious that these efforts cannot be undertaken by the Government alone. External assistance is clearly necessary. The continuation of aid should therefore be encouraged in conjunction with increased domestic activities aimed at reducing illicit cultivation and traffic. Further general development programmes should be fostered to permit the producers of opium and cannabis to turn to other sources of income. Afghanistan should facilitate co-operation in combating drug trafficking throughout the region, particularly through more direct co-ordination with the law enforcement services in neighbouring countries.

## Iran

62. In Iran, opium addiction is still the primary form of drug abuse but, unfortunately, heroin addiction is also prevalent. The Government continues to be concerned and, in the last twelve months, has taken positive measures in this regard.

63. With a registered addict population numbering about 150,000, the social, economic and medical costs of opiate use in Iran are considerable. Realizing the gravity of the problem, the Iranian authorities appointed a six-member ministerial committee headed by the Prime Minister in July 1974, to direct and co-ordinate the drive against illicit narcotic manufacture, traffic and use. A programme will be instituted to inform the public of the dangers of drug abuse. There will also be stricter drug law enforcement as well as an increase in treatment and rehabilitation services for addicts. This latter step is certainly necessary, since the impossibility of totally halting the illicit import of drugs into the country through law enforcement measures alone has been shown, even with the imposition of the death penalty for trafficking. It is, moreover, in keeping with the findings of the Board's mission to Iran in 1973, which recommended that more emphasis should be laid on training the necessary specialized staff.

64. The Board anticipates an appreciable improvement in the drug control situation if the measures outlined are adequately implemented by making available adequate financial resources and sufficient personnel. The international community could make its expertise available to Iran in support of these efforts. The Government, for its part, will undoubtedly wish to assist its neighbours in their attempts to ensure effective drug control and treatment.

## Pakistan

65. With the establishment in 1973 of a strengthened central narcotics control board, some of the problems associated with the uncontrolled production and use of narcotics have no doubt been reduced. The authorities are considering measures to register and treat addicts and plan gradually to eliminate opium poppy cultivation in the directly administered areas of the north-west frontier region. Programmes of crop substitution and economic reorientation are envisaged for the areas that are now being integrated and for other tribal lands in the region. New laws have been passed at the provincial level and national legislation is being considered to make the penalties for narcotics offences more stringent.

66. Assistance from both multilateral and bilateral sources will be of vital importance to Pakistan in the difficult task which it now faces. If drug abuse in the country is to be reduced and the influx of drugs into the international illicit traffic lessened, the plans referred to above must be translated into concrete measures.

### C. Governmental initiatives

67. As was indicated in the preceding section, significant action in the field of drug abuse control was taken in this region during the past year. In addition to the decisions taken at the national level, international activity has recently been intensified. One of the most important steps was the study tour of the region

undertaken by the Sub-Commission on Illicit Traffic and Related Matters in the Near and Middle East, composed of representatives of the Governments of Afghanistan, Iran, Pakistan, Turkey and Sweden and officials from the United Nations, ICPO/Interpol, the International Arab Narcotics Bureau of the League of Arab States and the Board. This tour and the other activities of the Sub-Commission present the opportunity for national officials concerned with narcotics to meet with their counterparts and discuss matters of mutual interest with a view to formulation of regional solutions.

#### D. Conclusions

68. The situation described above would appear to call for greater co-ordination of the individual measures taken by the Governments of the region, particularly at the operational level, and for machinery to ensure the continuation and development of such co-operation. Opium production in Afghanistan, Iran and Pakistan should be gradually curtailed to the point of complete elimination. Preventive, information, treatment and rehabilitation programmes should promptly be instituted and opium maintenance programmes should be critically examined; alternative forms of treatment should be considered, particularly those not involving in-hospital care and medical staffing. Legislative measures should also be strengthened, especially as regards psychotropic substances, the abuse of which has recently been detected. As well as ratifying the 1971 Convention and the 1972 Protocol, Governments should improve their administrative controls over the distribution of licitly imported drugs, in view of recently reported leakages.

69. External technical and financial assistance should be provided to improve the international co-ordination among national agencies, institute additional means of law enforcement, initiate or expand educational, social, and medical services and establish general development programmes. Financial support from countries in the region whose economic situation has recently improved would be particularly welcome.

### EAST AND SOUTHEAST ASIA

#### A. General analysis

70. Drug abuse occurs in several countries of eastern Asia and in most of the countries of Southeast Asia; it is becoming an increasingly serious problem in some and reaching epidemic proportions in others. Although opium abuse is reported to be declining, the abuse of morphine and heroin is growing, particularly in urban centres. The use of locally-cultivated cannabis is traditional to some groups in the region but the rapid spread of its abuse as well as the increasing misuse of psychotropic substances are causing the authorities deep concern.

71. For some time the attention of international organizations, particularly the Fund, the World Health Organization and ICPO/Interpol, has focused on this region because it has been a leading source for illicit opium production. This traffic mostly supplies the local illicit market but increasingly the drugs are finding their way to other parts of the world.

72. Consequently, the elimination of uncontrolled or illicit opium poppy cultivation in the region is a major objective. The border region of Burma and Thailand, where most of the illicit opium is produced, is physically isolated from the

centres of government administration. The hill tribes which inhabit the area are almost completely untouched by the social and economic development of their countries. They must be integrated with the rest of the population and provided with alternative means of livelihood. Moreover, communication links must be developed. Use of force alone would certainly meet with resistance and other measures must be found to secure the active support of the hill tribes.

## B. Countries and territories of particular interest

### Burma

73. A substantial proportion of the illicit opium and opiates produced in the region originate in Burma. The ethnic minority groups which inhabit the border area with Laos and Thailand engage in cultivation of the opium poppy. Very limited Government control is exercised in the area owing to the activities of insurgent groups operating there. Although the incidence of opium abuse has, in the past, been largely confined to the hill tribes which cultivate the opium poppy, the increase in heroin abuse among young people in urban centres has caused the Government to strengthen its measures of control.

74. Early this year, laws providing for increased penalties were introduced to deter the traffickers and to compel addicts to register for treatment. Meanwhile, the Government has continued to track down the insurgent groups which engage in the opium traffic in order to finance their armed activities. To provide alternative sources of income for the hill tribes, the Government is undertaking research into substitute crops and has expressed interest in receiving multilateral assistance.

75. To combat the illicit traffic originating in the frontier zones bordering on Laos and Thailand, regional co-operation should be established between Burma and its neighbours. Such co-operation is not completely lacking but it should be intensified and sustained.

### Laos

76. Up to 1970, large quantities of opium produced in Burma and Thailand passed through Laos, but the authorities were apparently unable to intervene actively. This situation is believed to have changed considerably since the enactment of the narcotics control law in 1971. The Government has intensified its enforcement effort and several seizures and arrests of traffickers have been made. Interest has also been expressed in increased co-operation with the enforcement agencies of neighbouring countries and it is to be hoped that this will reduce the role of Laos as a transit route for illicit opium.

77. The opium produced by the hill tribes in Laos is mainly consumed locally. However, the above mentioned law provides for restrictions in this respect. In addition to the treatment and rehabilitation efforts being pursued by the Government, farmers still engaged in opium poppy cultivation are being encouraged to adopt other agricultural activities. These efforts, in conjunction with international aid, should yield positive results.

## Thailand

78. Thailand has a large addict population. Addiction to opium and use of opiates are not limited to the hill tribe areas where the poppy is cultivated. Considerable heroin abuse is reported in both rural areas and urban centres, where there are more heroin addicts than opium addicts. The Government is giving some attention to the provision of treatment and rehabilitation facilities. These programmes have been extended to the hill tribe area with the collaboration of the World Health Organization. However, much greater efforts are called for if meaningful treatment and rehabilitation is to be made available.

79. Attempts to eradicate opium poppy cultivation in that area require the local population's active support of programmes of crop substitution and community development. With the assistance of the Fund, a pilot crop substitution programme has been jointly undertaken by the Government and the Division.

