

INTERNATIONAL NARCOTICS CONTROL BOARD

Vienna

**Report of the International Narcotics
Control Board
for 1987**



UNITED NATIONS

ABBREVIATIONS

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

<i>Abbreviation</i>	<i>Full title</i>
Board (or INCB)	International Narcotics Control Board
Commission on Narcotic Drugs (or Commission)	Commission on Narcotic Drugs of the Economic and Social Council
Council	Economic and Social Council of the United Nations
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 of Narcotic Drugs (or Division)	Division of Narcotic Drugs of the United Nations Secretariat
Fund (or UNFDAC)	United Nations Fund for Drug Abuse Control
General Assembly	General Assembly of the United Nations
ICPO/Interpol	International Criminal Police Organization
Narcotic drug	Any of the substances in Schedules I and II of the 1961 Convention, whether natural or synthetic
1972 Protocol	Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972
Psychotropic substance	Any substance, natural or synthetic, or any natural material in Schedule I, II, III or IV of the 1971 Convention
Secretary-General	Secretary-General of the United Nations
WHO	World Health Organization

For a full list of the international drug control treaties, see document E/INCB/1985/1.

NOMENCLATURE OF COUNTRIES AND TERRITORIES

In referring to political entities, the Board is guided by rules governing the practice of the United Nations. The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Board concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

REPORTS PUBLISHED BY THE INCB IN 1987

This annual Report is supplemented by the following three detailed technical reports:

Estimated World Requirements of Narcotic Drugs in 1988 (E/INCB/1987/2)

Statistics on Narcotic Drugs for 1985 (E/INCB/1987/3)

Statistics on Psychotropic Substances for 1985 (E/INCB/1987/4)

Comparative Statement of Estimates and Statistics on Narcotic Drugs for 1986 (not published in 1987)

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Foreword

1. The International Narcotics Control Board is the successor to drug control bodies the first of which was established by international treaty more than half a century ago. A series of treaties confer on the Board specific responsibilities. The Board "shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes" and "to ensure their availability for such purposes". The Board shall also endeavour "to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs". In carrying out its responsibilities, the Board is enjoined to act in co-operation with Governments and to maintain continuing dialogues with them in order to further the aims of the treaties. Such dialogues are pursued through periodic consultations and through special missions arranged in agreement with the Governments concerned.

2. The Board consists of 13 members, elected by the Economic and Social Council, 1/ who serve in their personal capacities, not as government representatives. 2/ Three members with medical, pharmacological or pharmaceutical experience are elected upon the nomination of the World Health Organization (WHO) and 10 upon the nomination of Members of the United Nations and Parties to the treaties which are not Members of the United Nations.

3. The Board collaborates with other international bodies concerned with drug control. These include not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly the WHO. At the secretariat level, such collaboration takes place between the Board's staff, on the one hand, and the staff of the Division of Narcotic Drugs and the United Nations Fund for Drug Abuse Control (UNFDAC) on the other, in the pursuit of their distinct yet complementary tasks. By decision of the Secretary-General of the United Nations, the Director General of the United Nations Office at Vienna serves as overall co-ordinator for United Nations drug-control-related activities.

4. The treaties require the Board to prepare annual reports on its work. These reports analyse the drug control situation world-wide, so that Governments are kept currently aware of existing and potential situations which may endanger the objectives of the Single Convention on Narcotic Drugs, 1961, and the Convention on Psychotropic Substances, 1971. In the light of the developing situation, the Board draws Governments' attention to gaps and weaknesses in national control and in treaty compliance. It also makes suggestions and recommendations for improvements at both the national and the international levels. The Conventions envisage specific measures available to the Board to ensure the execution of the Conventions' provisions.

5. The Board, with the support of UNFDAC, conducts regional training seminars and programmes for drug control administrators from developing countries. These officials receive training with regard to specific measures Governments should take to carry out those treaty provisions which concern Parties' co-operation with the Board. A number of national

administrations also send officials to the Board's headquarters for training. When resources are available, the Board proposes to provide national administrations with a manual designed to facilitate their control tasks.

6. The staff and financial resources made available to the Board remained at the same level from 1980 until 1986 when those resources were substantially decreased as a result of the financial crisis facing the United Nations. During 1987, the Board met twice, as mandated by the 1961 Convention. However, its sessions were reduced in length by some 60 per cent, with the result that the Board has not been able to study in depth existing and potential situations which could endanger attainment of the aims of the treaties. Moreover, it has been able to review in only a cursory manner the control over the movements of narcotic drugs and psychotropic substances. Again, in 1987 the Board could carry out only partially its responsibilities under the 1971 Convention, as explained elsewhere in this Report.

7. The Board has reviewed its priorities and decided how its staff and financial resources can be used most effectively. During 1987, it has again reduced both the size and the duration of meetings of its Standing Committee on Estimates, which studies estimates of medical and scientific requirements for narcotic drugs. In addition, it has again provisionally dispensed with translation for some of its working documents and reduced documentation for its sessions by at least 35 per cent.

8. The Board's annual Report is normally supplemented by four detailed technical reports listed on the inside front cover of the Report. Mandated by the treaties, these reports contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analysis of these data. They are required for the proper functioning of control over the legitimate movement of narcotic drugs and psychotropic substances. Between 1980 and 1985, the Board streamlined and consolidated the presentation of the reports, reducing annual production costs by some 50 per cent. However, owing to continued reduction of its resources, the Board has not been able to publish the "Comparative Statement of Estimates and Statistics on Narcotic Drugs for 1986". The publication of "Statistics on Psychotropic Substances" has again been made possible only by a special contribution of a Member State.

9. The Board understands that recruitment may now proceed with respect to two essential staff posts currently vacant. It hopes that this recruitment can be completed at the earliest possible time, thus at least restoring professional staff resources to their previous level. The Board is confident that the international community, which has demonstrated its determination to step up its actions against drug abuse, will ensure the availability of resources to permit the Board fully to implement its treaty mandate as well as to carry out additional measures designed to strengthen the drug control system, including those specified in the consensus document adopted by the International Conference on Drug Abuse and Illicit Trafficking and envisaged in the proposed new convention against illicit traffic in narcotic drugs and psychotropic substances.

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I. OVERVIEW

1. The abuse of drugs, both natural and synthetic, has increased so rapidly and progressively over the past two decades that it now imperils all countries and menaces all segments of society. Drug abuse is not limited to urban areas, to the educated or the uneducated, or to the rich or the poor; drug abuse is now prevalent everywhere - in schools, at work, in the entertainment field and in sports arenas. The pattern and extent of drug abuse vary from region to region and from country to country. While cannabis remains the drug most commonly abused world-wide, the continued spread of heroin abuse and the marked expanse in cocaine abuse have given rise to alarm in many regions. A number of psychotropic substances, in particular amfetamines, benzodiazepines and barbiturates, are also abused world-wide. Narcotic drugs and psychotropic substances are abused in various combinations, frequently involving alcohol and tobacco, which accentuate the adverse effects on the abuser and may shorten the period required for addiction to take place.

2. An added risk connected with drug abuse has recently received much public attention: the danger of the intravenous drug user falling victim to the acquired immune deficiency syndrome (AIDS), which may be spread by the use of the same needle by different persons, one of whom is infected with the virus. The proportion of AIDS cases caused by intravenous drug abuse varies greatly from area to area. Scientific data available for 1986 show that in the United States of America, more than 17 per cent of AIDS patients are estimated to be intravenous drug abusers, while in Europe this group accounts for an estimated 13 per cent of AIDS patients. In some areas of both continents more than 50 per cent of the cases reported were related to intravenous drug abuse.^{3/} It is clear that the adoption of measures that may decrease the sharing of hypodermic needles among intravenous drug abusers is necessary in order to limit the spread of AIDS. At the same time, the prophylactic measures that are urgently needed should not promote or facilitate drug abuse.^{4/}

3. Illicit production and manufacture of drugs are taking place in a growing number of countries in many regions of the world. These illicit activities, which have reached alarming proportions, are financed and master-minded by criminal organizations with international links and with accomplices in financial circles. Major drug traffickers often adopt techniques used by large, legitimate multinational corporations. While maintaining the flow of drugs around the world, they also ensure the availability of drugs in high demand areas and of the "drug of choice" in specific geographical locations. With almost unlimited funds at their disposal, traffickers corrupt officials, spread violence and terrorism, influence compliance with international drug control treaties and even exercise political and economic power in some regions of the world.

4. This whole process continues to not only undermine the economic and social order, but also to imperil the social fabric, and even, in some cases, the political stability and security of countries.

5. The deterioration of the situation has itself moved the international community to intensify counter-attacks against drug abuse, as well as illicit drug cultivation, production, manufacture and trafficking.

6. More countries are assigning, at the national level, higher priority to drug control and are allocating greater resources to counter the threat posed by drug abuse. Destruction of illicit cultivation of the cannabis plant, opium poppy and coca bush is being carried out on a larger scale but cultivation nevertheless remains vast. More vigorous action to locate and destroy illicit crops needs urgently to be pursued by all countries concerned. At the same time, equally determined action needs to be directed to the prevention and reduction of drug abuse. Without such parallel action to reduce supply and demand, no significant progress will be made.

7. The Board welcomes the important impact for more co-ordinated and effective action by the international community made by the historic world conference held during 1987 on the initiative of the Secretary-General. The International Conference on Drug Abuse and Illicit Trafficking permitted a re-examination, in a global and humanistic perspective, of long-standing but increasingly serious problems, with special emphasis on extending action by the international community to the basic problem of preventing and reducing drug abuse and treating and rehabilitating abusers. This field of activity requires innovative international action. The Board intends to study those elements of the multi-disciplinary outline adopted by the Conference which concern it and to elaborate specific steps to achieve the aims sought, together with target dates and priorities. It stresses the importance it attaches to these new activities and will extend its full support to them. In the Declaration and proposed future activities, which the Conference approved by consensus, the international community reaffirmed its political will to attack all aspects of the drug problem with renewed vigour. Several of the proposed concrete activities which fall within the terms of reference of the Board involve expansion of on-going programmes mandated by the 1961 and 1971 Conventions as well as additional measures to strengthen the international drug control system. The Board is ready to intensify its present activities and to carry out new responsibilities in the context of its competence and resources, thereby contributing to the re-invigorated efforts launched by the Conference. The Board urges all Governments to ponder the recommendations made by the Conference and to take the most effective possible action (a) to prevent and reduce drug abuse and to treat and rehabilitate abusers; (b) to strengthen national controls; (c) to locate and destroy illicit supply; and (d) to fight vigorously against trafficking. The collective impact of such determined and concerted action, if pursued actively and by all countries, is bound to bring about improvements in the serious and deteriorating situation worldwide.

