

INTERNATIONAL NARCOTICS CONTROL BOARD  
Vienna

# **Report of the International Narcotics Control Board for 1993**



UNITED NATIONS

## **REPORTS PUBLISHED BY THE INTERNATIONAL NARCOTICS CONTROL BOARD IN 1993**

The present report of the International Narcotics Control Board is supplemented by the following technical reports, which will subsequently be issued as United Nations sales publications:

*Narcotic Drugs: Estimated World Requirements for 1994; Statistics for 1992 (E/INCB/1993/2)*

*Psychotropic Substances: Statistics for 1992; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV; Requirement of Import Authorizations for Substances in Schedules III and IV (E/INCB/1993/3)*

*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/1993/4)*

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# **Report of the International Narcotics Control Board for 1993**



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## Foreword

The International Narcotics Control Board is the successor to the drug control bodies, the first of which was established by international treaty over 60 years ago. A series of treaties confer on the Board specific responsibilities. The Board endeavours "to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes", "to ensure their availability for such purposes", and "to prevent illicit cultivation, production and manufacture of, and illicit traffic in and use of, drugs", in accordance with article 9 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.<sup>1</sup> In carrying out its responsibilities, the Board acts in cooperation with Governments and maintains a continuing dialogue with them to further the aims of the treaties. That dialogue is pursued through periodic consultations and through special missions arranged in agreement with the Governments concerned.

The Board consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives (see annex for current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by the Members of the United Nations and by States parties that are not Members of the United Nations, in accordance with article 9 of the 1961 Convention as amended by the 1972 Protocol. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with the Board, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. Revised administrative arrangements prepared on behalf of the Secretary-General by the Executive Director of the United Nations International Drug Control Programme (UNDCP) in agreement with the Board were approved by the Council in its resolution 1991/48.

The Board collaborates with UNDCP, of which its secretariat forms a part, and with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization.

The international drug control treaties require the Board to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide, so that Governments are kept aware of existing and potential situations that may endanger the objectives of the Single Convention on Narcotic Drugs of 1961,<sup>2</sup> that Convention as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971<sup>3</sup> and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.<sup>4</sup> The Board draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The conventions envisage special measures available to the Board to ensure the execution of their provisions.

The annual report of the Board is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analysis of those data. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances. Moreover, under the provisions of article 12 of the 1988 Convention, the Board reports annually to the Commission on Narcotic Drugs on the implementation of that article. For the first time, that report is also published.

The Board assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators. One regional training seminar, for drug control administrators from Asian countries, was held at Beijing in June 1993 and another, for drug control administrators from countries in eastern Europe and the Commonwealth of Independent States, was held at Warsaw in September 1993.

The work of the Board is continuously expanding as a result of the implementation by Governments of voluntary measures to tighten the control of psychotropic substances; the growing number of substances placed under international control; the additional responsibilities assigned to the Board under the 1988 Convention; and the imperative need to study on site situations that could endanger the attainment of the aims of the international drug control treaties and to maintain a continuous dialogue with Governments in order to promote measures to prevent illicit drug production, trafficking and abuse.

#### *Notes*

<sup>1</sup>United Nations, *Treaty Series*, vol. 976, No. 14152.

<sup>2</sup>*Ibid.*, vol. 520, No. 7515.

<sup>3</sup>*Ibid.*, vol. 1019, No. 14956.

<sup>4</sup>E/CONF.82/15 and Corr.2.

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## EXPLANATORY NOTES

In the table, two dots (..) indicate that data are not available or are not separately reported.

The following abbreviations have been used in this report:

ASEP	South American Agreement on Narcotic Drugs and Psychotropic Substances
CARICOM	Caribbean Community
CCC	Customs Co-operation Council
CEC	Commission of the European Communities
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
ECCAS	Economic Community of Central African States
EEC	European Economic Community
HIV	human immunodeficiency virus
ICPO/Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDA	methylenedioxyamphetamine
MDEA	N-ethylmethylenedioxyamphetamine
MDMA	methylenedioxymethamphetamine
OAS	Organization of American States
PCP	phencyclidine
SIS	Schengen Information System
THC	tetrahydrocannabinol
UNDCP	United Nations International Drug Control Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



## I. OVERVIEW

1. During the last two decades, the world has witnessed the "globalization" of the drug abuse problem and the situation has worsened drastically. The Commission on Narcotic Drugs no longer discusses individual situations such as the smuggling of heroin into China, the illicit traffic in opium from Turkey to Egypt or the supply of heroin to New York through the "French Connection". Some decades ago, the abuse problem was the concern of only a limited number of countries, but today countries that are not suffering from the harmful consequences of drug abuse are the exception rather than the rule.

2. The economic power and political influence of drug cartels are rising. While drug abuse has been "globalized", internationalization and cooperation among drug cartels have also increased. There is also clear evidence that trafficking organizations barter different types of drugs among themselves. Drug trafficking syndicates are increasingly becoming involved in other forms of organized and violent crime, making use of sophisticated technical aids and modern communication systems. Criminal organizations control drugs from the cultivation and production phases to the storage and distribution phases. Large amounts of drugs are stored at staging posts in certain countries to take advantage of weak or ineffective laws in those countries. There is evidence that drug trafficking organizations frequently make use of the territories of countries (a) that are not parties to the international drug control treaties; (b) that have formally ratified conventions without implementing their provisions; (c) that suffer from civil war, terrorist activities, political instability, ethnic conflict, economic depression or social tension; (d) that are not in a position to ensure governmental control over some parts of their territories; (e) and that are not able to maintain adequate law enforcement, customs and pharmaceutical control services.

3. More and more Governments are beginning to realize that international cooperation in drug control, which in the past was an expression of solidarity, has now become a matter of urgent self-defence. The International Conference on Drug Abuse and Illicit Trafficking, held at Vienna from 17 to 26 June 1987, was an important sign of the changing philosophy of the international community. It was followed in 1990 by the adoption by the General Assembly, in its resolution S-17/2, of the Global Programme of Action, an instrument facilitating international action through voluntary cooperation between sovereign States and international organizations.

4. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988<sup>1</sup> is an even more important instrument. It created a global mechanism against international drug-related criminal activities by extending the scope of the international drug control treaties from basic drug control measures to concrete provisions against the activities of criminal organizations. The increasing number of countries that are becoming parties to the 1988 Convention is a reflection of the growing commitment of Governments to its compulsory application. It is not by chance that initiatives leading to the adoption of that Convention were taken by those countries in South America that are the main targets of criminal organizations.

5. In 1993, Governments have demonstrated again that the closest international cooperation possible is required to fight the worldwide scourge of drug abuse and illicit trafficking. The General Assembly therefore convened five high-level plenary sessions to examine the status of such international cooperation. Its adoption in October 1993, of resolution 48/12, on measures to strengthen international cooperation against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances and related activities, may prove to be a significant step towards the further development of a common strategy and international machinery against drug abuse and illicit traffic. General Assembly resolution 48/12 is a clear manifestation of the determination of Governments to

increase their cooperation with international organizations and each other in the fight against drug problems, which threaten the basic fabric of society and the political stability of nations.

6. The International Narcotics Control Board notes with satisfaction that the General Assembly, in its resolution 48/12, stressed the importance of national and international action to implement the provisions of the international drug control treaties. In response to the requests made by the General Assembly in that resolution, the Board will continue to fulfil its basic responsibilities of monitoring and evaluating the implementation of the international drug control treaties, cooperating with the Commission in identifying areas of progress and weakness, and assisting the Commission in formulating recommendations to the high-level segment of the Economic and Social Council.