80. Thailand is also a major transit country for opium and opiates. The drugs are brought south through Thailand from its border area with Burma and Laos. Amounts intended for the international illicit traffic are then moved to Malaysia, Singapore and the territory of Hong Kong or to other points.

81. The Thai Government, with the benefit of external assistance, has established a new agency to combat the illicit traffic and large seizures of opium and opiates have already been made.

## Republic of Viet-Nam

82. From the scanty information available, there does not seem to be any large-scale opium poppy cultivation in the Republic of Viet-Nam, although the country has a serious addiction problem. Opium and opiates abused in the country are believed to come from Burma and Thailand. To combat the growing abuse of heroin, cannabis and psychotropic substances, the Government introduced in 1972 new narcotics laws which provide for stricter penalties. Large seizures have been made by the enforcement agencies. Such measures as the search of trawlers coming from Thailand reduced for a time the supply of drugs entering the Republic of Viet-Nam.

## Territory of Hong Kong

83. The large addict population in the territory of Hong Kong attracts substantial quantities of opium and opiates produced in the border area of Burma and Thailand. The majority of the addicts abuse heroin. Several clandestine laboratories operate in the territory of Hong Kong and part of the heroin manufactured there is sent to other countries, although it is difficult to determine the quantity involved. The busy air and sea links between Hong Kong and the rest of the world add to the difficulty of halting the illicit drug traffic. Close liaison is maintained with authorities in producing countries in the region and, during the last 18 months in particular, this has resulted in increased effectiveness in intercepting traffickers on their way to Hong Kong. Large seizures have been made by the well-trained enforcement agencies there but the prevention of illicit drug activities in this over-crowded city calls for extreme vigilance.



84. With the increasing success of the law enforcement effort in the territory of Hong Kong and in the countries which supply it, temporary shortages of heroin have occurred. This has caused a number of addicts to volunteer for treatment. The competent services have been expanded with official and private assistance and it is hoped that the difficult task of rehabilitating addicts will be more successful in the future.

85. The President and the Secretary of the Board were able to gather first-hand information on drug abuse and control in the territory of Hong Kong during a five-day visit in December 1973. They were informed that the influx of opium products appeared to be easing as a result of the preventive action taken in Burma and Thailand and of the increased co-operation between the authorities in the region.

### Nepal

86. The Board's mission which visited Nepal in December 1973 was favourably impressed by the determination shown by the Nepalese authorities to fulfil their obligations to the international community by eliminating cultivation of the opium poppy and the far more widespread cultivation of cannabis. The Government had courageously taken an administrative decision to prohibit cannabis production, a measure which affected the income of a number of farmers in the lowlands on the Indian border. A draft law which would institute needed control over drugs had also been prepared, with United Nations assistance. However, the Board must report that the law in question has not yet been enacted and that the Government is finding it difficult to uphold its decision.

87. It would be highly regrettable if the efforts made by the Nepalese Government in matters of drug control were to fail since the country's international prestige would undoubtedly suffer as a result. The Board therefore hopes for prompt enactment of a narcotics control law that will put an end to the licit production of, trade in or possession of cannabis and of products derived therefrom. This first step should be followed by the establishment of a central narcotics control office. The law enforcement and customs services should be strengthened, while substitute solutions should be found for persons for whom cannabis cultivation is a traditional means of livelihood. Lastly, Nepal should become a party to the international treaties on narcotics control. Some of the measures suggested above would require external aid, which can undoubtedly be found.

### C. Governmental initiatives

88. For some years, the Governments of the region have been responding to illicit drug activities with a number of counter-measures, notably, the promulgation in certain countries of new laws establishing more severe penalties for drug offences. The law enforcement services have been reorganized and strengthened to ensure that the new laws are applied. These efforts constitute a particularly suitable basis for the development of regional and international co-operation.

89. Most of the countries in the region are taking an increasing interest in the prevention of drug abuse and the treatment and rehabilitation of drug addicts. Although the resources currently available are not yet adequate to meet the needs, the steps taken by the Governments are in the right direction.

90. Pursuant to a recommendation of the Ad hoc Committee on Illicit Traffic in the Far East, the heads of the drug law enforcement agencies in the countries of the region held a meeting at Bangkok in 1974. The government representatives attending the meeting supported the idea of appointing a United Nations liaison officer to deal with the question of drugs at the regional level. Furthermore, at the Second Asian Regional Conference of ICPO/Interpol in September 1974, the delegates recommended that Interpol should appoint a liaison officer for Southeast Asia and the Far East.

#### D. Conclusions

91. When the measures of co-ordination referred to above have been fully implemented, the international traffickers will find their activities severely hampered. International organizations such as the United Nations, the World Health Organization, the Food and Agriculture Organization, the International Labour Organization and ICPO/Interpol are already taking a leading part in helping certain Asian countries. With more external assistance, the programmes for crop substitution and the identification of new sources of income as well as measures of prevention, treatment and rehabilitation will be given a new impetus.

### EUROPE

#### A. General analysis

92. One of the principal aspects of the drug problem in western Europe is linked to the region's role as intermediary between the major centres of illicit drug production and consumption. In recent years, however, consumption of these substances has become much greater in Europe itself as traffickers have been selling locally some of the drugs intended primarily for disposal in North America. Most drugs of abuse - the opiates, cocaine, psychotropic substances and cannabis - are now available in Europe. Seizures of liquid cannabis have multiplied tenfold in the past year and have been made in at least eight European countries.

93. The slight reduction in the volume of heroin traffic - which has been reflected by a certain scarcity on the black market in the United States - is principally attributable to the Turkish ban of 1972 (see paras. 29 to 40 above), which resulted in a decrease in the amount of morphine base available on the European illicit market in 1973-1974. Brown heroin originating in Southeast Asia has appeared on the market, as is evidenced by frontier seizures. Although of lower quality it is more dangerous since its colour makes it difficult for middlemen to adulterate.

94. The illicit traffic in cannabis is still considerable, and most western European countries are affected by this problem. The two main sources of supply, despite active enforcement measures taken by transit countries, are the Near and Middle East, from where cannabis enters Europe through Turkey, Yugoslavia, Bulgaria, Austria and the Federal Republic of Germany, and North Africa, from where it enters through Spain. Smaller quantities from Africa or the West Indies are also brought into the United Kingdom.

95. The cocaine traffic, which was negligible during the last two decades, has been on the increase for some years.

96. Although it is still difficult to assess with any precision the real extent of the problem caused by psychotropic substances other than from the fragmentary data provided by reports of seizures, it seems that traffic in and abuse of these substances is tending to spread. The countries most affected are thought to be in northern Europe. However, the geographical pattern of illicit consumption varies according to the substances concerned. Furthermore, abuse of and traffic in amphetamines and barbiturates seem to be definitely on the increase. In general the search for multiple combinations of dangerous drugs is becoming increasingly popular.

97. The problem of drug abuse appears to be virtually non-existent in the countries of eastern Europe, despite a few cases of forged prescriptions and thefts from pharmacies. This is undoubtedly due to the vigilance of the national authorities and the strict system of control. However, some international traffickers do try to pass drugs through certain eastern European countries in an attempt to cover their tracks, in spite of the effective measures against the illicit traffic exercised there.

#### B. Countries of particular interest

##### Netherlands

98. The situation in the Netherlands seems to have been deteriorating for some time, mainly owing to the illicit traffic.

99. Considerable quantities of cannabis are entering the country, partly for onward routing to neighbouring countries, especially the Federal Republic of Germany, but increasingly for local consumption as well.

100. In the last two years there has been a steep increase in the heroin traffic. Much of the heroin appears to come from Asia, which indicates that traffickers have been benefiting from the economic ties between the Netherlands and Southeast Asia. Their activities have also been facilitated by the presence of an Asian colony in the Netherlands.

101. The magnitude of the seizures reported by the Netherlands authorities is sufficient proof of the serious nature of the traffic and the activities of the Dutch law enforcement services. Their task is made all the more difficult by the number and extent of the international communication links through or from the Netherlands.