8. Most countries, Parties and non-Parties alike, are co-operating actively with one another and with the Board to prevent diversion of psychotropic substances into the illicit traffic, and attempts by traffickers to divert tons of such substances have been thwarted. During 1986 and the first eight months of 1987, almost 19 tons, amounting to more than 100 million dosage units of methaqualone, secobarbital and fenetylline were thus prevented from being diverted into the illicit traffic. These successes have been possible primarily because most countries now provide the Board with assessments of their medical requirements for the most dependence-producing psychotropic substances and these assessments are published by the Board, thereby providing guidance to exporting countries so that exports can be limited to medical needs and

excessive manufacture avoided. Several Governments, pursuant to article 13 of the 1971 Convention, have prohibited the import of certain psychotropic substances. Manufacturing and exporting countries are generally complying with their obligations to prevent exports of such unwanted substances. Since the procedure laid down in article 13 is proving so effective, additional countries may also wish to avail themselves of this protection. 5/

9. Many Governments are strengthening their national enforcement capabilities and enhancing bilateral co-operation. This has led to the arrest of notorious traffickers and sometimes their extradition, the breaking up of criminal organizations, the destruction of illicit laboratories and airstrips, and the seizure of record quantities of drugs, together with vast sums of money, real and movable property, precursors, specific chemicals and solvents, as well as weapons. In some regions, airplanes serve as one of the main means of transportation. Attention should therefore be paid by the authorities when issuing licences and approving flight plans to minimizing the risk that these may be exploited for trafficking purposes. Attention is increasingly being paid to the financing of illicit trafficking and to the confiscation of traffickers' assets. A number of countries have modified their legislation to enable their enforcement services to act along these lines. Similarly, demand reduction programmes are receiving more emphasis in a number of countries, and drug abuse prevention and treatment campaigns aimed at high-risk groups are being intensified.

10. Progress is being made in the elaboration, under United Nations aegis, of a new draft convention against illicit traffic in narcotic drugs and psychotropic substances. This proposed convention builds on earlier treaties which have endeavoured to ensure that traffickers do not escape prosecution because of a State's lack of appropriate criminal jurisdiction within its territory. Each international convention has added to the measures deemed appropriate. Efforts have been made toward the application of uniform penal sanctions and principles of criminal law (the 1936 Convention for the Suppression of Illicit Traffic in Dangerous Drugs), extradition laws (the 1961 and 1971 Conventions) and mandatory extradition (the 1972 Protocol amending the 1961 Convention). However, differences in existing definitions of drug offences, penal sanctions and other punitive measures under national laws and procedures provide loopholes for traffickers and their accomplices. The new draft convention would call for confiscation of assets gained illegally from drug trafficking and for a number of other measures designed to thwart trafficking and to ensure adequate punishment. It is hoped that the draft convention can be considered at a plenipotentiary conference before the end of 1988. The Board hopes that a new treaty capable of attracting widespread ratification can be concluded and come into force as early as possible. In the meantime, Governments should act on the basis of treaties now in force to take the most effective possible action to thwart trafficking and bring traffickers to justice. The Board is ready to assume the functions foreseen in the proposed new Convention to control certain precursors.

11. The Board welcomes the ever increasing level of assistance provided multilaterally and bilaterally to support Governments' efforts to carry out their obligations to eliminate illicit drug cultivation, production, manufacture and abuse. The unprecedented support given to UNFAC by more

and more Governments is attested by the expansion by some 300 per cent of its annual budget since 1984. The increased financial resources have enabled UNFDAC to intensify its operations through an expansion of its programmes in Latin America and the Caribbean, Asia, the Near and Middle East and Africa. Financial and technical field co-operation activities are extended to 35 countries through 85 multisectoral projects for area rural development operations, preventive education and public information, treatment and rehabilitation of drug-dependent persons and law enforcement. In addition, UNFDAC also supports projects designed for the common benefit of various countries and regions in the form of training, research seminars and workshops. Co-ordination among Governments, UNFDAC and other organizations makes it possible for national, bilateral and other multilateral programmes of action to complement and reinforce one another.

II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

A. Narcotic drugs

Status of the treaties

12. In order to reduce the complexity arising from the existence of several treaties on narcotic drugs, the international community decided in the mid-1950s, to bring together most of the provisions of those treaties in a single instrument. The Single Convention on Narcotic Drugs, 1961, was that instrument. However, the original treaties will remain in force as long as the States which are Parties to them have not all acceded to the 1961 Convention. Such accession is still awaited in the case of the following 11 States: Albania; Central African Republic; Congo; Democratic Kampuchea; El Salvador; Malta; San Marino; Sierra Leone; Uganda; United Republic of Tanzania; and Yemen.

13. In 1987, the accession of four States, namely, Liberia, Nepal, Oman and Qatar, to the 1961 Convention brought to 121 the number of Parties to that instrument. Of these, 86 are also Parties to the Convention as amended by the 1972 Protocol. A number of other States have announced their intention of acceding to the 1961 Convention or to the 1961 Convention as amended, namely, Burundi, Hungary and Switzerland. The Board welcomes these announcements and hopes that the accession of these States will soon become a reality.

Co-operation with Governments

14. The information furnished by Governments to the Board under the terms of the Conventions enables the Board to assess the level of co-operation it receives from these Governments and, at the same time, to evaluate the operation of the control system at the national level.

15. In 1987, complete statistical returns were received from 142 Governments, while 36 others provided returns only in part. No information was received from: Bolivia; Central African Republic; Democratic Kampuchea; Democratic People's Republic of Korea; Gabon; Grenada; Mauritania; Saint Lucia; or Viet Nam. The Board is maintaining the necessary contacts with the competent authorities in these countries. It is at their disposal to help them overcome any difficulties hindering more effective co-operation.

Operation of the control system

16. Generally speaking, the international drug control system continues to operate satisfactorily, largely due to the efforts made by Governments to improve national control. A number of isolated cases of diversion from the licit trade have been noted: the amounts involved, however, are minimal in comparison with the large quantities marketed for legitimate purposes.

17. This situation results at least in part from the representations made to Governments to refrain from authorizing the export of narcotic drugs solely on the basis of an import certificate: the quantities to be exported should always be covered by corresponding estimates. In addition, a growing number of exporting countries are now regularly consulting the Board when they receive orders which seem slightly suspect and might constitute attempts at diversion. A very limited number of countries over the last few years have repeatedly authorized exports without checking whether importing countries possess adequate estimates. The Board has emphatically reminded the Governments concerned of their obligations under the 1961 Convention. The failure of some countries to conduct international trade scrupulously in accordance with these obligations undermines the international control system.

18. The Board welcomes the action taken by some 19 Governments which have already modified, at the Board's request, import certificates which could easily be forged or which were not entirely in conformity with the model approved by the Commission on Narcotic Drugs. It is hoped that other Governments approached by the Board will soon undertake the same action, which is aimed at preventing attempts at diversion into illicit traffic.

B. Demand for and supply of opiates for medical and scientific purposes

19. The Economic and Social Council, in its resolution 1986/9 of 21 May 1986, requested the Board to continue to monitor the implementation of its resolutions aimed at restoring and maintaining a proper balance between demand for and supply of opiates for licit requirements, as well as at reducing excessive stocks of opiate raw materials. The Board had, in response to Council resolution 1984/21 of 24 May 1984, published a special report 6/ in 1985 which updated the previous report 7/ and further provided information to enable the Council to assess the degree of implementation of the relevant resolutions and Governments to consider what further efforts should be made to adhere fully to the principles embodied in those resolutions. In 1986, however, the Board's reduced resources required it to accord lower priority to the activity requested of it in Council resolution 1986/9. The Council, while noting with concern that the Board had been provided with insufficient resources, which affected the implementation of that resolution, nevertheless requested the Board, in resolution 1987/31 of 26 May 1987, to accord priority to that activity. Because of a further reduction in its resources in 1987, however, the Board was regrettably compelled to defer the implementation of this resolution because of the need to carry out other functions to which higher priority had to be accorded. Nevertheless, the following brief account of the current situation may be useful to Governments in determining their future policies on this question.

20. In contrast to the steady increase observed during the 25 years prior to 1974, the demand for opiates for medical needs has since stabilized at approximately 190 tons per year in morphine equivalent. In 1985 and 1986, global demand reached 200 tons, chiefly as a result of increased use of dihydrocodeine and pholcodine in major consuming countries. The demand for codeine, which continues to account for more than 80 per cent of the global requirements, has remained stable despite an over-abundance of raw materials and low prices. A declining trend can be discerned in world consumption of ethylmorphine. While increased use of morphine for the treatment of terminally ill cancer patients, especially morphine administered orally and in slow release form, has been noted in some countries, it is projected that such a development would not significantly affect the global opiate needs in view of the minimal quantity involved. It seems likely that, over the next several years, the demand for opiates will remain at the present level.

21. As regards production of opiate raw materials, provisional statistics submitted by the major producing countries indicate that global production in 1987 - approximately 170 tons in morphine equivalent - declined by 10 tons as compared with 1986, reaching its lowest level since 1974. In India, following steady and substantial decreases in the area of poppy cultivation, opium production has undergone an overall decline. The area finally harvested in 1987 (below 23,000 hectares) was the smallest in the last two decades except for that in 1984, when the country suffered severe crop damage. Opium produced in 1987 amounted to 673 tons, equivalent to 74.0 tons of morphine, representing merely 41 per cent of the peak recorded in 1978. Production estimates furnished by the Government for 1988 amount to 73.1 tons in morphine equivalent. In Turkey, the area harvested was also sharply reduced, falling below 5,000 hectares in 1985, less than 10 per cent than that of the peak year 1977. The area of cultivation was subsequently increased somewhat and more than 6,000 hectares were harvested in 1987, and the country's poppy straw production amounted to 9.6 tons in morphine equivalent. Poppy straw production in Australia reached a peak in 1985, when 56.1 tons were produced in morphine equivalent, particularly as a result of the record yield in morphine attained that year (1.13 per cent). The area of cultivation has since been reduced and the area harvested in 1987 (3,273 hectares) was the smallest in the last five years; production amounted to 37.8 tons in morphine equivalent. The area to be licensed in 1988 will be 4,240 hectares. In France, as a result of a low agricultural yield, poppy production in 1987 amounted to only 11.8 tons in morphine equivalent, the lowest figure since 1981. Approximately the same area of 3,500 hectares will be maintained in 1988. Poppy straw production in Spain amounted to 6.3 tons in morphine equivalent in 1987. An area of 4,500 hectares, approximately the same as in recent years, is expected to be sown with opium poppy in 1988.

22. As has been noted in the Reports of the Board in recent years, global production of opiate raw materials and demand for opiates have been in approximate balance as of 1980. Provisional statistics for 1987, as well as estimates for the years 1987 and 1988, confirm this trend. The Board trusts that any decision to be taken by Governments on the areas of cultivation will take into account the recent progress achieved in restoring a proper balance. The question of excessive stocks of raw materials, however, still remains, threatening the stability of the supply-and-demand situation worldwide. Stocks of opium in India remain

high, accounting for roughly 80 per cent of the global stocks. While the heavy crop damage suffered in 1984 and further reduction in the area of cultivation somewhat reduced the stocks in India, they remained abnormally high at 2,062 tons, or 227 tons in morphine equivalent, at the end of 1986. In Turkey, destruction of 17,700 tons of poppy straw in 1985 reduced the stocks of straw held in the country by more than 25 per cent. Furthermore, in 1986, the country processed half of its straw stocks, converting them into poppy straw concentrate; most of this concentrate, however, still remains in stock. The country's stocks of poppy straw and the concentrate held at the end of 1986 amounted to 135 tons in morphine equivalent. The stocks of India and Turkey alone would meet the global needs for nearly two years. Because these countries' exports have not yet recovered to previous levels, such excessive stocks constitute a heavy financial burden for them and continue to influence the market.

C. Psychotropic substances

23. The accessions of Bahamas, Burkina Faso, Canada and Qatar have raised the number of Parties to the 1971 Convention to 88. However, in some regions of the world, in particular in southern and south-eastern parts of Asia and Oceania, less than 30 per cent of States are Parties. In the Americas, Europe and North Africa, the majority of countries have already acceded to or ratified the Convention. Nevertheless, it is essential for the effectiveness of international control that all major manufacturing and exporting countries be bound by the treaty. In this regard, the announcements by Belgium, Netherlands and Switzerland that they are taking steps to ratify or accede is encouraging. It is hoped that Austria and Japan will soon join the other manufacturing and exporting countries in acceding.