7. The functioning of the international drug control system depends on the universal application of the provisions of the international drug control treaties. Deficiencies in national legislation and/or in the implementation of national laws and regulations create loopholes in the global network of protective measures. The Board invites Governments to update their national legislation in line with the international drug control treaties and to ensure the implementation of that legislation and encourages them to request assistance from the United Nations International Drug Control Programme (UNDCP) for those purposes.

8. The Board notes with concern that there continue to be deficiencies in Governments' compliance with reporting obligations established in the Single Convention on Narcotic Drugs of 1961,<sup>2</sup> that Convention as amended by the 1972 Protocol,<sup>3</sup> the Convention on Psychotropic Substances of 1971<sup>4</sup> and the 1988 Convention, as well as in numerous Economic and Social Council resolutions. The Board stresses that it is important that parties to those conventions, as well as non-parties, furnish in a timely manner the data required under those conventions or requested in those resolutions, in order for the international drug control system to function properly and in order for the returns and estimates to be comprehensive and accurate. In particular, the Board was compelled to defer its assessment on the present scope of control of precursors\* under the 1988 Convention as requested by the Commission, because only a few Governments provided the necessary data.

9. The Board is deeply concerned that, more than 20 years after the adoption of the 1971 Convention, some of the major manufacturing and exporting countries have not yet become parties to it and have not introduced control measures for international trade in many psychotropic substances. This situation is undermining the functioning of the international control system for psychotropic substances and has had a particularly negative impact on numerous developing countries where the abuse of those substances is prevalent.

10. There is striking evidence that the abuse of stimulants is increasing in all regions of the world. Substantial quantities of fenetylline tablets have been seized in West Asia; the smuggling of amphetamine and pemoline into western Africa has continued; the regular abuse of amphetamine tablets by bus drivers has been reported in south-east Asia; amphetamine is the main drug of abuse in Scandinavian countries and in some other European countries; the abuse of methylenedioxymethamphetamine (MDMA), commonly known as "ecstasy" has been the cause of many night-time road accidents in Europe; many clandestine methamphetamine laboratories have been

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\*The term precursor is used to indicate any of the substances in Table I or II of the 1988 Convention, except where the context requires a different expression. Such substances are often described as precursors or essential chemicals, depending on their principal chemical properties. The plenipotentiary conference that adopted the Convention did not use any one term to describe such substances. Instead, the expression "substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances" was introduced in the Convention. It has become common practice, however, to refer to all such substances simply as precursors; although that term is not technically correct, the Board has decided to use it in the present report for the sake of brevity.

dismantled in North America and in east Asia; the abuse of ephedrine (methcathinone) constitutes a major drug problem in the Commonwealth of Independent States (CIS) and the same compound is synthesized in clandestine laboratories in North America. Increasing quantities of khat (*Catha edulis*) are being exported from producer countries to Australia and to countries in Europe and North America. The Board invites Governments to cooperate in preventing large-scale illicit trafficking in stimulants and to study the extent and patterns of the abuse of those substances listed in the 1971 Convention or other substances not subject to international control, such as ephedrine or khat.

11. The efforts of UNDCP are highly appreciated by the Board. In 1993, UNDCP has cooperated with 59 countries through 183 regional and country-specific drug control programmes. In addition, its operational work programme for 1993 includes 32 global projects supporting a broad range of drug control activities, such as specialized training, research and advisory services. Those activities have been implemented in collaboration with various specialized agencies in the United Nations system, other international organizations and various non-governmental organizations. The budget for technical cooperation projects in 1992 and 1993 totals 135.9 million United States dollars. UNDCP also supports the work of the Board by providing a secretariat administratively integrated into its structure, as well as other support on request.

12. Concerning precursor control, as the Board noted in its report on the implementation of article 12 of the 1988 Convention, submitted to the Commission at its thirty-sixth session,<sup>5</sup> the Chemical Action Task Force, set up in 1990 by the heads of State or Government of the Group of Seven major industrialized countries and the President of the Commission of the European Communities (CEC), would not be maintained and follow-up tasks would be assumed by the Board and by the competent United Nations bodies, as provided for under that Convention. Within the framework of its functions under the Convention, the Board already assists Governments in developing procedures and mechanisms to control precursors, including verification of the legitimacy of transactions. The Board intends to expand further its current work and will take up additional activities as it deems necessary, subject to the availability of resources.

#### **A. The importance of demand reduction**

13. The Board, encouraged both by General Assembly resolution 48/12, in which the importance of the fundamental task of the Board, monitoring and evaluating the implementation of provisions of the international drug control treaties, was properly acknowledged and by the positive response of Governments to its firm position against legalization of the non-medical use of drugs under international control, continues to issue warning signals to Governments and international bodies. In the present report, it wishes to draw the attention of Governments to the crucial importance of demand reduction programmes.

14. In the past, distinctions were made between supplier and consumer countries. It is now widely realized that such distinctions no longer have any meaning: consumer countries have become supplier countries and vice versa. The term "transit countries" has also lost its original meaning: they, too, are quickly becoming consumer countries and may also become supplier countries. The simplistic view that suppressing illicit drug production in some "supplier countries" and/or reducing illicit drug demand in "consumer countries" will automatically lead to the solution of the drug problem is no longer valid, if indeed it ever was.

15. It is necessary, however, to keep in mind that demand reduction efforts cannot lead to success without substantially reducing the illicit drug supply: if drugs are readily available and easily accessible, new drug abusers will soon replace former ones. At the same time, there is evidence that

elimination of a given drug from the market does not mean the elimination of the drug problem but only a shift towards other drugs or substances of abuse. Consequently, without efforts to reduce illicit drug demand, actions aimed at reducing illicit drug supply will lead to only temporary successes.

16. The Board notes with satisfaction that this philosophy, this balanced approach, is reflected in the UNDCP strategy: assisting in the development of national legal instruments, strengthening law enforcement services, supporting alternative economic development, providing assistance aimed at improving social, educational and health conditions, are all included in the programmes and projects of UNDCP.

17. It is evident that, at the national level, supply reduction and demand reduction cannot be separated from each other. There is, however, a major difference at the international level. Measures against the illicit manufacture, production, traffic and diversion of drugs can be "codified" in international treaties, because their identical application constitutes the *sine qua non* criteria for the functioning of the international drug control system. Demand reduction methods, however, cannot be "standardized" by legal documents.

18. The Board invites Governments to consider demand reduction as one of their first priorities in the fight against drug abuse. It urges Governments to cooperate closely in exchanging information on the results (failures as well as successes) of their demand reduction programmes. The Board greatly appreciates the efforts of UNDCP and other United Nations entities such as the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), intergovernmental organizations and some non-governmental organizations. It invites Governments to cooperate with such organizations and to seek their assistance in developing demand reduction programmes.

19. The importance of demand reduction was initially realized by the international community 20 years ago: the idea was translated into the provisions of the 1971 Convention, followed immediately by the amendment of the 1961 Convention by the 1972 Protocol. It is noteworthy that the 1988 Convention, which was intended to be a convention explicitly against illicit traffic, also contains provisions for demand reduction.

20. The provisions of the international drug control treaties are aimed at preventing, or at least reducing, the illicit supply of drugs. Consequently, those provisions constitute the backbone of any national supply reduction programme. In the case of national demand reduction programmes, the situation is different: in most countries, alternative licit substances, above all alcohol, are available on the local markets. Creating a shift from the abuse of drugs under international control to the abuse of alcohol, organic solvents and other substances would constitute a questionable achievement of demand reduction programmes.