102. Moreover, the Netherlands authorities have adopted a liberal attitude towards cannabis. There can be little doubt that the ease of access to supplies of cannabis draws consumers to the Netherlands. This movement is extending to other dangerous substances as well, such as heroin and LSD.

103. The Netherlands authorities are not alone in their concern about the situation, which is causing alarm in several neighbouring countries. While it is confident that the authorities will do all that is necessary, the Board has decided to keep the problem under permanent observation.

## Federal Republic of Germany

104. Drug abuse is a serious problem in the Federal Republic of Germany. The ratio of registered addicts to total population is approximately 14 : 100,000. Although the growth rate of addiction seems to have declined slightly during the past year, multiple drug abuse and the use of more dangerous drugs appears to be on the increase. Cannabis is still the main drug of abuse, although abuse of opiates, amphetamines and barbiturates is relatively high. Cocaine abuse, although still fairly slight, is also tending to increase.

105. The authorities of the Federal Republic of Germany have reacted energetically to this situation by adopting a number of legislative and administrative measures. For example, during 1973 a law was enacted to increase the efficiency of the Federal Criminal Bureau in dealing with the illicit international traffic in narcotic drugs. Furthermore, a standing working group on narcotics was set up to co-ordinate the drug abuse control activities of the Länder, and the prevention and law enforcement services now have more and better-trained personnel. The Customs services have also given particular attention to controlling the movement of narcotic drugs at the frontiers by setting up specialized teams.

## Belgium

106. Until recently, the drug problem was comparatively unimportant in Belgium. Now, however, because of the country's geographical situation and the changed attitude of certain neighbouring countries, Belgium is faced with an increasingly serious problem. As a result of the strengthening of French legislation, part of the international illicit traffic now passes through central Europe, from where it is routed, inter alia, through Belgium. Moreover, the proximity of the Netherlands - whose role has been described above - results in a substantial increase in the availability of drugs in Belgium (particularly cannabis, LSD and amphetamines), the more so since, by reason of the agreements in force between the Benelux countries, controls on movements of persons and goods are reduced to a minimum.

107. The recent change in the Belgian situation is therefore a source of concern, and the Belgian authorities are strengthening legislative and administrative measures in an effort to solve the problem. Much remains to be done, however, particularly in the field of co-ordination of preventive measures as well as in curbing the illicit traffic and in the social rehabilitation of drug dependent persons.

## France

108. As a result of the blocking of the source of morphine base of Turkish origin, and of the vigorous action against traffickers taken by the French authorities - for example by providing for penalties of up to 20 years imprisonment for the most dangerous of them - France has succeeded in reducing significantly the flow of drugs across its territory en route to North America. Internally, the wave of drug abuse, which reached its peak in 1969-1970, also seems to have been stabilized as a result of the increased attention paid to treatment and rehabilitation programmes. However, the French authorities will certainly not relax their vigilance, for this respite may be only temporary.

### C. Government initiatives

109. It is some years since the European countries became aware of the gravity of the drug addiction problem. Several of them have taken preventive action either by introducing new legislation or by strengthening laws already in existence, particularly concerning licit drug distribution. At the same time, emphasis is beginning to be placed on the treatment and rehabilitation of addicts as well. The countries members of the Council of Europe are continuing their efforts to ensure more co-ordinated action and in late 1973 they convened an ad hoc committee on drug dependence.

110. From a global standpoint, European participation in the international drug control system is highly important. As of the date of this Report, only five countries (Albania, Austria, Iceland, Ireland and Italy) are not yet parties to the 1961 Convention, although they collaborate fully in the work of the Board. Five countries (Bulgaria, Finland, Spain, Sweden and Yugoslavia) have ratified or acceded to the 1971 Convention and four (Cyprus, Finland, Norway and Sweden) have ratified the 1972 Protocol. Some countries that have not yet adhered to the 1971 Convention are introducing increasingly stringent measures into their domestic legislation. The Board takes this as a good omen that these countries will accede to the Convention in due course.

### D. Conclusions

111. Although some European countries have made considerable progress in drug control, others still have much to do, and all of them must continue to show great vigilance in view of their diversity and the resources available to traffickers.

112. Co-operation is certainly essential at both the regional and the international level. Accession to the international treaties on drugs should be the first step, supplemented by bilateral or multilateral European agreements.

113. Finally, European countries - particularly those faced with a serious problem of drug abuse - should continue to further their understanding of the causes of addiction and apply themselves actively to developing methods of treatment and rehabilitation. The results of their research should be widely disseminated.

## NORTH AMERICA

### A. General analysis

114. In North America, the problem of the abuse of opiates, cannabis and psychotropic substances remains substantial. Consumption of these drugs generates an enormous illicit traffic. The clandestine production of cannabis in the region is on the increase and sizeable quantities of Mexican-produced "brown heroin" have appeared on the illicit market.

115. It would appear that the decline of heroin abuse in North America has recently come to a halt. This decline had been attributed primarily to the reduction in the availability of opium from Turkey, concerted international action to combat the illicit traffic and the increase in treatment and rehabilitation programmes. It is mainly

because of illicit Mexican-produced heroin, which has appeared both in the major urban centres and in smaller towns of the United States, that all heroin addiction indicators, which had been declining steadily for two or three years, remained stationary or increased in 1974.

116. Meanwhile, traffickers continue to use routes from other regions where opium is produced illicitly, such as Southeast Asia. However, the quantities of heroin from this region which are smuggled into the United States as yet constitutes only a small proportion of clandestine inflows of the drug into that country.

117. The countries of North America attach great importance to programmes of treatment and rehabilitation; the law enforcement services have continued to take effective action, particularly in dealing with large-scale suppliers of and traffickers in drugs. Enforcement agencies and the judicial system are often working closely with treatment personnel at the local level. In some instances, the courts have used the criminal justice system to encourage addicts to seek and remain in treatment.

118. Cocaine abuse is clearly growing in North America. For instance, while such abuse was virtually unknown in Canada prior to 1972, large quantities of the drug have appeared since that date. Further efforts are obviously needed to stem this traffic.

119. The massive abuse of cannabis is continuing throughout North America. Vast amounts of marihuana were seized in 1974: for example, over 150 tons of this substance were confiscated in two months in Mexico alone, while in Canada almost 4,500 persons were convicted of cannabis offences other than simple possession in 1973. The form of cannabis consumed - marihuana - is in general less potent than that consumed elsewhere in the world. Nevertheless, while researchers are not in complete agreement on this point, the probable risks of long-term cannabis use have been publicized.

120. Most cannabis entering the North American illicit market comes either from Mexico or from Jamaica, which also has become a transshipment centre for other drugs. The Governments of both these countries have become more and more aware of this problem and are working in close collaboration with the other governments concerned to halt this traffic.

121. Colombia is another source of cannabis destined for Canada and the United States.

122. The Board is deeply concerned by the increasing use of cannabis. While some of the more severe effects resulting from use of this drug have not been subjected to exhaustive scientific analysis, there exists enough evidence to justify caution, for there is no doubt that cannabis does impair certain functions. Therefore, it should be kept under control, and appropriate measures should be taken to reduce large-scale traffic.

123. The danger and extent of psychotropic substance abuse is probably the most unrecognized problem, at least by the general public, in this region and throughout the world. Some of these drugs, particularly barbiturates, can be as dependence-producing as opiates. In North America, amphetamines are associated with more

violent crimes than heroin. Since, moreover, most of these substances have valid medical uses, the true extent of the problem is unascertainable: an unknown part of the millions of dosage units of these drugs obtained licitly through doctors and pharmacists is ultimately abused.