24. The comprehensive measures to control Schedule II substances are now being widely applied. They have proved their efficiency by reducing the diversion of most of these substances from licit channels. Some time will be needed before the same results are achieved for newly scheduled substances such as fenetylline. This efficiency has not discouraged traffickers, however, as evidenced by several attempted diversions of methaqualone and fenetylline. In 1986 almost nine tons of methaqualone which represents approximately 35 million dosage units, 1.7 tons of fenetylline or approximately 22 million dosage units and 750 kg of secobarbital or approximately 7.5 million dosage units were not diverted because of actions taken by Governments and the Board. Similarly, during the first eight months of 1987, diversion was prevented of more than six tons of methaqualone or approximately 25 million dosage units and 1.4 tons of fenetylline or approximately 18 million dosage units. 8/

25. This significant achievement was possible because drug control administrations of the exporting countries worked in close co-operation with the Board. Failure of traffickers' efforts to divert in one country is often followed by even more sophisticated attempts in other countries. Some traffickers engage lawyers to exploit weaknesses in relevant legislative or administrative procedures. Frequently, the traffickers interpose several intermediaries (traders, brokers) from different countries, most of them acting in good faith, between the manufacturer and themselves. Counteracting such operations is difficult as in their initial stages most of these transactions are legitimate.

26. To lend a legitimate appearance to the traffic of methaqualone, some traffickers have been actively promoting the erroneous notion that this substance has a therapeutic value in the treatment of malaria, either by itself or as an adjuvant. In spite of these attempts, however, no diversion from the international trade has come to the notice of the Board in recent years.

27. On 27 August 1987, fenetylline became subject to the control measures for Schedule II substances. Some Parties are regrettably not able fully to implement the applicable controls as of the date when they become effective under article 2, paragraph 7, of the 1971 Convention. In view of the serious consequences of abuse in certain countries, the Board urges Governments to accelerate the setting up of the required control mechanisms and, as a high priority, those relating to the export or re-export of fenetylline. Large quantities of this substance are smuggled into the Near and Middle East from Europe. Thirteen million tablets were seized in 1986, mostly in Jordan and Saudi Arabia. The Board has initiated several actions that should result in a rapid improvement in the situation. A first assessment of the licit world requirement has been made by the Board and will be refined to reflect more closely actual needs. Countries have been invited to establish an inventory of stocks held in their territories.

28. The need for more effective control of international trade in Schedule III and IV substances has been stressed by the Economic and Social Council in its resolutions 1985/15 and 1987/30. To date, the information obtained by the Board from 120 countries and regions ^{9/} shows that 70 are enforcing a system of import/export authorizations for such substances. Several other countries are applying such control at least for some of the substances in these Schedules. ^{10/}

29. Several shipments of Schedule III and IV substances were effected without the authorization required by the national legislation of the importing countries. The information published by the Board will help exporting countries to comply with the laws and regulations of the importing countries in the spirit of good international co-operation.

30. Article 13 of the 1971 Convention, concerning notifications by Parties of prohibitions to import a psychotropic substance, has generally been respected for Schedule II substances. The control measures for international trade in these substances can prevent exports, and the reporting requirements enable the Board to verify whether the provisions of article 13 are being respected. The extension of such measures to Schedule III and IV substances, as requested by the Council in its resolution 1987/30, would also help to prevent exports of these substances to countries which have prohibited them.

31. More than 60 Governments have voluntarily furnished the Board with detailed statistics on trade in Schedule III and IV substances. The Board, however, after analysing these statistics and enquiring whether exports have reached their legitimate destinations, has noted weaknesses in the supervision of imports of these substances and in the reporting systems of the importing countries. There cannot be any meaningful control if the authorities of importing countries simply furnish the Board with data provided by exporting countries on the export documents. Reports should be based on the actual movement of goods at the border, as

certified by customs services. This requires the full application of the control instruments foreseen by the Convention for all psychotropic substances: licensing, record-keeping, inspection and reporting. Importing countries should examine their national control mechanisms and try to detect and overcome any shortcomings. The Board is ready, within the resources available to it, to assist Governments in this endeavour.

32. The Board has noted with concern that certain psychoactive substances not under international control, such as pemoline, are being shipped in very large quantities, and obviously not for medical use, to countries in Africa, Asia and South America. Until appropriate international measures can be taken, the Governments concerned may consider taking immediate legislative action at the national level and elicit the direct co-operation of the manufacturing countries. 11/

33. Many seizure reports do not clearly specify which drugs were seized. They simply distinguish between groups of drugs: for example, between stimulants and depressants. Governments should determine as precisely as possible the composition as well as the origin of the drugs and indicate their international non-proprietary names (INN) in their seizure reports. On the basis of these data, more efficient action against the illicit traffic in the substances in question and more adequate control measures can be introduced at the national and international levels.

D. Precursors and specific chemicals used for the illicit manufacture of narcotic drugs or psychotropic substances

34. In recent Reports, the Board has called on Governments to monitor more closely precursors and specific chemicals which do not fall within the scope of the Conventions, but which are used in the illicit manufacture of narcotic drugs and psychotropic substances.

35. Pursuant to the Council's resolution 1985/12, 90 countries and regions have furnished data which have enabled the Board to assist Governments, in particular those of exporting countries, in their efforts to prevent these chemicals from being channelled into illicit manufacturing activities. Some general information has already been disseminated to all Governments. In the case of receipt of suspicious orders, the Board is ready to provide Governments, at their request, with further data on manufacture and trade as well as on approximate legal requirements in the importing country.

36. The proposed draft convention against illicit traffic in narcotic drugs and psychotropic substances contains an article which provides a procedure by which the Commission, on the recommendation of the Board, would decide to place under international control precursors and specific chemicals used in illicit drug manufacture. The Board would also be entrusted with the monitoring of implementation by Parties.

III. ANALYSIS OF THE WORLD SITUATION

37. In analysing the drug control situation world-wide, as well as in particular regions and countries, the Board benefits from information obtained from Governments, United Nations organs, specialized agencies and other competent international organizations, including the International Criminal Police Organization (ICPO/Interpol).

A. East and South-East Asia

38. During the year under review, the eradication of opium poppy and cannabis cultivation in East and South-East Asia was extended further and drug seizures remained at high levels. Nevertheless, illicit poppy cultivation and opium production is estimated to have increased in comparison with the previous crop year. Opiates and increasing quantities of cannabis continued to be available for domestic consumption and for trafficking abroad, mainly to the United States, Europe and Australia. In view of the growing traffic in and abuse of psychotropic substances, control measures must be improved and the sources of production identified.

39. In accordance with the Declaration of Principles to Combat the Abuse of Narcotic Drugs adopted by the Association of South-East Asian Nations (ASEAN) in 1976, the ASEAN countries ^{12/} continue to co-ordinate their drug control policies and strategies. ASEAN established a Narcotics Desk in its Secretariat in 1982, and has subsequently established three training centres: in Thailand for law enforcement, in the Philippines for preventive education, and in Malaysia for treatment and rehabilitation. During 1987, a Workshop on the ASEAN Network of Parents' Movements against Drug Abuse provided follow-up guidelines and plans of action. Legislation to provide for the confiscation of traffickers' illegally acquired assets, as well as conspiracy offences, is being studied.

40. During April and May 1987, a mission of the Board visited China, the Democratic People's Republic of Korea, Hong Kong, the Lao People's Democratic Republic and Thailand.

41. China reports increasing attempts by international traffickers to use it as a transit country. Drugs have been seized mainly in the southern provinces. Severe penalties are meted out to traffickers. The Government is gearing itself to take pre-emptive action so as to protect its population from drug abuse. The Government, in collaboration with UNFDAC, is designing a master plan for the prevention and control of abuse. The first phase, which will extend over three years and cost \$US 5 million, aims at strengthening control mechanisms in the southern province of Yunnan. Training programmes continue to have priority. The Government has offered to host a training seminar for countries in the region.

42. In the Democratic People's Republic of Korea, Government control over the internal production and distribution of drugs is more stringent than that required by the treaties. A small amount of latex, obtained from poppy capsules, is processed every year to meet domestic needs. This latex is used also in traditional medicines. Drug abuse does not constitute a social problem. The country does not export drugs. The Government has indicated its willingness to discuss its participation in international drug control and is studying the implications of acceding to the Conventions.

43. In the Lao People's Democratic Republic, opium poppy cultivation, which has been practised for at least two centuries by certain of the mountain people in the border areas, is being discouraged by the Government through the reduction of domestic demand, the prohibition of sale except for local barter among the mountain people for their own needs, by the repression of illicit traffic, and by education programmes conducted for the mountain population. The difficulties of control are aggravated by the mountainous terrain and the dispersion of the population. The rural and forest development programmes, intended to dissuade the mountain people from practising destructive slash-and-burn techniques and to persuade them to practise farming methods consistent with forest and soil conservation, make it possible also for farmers to cultivate alternative crops. Abuse, especially of opium, has diminished during the last 12 years. Cannabis abuse does not constitute a problem. However, illicit external demand for both opium and cannabis has stimulated their production. Defective medicaments, some of which contain psychotropic substances, are misused to a certain extent. Most of them are smuggled into the country. Assistance will be needed from the international community to create the conditions necessary for the progressive elimination of poppy cultivation.

44. The Government of Thailand is committed to the reduction of opium poppy cultivation in tandem with the socio-economic development of the northern regions. The annual eradication campaigns are preceded by systematic aerial surveillance which pin-points the areas of illicit cultivation. Alternative crops have been developed which provide opportunities for poppy farmers to earn their livelihood. In the 1986/87 growing season, 2,560 out of almost 4,000 hectares of illicit poppy cultivation were targeted for eradication. Opium production was expected to be 10 to 12 tons. Campaigns to destroy heroin refineries in the border areas continue. The implementation of the ten-year master plan (1985-1994) for the alternative development of the poppy cultivating regions, by extending agricultural and community development to some 15 per cent of the mountain population, is progressing satisfactorily, in collaboration with UNFDAC. Nevertheless, Thailand remains the conduit for opiates illicitly produced in the region, as reflected by the large quantities seized within the country. Cannabis cultivation, which had occurred mainly in the north-east region and had been eradicated on a massive scale, has now expanded to other regions. Such large-scale cultivation appears to be supported by traffickers and their financial backers. Severe sentences have been meted out in major trafficking cases and legislation now being considered envisages the seizure of assets obtained from trafficking.

45. Drug abuse remains a serious problem in Thailand. This is especially true of heroin, on which an estimated 200,000 to 300,000 persons are dependent. Treatment centres have reported that some mountain people who traditionally consumed only opium are now seeking treatment for heroin abuse. Strict control of psychotropic substances, and especially of their manufacture and distribution is needed since these substances are likely to be sought as substitutes for opiates if supplies of the latter are reduced by effective enforcement measures. The Government, in collaboration with UNFDAC, plans to assess the medical use of psychotropic substances in order to develop measures for better control of their manufacture, distribution and consumption. UNFDAC is also providing assistance in other demand-reduction projects, including the testing of innovative methods of treatment and rehabilitation and the training of rural, primary health-care workers.

46. Hong Kong continues to combat traffickers who attempt to take advantage of its strategic location on the main shipping and air routes. Drugs are trafficked into the territory mainly by sea. Opiate supplies to Hong Kong, mainly heroin from South-East Asia, continue to fluctuate, a reflection of enforcement action both within the territory itself and in countries in the region. The year 1987 saw a significant increase in cannabis seizures, originating mainly in the Philippines. Some originate in the Near and Middle East. Heroin abuse appears to have been contained, but the increasing abuse of cannabis and psychotropic substances, although not yet a major problem, is causing concern. Intensive law enforcement, education, treatment and rehabilitation programmes, with community participation, have been developed over many years and are now contributing towards a comprehensive and well-integrated approach to the drug problem.