21. Thus, it is of the utmost importance that reduction of the demand for all substances of abuse be the goal of such national programmes. That philosophy is reflected in the WHO approach to the problem: the WHO Programme on Substance Abuse is comprehensive and not limited to narcotic drugs and psychotropic substances. The Board commends the WHO Expert Committee on Drug Dependence for drawing renewed attention to the problems associated with the use of tobacco, alcohol and other drugs in its recently published twenty-eighth report. The Board welcomes the emphasis placed by the Expert Committee on the need for a comprehensive approach in combating the abuse of psychoactive drugs. The Board notes that such a comprehensive approach is also present in the UNESCO preventive education strategy.

22. The fundamental importance of demand reduction was highlighted by the International Conference on Drug Abuse and Illicit Trafficking in 1987, by the World Ministerial Summit to Reduce the Demand for Drugs and to Combat the Cocaine Threat, held in London from 9 to 11 April 1990, and by the General Assembly in 1990, when it adopted the Global Programme of Action. The Board wishes to emphasize that the General Assembly, in its resolution 48/12, paragraph 10, listed demand reduction first among the issues that it requested the Commission and the Economic and Social Council to consider and make recommendations on.

23. Development of demand reduction programmes and activities should be based on knowledge of the real drug abuse situation. In the opinion of the Board, it is possible to assess the nature and extent of drug problems without undertaking costly epidemiological studies. The collection of data and other information from law enforcement services, doctors, pharmacists and social workers allows already a rapid assessment of the drug abuse situation (which groups are taking which drugs, by what means etc.) and even a rough assessment of the extensiveness of the problem. The Board wishes to draw the attention of Governments to the need for continuous monitoring of the ever-changing drug abuse situations.

24. Demand reduction strategies should be carefully designed, taking into consideration not only the individuals concerned, but also the socio-cultural and economic milieu. It follows, therefore, that programmes must be adapted to the society in question.

25. Community empowerment in relation to drug abuse is often the key link between education and treatment services. Its purpose is to promote the extent to which a community feels that it has some control over the process of making decisions that directly affect them. Especially in circumstances where there may be a virtual absence of social controls, this approach can be crucial to the success of both demand and supply reduction strategies. Strengthening the cohesiveness of communities is therefore one of the most important tasks.

26. Education programmes must be carefully designed in order to avoid being counter-productive. Support may be given to mass media campaigns to raise public awareness concerning the dangers of drug abuse. The principal target group for education programmes are young people both in and out of school. Programmes for the promotion of a healthy lifestyle that incorporate a drug prevention element should be encouraged. It must be kept in mind that in many developing countries with inadequate health- and social-care services, education programmes are practically the only medium available for demand reduction activities.

27. The treatment and rehabilitation of drug abusers are key elements of demand reduction strategies. No particular programme, however, has been effective for all drug abusers, even within a single country, and the transfer of a treatment regime from one culture to another has not always been constructive. Consequently, treatment and rehabilitation programmes must be adapted to local conditions and circumstances.

28. The success of demand reduction programmes depends on two factors: the political will of Governments to tackle the problem, as evidenced by, among other things, the provision of the necessary financial resources; and the community's willingness to cooperate. Without following "top-down" and "bottom-up" approaches simultaneously, it is not realistic to expect positive results from demand reduction programmes.

29. The Board acknowledges the importance of certain aspects of "harm reduction" as a tertiary prevention strategy for demand reduction purposes. The Board considers it its duty, however, to draw the attention of Governments to the fact that "harm reduction" programmes are not substitutes for demand reduction programmes.

30. The Board wishes to bring to the attention of Governments some of the many examples of successful demand reduction activities. Increasing attention in this respect is given, also in developing countries, to strategies promoting the mobilization of entire communities to support the treatment and rehabilitation of drug-dependent persons. These appear to be efficient and relatively inexpensive interventions. The Board notes in particular the encouraging results reported by WHO on community-based approaches to detoxification and treatment in countries such as India, Myanmar and Sri Lanka. In Myanmar, such an approach also led to a considerable reduction in drug-related crime.

31. Successful demand reduction projects have also been reported by UNDCP. An integrated demand reduction project in Pakistan has succeeded in raising awareness among students and the general public concerning the dangers of drug abuse. Intervention teams involving a number of non-governmental organizations have directed community services in public education, community organization and treatment services for the prevention and reduction of drug problems. In Colombia, municipal authorities at Bogotá have been successfully involved in the implementation of a project for the prevention of drug abuse. The project, which is aimed at reducing risk factors leading to drug abuse, has focused on the individual, the family and the community. In Bolivia, targeting a well-defined group - in this case, street children - has been regarded as the reason for the good results achieved by a project for the development of strategies and policies to protect street children by promoting an alternative lifestyle through education, training, counselling and the creation of alternative employment possibilities.

## **B. Impact of corruption on drug control systems**

32. The Board wishes to reiterate its deep concern about the impact of corruption on national drug control systems. Corruption is a problem to which no society, regardless of its level of development, can claim to be immune. Corruption among government officials or criminal justice personnel jeopardizes the very principles and goals of drug control treaties and ruins the efficacy of the international drug control system. The expansion of transnational and organized crime in recent years has compounded the problem. United Nations congresses on the prevention of crime and the treatment of offenders have repeatedly invited all nations to fight against corruption.

33. The Board wishes to draw the attention of Governments to resolution 7 of the Eighth United Nations Congress on Crime Prevention and the Treatment of Offenders.<sup>6</sup> In that resolution, entitled "Corruption in government", the Eighth Congress recommended that Member States devise a variety of administrative and regulatory mechanisms to prevent corrupt practices involving the abuse of power; and it invited Member States to review the adequacy of their criminal laws, including procedural legislation. The Board notes that the manual on practical measures against corruption<sup>7</sup> and the draft international code of conduct for public officials, to be submitted to the Ninth Congress pursuant to resolution 7 of the Eighth Congress, can provide a basis for the design of training programmes for public officials and criminal justice personnel in the field of drug control, as well as practical assistance to Member States.

## **C. Prevention of money-laundering**

34. Because drug trafficking on a global basis generates profits amounting to many billions of dollars annually and money-laundering facilitates the legitimization of those profits, there is an urgent need to combat money-laundering at the international level. Although efforts have been made in countries throughout the world to develop new legislation enabling the tracing, seizure and forfeiture of the proceeds of drug trafficking, much more needs to be done.

35. Many States have made effective changes to laws and regulations; have become parties to the 1988 Convention; have adopted most or all of the recommendations on strengthening the efforts of the international community in the fight against money-laundering, adopted by the Financial Action Task Force established by the heads of State or Government of the Group of Seven major industrialized countries and the President of CEC; have complied with the Council of the European Communities directive 91/308/EEC of 10 June 1991 on prevention of the use of the financial system for the purpose of money-laundering; or have adopted model regulations concerning laundering offences connected to illicit drug trafficking and related offences, adopted in 1992 by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS). Coordination of the international efforts against money-laundering is intended to lead ultimately to effective programmes within most countries, thereby ensuring that effective legislation is implemented, investigations are conducted, practical measures are taken within the financial system, cross-border currency flow and suspicious currency transactions are reported and international cooperation is enhanced through the use of treaties of mutual legal assistance.