124. Psychotropic substances enter the illicit market from three sources: diversion from licit channels, illicit manufacturing, and smuggling. In the United States it is estimated that 25 per cent of the illicit supply of psychotropics results from diversion from licit manufacture, distribution and sale, 25 per cent from the operation of illegal laboratories within the country, and the remaining 50 per cent from legitimate or illicit sources abroad. Moreover, large quantities of bulk amphetamine powder and barbiturates have been shipped to Mexico from Europe, where they are manufactured; these drugs then enter the illicit market in Canada and the United States. The magnitude of the problem is illustrated by the dismantling, through the joint efforts of the law enforcement services of Canada, Mexico and the United States, of an international smuggling syndicate suspected of selling millions of illicit amphetamine tablets every year. Furthermore, there is reason to fear that, in addition to the problems arising from local consumption of psychotropic drugs, Africa may become a transshipment point in the illicit traffic of psychotropics destined for North America.

#### B. Countries of particular interest

##### Canada

125. The Canadian authorities are extremely concerned by the levels of drug abuse which continue to exist in that country. To meet this situation enforcement activities have been increased. In addition, both the national Government and some provincial Governments have expanded existing programmes and have initiated new projects in the fields of research, treatment and rehabilitation. The dissemination of information on the health and social problems resulting from the misuse of drugs has also been increased. A determined effort is being made to maintain present relationships and to develop co-operative projects with other countries and international bodies.

##### United States of America

126. One of the most positive aspects of the United States Government's activities to combat drug abuse, in addition to its provision of financial and technical support to other Governments through bilateral and multilateral channels and its effective law enforcement efforts, is the emphasis which it places on the prevention of drug abuse and the treatment and rehabilitation of drug addicts. Up to 1973, these measures, together with the action taken against traffickers, had resulted in a substantial reduction in the number of heroin addicts. However, in the light of recent information revealing an increase in drug addiction, new measures are being taken.

127. Research efforts are continuing with a view to developing safer and longer-lasting medications for the treatment of drug addiction as well as narcotic antagonists. While the United States has already sponsored a great deal of research, new investigation might be conducted into the long-term effects of cannabis abuse; likewise, the dangers of liquid cannabis should be studied.

## Mexico

128. The principal drug problems faced by Mexico result from its proximity to a major illicit market for narcotics and psychotropic substances. The opium poppy and cannabis are grown illegally in Mexico to meet demand from other countries in North America and traffickers use Mexico for their drug transshipment operations. Some effective measures designed to halt these activities have been taken: an annual opium poppy-cannabis eradication programme has been undertaken by the army and the police; more stringent controls are exercised over the import of psychotropic substances; the law enforcement agencies have been strengthened and provided with more modern equipment; and close co-operation has been established with law enforcement and customs services in other countries. However, still more must be done, particularly as regards the provision of equipment and trained staff. It is essential that Mexico should continue to receive all necessary assistance to help it in its efforts.

### C. Government initiatives

129. The extent of co-operation and co-ordination among Governments of this region and between these Governments and international organizations is impressive. During the past few years, high-ranking members of the Canadian, Mexican and United States Governments have held regular meetings to ensure co-operation in drug control efforts, to establish operational means of implementing such co-operation, to identify points of contact in mutual enforcement activities and to plan joint training programmes for enforcement personnel.

130. Almost all the countries in the region have ratified or acceded to the 1961 Convention, and two countries have adhered to the 1972 Protocol. Unfortunately, as is mentioned above, accessions to and ratifications of the 1971 Convention have not been so numerous.

### D. Conclusions

131. While great efforts have been made in the North American region, much still remains to be done, for example, in reducing the demand for drugs, halting the illicit traffic in them and eliminating illicit production of the opium poppy and cannabis, as well as the illicit manufacture and smuggling of psychotropic substances.

132. The Governments of the region are clearly determined to continue their co-operation and to pursue research on all aspects of drug abuse and control. Special attention should be given to evaluating the effectiveness of various methods of treatment and rehabilitation; likewise, information acquired should be shared with other countries having similar problems.

133. In view of the apparent under-utilization of available treatment facilities in certain areas, it should be possible to increase efforts to induce addicts to receive the care which their condition requires.

134. Legislative measures designed to control psychotropic substances should be reviewed and where necessary improved.

135. Countries in the region which have not yet acceded to or ratified the 1971 Convention and the 1972 Protocol are urged to do so, and the Board hopes that this action will not be deferred indefinitely.



## SOUTH AMERICA

### A. General analysis

136. There seems to be several important drug control problems in the countries of South America: coca leaf chewing, the clandestine manufacture of cocaine, continued cultivation, consumption of and traffic in cannabis, and illicit traffic in narcotic drugs and psychotropic substances.

137. Bolivia and Peru are the only two countries in which coca bush cultivation is at present authorized. These two countries produce the coca leaf and are also its main consumers. According to the statistics furnished to the Board <sup>4/</sup>, only 5 per cent of the quantities of coca leaf produced is used industrially for the licit manufacture of cocaine (the two principal manufacturers of which are Peru and the United States of America) and for the extraction of the alkaloid-free flavourings used in certain beverages. The remaining 95 per cent is used predominantly for chewing and other non-medical applications, including illicit cocaine manufacture. Coca leaf chewing is an ancient habit dating back to the pre-Inca period. It is a serious problem in Bolivia and Peru. It still persists, however, in certain regions of Argentina, Brazil, Colombia, Ecuador and Venezuela, although the extent of the problem is by no means the same in those countries and although chewing is prohibited in the last four. In Argentina, the Government has decided to put an end to the practice by 1977.

138. In Peru, as in Bolivia, the major part of coca leaf production comes from small farms. This cultivation requires much care and at harvest time specialized labour has to be employed. When in storage, the leaves must be turned often in order to avoid compression and to ensure that they are aired. It appears that cultivators do not depend exclusively on coca leaf production for their income, for they generally grow other crops at the same time. Moreover, in comparison with total budget revenue, Government taxes on the coca leaf appear to be negligible. Given the economic and social conditions of large groups of the indigenous population, however, the coca leaf constitutes an agricultural product whose sale is always assured, for, at least in part of this region, it enjoys a reputation for relieving the symptoms of mountain sickness and combatting the lack or inadequacy of food more easily than any other product.

139. Although the Peruvian authorities deserve to be commended for having destroyed 57 clandestine laboratories manufacturing cocaine during 1973 and although it is not possible to evaluate the extent of illicit cocaine manufacture with any degree of certainty, the situation is undeniably alarming. The number and volume of cocaine seizures are constantly increasing throughout the world: according to the information supplied to the Board, the total of such seizures increased eightfold

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<sup>4/</sup> It should be noted, however, that since only quantities on which a State tax has been paid are registered, only part of the total quantities harvested are declared to the Board.

between 1969 and 1973. Most of them occurred in the United States. It should be noted that in Europe, where they had hitherto been negligible, cocaine seizures amounted to 33 kg in 1971, 21 kg in 1972 and almost 30 kg in 1973.

140. Thus, as the Board indicated in its Report for 1973,<sup>5/</sup> it is to be feared that there is a renewed outbreak of illicit traffic in cocaine, the source of which is South America.

141. Moreover, as is shown by the sharp increase in the quantity and variety of drug seizures, international drug traffickers are making increasing use of a carefully organized South American route. Thus, 60 kg of heroin were seized in Brazil in 1972 and almost 17 kg in Venezuela. Seizures of locally-produced cannabis were reported by Argentina, Brazil, Chile, Ecuador, Uruguay and Venezuela. Seizures of psychotropic substances are also on the increase in Argentina, Brazil, Chile, Ecuador, Peru, Uruguay and Venezuela. Most of these drugs cross South America illegally on their way to the North American market, although some quantities are for illicit local consumption.

#### B. Countries of particular interest

142. Coca leaf chewing is a long established practice among large sections of the population in Bolivia and Peru. So long as the number of people engaging in this practice remains high and so long as over-production of coca leaves persists, it will be impossible in this region to prevent the clandestine manufacture and export of cocaine for the international illicit traffic.