47. Burma remains a major source of illicit opium, most of which is produced in remote areas of the northern and eastern parts of the country. The Government resolutely pursues annual operations to eliminate poppy cultivation and dismantle heroin refineries. In the 1986/87 growing season, 16,349 hectares of poppy were eradicated by aerial spraying of herbicides and by manual destruction - slightly more than in the previous crop season. Acetic anhydride and other chemicals used for heroin manufacture continue to be seized, as are large quantities of opium and cannabis. Significant areas of illicit cannabis cultivation are also being eradicated.

48. Heroin remains the main drug of abuse within Burma. Increasing seizures of psychotropic substances, including methaqualone and diazepam, indicate that these substances are also being abused. Education and long-term treatment and rehabilitation programmes have been established to reduce drug abuse. International assistance is being provided bilaterally and by UNFDAC with the aim of reducing both illicit demand for and supply of drugs. Development programmes including crop substitution, are designed to keep pace with eradication programmes so that farmers have a reasonable means of income as an alternative to poppy cultivation.

49. In 1987, Malaysia resolutely promoted its initiatives in drug control. Unrelenting law enforcement measures against foreign and local drug traffickers were backed up by even more severe penalties provided by further amendments to the drug legislation in 1986. Heroin continues to be the main drug of abuse, although increased seizures of psychotropic substances portend the spread of polydrug abuse, especially if heroin supplies are successfully curtailed. Treatment and rehabilitation facilities are being rapidly expanded, reinforced by supervision and after-care featuring community participation. To create drug-free areas in the country, law enforcement in target areas is being followed up with information campaigns. These campaigns aim to increase awareness of the drug problem so as to galvanize community participation in on-going preventive programmes. Particular emphasis is laid on the role of parents; guidelines have been formulated for the establishment of nation-wide parent movements for drug abuse prevention.

B. South Asia

50. Heroin abuse is spreading in India, not only in the major cities of Bombay, Calcutta, Delhi and Madras, but also in other parts of the country. With the help of voluntary organizations, efforts are being made to expand the number of treatment and rehabilitation facilities. If efforts at prevention, treatment and rehabilitation are to have lasting effect, the ready availability of heroin at the street level has to be staunched. Extremely large seizures of heroin and cannabis resin reflect the extent of trafficking, much of which is reported to originate from the Near and Middle East. Reported leakage of some opiates from licit poppy cultivation and from pockets of illicit cultivation could well escalate to meet the increasing illicit domestic demand for heroin. Illicit heroin laboratories have already been discovered. The authorities are undoubtedly considering measures needed to strengthen the control system.

51. Licit cannabis cultivation is required to be phased out to meet the requirements of the 1961 Convention under which the transitional reservations relating to the use of cannabis for non-medical purposes and its production, manufacture and trade, will expire in 1989. Some illicit cannabis cultivation takes place in certain southern States. Cannabis is also smuggled to India from Nepal. Methaqualone continues to be trafficked out of the country and to be available domestically, despite the ban on its production in force since 1984.

52. The Government has worked out a master plan which sets forth a strategy to reduce the illicit demand and supply of drugs. UNFDAC is providing \$US20 million for the implementation of the plan.

53. The Indo-Pakistan Committee to Combat Drug Trafficking and Smuggling also held its first meeting in March 1987. It designated officials and agencies for exchange of operational information and established procedural mechanisms necessary for implementation of this decision. It also agreed on the priorities for co-ordinated action against smuggling of various types of contraband, including drug trafficking. ^{13/}

54. In April 1987, the South Asian Association for Regional Co-operation (SAARC) Technical Committee on the Prevention of Drug Trafficking and Abuse ^{14/} held its first meeting. It recommended a multi-dimensional approach with emphasis on training and research programmes to develop expertise in all areas. An action plan was recommended which included the harmonization of drug legislation, establishment of designated co-ordinating agencies, and procedural mechanisms for better communication between law enforcement agencies. It was also recommended that treatment and rehabilitation facilities should be made available and assistance extended to non-governmental organizations for developing drug abuse prevention programmes. These meetings are expected to be held on a six-monthly basis; a second meeting was held in October 1987.

C. Near and Middle East

55. The enormous quantities of locally produced opiates and cannabis resin seized both within the region and abroad continue to reflect the ready availability of these drugs. This again raises the question of the extent and location of illicit cultivation, especially of the opium poppy,

large parts of which are in areas encumbered with security problems, posing formidable problems for control. Heroin laboratories are often located near these cultivation areas. The drugs leave the region for Europe, overland, by air or by sea.

56. The Board reiterates its view that if an effective attack is to be mounted against illicit opium production, there must be a systematic survey of areas in which illicit poppy cultivation is believed to be taking place. Such a survey remains an essential prerequisite to identifying opium sources accurately and allowing for effective poppy eradication.

57. Large amounts of cannabis resin leave the eastern Mediterranean region via the Mediterranean sea. Conversely, the trafficking of psychotropic substances into the region appears to have expanded during the last few years. Fenetylline has been seized in large amounts in parts of the region. Psychotropic substances, including methaqualone, have also been used as additives to heroin - evidence of their ready availability and low cost. To disrupt this traffic, the sources of production of the psychotropic substances must be identified. At its session in January 1987, the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East drew attention to the inadequacy of controls and reporting procedures on psychotropic substances and essential precursor chemicals as well as the urgency of training law enforcement officers in this area. It also pointed out the necessity of an expeditious exchange of information between law enforcement officers at operational level.

58. Seizures abroad of enormous quantities of heroin and cannabis originating in Afghanistan indicate widespread cultivation of the opium poppy and cannabis plant. The Government is devising measures designed to stop illicit drug production, trafficking and abuse. In this connection, it has established 32 enforcement units in the provinces. Some small-scale epidemiological studies are being carried out and a treatment centre for drug abuse has been established in Kabul with assistance from UNFDAC.

59. The Government of the Islamic Republic of Iran remains committed to making the Republic drug-free. Drug abusers are sent to special camps for detoxification and reorientation. Severe penalties are meted out to traffickers. But despite this, and the intense law enforcement, the trafficking of opiates from the eastern borders by armed groups has not diminished. The refugee population along these border areas compounds the enforcement difficulties. The Government reports that there is no opium poppy cultivation, licit or illicit, within the country and reiterates its support for regional and international efforts to identify and eradicate poppy cultivation in the region.

60. Lebanon has historically been a source of cannabis for illicit trafficking. In recent years, the opium poppy has been illicitly cultivated in the country and this cultivation is estimated to have greatly expanded in the Bekka Valley. Furthermore, heroin conversion laboratories may also be operating within the country, the drug being smuggled via sea ports, mainly in container ships.

61. In January 1987, a Board mission visited Turkey to review with the competent authorities various aspects of drug control. The control of licit production of poppy straw for alkaloids extraction, which was developed in the mid-1970s, has been functioning effectively and no opium is produced in the country. Opiates illicitly produced in countries to the east transit south-east Turkey, the traffickers taking advantage of the mountainous terrain and the influx of persons displaced by the war. The upgrading of investigative techniques of Turkish law enforcement agencies through training and modern equipment forced most of the traffickers to change their routes. Onward trafficking to Europe, which used to be by the overland route, has been largely diverted southwards via the Mediterranean, thus necessitating the strengthening of the Turkish coast guard and enforcement agencies along the eastern and southern borders. Co-operation is being extended to neighbouring and other countries, sometimes even in the absence of bilateral agreements. Historically, drug abuse has not constituted a serious social problem within Turkey despite the abundance of opiates in transit and close contact with populations seriously affected by them. However, it would be timely to direct more attention and resources to preventing the current minor abuse problem from spreading. The international community should be ready to support any request from the Government for assistance to this end.

62. In Pakistan, between 75 and 80 tons of opium are estimated to have been produced from the illicit cultivation of some 9,000 hectares of poppy in 1987. Over 6,000 hectares were eradicated, manually and by aerial spraying. Long-term development programmes are being translated into tangible terms for the poppy cultivators. The momentum of these programmes contributes to the extent to which eradication programmes may be carried out. A consolidated political effort on the part of all sectors is vital in the face of the tragic consequences resulting from the easy availability of heroin in the country; in 1986, seizures amounted to over 4.5 tons. The extent of cannabis cultivation is not known, but cannabis seizures, mostly as resin, amounted to over 200 tons in 1986. In addition to domestic production, cannabis resin and opiates are both reported to transit Pakistan. Control is made more onerous by population shifts and security problems.

63. Heroin trafficking, which initially catered to foreign demand, has been followed by a dramatic escalation in domestic abuse. This has devastated the lives of large numbers of young people, and the repercussions will be felt by the country for many years to come. The pressing need for treatment and rehabilitation services will continue, as will preventive education programmes. Some 50 non-governmental organizations are participating in efforts to reduce illicit drug demand. A resource centre has been established to support these efforts and to serve as a clearing-house for drug information. In late 1986, a national campaign was carried out in 42 cities to create awareness of the dangers of drug abuse and to mobilize public opinion against drug production, trafficking and abuse. Initiatives have been taken to create drug-free areas in some cities.

64. Programmes in Pakistan include a rural development project in Dir District, one of the remaining pockets of illicit poppy cultivation in the country and included in the Government's Special Development and Enforcement Plan for Opium Growing Areas, for which international

assistance is provided by UNFDAC and several countries and co-ordinated by UNFDAC. A project for the treatment and rehabilitation of drug-dependent persons has provided support to the Government's policy of supplementing in-patient treatment facilities with community-based treatment systems. Regarding preventive education, a five-year, \$US560,000 project is designed to develop materials and techniques for education campaigns aimed at a variety of groups, in support of efforts to halt the rapid spread of heroin in both urban and rural areas of the country. A project in the law enforcement field, concentrating on the interdiction of drug trafficking within Pakistan, has also been approved. Furthermore, Pakistan is co-operating with India to combat drug trafficking and smuggling. ^{15/}

D. Oceania

65. In Australia, the most widely abused drug is cannabis. Other drugs abused include psychotropic substances, hallucinogens, cocaine and heroin. Australia's National Campaign Against Drug Abuse embodies a unified approach to promote greater public awareness and encourage community participation in the endeavour to reinforce services involved with combatting drug trafficking and abuse. Security at ports handling container shipping is being tightened to check drug trafficking by sea and the National Crime Authority has been given significant statutory powers to combat organized crime and drug trafficking. Legislation for the confiscation of assets derived from drug trafficking has been enacted by most States in Australia. Legislation for the purpose of tracing the proceeds of crime in respect of foreign offences and to enforce foreign forfeiture orders was enacted in 1987.

66. Abuse of cannabis, obtained mainly from domestic cultivation, continues to be a problem in New Zealand. Clandestine cannabis oil laboratories have been detected, whilst some cannabis oil and resin are trafficked from the Near and Middle East and Asia. (+)- Lysergide (LSD) is trafficked by mail, mainly from the Netherlands and the United States. New Zealand is also a transit point for cocaine traffic from South America. The abuse and misuse of pharmaceutical drugs continues to pose a health hazard to a significant number of young people. These drugs are obtained mainly by theft from pharmacists and doctors and through forged prescriptions. Despite measures taken to control the manufacture of morphine and heroin from codeine-based pharmaceutical products, the illicit practice continues.