36. Money-laundering continues, however, mainly as a result of the increasing sophistication and changing tactics of drug traffickers to launder their proceeds. Drug traffickers seek out countries and territories with weak central banks, restrictive bank secrecy practices and limited controls on foreign exchange. Experience indicates that even where jurisdictions have enacted laws making money-laundering a criminal offence, such laws are likely to be ineffective unless bank, corporate and official secrecy requirements are relaxed, subject to appropriate safeguards. The 1988 Convention calls for relaxation of bank secrecy requirements in cases involving drug trafficking, including drug-related money-laundering. Complementary provisions are often required to limit opportunities for money-laundering and to ensure that if it occurs, documents and money can be traced to the satisfaction of the courts.

37. The struggle against the laundering of proceeds from drug trafficking is just beginning. The Board welcomes the action plan of UNDCP concerning money-laundering and financial investigations, as well as the activities of the Crime Prevention and Criminal Justice Branch of the United Nations Office at Vienna to assist Governments in combating corruption. The Board calls on the international community to enhance its support for those activities.

#### **D. Additional observations**

38. Without reducing availability and access to drugs of abuse in general, it is not realistic to expect lasting successes from demand reduction efforts. The legalization of any drug of abuse leads necessarily to increased availability of that drug. This is one of the reasons for the strong position of the Board against such experiments.<sup>8</sup> The Board appreciates the overall support of Governments for its position on that matter at the 1993 session of the Economic and Social Council and at the thirty-sixth session of the Commission on Narcotic Drugs. It notes with satisfaction that the option of legalization was rejected by all who spoke on the subject at the forty-eighth session of the General Assembly. The Board hopes that the Government of Italy will remedy the situation in that country created by the issuance of a decree in June 1993 repealing the prohibition of the non-medical use of drugs, which is not in line with the spirit of the international drug control treaties. The Board appreciates that Portugal and Spain have recently enacted legislation that strengthens measures to prevent the non-medical use of drugs.

39. Since December 1992, the Board has sent missions to review the functioning of the drug control systems in Bolivia, Bulgaria, Colombia, Costa Rica, Denmark, India, Israel, Kenya, Myanmar, Nicaragua, Peru, Poland, South Africa, Uruguay and Zambia. A joint technical mission of UNDCP

and the Board has visited Cameroon and Ethiopia. In the past, missions of the Board have had a positive impact in terms of treaty adherence and implementation and the Board is confident that the Governments of the countries that its missions have visited in the past year will also take steps to implement its recommendations.

40. The Board appreciates the increasing cooperation at the regional and subregional levels. The determination of Governments to join forces in cross-border operations and the efforts of UNDCP have resulted in a number of agreements and regional projects in Africa, south-east Asia, West Asia, Central America and the Caribbean. The Board encourages Governments, UNDCP, other international entities and regional organizations to continue to coordinate their efforts in the planning and implementation of regional and subregional joint actions.

41. The Board stresses the need to strengthen the cooperation within the United Nations system, in other international organizations and in intergovernmental organizations in every segment of drug control. The Board will continue to extend its regular contacts with United Nations entities and with other organizations such as the Customs Co-operation Council (CCC) and the International Criminal Police Organization (ICPO/Interpol). The Board suggests that the Secretary-General should convene a summit of the heads of all international organizations with a responsibility for or interest in drug-related issues, as discussed during a meeting of its President with the Secretary-General in September 1993.



## **II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM**

### **A. Narcotic drugs**

#### **1. Status of the international conventions on narcotic drugs**

42. As of 1 November 1993, a total of 144 States were parties to the international conventions on narcotic drugs, of which 23 were parties to the 1961 Convention only and 121 were parties to that Convention as amended by the 1972 Protocol.<sup>9</sup> Since the Board last published its report, Antigua and Barbuda, Armenia, Bosnia and Herzegovina, Burundi, Croatia, Dominica, Dominican Republic, Latvia, Poland, Slovakia, the former Yugoslav Republic of Macedonia and Zimbabwe have become parties to the 1961 Convention as amended by the 1972 Protocol. The Dominican Republic and Poland had previously become parties to the 1961 Convention.

43. States that have yet to become parties to the international conventions on narcotic drugs are mainly in Africa (14), Asia (6), the Caribbean (5) and the South Pacific (5). In addition, many CIS member States and other newly independent States in eastern Europe have yet to indicate whether they intend to succeed or accede to the international conventions on narcotic drugs.<sup>9</sup>

44. In view of the threat posed by the abuse of and trafficking in narcotic drugs, the Board has repeatedly called upon States not yet parties to the international conventions on narcotic drugs to accede to those conventions without delay and to enact laws and regulations that conform to them. To encourage ratification and the establishment of effective drug control structures, legal assistance continues to be provided by UNDCP and other relevant international bodies. It is hoped that States benefiting from that assistance will soon become parties to the international conventions on narcotic drugs. Moreover, States with effective control systems that are not yet parties to those conventions should formally accede to them.

#### **2. Cooperation with Governments**

45. In carrying out the responsibilities assigned to it under the international conventions on narcotic drugs, the Board maintains a continuing dialogue with Governments. The information provided by Governments enables the Board to study the licit movement of narcotic drugs, thereby ensuring that all Governments strictly observe the provisions prescribed under those conventions to limit the manufacture and importation of narcotic drugs to the quantities required exclusively for medical and scientific purposes and that, when necessary, measures are taken to prevent the diversion of narcotic drugs into the illicit traffic. Governments may use that information, which is published every year by the Board,<sup>9</sup> to verify whether they have adequately applied the provisions of those conventions.

46. Where there is no formal adherence to the international conventions on narcotic drugs, participation in the international drug control system can be brought about through voluntary cooperation between the Board and the national drug control authorities, primarily by submitting to the Board the estimates and statistics required under those conventions.

47. Annual estimates of requirements of narcotic drugs for 1994 have been received from 133 States and 12 territories. The Board established such estimates for 53 States and territories that failed to furnish their own estimates for 1994. Over the past five years, an average of 50 States and territories each year have failed to furnish their estimates. Some of them have failed to furnish their estimates

for several consecutive years; those States and territories include Angola, Anguilla, Brazil, Cambodia, Comoros, Gibraltar, Liberia, Mauritania, Somalia, Sudan and Viet Nam.

48. In 1992, the Board confirmed 550 supplementary estimates for 1993. As in previous years, the estimates most frequently amended have been for codeine, fentanyl, morphine and pethidine. The number of supplementary estimates for fentanyl has undergone a steady increase in recent years because of the increasing use of the transdermal patch, which requires a high concentration of fentanyl to ensure optimal absorption by the body. Supplementary estimates in respect of methadone continue to be furnished more frequently, above all, by European countries. When furnishing estimates for narcotic drugs, Governments should take into account any foreseeable needs in order to avoid having to submit supplementary estimates frequently.

49. In respect of the statistical data required under article 20 of the 1961 Convention, 115 States and territories submitted complete statistical information for 1992. A total of 48 States, including China, Luxembourg, Morocco, New Zealand and Pakistan, have so far furnished only partial data for 1992. No statistical data for 1992 have been received from 24 States and territories: Afghanistan, Antigua and Barbuda, Bermuda, Bolivia, Cambodia, Cameroon, Djibouti, Gabon, Ghana, Gibraltar, Grenada, Kenya, Liberia, Mauritania, Papua New Guinea, Saint Lucia, Solomon Islands, Somalia, Sudan, Tristan da Cunha, Turks and Caicos Islands, United Republic of Tanzania, Viet Nam and Zambia. Some of those States and territories have failed to furnish statistical data for several consecutive years.