##### Bolivia

143. Up to this time, the information supplied to the Board by the competent authorities of this country has been irregular and incomplete. Yet in 1966 the Board's predecessor, the Permanent Central Narcotics Board, concluded an agreement with Bolivia providing for the gradual suppression of coca bush cultivation.<sup>6/</sup> However, although Bolivia has paid more attention during the past two years to the question of substitute crops, coca bush cultivation does not seem to have been reduced.

144. The Board does not underestimate the social, economic and political dimensions of the problem, which it saw for itself during its missions to the country, the most recent of which was in 1973. It expects the Bolivian authorities to take more vigorous action in the near future, at least in so far as the illicit manufacture of and traffic in cocaine are concerned. In this connexion, the Board notes with satisfaction that a new law providing for more severe penalties for drug manufacturers and traffickers was enacted in December 1973 and that the law enforcement agencies have been reorganized and their staff increased.

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<sup>5/</sup> E/INCB/21, para. 42.

<sup>6/</sup> E/OB/22, paras. 89-97.

## Peru

145. Peru supplies the Board with regular information on the production of coca leaves and the use to which they are put. While, however, the quantities of coca leaves exported or used in licit cocaine manufacture are properly accounted for, there exists only hypothetical estimates of the quantities consumed in chewing. Difficulties have recently arisen in this connexion; according to the theory advanced, it appears that a fairly sizable quantity of coca leaf disappears from the market without any record of the use to which it is put. In view of the number of clandestine laboratories discovered by the police and the volume of the illicit cocaine traffic, there is reason to believe, as some Peruvian authorities do, that these leaves are used in the illicit manufacture of cocaine. The Board has heard a statement on this subject from a representative of the Peruvian Government, and it appears that the Peruvian authorities are currently investigating the matter.

146. Clearly, the information received by the Board should be prepared on such a basis as to depict the actual situation. Many years ago Peru should have taken more effective action to lay the foundations of a true national policy in this area. Fortunately, it appears that the members of a national commission on these problems will be appointed shortly and that Peru at last intends to seek the assistance with which international organizations can provide it in this field, in accordance with recommendations already accepted on several occasions in the past. There is no doubt that the entire system for the control of coca leaf production and trade needs to be re-examined so that the national authorities themselves may have a clear picture of the situation.

147. If the above action is taken and even more importance is attached to close co-operation with neighbouring countries, the effectiveness of the commendable efforts made by the law enforcement agencies will be maximized and the serious concern raised by the situation in Peru can be dispelled.

## Ecuador

148. Ecuador is an important cocaine transit and illicit manufacture area. Cocaine for the North American market is smuggled in from Peru and Bolivia or refined locally. It seems, too, that not only does Ecuador serve as a transit area for heroin traffickers, but that a certain quantity of the substance is manufactured locally. In addition, cannabis continues to be cultivated on a large scale and is still being consumed.

149. During its 1973 visit, the Board learned that a national inter-ministerial commission, attached to the Cabinet of the President of Ecuador, would be responsible for co-ordinating the drug control system and supervizing its operation. It hopes that the commission will be able to devote its full attention to the situation described above. Moreover, the Board notes with satisfaction that legislative measures designed to improve the efficiency of law enforcement have recently been adopted.

### C. Governmental initiatives

150. In South America, there has been a very definite awareness of the drug problem in recent years. Of the 11 States of the region, only Bolivia, Colombia, Guyana and Uruguay are not yet parties to the 1961 Convention; five (Brazil, Chile, Ecuador, Paraguay and Venezuela) are already contracting States to the 1971 Convention, and four (Argentina, Brazil, Ecuador and Paraguay) to the 1972 Protocol. Such participation, which the Board hopes will spread rapidly to all States, shows the constructive will of the governments of these countries in the campaign against the abuse of narcotic drugs and psychotropic substances.

151. Some of these countries, particularly Argentina and Venezuela, have already undertaken preventive, assistance and rehabilitation activities which have produced notable results. In 1973 Colombia launched a preventive campaign, both at the national level and in collaboration with certain neighbouring countries, and apparently achieved some success with a programme in which addicts participate in group therapy treatment.

152. Regionally, on the initiative of the Argentine Government, a meeting of South American governmental experts was held at Buenos Aires in 1972. That meeting was followed by a South American Plenipotentiary Conference on Narcotic Drugs and Psychotropic Substances, which was held in 1973, also at Buenos Aires. The Conference, at which 10 States of the region, as well as international organizations, including the Board, were represented, approved and opened for signature the South American Agreement on Narcotic Drugs and Psychotropic Substances and two additional protocols. The purpose of the instrument is to achieve close co-operation among countries of the region in all matters related to the prevention of abuse of narcotic drugs and psychotropic substances. It relates, in particular, to the control of licit trade and the suppression of illicit traffic, co-operation between national police services, harmonization of civil and penal legislation, standardization of administrative regulations governing retail drug sales, prevention and treatment of drug addiction, rehabilitation and social reintegration of drug addicts. The next Conference is to be held at Asunción, Paraguay.

153. The Board welcomes these initiatives and hopes that the regional collaboration thus started will continue and will enable the South American countries to combine their efforts in dealing with the grave problems associated with drug abuse.

154. At the international level, it should be noted that at its third special session, held at Geneva from 18 February to 1 March 1974, the Commission on Narcotic Drugs recommended that the Economic and Social Council should adopt a draft resolution entitled "Cultivation and chewing of the coca leaf: clandestine manufacture of and illicit traffic in cocaine". The resolution, which was adopted by the Council at its session in May 1974, 7/ recommends inter alia, that the Governments concerned intensify measures designed to reduce coca cultivation, eliminate the clandestine manufacture of and the illicit traffic in cocaine and, in

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7/ Resolution 1846 (LVI).

accordance with the 1961 Convention, abolish coca leaf chewing; it also invites all States and the competent international agencies and bodies to co-operate with the Governments concerned in the search for a solution.

#### D. Conclusions

155. It appears, therefore, that, on the whole, the countries of the region desire to intensify their efforts to surmount the problems facing them in the field of drug control. The beginning of greater regional co-operation is a good sign and the Board considers that the Governments should rapidly put into effect the provisions on which their representatives reached agreement at Buenos Aires in 1973.

156. However, although co-operation is essential, it goes without saying that at the national level each country must accord greater priority to the drug problem and do everything in its power to overcome it. In this connexion, it would be advisable for each country to make an effort to review the situation regularly and to try to forecast its medium- and long-term trend in order to be able to take prompt action.

### AFRICA

#### A. General analysis

157. The countries of Africa are fortunate in not at the present time having a substantial problem with opiate dependence. There is however continued abuse of cannabis, with large quantities of hashish produced in northern Africa, and particularly in Morocco, entering the international illicit traffic. The incidence of psychotropic substance misuse is also on the increase. There have been lately reports of transshipment through Africa of psychotropic substances manufactured in Europe and destined for the illicit market in North America.

158. The African Governments should therefore take steps to prevent this problem from arising on a large scale in the future, by paying particular attention to the non-medical use of psychotropics. With the increase in medical services, the rapid urbanization and the likelihood of further use of Africa by traffickers, the Governments should strengthen their internal drug control services and increase their co-operation with neighbouring States and international bodies to prevent diversion of narcotics and other dangerous substances.

#### B. Governmental initiatives

159. Although many African States are not yet parties to the 1961 Convention, six Governments of the region have acceded to or ratified the 1971 Convention and nine the 1972 Protocol. Thus African countries represent a substantial portion of the total number of contracting states to these treaties. Several African countries have sent representatives to the training seminars for national authorities conducted during 1974 by the Board's secretariat and the Division under the auspices of the Fund. It is expected that the information gained at these meetings will permit fuller compliance with the drug control treaties. The Board continues to stand ready to render any assistance possible to aid the countries of Africa in overcoming their difficulties.

## C. Conclusions

160. Serious drug abuse problems could arise in Africa. In order to avoid this danger, one of the first steps should be prompt adherence to the relevant treaties. Legislation to control narcotic drugs and psychotropic substances within the countries of the region should also be strengthened and special attention should be given to the development of effective national drug control administrations. Assistance from external sources should be provided to enable less developed countries to implement needed drug control measures.