E. Europe

Eastern Europe

67. Almost all States in the region are Parties to both the 1961 and 1971 Conventions. Hungary, Poland and the Soviet Union have announced their intention to participate in activities of UNFDAC. While, in general, drug addiction does not constitute a major public health problem in Eastern Europe, the authorities of some countries are concerned at instances of the abuse of certain narcotic drugs and psychotropic substances diverted from local sources.

68. Because of their geographic position between regions where illicit opium poppy and cannabis plants are primarily grown and regions where illicit demand for and abuse of narcotic drugs are particularly widespread, the countries of Eastern Europe are in varying degrees confronted with problems of fighting transit traffic. States mostly affected are those lying on the so-called "Balkan route". Effective steps have been taken by Governments, including the provision of modern equipment to law enforcement agencies and the training of customs officers. Exchange of information has continued between competent authorities of the States in the region. Co-operation has also been strengthened with the law enforcement agencies of both the source countries and the countries of destination of transit traffic.

69. In Czechoslovakia, the number of abusers known to health authorities has reached 6,000. Narcotic drugs abused elsewhere, such as cocaine, heroin and opium, are practically unavailable. Drugs abused include analgesic mixtures with codeine content, inhalants, and, to a limited extent, illegally obtained pharmaceuticals with psychotropic substances. Sporadic cases have occurred of abuse of methamphetamine illicitly manufactured from ephedrine. The authorities are intensifying their fight against drug abuse, placing special emphasis on prevention. The existing Act on the Fight Against Alcoholism has been expanded to cover drug abuse. In large cities, specialized out-patient centres for the treatment of drug dependence have been established.

70. In Poland, the abuse, mainly by young people, of crude extracts from poppy straw, containing morphine, is considered a serious problem even though the rate of growth of abuse seems to have diminished. In most cases, the extracts are prepared for the producer's own needs or the needs of his friends, and only infrequently for exclusively local illicit sale. There are some 8,000 registered addicts in the country; the number of unregistered ones is estimated to be as high as 30,000. The activities of various branches of Government involved in the fight against drug abuse are co-ordinated by the Inter-ministerial Committee on Drug Abuse Prevention which has at its disposal a Drug Abuse Prevention Fund.

71. Under Poland's Drug Abuse Prevention Act of 1985, the cultivation of the poppy plant became subject to licensing, with the aim of discontinuing small-scale cultivation by 1990. Licit poppy seed production for confectionery purposes will then be restricted to large plantations only, so that measures against diversion of poppy plants and poppy straw will be enforceable more effectively. Research has been initiated to select varieties of poppy plant with a low morphine content to minimize opportunity for opiate abuse. The unauthorized possession of poppy straw also became an offence under the Act, and its availability for abusers was curtailed.

72. In the Soviet Union, 46,000 individuals are registered by health authorities as drug addicts. */ This figure, which has increased slightly during recent years, includes addicts and former addicts being constantly kept under medical surveillance for a period of five years. Most of the drugs used illicitly in the country are obtained from local sources, i.e., from wild cannabis grown primarily in some southern parts of the country, notably in Central Asia, as well as from poppy plants cultivated for confectionery purposes. Thefts from pharmacies and clinics

*/ In Russian, "narcomans"

of medical preparations containing morphine, codeine and ephedrine also occur. However, there is no abuse of heroin, cocaine or LSD in the country. Eighty per cent of the drug addicts are under 30. Their reasons for taking drugs are attributed mainly to curiosity, peer pressure from friends, or inability to properly organize leisure time.

73. Health and law enforcement authorities are taking energetic steps to eliminate drug abuse. The Government also concentrates on preventive measures, expands health-care and sports facilities, and relies on support from schools and local communities. Stricter laws have been adopted, for example in Tadjikistan, to increase accountability of authorities for negligence in the eradication of wild cannabis growth.

74. Further steps are being taken to develop more effective international co-operation in fighting illicit traffic. Soviet customs officials have recently established direct contacts with some of their Western colleagues and have been successful in making several significant seizures of narcotic drugs concealed in commercial cargos passing in transit through the territory of the USSR from the Middle East to western countries.

Western Europe

75. All countries in Western Europe, except Malta and San Marino, are Parties to the 1961 Convention in either its original or amended form. All countries in the region provide accurate and timely information and otherwise co-operate with the Board in the implementation of the Convention.

76. Several countries, however, have not yet become Parties to the 1971 Convention and thus do not comply with several provisions of that Convention. It is encouraging, however, to note that Belgium, Ireland, the Netherlands and Switzerland have announced their intention to ratify the Convention. Similar action by the remaining five European countries not yet Parties to the Convention, namely, Austria, Liechtenstein, Luxembourg, Malta and San Marino, would lead to full implementation of control measures in Western Europe, including more effective international control of the movement of psychotropic substances.

77. Co-operation continues between the Member States of the European Communities and the Council of Europe. The objectives of the two organizations provide, inter alia, that all member States should implement in full the provisions of both the 1961 and the 1971 Conventions. In 1987, the Commission of the European Communities, for the first time, will be supporting programmes to prevent illicit supply of drugs and addiction in Europe and elsewhere.

78. Legislative steps to detect and prevent the laundering of money and to seize the assets derived from drug trafficking, have already been taken by Italy and the United Kingdom and are under consideration in several other European countries. In the United Kingdom, the Drug Trafficking Offences Act entered into force on 1 January 1987. Co-operation throughout Europe is necessary, in particular to promote action to confiscate traffickers' assets and to encourage reciprocal assistance on the part of Governments to detect, freeze and seize proceeds which traffickers from one European country have transferred to other European

countries in order to escape detection. In most European countries at present, authorities can only seize assets which they can prove arise directly from drug trafficking. This is rendered difficult by the multiplicity and complexity of the laundering operations used by the traffickers. The proceeds from drug trafficking are often intermingled with assets acquired legitimately. Efforts are being made in Western European countries to harmonize legal penalties for trafficking. At present, maximum sentences range from life imprisonment to 12 years. Further concerted action needs to be intensified in view of the relative ease with which persons, goods and capital can move from one Western European country to another.

79. While abuse of heroin and cannabis seems to be decreasing slightly or at least remaining stable in most countries of Western Europe, cocaine and stimulant abuse is increasing. Drug abuse no longer affects large urban agglomerations only. It is spreading more and more to small towns and villages. The proportion of women addicts, especially to prescription drugs, is growing.

80. In a number of countries, the data collected by drug law enforcement services during 1986 and part of 1987 fail to confirm the stabilization or even decline in drug-related deaths observed during the immediately preceding years. However, the average age of persons whose death is related to drug abuse continues to increase, which could indicate that fewer young people are abusing drugs.

81. Studies in Scandinavian countries and the Federal Republic of Germany have shown that young people are more aware of the risks of abuse than they were three to five years ago. In these countries, representative opinion polls show that fewer young persons are inclined to use or experiment with drugs because of the fear of dependence and other health consequences, as well as the high financial costs involved. In the 1980s, the proportion of Swedes under 21 years of age who try drugs is only half that of the 1970s, and is still declining, a result which can be related to comprehensive and effective prevention and education programmes. In most European countries, a constantly growing network of medical and social therapy programmes, rehabilitation and reintegration programmes, information campaigns and programmes launched in schools and youth centres are yielding some initial positive results. Registrations of new drug abusers are decreasing or at least levelling off in most parts of Western Europe.

82. Some observers of the rapid spread of cocaine abuse in the United States predicted a similar development in Western Europe. Fortunately, the spread has been slower than predicted. "Crack" abuse has appeared only in isolated cases. Nevertheless, cocaine abuse does not appear to have been contained. The increase in supplies from Latin America and the need of the more highly organized trafficking rings to find new markets could lead to a deteriorating situation in the near future. High seizures of cocaine in Western Europe in 1987 may be indicative of such a trend.

83. Data on seizures, detection of clandestine laboratories and hospital admissions show that amphetamine abuse is rapidly spreading in the Federal Republic of Germany and the United Kingdom. In the Scandinavian countries, where amphetamine has constituted a serious abuse problem over many years, it continues to be preferred to cocaine, presumably because it is cheaper and has similar effects.

84. In some parts of Western Europe, a large number of abusers who inject heroin are infected with AIDS. Confronted with the spread of this disease, Governments which have successfully introduced drug-free treatment and rehabilitation programmes are now considering allowing methadone maintenance programmes under certain circumstances. In countries where methadone programmes have already been introduced, the number of methadone prescriptions has increased sharply. In giving the fight against AIDS priority over the fight against drug abuse, some Governments are allowing the distribution of free needles to addicts. In its fight against the spread of AIDS, the international community has to study strategies which are in line with drug control and efforts to reduce drug abuse.

85. Although there are signs of stagnation and even decrease in the abuse of both cannabis and heroin, the quantities being seized in Europe are higher every year. In 1986, some 1.75 tons of heroin were seized, the highest quantity ever seized in one year. The number of seizures has increased, but the individual quantities seized have tended to be smaller. More than 60 per cent of the heroin seized between 1984 and 1986 originated from, or transited through, South-West Asia. More and more African nationals are serving as couriers, frequently using their own countries as transit points. The heroin is often heavily cut with other drugs such as methaqualone and phenobarbital.

86. Since 1985, the quantities of cannabis seized have been generally declining; however, more seizures are being made and more individuals arrested. In Spain and Italy, the quantities seized in 1986 were at the highest levels yet recorded for these countries. This may be related to the results of Spain's Southern Plan for preventing the entry of cannabis through its southern provinces and the agreements with Italy and Portugal jointly to combat drug trafficking in the southern Mediterranean. Cannabis arrives primarily from the North African coast.

87. Cocaine seizures, at 1.4 tons, were at a record high in 1986. This was some 80 per cent over the 1985 level. Most of the cocaine was seized at international airports after arriving via direct air routes from South America. The Iberian peninsula and the Netherlands have been the main points of entry. The increasing use of shipping freight for cocaine smuggling constitutes a new challenge to customs and drug enforcement authorities. Cocaine is appearing in some parts of Europe at prices lower than before. This could indicate that supplies are abundant and that traffickers have decided to foster new markets by letting cocaine spread gradually from the more affluent segments of societies to others.

88. Seizures of central-nervous-system stimulants, in particular amfetamines, have increased sharply in the Federal Republic of Germany and the United Kingdom and continue to be at a high level in Scandinavia. In the Federal Republic of Germany, quantities seized in 1986 were three times those of 1985 and a further increase is expected for 1987. Most stimulants are obtained from clandestine manufacture, primarily in the Federal Republic of Germany and the Netherlands. In the former country, 34 clandestine laboratories were discovered in 1986.

89. In addition to overconsumption of benzodiazepines, widely noted in Western Europe, flunitrazepam and diazepam are increasingly abused in southern parts of Europe, where they are obtained mostly through diversion from wholesale and retail outlets.

90. Barbiturates and benzodiazepines continue to be diverted from licit manufacture, primarily to Africa. Recent attempts to divert fenetylline via Lebanon, where it is not under control, to other countries in the Near and Middle East, have failed, thanks to the vigilance of the authorities in the exporting countries. The export of large quantities of pemoline, ^{16/} a stimulant not under international control, to countries in Africa and South America is cause for concern. Governments may therefore wish to consider taking immediate national measures to avoid a major, new abuse problem. In this connection, the Board wishes to remind Governments that, under the provisions of article 23 of the 1971 Convention, Parties may apply stricter control measures than those required by the Convention.

F. North America

91. The illicit trafficking and abuse of drugs remains a relatively serious problem in Canada. Cannabis is the most commonly abused drug. The abuse of hashish, produced abroad and smuggled into Canada, mainly by sea, is increasing. Cocaine abuse is also increasing, particularly in metropolitan centres.