50. The Board notes with satisfaction that Azerbaijan, Croatia, Estonia, Kyrgyzstan, Latvia, Lithuania and Republic of Moldova have begun to apply the provisions of the 1961 Convention by furnishing their own estimates and statistical data. The Board has been informed that the Standing Committee on Narcotic Drugs Control of the Russian Federation will, for the time being, fulfil certain obligations of the international drug control treaties on behalf of Georgia and the following CIS member States: Armenia, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

51. As mentioned in its report for 1992,<sup>10</sup> the Board continues to be concerned about having to establish annual estimates of licit requirements for narcotic drugs for an increasing number of States and territories that have failed to furnish such information themselves. Moreover, a growing number of States, including such major manufacturing and/or exporting countries as Brazil, Denmark, France, Italy and Russian Federation, have continued to furnish very late the statistical data required under the international conventions on narcotic drugs. Furthermore, an increasing number of States are responding only after a long delay to requests by the Board for additional clarification on the statistical data provided to it. This has seriously hampered the ability of the Board to take quick remedial action. The Board emphasizes once again that the timely submission of required information is crucial to the efficacy of the international narcotic drug control system. It urges Governments to ensure that such information is promptly provided to the Board.

52. The Board continues to be concerned about having to investigate an increasing number of inconsistencies in the data furnished to it by Governments. Investigating such inconsistencies, which appear to have resulted mainly from clerical errors on the part of the reporting parties, imposes a heavy burden on the secretariat of the Board, as well as on Governments. The Board wishes to underline the importance of furnishing accurate estimates and statistics, as it is a key element in ensuring that narcotic drugs for medical purposes are kept at optimum levels for the delivery of adequate health care and that narcotic drugs from licit sources are not diverted into illicit channels. Measures to improve the accuracy of estimates and statistics also reduce the need to frequently furnish supplementary estimates and revised statistics. The secretariat of the Board conducts training seminars on that subject in various regions. Governments should continue to provide national drug control administrations with adequate financial and technical resources and qualified personnel.

### **3. Assessment of the operation of the international narcotic drug control system**

53. The assessment of the operation of the international narcotic drug control system made in reports of the Board for the past few years remains valid for 1992 and the first half of 1993. In that period, the Board was aware of only five cases of diversion of narcotic drugs from licit trade into illicit channels, invariably involving small quantities of narcotic drugs in pure form. That is proof that, nearly 30 years after the entry into force of the 1961 Convention, the international narcotic drug control system continues to work satisfactorily, primarily because of the system of estimates, which enables the Board to approve a worldwide plan for narcotic drug requirements that is binding on all Governments.

### **4. Measures to ensure the execution of the provisions of the international conventions on narcotic drugs**

54. In recent years, many organizations have become involved in providing humanitarian assistance in an increasing number of countries, because of war and/or political instability in several regions. That assistance has included, in some instances, narcotic drugs. Certain Governments have expressed to the Board their concern that some of those humanitarian organizations have not been fully complying with the provisions of the international drug control treaties and that narcotic drugs provided by those organizations have been diverted to street markets or into the illicit traffic in recipient countries.

55. The failure of humanitarian organizations to conduct international trade in, or donate, narcotic drugs strictly in accordance with the obligations set forth in the international conventions on narcotic drugs undermines the international drug control system. Governments of exporting countries and of countries where humanitarian organizations are involved in the dispensing of narcotic drugs, as well as Governments of recipient countries, are reminded that they should ensure that the provisions of the international drug control treaties are fully and strictly observed. For its part, the Board, in 1994, will undertake a detailed study of the practices currently being followed by humanitarian organizations in supplying narcotic drugs and psychotropic substances.

56. The Board is aware that difficulties have arisen over the issuance of the import and export authorizations required for certain international organizations, including United Nations entities, to conduct international trade in or to dispense narcotic drugs. Those difficulties have, in some cases, hampered the urgent supply of essential narcotic drugs to war-torn countries. The Board urges the parties concerned to cooperate by facilitating the provision of essential narcotic drugs to those populations that need them for medical purposes. Failing to fulfil this basic requirement is contrary to the general objectives of the international drug control treaties. The Board stands ready to assist both recipient and transit countries in supplying narcotic drugs under exceptional circumstances. In this connection, the Board welcomes the initiative taken by the Government of Denmark to prepare, in cooperation with the UNICEF Supply Division at Copenhagen, a working arrangement that will facilitate the supply of narcotic drugs and psychotropic substances by UNICEF and the full implementation of the provisions of the international drug control treaties.

### **5. Abuse of preparations containing codeine**

57. The large-scale abuse of pharmaceutical preparations containing codeine (usually cough syrup) is increasingly being reported in a number of countries in several regions. In some countries, such products are dispensed over the counter, without medical prescription, and/or smuggled into those countries, where they are sold on the so-called "parallel markets". The Board urges the Governments of the countries concerned to take, without delay, appropriate measures to deal with this problem, such as coordinated action involving pharmaceutical control, customs and law enforcement services.

Governments of countries where codeine preparations are subject to abuse should take remedial measures and should inform the Board accordingly.

## **6. Prescription of heroin for the treatment of drug-dependent persons**

58. Following a decision of the Government of Switzerland to conduct a scientific research project involving the prescription of heroin to drug abusers during treatment, it was brought to the attention of the Board that, in Germany, the city of Frankfurt had applied to the Federal Health Office for permission to conduct a similar scientific research project. Moreover, the German *Bundesrat* (federal council), which represents the 16 *Länder* (provinces), had introduced a bill for consideration by the *Bundestag* (parliament) under which heroin and other narcotic drugs that had been neither marketed nor available on prescription could be used for research purposes. The Board has taken note that the Government of Germany rejected the bill and that the application submitted by the city of Frankfurt will not be granted. The Board welcomes the decisions reached in Germany and hopes that similar situations in other countries will be resolved in the same manner. As in the report of the Board for 1992,<sup>11</sup> Governments are reminded that resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, as well as recommendations of WHO, call for the prohibition of heroin manufacture, export, import, and use on human beings.

## **7. Control of zipeprol**

59. Zipeprol, which is currently not under international control, is an antitussive substance with bronchospasmodic and mucolytic, as well as some opiate-like effects. The abuse of zipeprol has been reported in countries such as France and Italy. Moreover, the Board has been informed that the abuse of zipeprol has been responsible for at least 56 deaths in Brazil by overdose. While its use has been prohibited in that country, zipeprol continues to be available in other South American countries. In view of the health consequences of its use, zipeprol has been recommended by the WHO Expert Committee on Drug Dependence in its twenty-eighth report for critical review for possible scheduling under the international drug control treaties. The Board urges Governments to provide WHO with any relevant data on the extent of abuse of that substance.

## **8. Demand for and supply of opiate raw materials**

### *(a) Consumption of opiates*

60. Despite the increasing use of morphine, mainly for the treatment of severe pain, and of dihydrocodeine, annual worldwide consumption of opiates continues to remain at approximately 200 tonnes in morphine equivalent, with codeine accounting for a substantial part of that total. The main reason is that, in addition to the continuing steady decline in the use of ethylmorphine and pholcodine, annual worldwide consumption of codeine remains at 160 tonnes in morphine equivalent. Total consumption of ethylmorphine and pholcodine fell to 3 tonnes and 4.9 tonnes in morphine equivalent, respectively, in 1992, the last year for which complete statistical data are available. By contrast, in the same year, global consumption of morphine reached 10 tonnes and that of dihydrocodeine amounted to 22 tonnes in morphine equivalent. Judging from the trends of previous years, annual aggregate consumption of opiates is, in the medium term, likely to remain at the current level of 200 tonnes in morphine equivalent.