### THE SUPPLY OF RAW MATERIALS FOR THE LICIT MANUFACTURE OF OPIATES

161. In view of the concern expressed throughout the world with regard to the supply of opiates for licit purposes, the Board published in 1973, as an annex to its annual report (E/INCB/21), a study providing some data on this problem with a tentative projection of requirements and resources in the immediate future.

162. Over the years, the international community has sought to protect itself against the dangers arising from an over-supply of narcotic drugs. "Limiting the manufacture" and "limiting ... the cultivation [and] production", are the terms used in the titles of the 1931 Convention and the 1953 Protocol. Recently, however, bad harvests and difficulties in the supply of poppy straw, at a time when stocks are very low and the demand for medical use is rising, have created a new situation for which the international community is not so well prepared. All the treaties recognize implicitly or explicitly "that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes".<sup>8/</sup> The international narcotics treaties in force at present, however, do not include any specific provision for the achievement of that objective. This situation, which is partly due to historic reasons, should not lead to exaggerated initiatives or warrant resumption of production by countries lacking the facilities for ensuring proper production control. Exchanges of views between the parties concerned, on the basis of available data, should make it possible to adjust production to meet requirements. Thus, between over-supply and occasional dearth, a reasonable ground could be found in the interest of the international community as a whole.

163. The Board, for its part, continues to present analyses and projections based on data supplied by Governments. The circulation of objective information should facilitate an accurate assessment of the various elements which go to make up the supply and the demand, an assessment which is an essential prerequisite for the adoption of a rational policy.

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<sup>8/</sup> Preamble to the 1961 Convention.

164. The 1973 opium harvest was not sufficient to cover all the needs of morphine manufacturers and 134 tons had to be drawn from stocks in order to supplement it. The shortfall was actually smaller than that forecast by the Board in its study published in document E/INCB/21 (-184 tons) because of the supplies derived from secondary resources which are difficult to forecast, such as the quantities of seized opium released for licit uses. The quantity of poppy straw used for the extraction of alkaloids was substantially the same as in the previous year. However, in this case also, stocks were drawn upon in at least one major manufacturing country; moreover, Indian straw produces less morphine than Turkish straw, for the reasons outlined in document E/INCB/27 (paragraph 21(a)); this results in a lower morphine yield. Despite these difficulties, there was an increase of 7 tons in codeine consumption in 1973 by comparison with 1972, which indicates that the flow of supplies to the retail trade was in general adequate.

165. With regard to 1974, the projection made by the Board in 1973 indicated that opium resources and opium requirements would be in balance. However, India's production in 1974, which had been estimated at 1,139 tons in November 1973, was actually only 894 tons because of a lower yield due to climatic factors: the prolonged monsoons of 1973 delayed the sowing and were followed by a very hard winter. The resulting deficit of approximately 250 tons will possibly be largely covered by the quantities of opium that the United States has decided to release to its manufacturers from special stocks.

166. The relative share of morphine derived from straw in the total manufacture of morphine, after a period of growth, has remained stable for some time. In 1974 there has been a transitional period of adaptation for manufacturing countries that import. India was able to increase its straw exports during the first half of 1974 (the data for the second half of the year are not yet known), but it is possible that, of the morphine-manufacturing countries using straw which are planning to increase their national production, some may already have done so in 1974 through their own efforts.

167. Estimates for 1975 show an increase in the demand for opium for the extraction of alkaloids, mainly in the United States but also in other manufacturing countries owing primarily to the considerable expansion of public health programmes. The Indian Government has already taken steps for improving opium yields and the morphine content of its opium. India's efforts will no doubt have to be continued for a number of years for production to reach a level that will make it possible not only for the supply to meet demand but also for stocks to be built up again.

168. Finally, from 1975 onwards an important factor that will alter the situation appreciably is the authorization by the Turkish Government of poppy cultivation in seven provinces over an area of approximately 20,000 hectares for the production of unincized poppy capsules.<sup>9/</sup> This decision implies that Turkey will have more straw

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<sup>9/</sup> See paragraphs 29 to 40 above.

available in 1975 than in the years preceding 1973 because of the larger area devoted to poppy cultivation and the probable increase in plant density per unit of area (the work of opium harvesting formerly required wider spacing between the plants). Moreover, the unincized capsules will have a much higher morphine content than the incized capsules and may contain up to double the amount of morphine, depending on the extraction method. The arrival of such a large quantity of straw on the market would call for rapid expansion of the facilities for industrial processing of the straw.

169. The situation with regard to supplies of opium and straw has stimulated the research work already being done in a number of countries with a view to increasing the morphine content of the opium poppy capsules by a suitable selection of species or to finding substitutes for these raw materials.

170. Special mention should be made of the work being done under the auspices of the United Nations Laboratory which is taking an active part in and co-ordinating this research, largely with the financial support of the Fund.

171. The progress made by several countries in their research on Papaver bracteatum is highly promising and may well have important effects in due course.

172. World demand for codeine has risen steadily and will no doubt continue to do so as the provision of free treatment becomes more widespread in developed and developing countries alike. The supply of the raw materials for morphine (and hence for codeine) has failed to keep pace with this rapid expansion and in order to remedy this situation Governments have taken various steps, the effects of which are spread over time: research to increase yields and to find substitutes; the extension of the poppy-growing area for the harvesting of opium and straw; and the release of opium from special stocks for civilian purposes. All these measures must be co-ordinated in order to close the gap between supply and demand without tilting the balance in the opposite direction.

173. Opium alkaloids can be extracted from both opium and poppy straw. The raw material used for alkaloid production depends on the social and economic conditions of the country concerned and the effectiveness of the control measures it can take to prevent the diversion of substances to the illicit traffic.

174. In 1973 and 1974 there was a shortage of both straw and opium, but current estimates indicate that increased supplies of straw will be available from 1975 onwards. These projections should not, however, lead to any slackening of the efforts being made to step up the production of these raw materials, for opium stocks are very low and the demand for codeine continues to rise.

#### PSYCHOTROPIC SUBSTANCES

175. The number of countries supplying the Board with statistics on psychotropic substances is very high for a convention which has not yet entered into force and whose provisional application began in the year in which the instrument was drafted. Eighty-four countries and regions sent the Board statistical returns for 1971 and 102 did so for 1972. Judging from the substantial number of returns already received for 1973, the response for that year may be expected to be at least as large.



In most countries the compilation of data requires a considerable amount of time; consequently, they are often transmitted to the Board nearly a year late. There is, moreover, no possibility of preparing a statistical study on psychotropic substances similar to that undertaken on trends in the licit movement of narcotic drugs in the Board's Report, not only because the figures do not extend over a sufficient period of time, but also because of the incomplete nature of the data furnished.

176. It is therefore extremely difficult at present to discern any trends on the basis of the data available for the three years 1971, 1972 and 1973. First, the data supplied give evidence of broad fluctuations not only at the world level but also within individual countries, particularly in the case of manufacture of amphetamines, which is discussed below. Secondly, it may happen that a country which has not done so previously begins to furnish information and that that country alone will be found to manufacture far more than the previous declared world total for a particular substance. It will therefore be several years before we are able to obtain a more accurate picture of the real situation.

177. The incomplete nature of the data supplied is due to the fact that the various national data control and compilation systems have not yet been fully deployed. For example, certain substances, such as those in Schedules I and II, whose harmfulness was recognized quite early, have for a long time been subject to control whereas others even now are still uncontrolled. Consequently, in some cases the data on certain substances are lacking, while in others they cover only a part of the transactions effected by a government department, or the figures are not available for the entire year.

178. Extreme care must therefore be exercised in drawing conclusions from these statistics.

179. It is apparent from the figures furnished for 1973 that the most dangerous substances listed in Schedule I of the Convention continue to be manufactured in very small amounts. Of the 10 substances included in this Schedule, three - the tetrahydrocannabinols, (+) - lysergide and mescaline - have been used to a greater extent than the others. Although mescaline is manufactured in relatively large quantities, it would seem to have fairly limited use, since total imports remain low while manufacturers' stocks are growing.