92. Cocaine, in the form of "crack", is smoked in some major cities, but this form of abuse has not yet reached a high level. High-purity heroin is available in ample quantities, primarily in major urban centres. Most of it originates in South West and South East Asia. Diversion from licit supplies of various types of opiates, as well as some benzodiazepines, occurs mainly in metropolitan areas. Clandestine manufacture of some psychotropic substances continues. Amphetamines and LSD are illicitly distributed.

93. In June 1987, Canada acceded to the 1971 Convention. A month earlier it had announced a comprehensive national drug strategy. This strategy introduces a multidisciplinary approach to drug abuse control in the areas of law enforcement, treatment, rehabilitation and education. New programmes and the expansion of existing ones, at the local, national and regional levels, form the basis for the implementation of the strategy.

94. The widespread illicit consumption of a variety of drugs, often taken in combination, remains a serious public health concern in the United States. Cannabis is still, by far, the most widely abused drug and the potency of street samples has continued to increase. Heroin abuse continues to cause great concern, as does the relationship of intravenous abuse of this drug to the spread of AIDS. Such drugs as methamphetamine and phencyclidine (PCP) are increasingly abused, while abuse of depressants appears to have declined. Today, the drug causing the greatest concern is cocaine.

95. There is substantial evidence that cocaine is becoming more widely available throughout the United States and that prices have been decreasing while purity has been increasing. Cocaine accounts for higher rates of overdose deaths, drug emergency cases and other serious medical problems than any other drug abused. Reported hospital emergencies have almost tripled between 1983 and 1986, while cocaine-related deaths have more than doubled during the same period. The abuse of larger amounts and the shift to more hazardous and addictive modes of consumption, such as smoking freebase or "crack", are important factors.

96. Much of the cannabis abused in the country originates abroad, although domestic cultivation accounts for significant supplies. Much of the clandestinely grown cannabis plant is estimated to be of the more potent sinsemilla variety. Eradication campaigns continue to be carried out in all 50 states of the country. The cocaine originates in Latin America. Heroin originates in Mexico and in South-west and South-east Asia. Synthetic narcotics and psychotropic substances abused in the country are for the most part manufactured in clandestine laboratories in the United States. The volume of trafficking is very large. The cost of drug abuse in the country amounts to billions of dollars each year in increased health-care costs, lost productivity, and related crime and violence.

97. In 1986, enforcement actions led to the seizure of over 500 clandestine laboratories, over 60 per cent of which were involved in the illicit manufacture of methamphetamine. Voluntary programmes aimed at limiting the availability of precursors and specific chemicals needed for the illicit manufacture of drugs have had some success. The United States Congress is considering legislation to prevent diversion of precursors and specific chemicals to the illicit traffic.

98. Comprehensive counter-measures have been actively pursued over many years. In March 1987, a National Drug Policy Board was created to oversee all Federal drug control programmes and to co-ordinate efforts in the fields of drug law enforcement, abuse prevention, treatment and rehabilitation, and education. The estimated United States budget for overseas drug control programmes has more than tripled since 1980 - to over \$US200 million in 1987.

99. In spite of its adverse economic circumstances, Mexico has substantially increased its contribution of human, financial and material resources to the fight against illicit cultivation and drug trafficking. Over half of the budget of the Office of the Attorney-General is directed to drug law enforcement. The authorities continue persistently to eradicate opium poppy and cannabis plantations. The surveillance of remote, rural areas has increased. In 1986, some 25,000 poppy plantations, covering an area of approximately 2,400 hectares, were destroyed. For cannabis, the figures are 24,000 and 3,000, respectively. The amount of cocaine seized in 1986, almost 5.5 tons, was almost double the figure for 1985. From January to May 1987, approximately 3 tons were seized.

100. Transit of drugs through national territory poses a difficult problem for Mexican law enforcement authorities. In an effort to contain it, the army, air force and navy have been carrying out support operations. Small groups of experienced personnel have also participated in special operations that have been successful in finding and destroying plantations, seizing equipment used by traffickers and making arrests.

101. Cannabis continues to be the most widely abused drug. Despite some counter measures, the inhalation of organic solvents, mostly by minors, is a long-standing and widespread problem. Cocaine abuse is also reported. Mexico is carrying out a broad range of activities to prevent and remedy drug abuse, including a comprehensive demand-reduction programme with active community participation.

G. South and Central America and the Caribbean

102. In some countries of the region, illicit-drug-related activities have taken on new dimensions as criminal syndicates challenge the authorities. In addition to the multiplicity of economic, social and cultural problems posed, the very distortion of national economies by money from drug trafficking has become a serious danger to the countries involved. In some areas, alliances between traffickers and guerillas present a formidable threat to regional security.

103. Against this background, the vast areas cultivated with coca bush appear to be expanding, not only in the Andean countries but also in other parts of the region. The appearance of new areas, the increasing illicit production, manufacturing and trafficking of cocaine, and the rapidly escalating rate of abuse has underscored the need for Governments to proceed in a concerted fashion. A comprehensive approach is needed to prevent local populations from being caught up in a cycle of drug production, trafficking and consumption.

104. Bolivia, in recent years, has launched several campaigns to reduce cultivation and trafficking of coca leaf. Unfortunately, these campaigns have not achieved the desired effects and the vast areas planted with the coca bush are still expanding. In the second half of 1986, enforcement operations were successful in discovering and destroying a number of cocaine-producing laboratories. The Government has drawn up a Triennial Plan that aims at eradicating coca cultivation. The Plan combines both enforcement activities and development projects designed to minimize the social and economic impact of the eradication.

105. A new, comprehensive, drug control law that should facilitate the application of the Plan has been presented to Congress. In principle, the proposed law declares that all cultivation of the coca bush in excess of the amount needed for medical and traditional uses will be prohibited. The amount, which will be determined by the National Council on Drug Control, cannot exceed 10,000 tons per year. Moreover, coca cultivation will be allowed only in certain traditional areas. An initial period of 12 months will be devoted to voluntary eradication. Implementation of the Triennial Plan will depend heavily on the assistance of the international community: Bolivia will contribute 20 per cent of the \$US300 million needed over its three-year life-span.

106. Drug addiction, unknown in Bolivia until a few years ago, has begun to expand dangerously. The widespread and increasing smoking of coca paste is the country's most acute drug abuse problem. It is estimated that about 11 per cent of Bolivians between the ages of 12 and 25 are users of illicit drugs and that a growing number are becoming addicted to coca paste. For this reason, the country's business community has launched an anti-drug campaign with the slogan "Drug addiction is a virus that is attacking Bolivian society."

107. Peru's north-eastern jungles, and the Upper Huallaga Valley, have been the scene of a bitter struggle against drug trafficking waged through a series of operations called "Condor". Begun in 1985, these operations have resulted in the destruction of over 170 clandestine airstrips, the shutting down of many large-scale laboratories and smaller installations for coca-leaf processing, and the confiscation of several tons of coca

paste and cocaine. In retaliation, however, the traffickers have unleashed a wave of terror in villages in the area, murdering a large number of peasants, workers involved in coca eradication and policemen. Violence, in many forms, has become a factor contributing to the entrenchment of trafficking groups in the Amazon region, making eradication of the coca bush a slow and dangerous process.

108. Peru has joined several other Latin American countries in signing the "Rodrigo Lara Bonilla Treaty". Named after the Colombian Minister of Justice assassinated by traffickers in 1984, the treaty calls for co-ordinated efforts in the prevention and suppression of trafficking and in the drafting of drug control legislation. In October 1986, Peru, Colombia and Venezuela inaugurated the first police-to-police regional radio communications centre, which will facilitate fast, reliable and secure voice and teletype links between law enforcement agencies.

109. Brazil is increasingly becoming a base for traffickers forced by current levels of enforcement in neighbouring countries to move their operations. Cultivation of coca as a cash crop is a fairly recent development in the Amazon region. Increased control measures over essential chemicals manufactured in Brazil have made their acquisition by traffickers outside the country both more difficult and more expensive. Although up to now the production of cocaine has occurred mostly outside Brazil, the number of cocaine-processing facilities in the country seems to be increasing.

110. Cannabis appears to be a staple crop both for farmers and for commercial-scale cultivators in the north-east. A nearly year-long cannabis eradication campaign achieved impressive results and led to the discovery of a number of large areas of cultivation. Coca eradication efforts have also been undertaken, although on a much smaller scale due to the natural obstacles that the Amazon jungle poses to effective enforcement. A month-long eradication operation conducted last July in the Western Amazon region resulted in the destruction of 5.5 million mature coca plants.

111. Consumption of cannabis and cocaine is increasing. Local prevention campaigns are being conducted in 22 of Brazil's 23 states. As part of the struggle against international organizations of drug traffickers, the Brazilian authorities plan to implement a project that will help to reinforce control of the country's borders. The project includes the installation of special regiments trained in jungle combat and the construction of landing strips for reconnaissance planes whose mission will be to detect clandestine airstrips and coca leaf plantations existing in the states of Amazonas and Mato Grosso.

112. New legislation allows for the seizure of assets, including bank accounts, of those involved in the illicit traffic and for the earmarking of those assets for drug control activities. The Federal Drug Council has developed a series of programmes in the areas of drug control, prevention and law enforcement. A Memorandum of Understanding between the Government of Brazil and UNFDAC was signed on 16 February 1987. The initial budget framework will be \$US12 million.

113. Colombia has continued its comprehensive fight against illicit drug production and trafficking in spite of a wave of killings of judges, of law enforcement and prosecutorial officers, and of journalists and private citizens. In 1984, the Government invoked an extradition treaty that had been signed with the United States in 1979; and under this treaty, a number of suspected traffickers were extradited. In June 1987, however, Colombia's Supreme Court declared unconstitutional a law ratifying the 1979 treaty. The Government has set up a special commission to study the implications of the Court's ruling and alternatives that may be used to continue with extradition.

114. Extensive areas of cannabis cultivation have been destroyed through aerial herbicide spraying. Experimental coca eradication has been less successful due to the hostile environment in the main coca-growing regions. In 1986, over 500 cocaine-processing laboratories were dismantled.

115. The increasing abuse of drugs, particularly the smoking of coca paste, is a cause of great concern, particularly in view of the lack of adequate treatment facilities. Colombia has a comprehensive drug awareness campaign and the media devotes extensive coverage to drug issues. Co-ordination with neighbouring countries has resulted in wide-ranging agreements on joint enforcement operations, border control, sources of technical and financial assistance, the control of essential chemicals, and money laundering.

116. Ecuador was only a transit country until the beginning of the 1970s. During the current decade, many areas of coca cultivation have been found and destroyed by the armed forces, and continuous enforcement efforts appear to have discouraged the cultivators from expanding their plantings. Aerial surveillance, to be conducted on the eastern border with Peru, will provide more accurate estimates of the amount of coca cultivation in the country. Some cocaine-processing facilities have been discovered in Ecuador. Although new Government regulations require that importers of essential chemicals report on the chemicals' intended use, large quantities continue to be available in the illicit market. In January 1987, a conspiracy law went into effect permitting the arrest in Ecuador of persons associated with drug traffickers arrested abroad.

Central America

117. Illicit cultivation of cannabis and transit traffic in cannabis and cocaine occur in most countries in the region.

118. Since 1985, Belize has pursued a vigorous fight against illicit drug cultivation and traffic, which has resulted in the destruction of cannabis plantations and in the arrest of traffickers and growers. Authorities estimate that by early 1987 the area planted with cannabis had been reduced by 70 per cent. Belize is also increasingly being used as a cocaine trans-shipment point. Legislation has been strengthened in order to impose stiffer fines and penalties for drug-related offences.