### *(b) Production of opiate raw materials*

61. As shown in the table below, 1992 was the second consecutive year since 1985 in which global production of opiate raw materials, which generally fluctuates, was above 200 tonnes in morphine

**Production of opiate raw materials, consumption of opiates and balance between the two, 1980-1993 a/**  
(Area harvested in hectares; production and consumption in tonnes of morphine equivalent)

Item	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
<b>Australia</b>														
Area harvested	1 531	3 742	2 459	5 273	5 738	4 851	3 994	3 274	3 462	5 011	5 581	7 155	8 030	6 026
Production	10.0	33.3	20.5	41.4	42.3	49.4	38.5	31.8	38.5	38.8	43.0	67.5	89.8	69.1
<b>France</b>														
Area harvested	4 597	2 615	4 460	3 731	3 705	4 029	3 200	3 300	3 113	2 644	2 656	3 598	3 648	4 158
Production	15.7	11.4	25.0	12.7	23.2	20.7	15.7	16.6	21.4	13.4	19.5	30.2	21.8	28.8
<b>India</b>														
Area harvested	35 166	35 378	31 958	31 359	18 620	25 153	23 811	22 823	19 858	15 019	14 253	14 145	14 361	11 097
Production	106.6	127.8	108.0	113.8	53.4	86.8	75.1	76.8	63.8	53.9	48.0	43.1	54.3	36.3
<b>Spain</b>														
Area harvested	2 137	67	1 602	3 311	4 567	4 042	3 458	3 252	2 935	2 151	1 464	4 200	3 084	3 176
Production	5.0	0.1	2.2	11.4	17.3	11.2	5.6	12.3	10.8	5.7	8.0	24.2	12.8	8.9
<b>Turkey</b>														
Area harvested	18 400	15 330	8 534	7 002	12 569	4 902	5 404	6 137	18 260	8 378	9 025	27 030	16 393	6 930
Production	49.4	36.5	13.3	11.5	20.8	9.2	8.4	9.2	24.7	7.2	13.3	57.9	18.7	11.6
<b>Other countries</b>														
Area harvested	"	"	"	"	"	"	"	"	"	"	"	"	"	"
Production	28.4	19.2	15.5	23.9	28.8	34.6	27.1	30.3	36.9	18.4	38.0	31.2	14.9	28.0
<b>Total</b>														
Area harvested	"	"	"	"	"	"	"	"	"	"	"	"	"	"
Production (1)	215.1	228.3	184.5	214.7	185.8	211.9	170.4	177.0	196.1	137.4	169.8	254.1	212.3	182.7
<b>Total</b>														
consumption (2)	187.6	197.1	183.6	192.2	194.5	202.4	202.3	190.4	182.8	186.0	178.7	200.0	189.7	189.5
Balance														
((1) minus (2))	+27.5	+31.2	+0.9	+22.5	-8.7	+9.5	-31.9	-13.4	+13.3	-48.6	-8.9	+54.1	+22.6	-6.8

a/ Based on data provided to the International Narcotics Control Board by Governments.

equivalent. Because of reductions in the actual areas harvested and the amounts produced in Australia, India and Turkey, global production of opiate raw materials has decreased to approximately 183 tonnes in morphine equivalent in 1993. Australia, which until 1993 had steadily increased its production of opiate raw materials, accepted a recommendation by the Board<sup>12</sup> that it reduce its area under opium poppy cultivation from 8,030 hectares in 1992 to 6,500 hectares in 1993 and maintain it at that level for the coming years. Based on estimates furnished by the Governments of the five main producing countries, it is projected that in 1994 global production of opiate raw materials will increase to about 192 tonnes in morphine equivalent.

*(c) Balance between the production of opiate raw materials and the consumption of opiates*

62. The increase in global production of opiate raw materials in 1991 and 1992 had an adverse effect on the balance between global production of opiate raw materials and total consumption of opiates. In 1993, however, global production of opiate raw materials was below total consumption by only about 7 tonnes in morphine equivalent. According to forecasts, the balance between total production of opiate raw materials and global consumption of opiates is likely to be restored in 1994. In view of the need to maintain a lasting balance between demand for and supply of opiates, the Board once again urges the Governments concerned to restrict global production of opiate raw materials to a level corresponding to actual needs in opiates and to refrain from any proliferation of production.

*(d) Exports and imports of opiate raw materials*

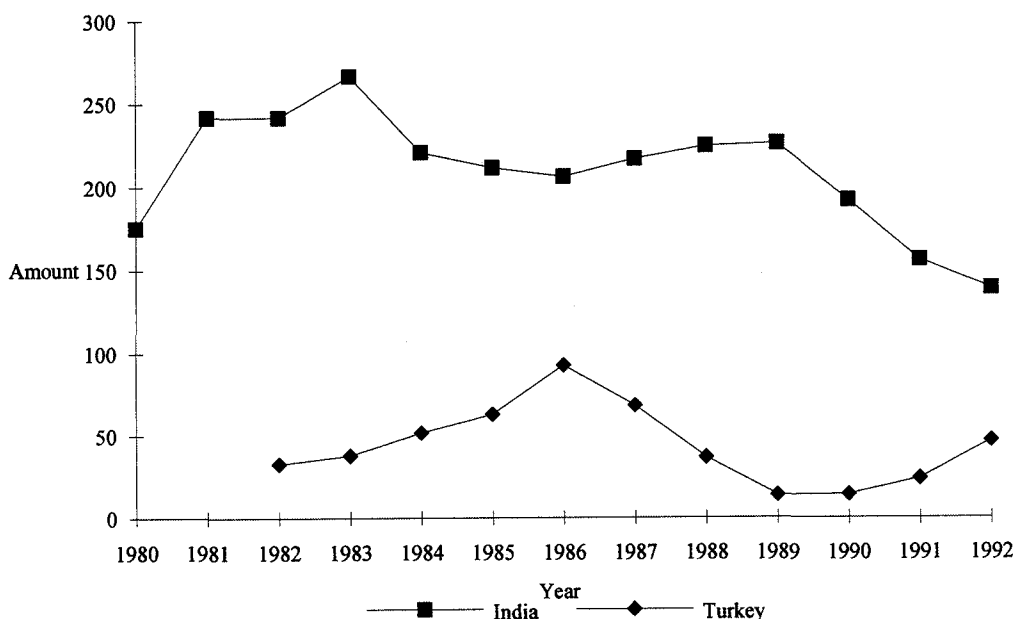
63. In India, opium exports fell to 55 tonnes in morphine equivalent in 1992, following two successive years in which more than 60 tonnes in morphine equivalent were exported annually. The 1992 decline appears to have been caused not only by a lack of imports by CIS member States in that year, but also by significant reductions in the quantities imported by the United Kingdom of Great Britain and Northern Ireland, the United States of America and, above all, France. Of the main opium importers, only Japan increased its imports in 1992, to nearly 11 tonnes in morphine equivalent. In absolute terms, the United States remained the largest opium importer in 1992, having imported 36 tonnes in morphine equivalent; France and the United Kingdom, other main importers, imported 0.2 tonne and 7.2 tonnes in morphine equivalent, respectively. By contrast, exports of concentrate of poppy straw, which had declined to 64 tonnes in morphine equivalent in 1990 and 1991 following a peak of 88 tonnes in morphine equivalent in 1988, rose to 69 tonnes in morphine equivalent in 1992. Australia has steadily increased its share of exports of concentrate of poppy straw. Other main exporters of concentrate of poppy straw in 1992 were Hungary, Turkey, France and Spain, in that order. In 1992, the United Kingdom imported a record quantity of 35 tonnes of concentrate of poppy straw in morphine equivalent, principally from Australia, while the Netherlands imported 12 tonnes in morphine equivalent and the United States imported from Australia, France and Turkey a total of 8.5 tonnes in morphine equivalent. At informal consultations organized by the Board in response to Council resolutions 1992/30 and 1993/37, the representatives of countries that are major importers of opium raw materials reaffirmed the intention of their Governments to maintain the current policy of according priority to importing opiate raw materials from traditional supplier countries.