180. With the exception of phencyclidine, which does not seem to be used extensively, all the substances in Schedule II, particularly amphetamine, the most widely manufactured and traded drug, call for the same comment: the quantities of Schedule II substances manufactured, after declining significantly in 1972 compared with 1971, increased again in 1973, although not to the 1971 level. Such annual fluctuations of the figures are difficult to explain. It is possible that the placing of these substances under control, together with the adoption of certain stricter measures concerning their use, may temporarily have prompted manufacturers to reduce their production considerably in 1972. It is, however, still difficult to explain the increase in manufacture in 1973. Furthermore, a curious phenomenon, to say the least, has become apparent in the international trade in the substances in Schedule II: many countries are both importers and exporters of the same substance, a case in point being amphetamine; of the 12 countries listed as exporters of this psychotropic substance, 10 are also included on the list of importers, while yet other States appear as intermediaries in trade in amphetamines.

181. Similarly, most of the declared exports of substances in Schedule III have been effected by a country which is, in fact, a net importer of these drugs. It can therefore be concluded that no country manufacturing and exporting the substances in Schedule III has yet furnished statistical information to the Board.

182. Of the 11 substances included in Schedule IV, five - ethchlorvynol, ethinamate, methyprylon, pipradol and SPA - appear to be used to a very limited extent. On the other hand, the manufacture of meprobamate has increased considerably: in 1973 one country alone produced the equivalent of the declared world total for 1972, while the other countries more or less maintained their previous level of manufacture. There are many more countries importing substances in Schedule IV than are importing drugs in the other Schedules and the total volume of imports is more evenly distributed among the various importing countries.

183. The machinery established under the 1971 Convention to monitor the movement of psychotropic substances is therefore beginning to function and the compilation of statistics constitutes the first stage in this process. The statistics are admittedly incomplete and imperfect, but the desire of Governments to co-operate with one another in order to protect public health against the abuse of psychotropic substances is apparent, particularly in the broadening of the range of substances placed under national control. Indeed, many authorities have discovered, after control measures have been extended to a new substance, that the abuse of that substance was in fact much more significant than it had appeared when there was no particular surveillance over it.

184. This is one of the reasons why the Board reiterates its appeal to all Governments which have not already done so to adhere formally to the 1971 Convention without further delay, since, it must be emphasized yet again, the failure of a single country trading in psychotropic substances to become a party to this treaty may jeopardize the effectiveness of internal controls in other countries.

RESPONSIBILITIES OF THE BOARD UPON THE ENTRY INTO FORCE OF  
THE 1972 PROTOCOL AMENDING THE 1961 CONVENTION

A. Introduction

185. As early as the late 1940's, it was recognized that the legal structure of the international system of narcotics control needed to be simplified and strengthened. The coming into force in December 1964 of the 1961 Convention, which subsumed most of the provisions of the nine earlier drug treaties, was the culmination of many years of work. During the 1960's and early 1970's the increase in drug abuse impressed upon Governments the fact that it was only through intensified international co-operation and efforts that effective action could be taken. Accordingly, in March 1972, the plenipotentiaries of nearly 100 countries adopted an amending Protocol which gives the Board new responsibilities and powers and allows it to play a more active role in supervising the implementation of the drug control treaties.

186. With the imminent coming into force of the 1972 Protocol, the Board believes it should review in this Report the role conferred on it by Governments under the various drug control treaties. What follows should not however be looked upon as an

exhaustive analysis of either the 1961 Convention or the 1972 Protocol, but should be regarded simply as a brief outline of the major provisions affecting the work of the Board.

B. General responsibilities of the Board under the 1961 Convention and earlier treaties

187. The Board, like its predecessor bodies, the Permanent Central Narcotics Board and the Supervisory Body, has the responsibility of supervising the implementation of the various drug control treaties, and in particular the 1961 Convention. The functions of the Board under this Convention and earlier treaties can be summarized as follows:

To ensure that the aims of the Conventions are not seriously endangered by reason of the failure of any country or territory to carry out the provisions of the treaties;

To limit the cultivation, production, manufacture, international trade in and use of drugs to the amount required for medical and scientific purposes;

To ensure the availability of drugs for medical and scientific purposes;

To prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs;

To encourage universal co-operation in the field of drug control;

To prepare reports on its work and make such observations and recommendations as it sees fit.

188. The Board's functions, as set forth in the treaties, have two basic characteristics: as regards their source, they are totally dependent on the will of States, expressed collectively in international agreements concluded on the subject; as regards their exercise, they are performed in total independence, in compliance with the treaties and taking into account specific factors peculiar to individual States.

189. Thus the Board must scrutinize all phases of the legal trade in narcotic drugs, survey the measures taken by Governments to limit the manufacture and import of drugs to the quantities required for medical and scientific purposes, assess the precautions taken to prevent diversion of these substances into the illicit traffic, assist Governments having difficulties in implementing the treaty provisions, seek explanations of apparent breaches of the latter, and indicate remedial measures to be taken by those Governments not implementing fully or experiencing difficulties in implementing treaty provisions. It must also analyse information at its disposal to determine whether there is a danger of a country becoming a centre of the illicit traffic.

190. It is due to this quasi-judicial character of their functions that the Board's members, far from being representatives of Governments, are individuals serving in an independent capacity and entrusted with ensuring the application of the treaties by reporting on their work and publishing the reasons for any action they may take. It is for this reason that the Board has its own secretariat, controlled by it, to assist it at any time and particularly between Board sessions. The Board has made the necessary arrangements with the Council to ensure that the secretariat functions as effectively as possible. Under these arrangements, the head of the secretariat is appointed only in consultation with the Board. This latter provision was confirmed by the 1972 Protocol.

C. Aims of the amendments to the 1961 Convention

191. The entry into force of the 1972 Protocol will affect appreciably the activities of the Board. The principal aims of the Protocol are:

To define more clearly the functions of the Board and, at the same time, to further clarify the aims of the Convention;

To increase the responsibilities of the Board, especially with regard to illicit drug activities;

To strengthen the Board by increasing the number of its members and extending their term of office;

To permit an expansion of the sources of information which the Board may take into account in determining whether the aims of the Convention are being seriously endangered;

To permit the Board to publish its own estimates of national requirements when it and a Government are not in agreement;

To emphasize the necessity for co-operation among Governments and between Governments and international organs, particularly the Board, in the effort to achieve more effective drug control;

To expand the Board's field of action by specifically recognizing its authority to recommend the granting of technical or financial assistance, or both, either in addition or as an alternative to a drug embargo, in the event of a serious violation of the treaty;

To emphasize the necessity of providing treatment and rehabilitation services to drug dependent persons, in conjunction with effective law enforcement activities;

To confirm the quasi-judicial nature of the Board and the status of its secretariat.

192. The practical effect of most of these amendments will be to give the Board increased resources to enable it to discharge its responsibilities. Government-authorized in-country studies will be permitted; further information will be provided, particularly on matters concerning illicit traffic. The Board will be able to participate in the allocation of assistance where this will help harmonize the granting of aid, when justified, with the need for observance of the treaties. All these changes reflect the belief of States that a co-ordinated international approach is the best means of alleviating a problem which is expanding rapidly in most regions of the world. Under the 1972 Protocol, the Board is called upon specifically to contribute further to this effort and will endeavour to do so to the best of its ability.

#### D. Conclusion

193. With the adoption of the 1972 Protocol the Board's role and responsibilities with regard to narcotic drug control are now more clearly specified than at any time in the past. Parties to the 1961 Convention, as amended, demand a great deal of the Board and, while the latter is ready to assume its increased responsibilities, it realizes that it will be able to take effective action only with the help of Governments. Therefore, in its future activity, the Board will continue to co-operate fully with Governments and international organizations and institutions and it is confident that it can rely on their assistance.