119. Law enforcement authorities in Panama have destroyed most of the cannabis plantations in that country through operations involving aerial spraying and manual destruction. Panamanian drug control agents have also participated in joint operations for the interdiction of drugs on ships in

the Caribbean. In December 1986, the Panamanian President signed a new drug control law which, inter alia, makes money laundering a crime. The new law also increases penalties for drug-related crimes. Implementation of this law should improve Panama's ability to fight drug trafficking, including the laundering of illicit proceeds.

The Caribbean

120. In the Caribbean, extensive coastlines and innumerable islands facilitate traffickers' illegal activities. The existence of free-ports and insufficiently strict banking controls in some countries further complicate effective enforcement.

121. In Jamaica, illicit cannabis cultivation for traffic abroad and for local consumption has become a primary means of livelihood for many farmers. The country is also a trans-shipment point for cocaine, with some of it going to meet the demand of a growing local market.

122. The authorities have intensified their fight against the illicit cultivation and traffic of cannabis and have conducted very effective eradication operations. In 1986, approximately 2,200 hectares were destroyed, compared to 950 in 1985. Operations leading to the destruction of illegal airstrips, the seizure of large quantities of cannabis and cocaine and the arrest of several major traffickers underscore the efficiency of the enforcement measures. In view of the serious threat that drug abuse poses to Jamaican society, several campaigns to increase public awareness and to strengthen demand reduction programmes have been undertaken.

123. Traffickers continue to exploit the strategic location of the Bahamas for the trans-shipment of drugs. Regional drug interdiction operations conducted in the Caribbean and intensified joint United States and Bahamas efforts temporarily reduced or diverted some of the transit trafficking during parts of 1986. In December 1986, a new law was enacted that provides for the tracing and forfeiture of illicit drug-related assets. Moreover, in August 1987, the Governments of the Bahamas and of the United States signed a Treaty on Mutual Legal Assistance in Criminal Matters. This treaty will facilitate co-operation in the investigation and suppression of trans-border crimes in spite of bank secrecy legislation and is expected to deter further abuse of that legislation by drug traffickers. Drug abuse appears to have touched virtually every sector of society in the Bahamas. Cannabis and cocaine are the principal drugs of abuse.

124. Both bilateral and multilateral assistance supports Governments' programmes to carry out their obligations under the international drug control treaties. UNFDAC is supporting master-plan operations in the countries of the Andean sub-region, with activities aimed at reducing illicit coca cultivation, enhancing the effectiveness of drug law enforcement agencies, improving the facilities for treatment and rehabilitation of addicts and heightening public awareness of the dangers of drugs. UNFDAC support for the various projects amounts to approximately \$US46 million over several years. The Board recommends that the international community provide support commensurate with the formidable task faced by the countries concerned.

H. Africa

125. Of the 51 States that make up Africa, 32 are Parties to either the 1961 or the 1971 Convention, and of these 22 are Parties to both Conventions. It is in Africa, and more particularly in Africa south of the Sahara, that the largest number of States not yet Parties is to be found. The slow pace of ratifications and accessions in recent years gives great concern to the Board. Since 1982, for example, only five States in this continent have become Parties to one or other of the two Conventions. The escalation in illicit drug production, trafficking and abuse threatens many countries throughout the region.

126. Once again, the Board reiterates its appeal to States not yet Parties to accede to the Conventions. The accession of a greater number of States strengthens the universality of the Conventions, whose implementation is intended to give populations a stronger guarantee of protection against drug abuse and illicit trafficking.

127. In many African countries, the operation of the drug control system requires substantial improvement. The system should, first of all, be based on adequate national legislation and regulations, which are lacking in several countries. It is also imperative that Governments assign to their administrative services, on a permanent basis, the personnel resources needed to permit effective implementation of the control measures. Experience also shows that proper co-ordination of control activities ensures that the limited resources available to States can be used to best advantage. The Board welcomes indications that a number of African Governments propose to review their existing control machinery to ensure greater efficiency.

128. Most of the States in the continent are endeavouring to co-operate with the Board. During 1986, the only States which have not furnished any of the information required under the Conventions are the Central African Republic, Gabon and Mauritania. However, a relatively large number of States continue to provide incomplete information, or send their data in disregard of the time limits provided for in the Conventions. The situation seems, however, to be gradually improving. The efforts made by the Board in respect of training, particularly at its regional seminars, have assisted to this end. Further training seminars are planned.

129. During 1987, a mission from the Board visited Zaire at the invitation of the Government. A more detailed view of the organization and operating conditions of the system of control in the country was obtained. The mission was thus able to evaluate not only the undoubted difficulties but also the efforts being made by the authorities. The Government has requested assistance from the international community to update and strengthen its national legislation on narcotic drugs and psychotropic substances and to train supervisory staff and agents responsible for carrying out the control in all its aspects.

130. Generally speaking, current developments in illicit trafficking and drug abuse confirm the trends observed in recent years. Heroin trafficking affects an increasing number of African countries, which in addition are becoming stages in the transit of this drug to European and North American markets. In addition to Côte d'Ivoire, Ghana, Mauritius and Nigeria, where the appearance of this drug a few years ago had already

sounded the alarm, the new transit countries include Cameroon, Kenya, Niger, Senegal and Somalia. The air links between Africa and India and Pakistan are widely used by large numbers of African couriers who are now the mainstay of this traffic. The total quantities involved are far from negligible. For the year 1986 alone, seizure data indicate that couriers nationals of a single African country succeeded in transporting a total of more than 200 kg of heroin. Most of this traffic is directed towards Western Europe and the United States. Mention should also be made of the movement, from or to Africa, of relatively small quantities of morphine and opium also originating in the Middle East.

131. Heroin abuse has begun to afflict some of the transit countries. In Mauritius, the rapid spread of heroin abuse is already a matter of serious concern as regards public health. Cases of heroin addiction are beginning to appear in other countries, notably, Côte d'Ivoire, Ghana, Nigeria, Senegal and Somalia. The heroin abusers include couriers involved in trafficking. These facts highlight the truism that drug abuse nearly always ensues wherever illicit trafficking takes place.

132. Cocaine trafficking is no less a serious threat. The number of African countries through which cocaine intended for Europe transits is increasing. More frequent cocaine seizures are now being made particularly in Côte d'Ivoire, Ghana, Morocco, Nigeria and Senegal. In southern Africa, the presence of this drug might be attributed to the emergence of a local abuser market. Elsewhere, fairly limited cases of abuse have been noted in Ghana and Nigeria in particular.

133. In Africa, cannabis remains the drug most widely cultivated and trafficked. Significant illicit production of cannabis occurs in a number of countries and is becoming more firmly entrenched as the years go by. Cultivation continues to expand to meet illicit demand, particularly in Western Europe. The records of seizures being made in some countries show that the amount of cannabis originating south of the Sahara is significant. Traffic in cannabis resin and oil also continues. The bulk of this production, which originates in Morocco, is trafficked mainly to Europe. Attempts at illicit production of resin have recently been identified in at least two other countries, namely Ghana and Kenya.

134. Cannabis has also for a long time been the most widely abused drug within Africa. It is often smoked in conjunction with the consumption of alcohol and other drugs. Despite the lack of epidemiological studies, indications are that abuse is spreading, primarily among youth in cities, throughout the continent.

135. As regards psychotropic substances, large quantities continue to be trafficked to the African region. In the main, these substances are secobarbital and methaqualone. In addition, significant quantities of amphetamine tablets have been seized in West Africa. For the most part secobarbital is obtained through diversion from manufacturing or exporting countries outside the region. With the co-operation of the authorities in the exporting countries and the African Governments concerned, the Board is endeavouring to prevent such diversion. While in recent years no more diversion of methaqualone from licit manufacture has come to the notice of the Board, trafficking towards southern and eastern parts of Africa of this substance, illicitly manufactured in India, has not yet been contained.

136. The positive results achieved hitherto by such efforts appear likely in future to be undermined by a two-fold trend: illicit manufacture within the continent, and the appearance of psycho-active substances not covered by the 1971 Convention (e.g. pemoline). The Board believes that national authorities may wish to pay the closest attention to these negative trends. 17/

137. Khat, which is not under international control, is cultivated mainly in Ethiopia and Kenya, whence it is forwarded to other countries of the subregion and to parts of the Arabian Peninsula. It is incumbent upon the countries concerned to co-operate among themselves to confront the health hazards and adverse economic implications of the local use of khat.

138. In conclusion, the African region is highly vulnerable to international developments in illicit traffic. Narcotic drugs and psychotropic substances originating in Asia, Europe and, to a lesser extent, South America, are becoming increasingly available to consumers in Africa, despite the fact that the intended final destination of some of these drugs is outside the continent. The continent itself, as a whole, is now a major source of cannabis for other regions. Nationals of a large number of African countries are active in the traffic in opiates, cocaine, cannabis and psychotropic substances. These factors also encourage the spread of drug abuse from which the African populations are no longer safe.

139. The dangers facing the African countries amply justify the implementation of a genuine policy aimed at ensuring the protection of their populations. Particular priority should be accorded, within the framework of this policy, to the strengthening of the existing control arrangements and to preventive measures. It is at the current stage, when drug abuse has not yet reached vast dimensions, that the problem should be tackled in the continent. Aware of this situation, UNFEDAC is in the process of extending its support for the implementation of various projects in an increasing number of African countries. Within the limits of its resources, the Board is prepared, as hitherto, to provide the countries in the region with the technical assistance they need in their campaign to safeguard the health of the populations for which they are responsible. The Board reiterates the recommendation made in its previous Reports that the international community support, urgently and to the maximum extent possible, the efforts of the African countries to strengthen their control systems and generally to fight illicit drug production, trafficking and abuse.

(Signed) Sahibzada Raof Ali Khan
President

(Signed) Mohsen Kchouk
Rapporteur

(Signed) Abdelaziz Bahi
Secretary

Vienna, 20 October 1987

Notes

- 1/ During 1987 the membership of the Board is as follows:
Mr. Sirad ATMODJO, Dr. Nikolai BARKOV, Dr. Zhi-ji CAI,
Professor John EBIE, Professor Abdullahi S. ELMI,
Dr. Diego GARCES-GIRALDO, Ms. Betty C. GOUGH,
Mr. Ben HUYGHE BRAECKMANS, Professor S. Oguz KAYAALP,
Dr. Mohsen KCHOUK, Sahibzada RAOOF ALI KHAN, Professor Paul REUTER
and Dr. Tulio VELASQUEZ-QUEVEDO. The curricula vitae of Board
members are to be found in the annex.
- 2/ Article 9 (2) and (3) of the 1961 Convention.
- 3/ WHO - AIDS among drug abusers - ICP/CDS 027-9713F - October 1986.
- 4/ Report of the International Conference on Drug Abuse and Illicit
Trafficking (United Nations publication, Sales No. E.87.I.18),
chap. I, sect. A, para. 391.
- 5/ See also paragraph 24.
- 6/ "Demand and supply of opiates for medical and scientific needs"
(E/INCB/1985/1/Supp.).
- 7/ "Demand and supply of opiates for medical and scientific needs"
(E/INCB/52/Supp.).
- 8/ See also paragraph 8.
- 9/ Article 1 (k) of the 1971 Convention defines "region" as "any part
of a State which pursuant to article 28 is treated as a separate
entity for the purposes of this Convention".
- 10/ For details, see "Statistics on psychotropic substances for 1986".
- 11/ See also paragraphs 90 and 136.
- 12/ Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and
Thailand.
- 13/ See also paragraph 64.
- 14/ Membership consisting of Bangladesh, Bhutan, India, Maldives, Nepal,
Pakistan and Sri Lanka.
- 15/ See also paragraph 53.
- 16/ See also paragraphs 32 and 136.
- 17/ See also paragraphs 32 and 90.