*(e) Stocks of opiate raw materials*

64. The figure below shows the stocks of opiate raw materials held by India and Turkey from 1980 to 1992. Between 1990 and the end of 1992, the stocks held by India decreased considerably, to 139 tonnes in morphine equivalent. The stocks held by Turkey amounted to 47 tonnes in morphine equivalent by the end of 1992. In an informal consultation organized on 30 March 1993 by the Board in response to Council resolution 1992/30, the representative of India reported that stocks of opium in his country would decrease to 117 tonnes in morphine equivalent as of 31 March 1993; in addition,

the representative of Turkey reported that stocks of concentrate of poppy straw in his country had reached 53 tonnes in morphine equivalent by the end of February 1993.

**Stocks of opiate raw materials in morphine equivalent,  
India, 1980-1992, and Turkey, 1982-1992  
(Tonnes)**



65. Australia prohibits the stockpiling of large quantities of poppy straw or concentrate of poppy straw. It is pursuing a policy whereby only a supply for 2-3 months is maintained. By the end of 1992, Australia had in stock 11.7 tonnes in morphine equivalent of concentrate of poppy straw, the largest amount it had ever held. France, as a rule, also keeps small quantities of poppy straw and concentrate of poppy straw in stock. It meets its requirements by importing opium from India and poppy straw and concentrate of poppy straw from Spain, in addition to its own production of poppy straw. Spain, the smallest of the five main producers of opiate raw materials (see the table above), maintains only small quantities of concentrate of poppy straw in stock.

*(f) Economic and Social Council resolutions on demand for and supply of opiates*

66. The Economic and Social Council adopted resolution 1993/37, in which it commended the Board for its efforts (a) in urging Governments to restrict global production of opiate raw materials to a level corresponding to the actual licit needs and to avoid any proliferation of production; and (b) in convening its informal consultations with the main States producing and importing opiate raw materials. The Board will continue to organize such informal consultations at sessions of the Commission, as it has done since 1992.

## **B. Psychotropic substances**

### **1. Status of the 1971 Convention and cooperation with Governments**

67. As of 1 November 1993, the number of States parties to the 1971 Convention stood at 126.<sup>13</sup> Since the last report of the Board, Antigua and Barbuda, Armenia, Bosnia and Herzegovina, Burundi, Croatia, Dominica, Fiji, Israel, Latvia, Netherlands, Niger, Romania, Slovakia, Sri Lanka, Sudan, the former Yugoslav Republic of Macedonia, Zambia and Zimbabwe have become parties to that Convention.

68. Statistical reports on psychotropic substances required pursuant to article 16 of the 1971 Convention are provided annually to the Board by approximately 150 States, both parties and non-parties to the Convention.<sup>14</sup> The punctual submission, comprehensiveness and reliability of those reports reflect to a large extent how Governments have implemented the provisions of the Convention, as well as the recommendations of the Board, endorsed by the Council in its resolutions, to strengthen the control of international trade in psychotropic substances.

69. The Board continuously analyses the data submitted by Governments in order to identify possible gaps in national control mechanisms and attempts at diversion of psychotropic substances into the illicit traffic. Through such analyses and subsequent enquiries, the Board has assisted several Governments in identifying companies or individuals violating national legislation or attempting to divert such substances into illicit channels.

70. While most States parties to the 1971 Convention have regularly submitted their mandatory annual statistical reports, the Board notes with concern that Gabon, Malawi, Mauritania and Peru have failed for over three years to provide annual statistics on psychotropic substances. In addition, the following States parties to the Convention have not provided annual reports for the last two years: Afghanistan, Algeria, Benin, Marshall Islands, Micronesia (Federated States) and Togo. The Board will continue its dialogue with these parties in order to ensure an improvement in their cooperation.

71. In its report for 1992,<sup>15</sup> the Board expressed its concern about the late submission of annual reports by several parties, including some States that are major manufacturers and exporters of psychotropic substances. Such delays make it difficult for the Board to carry out in a timely manner an analysis of the international movement of psychotropic substances. The Board welcomes the fact that, following its appeal, most of the Governments concerned submitted in 1993 their annual reports earlier than in the previous year. Despite that improvement, a high number of annual reports were received after 30 June 1993, the date requested by the Board for their latest submission. The Board hopes that, in the future, all the Governments concerned will adopt the necessary organizational measures to ensure timely compliance with their reporting obligations.

72. While most States that are not parties to the 1971 Convention are voluntarily cooperating with the Board, some States that are major manufacturers and exporters, namely Austria, Belgium and Switzerland, have not yet adopted the legislation necessary for the effective control of all psychotropic substances in Schedules III and IV of the Convention, including the control of the import and export of those substances. It is hoped that the legislative steps now under way in those States will soon result in them having effective control over the import and export of psychotropic substances and will enable them to report to the Board on those transactions.

73. The Board is concerned about the fact that, for several years, certain States parties to the 1971 Convention have failed to bring some psychotropic substances under the control of national legislation. Traffickers have attempted to exploit gaps thereby created in the international control system in order



to divert psychotropic substances into illicit channels. The Board invites all Governments to urgently review their national legislation to ensure that all substances added by the Commission to Schedules of the Convention have actually been brought under national control, in conformity with the provisions of article 2 of the Convention. The Board hopes that the Governments of Canada, Luxembourg and New Zealand, whose attention has been drawn to this issue, will act expeditiously to ensure adequate control of all psychotropic substances in their countries.

74. The Board notes with appreciation that an increasing number of Governments have taken the initiative in drawing its attention to violations of their national control provisions regarding the import of psychotropic substances - violations committed by companies in other countries exporting such substances. The Board has requested the authorities of the exporting countries concerned to rectify those situations. The Board encourages all Governments to keep it informed of any violations of their control provisions for psychotropic substances caused by gaps in the control systems of other countries. Such information has, in the past, proved useful to the Board in analysing the effectiveness of the international control system for psychotropic substances.

## **2. Operation of the control system for psychotropic substances in Schedule II of the 1971 Convention**

75. Experience has shown that the diversion of psychotropic substances in Schedule II of the 1971 Convention from licit manufacture and trade into illicit channels can be prevented if effective controls are implemented in all the countries concerned and if the Governments of those countries cooperate closely with the Board. Control of international trade in those substances by the system of import and export authorizations is mandatory according to article 12 of the Convention. In addition, a simplified estimate system has been operating successfully for those substances since the early 1980s, pursuant to a recommendation of the Board endorsed by the Council in its resolution 1981/7. As no diversion of psychotropic substances in Schedule II has been detected since 1990, it appears that tablets containing such substances, including fenetylline and methaqualone, that have been seized in different parts of the world originated from illicit manufacture (see paragraphs 130-134, 244 and 263 below).