### CONCLUSIONS

#### Priority for efforts to curb the illicit traffic

194. Drug abuse still undermines public health on all continents and retards economic development and social progress; nothing short of a full and comprehensive campaign against drug abuse at every level can be expected appreciably to reduce the dimensions of this problem.

195. Any analysis of the current drug situation will inevitably lead to the conclusion that it is essential to strengthen as a matter of urgency the measures being taken against illicit traffic. If the overall strategy against drug abuse and its many consequences is to be made more effective, this strengthening must include not only an expansion of staff and increased resources but also an improvement in organization (both methods and structures), as well as greater determination, initiative and imagination.

196. To combat more effectively the growing illicit traffic will certainly require greater co-operation on the part of all countries, whether producing, transit or victim. While victim countries are understandably the most interested in putting an end to the illicit traffic, transit countries should nevertheless also be on constant alert, not only to thwart traffic destined for other countries, but also to avoid becoming victims in their turn.

197. Meanwhile, strict control and law enforcement measures by the authorities in producing countries should be continued and wherever necessary strengthened. In many cases, these countries are already victims of drug abuse and their populations will be at increasingly greater risk. In their respective efforts to halt and eliminate the illicit traffic in drugs, the control officials in producer and victim countries deserve the support of the international community.

198. Measures to deal with illicit traffic should be applied as near the source of supply as possible, since it is much more difficult to detect and seize the drugs once they have entered the distribution channels.

199. It is also clear that no country can safely consider its nationals immune from drug abuse, for experience indicates that such abuse, even where it was previously non-existent, can spread with considerable speed, taking increasingly serious forms, and that it is not halted by geographical remoteness, level of economic development or particular social structure. It is, however, inconceivable that modern organized society should be defeated by large-scale traffickers operating in defiance of the laws and public authorities of all nations and threatening the health of hundreds of thousands of people.

200. While they are not all concerned to the same degree, Governments understandably expect positive results from the concerted international efforts directed against the illicit traffic in drugs. The United Nations system in particular thus faces a specific challenge to demonstrate the effectiveness of its co-ordinating function and its initiative. Any success in this sphere would serve as an example for the solution of other problems which are also causing the international community justifiable concern.

201. Moreover, as national policy makers become increasingly aware of the fact that drug abuse, left unchecked, will adversely affect not only future economic growth and social development but also other basic objectives of modern societies, they will presumably give correspondingly greater encouragement and support to agreed international measures that have proved effective in curbing the illicit traffic and helping to reduce the demand for drugs that are abused.

202. Suitable publicity should also be given to measures which have yielded good results in the campaign against illicit traffic, not only to induce similar initiatives and to discourage traffickers by stressing the risks inherent in their activities, but also in order to gain further support from Governments, whether in the form of personnel, equipment or financial assistance, for an intensification of efforts to overcome the many different forms of drug traffic.

#### The search for alternative remedies

203. Broadly speaking and considered as a whole, the basic patterns and trends of drug abuse have tended in recent years to follow the general lines established in the past. From time to time, however, new developments modify and often exacerbate the situation. Examples include not only the noticeable increase in multiple drug abuse but also the alarming use of more concentrated and potent drugs such as liquid cannabis and the increasingly widespread use of psychotropic substances. The phenomenon appears therefore to be becoming increasingly complex and is perhaps accelerated by the very modernization which is sought by most nations.

204. In developing new plans and improved methods for curbing drug abuse, it is important first to achieve a better understanding of the root causes of the phenomenon, as well as of the contributing and aggravating factors.

205. One fundamental principle should be the retention of existing controls over drugs that pose a threat to public health. Any change that is envisaged should first of all be justified by specific scientific evidence that the drug in question is sufficiently harmless and is of proven therapeutic value. The Board, for its part, cannot **over-emphasize** the need for prudence.

206. The Board has an obligation to see that the international treaties adopted by the Governments are fully implemented. In this connexion, it stresses the need to utilize the fund of knowledge which has been rapidly accumulating in recent years. It is possible, **in fact**, that a lasting solution to the problems stemming from drug abuse may spring from the findings of yet unimagined research.

207. Pending such an eventuality, certain practical measures can be taken that will reduce the supply of, **the demand for** and the traffic in drugs that are abused. In addition to crop substitution programmes, there is a need to encourage the provision of educational services and to create employment opportunities in the poorest regions. Where it has not yet been fully achieved, effective national integration of all groups, especially of those that sometimes engage in illicit cultivation owing to the lack of an alternative means of livelihood, should be considered a priority objective.

208. Positive alternatives to drug abuse should be sought, established and popularized. The basic role of parents and educators in this area cannot be **over-emphasized, particularly** in helping to develop each individual's internal resources and the moral strength that enables one to face reality.

#### Immediate adoption of necessary measures

209. The problem of the abuse of psychotropics should be assigned a high priority: there should be effective control of licit manufacture; trade and distribution should be strictly regulated; violations should be effectively punished. Authorized manufacturers, wholesalers, doctors and pharmacists should be fully alive to their responsibility for preventing diversion to illicit channels. The public should be given more comprehensive and more accurate information on the dangers of these drugs, and the treatment of the dependence they cause should be studied more thoroughly.

210. The Board has traditionally stressed the need for careful planning of drug control programmes to ensure their soundness and feasibility. While the importance of planning is not questioned, it has become increasingly clear that the rapidity with which problems developed called for prompt governmental action on essential matters. The competent authorities should therefore continue to do their utmost to avoid, in particular, the paralyzing effects of indecision. In the case of certain countries in South America, in Asia and in Europe, what is now obviously needed is for the policy-makers to decide to approve the basic measures that are called for and to implement them - even if only on a provisional basis, with possibility of review later in the light of experience.

211. The Board is duty bound to remind Governments that the international treaties lay down specific time-tables for the elimination of certain practices, such as the chewing of the coca leaf and the quasi-medical use of opium. It will certainly take much time and effort to achieve these goals and that is all the more reason to avoid any further delay in initiating and pursuing essential programmes. In all areas where modification of deep-rooted and traditional practices is necessary, the plans should be carried out promptly, even if only on a limited basis since they can be extended once they have proved effective. In cases where external help is required, the international community will undoubtedly lend assistance. Since the requests for assistance are likely to exceed the available resources in funds and expertise, it is relevant to recall that one of the basic criteria that are applied in establishing priorities is the positive attitude of Governments towards efforts to control drug abuse.

#### Sustain momentum of action

212. In concluding this annual report, in which it has sought to provide a general picture of the drug control situation, the Board would first enter a plea for rejection of any defeatist attitude. While no one can minimize the gravity of the task to be performed, it is certainly within the power and capacity of the international community - working jointly for the achievement of a specific goal - to stem, contain and reduce the damaging effects of drug abuse.

213. It is important to recognize and publicize achievements in the field of drug control while at the same time persistently seeking practical ways of reducing the demand for drugs of abuse, and showing tenacity and inventiveness in efforts to curb illicit traffic.

214. The Board also recommends that appropriate attention be devoted to the increasing abuse of psychotropic substances. One of the means available to Governments for better regulation of the medical use of these substances would be to accelerate the process of ratification of the 1971 Convention and to ensure that it is fully implemented.

215. In controlling both the newer psychotropic substances and the more traditional narcotic drugs, there is an urgent need for increased international co-operation. Just as in many other fields, such co-operation remains indispensable.

216. Except in a few areas where, as a result of sustained efforts, a decrease has been recorded, drug abuse, and particularly multiple drug abuse, still continues to grow at a disturbing rate. This indicates the necessity of making determined efforts on all fronts and to extend and exploit successes achieved at all levels, such as the spectacular destruction of some networks of traffickers, the progress in the ratification of the fundamental treaties and the scientific studies already made or in progress.

Signed      Paul Reuter  
                  President

Signed      Joseph Dittert  
                  Secretary

Geneva, 13 November 1974.



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