Annex

PRESENT MEMBERSHIP OF THE BOARD

Mr. Sirad ATMODJO

Pharmacologist; Secretary, Directorate-General of Food and Drug Control, Ministry of Health; Assistant, Drug Dispensing Laboratory, Gajah Mada University (1955-1959); High School Teacher of Chemistry (1957-1958); Staff, Directorate of Pharmaceutical Affairs, Ministry of Health (1959-1965); Director of Pharmaceutical Affairs, Ministry of Health (1965-1967); Director of Distribution, Ministry of Health (1967-1975); Director of Narcotic and Dangerous Drugs, Ministry of Health (1975-1981). Member of the Board since 1987.

Dr. Nikolai Kostantinovich BARKOV

Doctor of Medical Science in Pharmacology; Chief, Laboratory for Pharmacology of Narcotics of the All Union Narcology Centre (Moscow); Treasurer of the USSR Pharmacological Society; Member of the Presidium of the USSR Narcotics Control Committee; Member of the Nominating Committee of the International Pharmacology Union; Member of the Board from 1971 to 1982 and Chairman of the Standing Committee on Estimates in 1982. Member of the Board again since 1987. Member of the Standing Committee on Estimates in 1987.

Dr. Zhi-ji CAI

Pharmacologist; Professor; Vice-Director of the Institute of Clinical Pharmacology in charge of Drug Dependence Research Centre, Beijing Medical University; Member of the Expert Committee on New Drug Evaluation, Ministry of Public Health, People's Republic of China; Member of the Executive Committee and Deputy Secretary-General of the Chinese Pharmacological Society; Member of the Editorial Board of Acta Pharmacologica Sinica, the Chinese Journal of Clinical Pharmacology, Advances in Physiological Sciences; Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems since 1984; Member of the International Narcotics Control Board and member of the Standing Committee on Estimates since 1985.

Professor John EBIE

Psychiatrist; Chief Medical Director, University of Benin Teaching Hospital, Benin City, Nigeria. Professor and Head, Department of Mental Health, University of Benin, Benin City (1976-1981). Provost and Chief Consultant, WHO Collaborating Centre for Research and Training in Mental Health, Psychiatric Hospital, Abeokuta (1981-1983). Consultant Psychiatrist (University College Hospital, Ibadan, 1970-1971, and

University of Benin Teaching Hospital since 1972). Director, Nigerian Training Project on Drug Dependence since 1981. Dean, School of Medicine, University of Benin (1979-1981). Chairman, Psychiatric Hospitals Management Board of Nigeria (1977-1981). Commissioner for Health, Bendel State of Nigeria (1972-1974). Member of the WHO Expert Advisory Panel on Mental Health since 1979. Member of the Board since 1982, Rapporteur in 1983 and Vice-President in 1985.

Mr. Abdullahi S. ELMI

Pharmacologist; Professor of Pharmacology and Head of Department; Vice-Chairman of the National Technical Committee on Khat and Other Drugs and Adviser to the National High Commission on the Eradication of Khat and Other Drugs; Co-ordinator, Somali National University Programme for Traditional Medicine; Member, WHO Expert Advisory Panel on Drug Dependence; Member, OAU Inter-African Committee on Traditional Medicine. Member of the Board since 1987.

Dr. Diego GARCES-GIRALDO

Physician and surgeon, M.R.C.S., L.R.C.P., M.A. (Cantab.). Alternate delegate of Colombia to the Preparatory Commission of the United Nations (London, 1945). Minister Plenipotentiary of Colombia in Cuba (1948-1949). Ambassador of Colombia to Venezuela (1950-1951). Governor of the Department of the Valle del Cauca, Colombia (1953-1956). Senator of the Republic of Colombia (1958-1962). Permanent Representative of Colombia to the Office of the United Nations and other International Organizations at Geneva (1971-1976). Member of the Board since 1977. First Vice-President in 1987.

Ms. Betty C. GOUGH

Former diplomat and specialist in international organizations. Former Counsellor for Narcotics Affairs, United States Mission to the Office of the United Nations and other International Organizations at Geneva. Former Adviser, United States Mission to the International Atomic Energy Agency, Vienna. Former Deputy, United States Permanent Delegation to UNESCO. Member of United States delegation to the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs (Geneva, 1972) and to sessions of the Commission on Narcotic Drugs (1971-1976). Member of the Board since 1977, Rapporteur in 1979, Vice-President in 1980, 1981 and 1984, and President in 1985 and 1986.

Mr. Ben HUYGHE-BRAECKMANS

Pharmacist (1947) with supplementary training in industrial pharmacy (1961-1963) and in hospital pharmacy (1971). Inspector (1948-1964), Counsellor (1964-1965), Chief Inspector/Director (1965-1968) and Inspector-General (1968-1985) at the General Pharmaceutical Inspectorate of the Ministry of Public Health, Belgium. Representative of Belgium to the Commission on Narcotic Drugs (1966-1985) and Rapporteur at its eighth special session (1984). Head of the Belgian delegation to the United Nations Conference for the Adoption of the Protocol on Psychotropic Substances (Vienna, 1971) and to the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs (Geneva, 1972). Member of and permanent correspondent of Belgium of the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) under the Council of Europe (until 1985). Member (1973-1979) and Chairman (1973-1974, 1978-1979) of the Benelux Committee on the Registration of Medicines. Member of the Commission on the European Pharmacopoeia (1965-1985). Member of the Committee on Pharmaceutical Specialities (1975-1985) and the Pharmaceutical Committee (1975-1985) of the European Community. Head of the Belgian delegation to UNIDO's Second Consultation on the Pharmaceutical Industry (Budapest, 1983). Member and chairman of working groups and commissions in the field of medicines in Belgium and under the Benelux, the Council of Europe, the European Community and the World Health Organization. Member of the Board since 1985. Vice-Chairman of the Standing Committee on Estimates in 1987.

Professor S. Oguz KAYAALP

Pharmacologist; Professor and Chairman, Department of Pharmacology, Faculty of Medicine, Hacettepe University, Ankara, Turkey. Member of the Executive Committee of the Medical Research Group of the Scientific and Technical Research Council of Turkey. Member of the Standing Committee of the European Medical Research Councils (European Science Foundation). Assistant Research Professor, Department of Pharmacology, State University of New York at Buffalo Medical School (1967-1970). Dean, Faculty of Pharmacy, Hacettepe University, Ankara, Turkey (1971-1978). Visiting Scientist, National Institute of Mental Health, United States (1978-1980). President of the Turkish Pharmacological Society (several terms and presently). Member of the Board since 1985. Second Vice-President and Chairman of the Standing Committee on Estimates in 1987.

Dr. Mohsen KCHOUK

Pharmacist biologist; former student at the Pasteur Institute, Paris. Former Deputy Director of the Pasteur Institute, Tunis. Director of the Laboratories of Medical Biology of the Ministry of Public Health, Tunis. Fellow (foreign) of the French Society of Legal Medicine and Criminology. Member of the Board since 1977, its Rapporteur in 1981 and 1982; Vice-Chairman of the Standing Committee on Estimates in 1984; Vice-President of the Board and Chairman of the Standing Committee on Estimates in 1985. Rapporteur in 1987.

Sahibzada RAOOF ALI KHAN

Former Inspector General of Police of the Punjab (Pakistan). Former Chairman of Pakistan Narcotics Control Board at the level of Secretary to the Government. Former Director General of the National Police Academy. Head of Pakistan's delegation to the Commission on Narcotic Drugs and the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East (1975-1979). Vice-Chairman of the Commission in 1979. Alternate leader of Pakistan's delegation to the first regular session of the Economic and Social Council, 1984. Visiting lecturer in Criminology, University of the Punjab, 1960-1961, and in History of Administration at the Sharia Faculty of the Qaide Azam University, Islamabad, 1979-1983. Awarded Sitara-e-Khidmat (a civil decoration) for distinguished public service, 1971. Member of the Board since 1985 and President in 1987.

Professor Paul REUTER

Professor emeritus in the Faculty of Law and Economics, Paris; member of the United Nations International Law Commission since 1964; recipient of the 1981 Balzan Prize for public international law; member of the Permanent Central Narcotics Board from 1948 to 1968; member of the Board since 1968. President from 1974 to 1982.

Dr. Tulio VELASQUEZ-QUEVEDO

Doctor of Medicine; Chairman, Monitoring Committee of the Peruvian Social Security System; Director, Institute of Andean Biology, Universidad Nacional Mayor de San Marcos; Executive President, First National Medical Congress, 1976; President, International Society of Andean Biology; President, Advisory Committee on Andean Biology of the Hipólito Unanue Agreement of the Andean Pact; Dean, Medical College of Peru. Member of the Board since 1987.

THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The responsibilities of the Board under the drug control treaties are to endeavour, in co-operation with Governments, to limit the cultivation, production, manufacture and utilization of narcotic drugs to the amounts necessary for medical and scientific purposes, to ensure that the quantities of these substances necessary for legitimate purposes are available, and to prevent the illicit cultivation, production, manufacture of, trafficking in and use of these substances. Since the entry into force of the 1971 Convention on Psychotropic Substances, the functions of the Board include also the international control of these drugs.

The Board is required, in the exercise of these responsibilities, to investigate all stages in the licit trade in narcotic drugs; to ensure that Governments take all the requisite measures to limit the manufacture and import of drugs to the quantities necessary for medical and scientific purposes; to see that precautions are taken to prevent the diversion of these substances into the illicit traffic; to determine whether there is a risk that a country may become a major centre of the illicit traffic; to ask for explanations in the event of apparent violations of the treaties; to propose appropriate remedial measures to Governments which are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. The Board has therefore frequently recommended, and will recommend even more often under the 1972 Protocol, that multilateral or bilateral assistance, either technical or financial or both, should be accorded to a country experiencing such difficulties. However, if the Board notes that the measures necessary to remedy a serious situation have not been taken, it may call the attention of the Parties, the Commission on Narcotic Drugs and the Economic and Social Council to the matter, in cases where it believes that this would be the most effective way to facilitate co-operation and improve the situation. Finally, as a last resort, the treaties empower the Board to recommend to Parties that they stop the import of drugs, the export of drugs, or both, from or to the defaulting country. Naturally, the Board does not confine itself to taking action only when serious problems have been discovered; it seeks, on the contrary, to prevent major difficulties before they arise. In all cases the Board acts in close co-operation with Governments.

If the Board is to be able to perform its task, it must have the relevant information on the world drug situation, as regards both the licit trade and the illicit traffic. Consequently, the treaties stipulate that Governments shall regularly provide the Board with such information; almost all Governments, Parties and non-Parties alike, are conforming to this practice. Accordingly, in co-operation with Governments, the Board administers the systems of estimated world requirements of narcotic drugs and of statistics on narcotic drugs. The first of these systems enables it, by analyzing future licit requirements, to verify in advance whether these requirements are reasonable; and the second enables it to exercise an *ex post facto* control. Finally, the information on illicit traffic which is communicated to it either directly by Governments or through the competent organs of the United Nations enables it to determine whether the aims of the 1961 Convention are being seriously endangered by any country and, if necessary, to apply the measures described in the preceding paragraph.

كيفية الحصول على منشورات الأمم المتحدة

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