76. Governments are carefully reviewing the legitimacy of orders for psychotropic substances in Schedule II and are consulting the Board in cases of doubt. The availability of simplified estimates of legitimate needs for those substances in importing countries facilitates for exporting countries and the Board the identification of attempts to divert such substances by means of falsified import authorizations. Several attempts by traffickers to divert such substances, mainly methaqualone, fenetylline and secobarbital, have been thwarted as a result of close cooperation between Governments and the Board.

77. The Board welcomes the fact that, in response to its request, the worldwide stocks of psychotropic substances in Schedule II, including methaqualone and fenetylline, have been reduced to a level in line with declining medical requirements. At the request of the Board, in December 1992, Germany destroyed 50 per cent of its stocks of fenetylline. The Board also requested the authorities of Bulgaria to destroy fenetylline that had been illicitly manufactured and then seized in that country, as well as stocks, accumulated by some pharmaceutical companies, of precursors used in the illicit manufacture of psychotropic substances (see paragraphs 298 and 299 below).

## **3. Prevention of diversion of psychotropic substances in Schedules III and IV of the 1971 Convention**

78. Since the mid-1980s, the Board has repeatedly drawn the attention of Governments to large diversions into the illicit traffic, mainly in developing countries, of psychotropic substances included

in Schedules III and IV of the 1971 Convention, such as stimulants, sedative-hypnotics and tranquillizers. The Board has, on numerous occasions, emphasized that the control mechanism for international trade in those substances, as stipulated in the Convention, has in practice proved not sufficiently effective in dealing with the adaptability of drug traffickers.

79. In order to rectify the situation, the Board has suggested to Governments that they apply additional control measures to international trade in those substances, namely the control of the import and export of those substances by the system of import and export authorizations and by a simplified estimate system. The Board has also emphasized that it is necessary that Governments provide, in annual statistical reports to the Board, details on imports and exports of those substances so that the Board can effectively monitor the international movement of such substances. The Council has reiterated these recommendations in several resolutions, including its resolutions 1987/30, 1991/44 and 1993/38.

80. At present, pursuant to Council resolution 1987/30, import authorizations are required by national legislation in 70 countries for the majority of the substances in Schedules III and IV. A further 70 Governments have introduced the requirement of import authorizations for at least some substances in those Schedules.<sup>16</sup> Pursuant to Council resolution 1991/44, more than 100 Governments have already provided the Board with assessments (simplified estimates) of their legitimate annual requirements for substances in Schedules III and IV.<sup>17</sup> Information on these additional control measures has been regularly conveyed by the Board to all Governments through its technical report on psychotropic substances.

#### **4. Measures to be taken by Governments of exporting countries**

81. Additional control measures for international trade introduced by importing countries can only be fully effective if complementary control measures are simultaneously enforced in exporting countries. In its resolution 1993/38, the Council called upon all Governments to utilize mechanisms to ensure that exports of psychotropic substances were in line with the assessments of importing States and that other control requirements in importing States, such as import prohibitions under article 13 of the 1971 Convention and import authorization requirements, were respected by their exporters. The control of legitimacy of each transaction involving the export of substances in Schedules III and IV represents the key element of such mechanisms.

82. Most Governments have already established effective mechanisms of export control and are consulting the Board in cases where there is doubt concerning the legitimacy of import orders. The Board would like to commend the authorities of India for their close cooperation in preventing the diversion of psychotropic substances from licit manufacture and trade into illicit channels. In 1993, the legitimacy of more than 30 commercial orders was investigated jointly by the office of the Narcotics Commissioner of India and the Board, thereby identifying and preventing attempts to divert hundreds of millions of tablets containing psychotropic substances, including stimulants (pemoline), tranquillizers (chlordiazepoxide, diazepam), anti-epileptics (phenobarbital) and analgesics (buprenorphine). The tablets were destined for illicit channels in several countries in Africa, Central America and eastern Europe.

83. Although many Governments effectively control exports of substances in Schedules III and IV of the 1971 Convention, their diversion from countries with weak or non-existent export control continues unabated. Several Governments in Africa, Asia and Europe have informed the Board of the detection of large consignments of psychotropic substances that were exported to their countries without the import authorizations required under their national legislation. In most cases, the exports were effected by companies in European States that have not yet become parties to the Convention

or that do not control international trade in such substances by means of the system of import and export authorizations.

84. Traffickers frequently attempt to circumvent the strict export controls in some countries by re-exporting psychotropic substances in Schedules III and IV of the 1971 Convention through countries with weak control systems. Such diversions are in many cases carried out with the support of brokers located in third countries. In one such case, pemoline tablets manufactured in Asia were first exported to Luxembourg and then re-exported to Nigeria, despite the fact that the import of pemoline had been prohibited in Nigeria, pursuant to article 13 of the Convention. The diversion occurred with the support of a trading company located in the United Kingdom. The Board invites all Governments to pay attention to operations of brokers to ensure that they are not acting in violation of the provisions of the Convention.

## **5. Conference on Control of International Trade in Psychotropic Substances in Europe**

85. The Conference on Control of International Trade in Psychotropic Substances in Europe, organized jointly by the Board and the Pompidou Group of the Council of Europe, took place at Strasbourg, France, from 3 to 5 March 1993. The purpose of the Conference was to review the extent of the diversion of psychotropic substances from Europe, to evaluate the effectiveness of present control measures for licit trade in psychotropic substances applied by member States of the Pompidou Group and to draw up recommendations for the enhancement of the control of licit international trade by those States in order to prevent diversion.

86. One of the conclusions of the Conference was that European countries have an obligation to respond positively to the requests of developing countries that they take effective action to prevent the diversion into illicit channels of psychotropic substances manufactured in Europe. It was agreed that the control of international trade in substances in Schedules III and IV by the system of import and export authorizations would be especially effective in preventing their diversion into the illicit traffic. The Conference invited the Governments of exporting countries that would find it difficult to introduce immediately such a control system to look for effective options, such as the system of mandatory pre-export declarations, to enable Governments of exporting countries to ensure that exports of psychotropic substances are in line with the control provisions adopted by Governments of importing countries.

87. The Council, in its resolution 1993/38, noted with satisfaction the conclusions and recommendations of the Conference. The Board hopes that, in addition to the European countries concerned, countries in other regions that are major manufacturers and/or exporters of psychotropic substances will adequately strengthen the control of exports of psychotropic substances in Schedules III and IV of the 1971 Convention.

## **6. Measures to be taken by the Governments of importing countries**

88. Though effective export control is essential to preventing the diversion of psychotropic substances, the Board would also like to reiterate its request to the Governments of countries affected by illegal imports to take advantage more frequently of the provisions of article 13 of the 1971 Convention to prohibit the import of psychotropic substances not needed for legitimate use but often diverted into illicit channels. Prohibition of the import of such substances would lead automatically to a substantial strengthening of export control in most countries, thus providing importing countries with better protection against unwanted imports.

89. Governments of importing countries that have not yet done so should inform the Board, as soon as possible, of their annual medical and scientific requirements for substances in Schedules III and IV

so that those assessments may be communicated, and may serve as a guide, to the Governments of all exporting countries. In order to support Governments in their efforts to submit reliable assessments, the Board has initiated a research project for the development by UNDCP of a methodology for the assessment of legitimate needs for psychotropic substances.

90. The Board has observed that many Governments, particularly in Africa and South America, have, in their national health and drug control policies, not yet given adequate attention to the control of distribution channels for pharmaceutical products. In many of those countries, the existence of "parallel" distribution systems, in combination with the widespread practice of self-medication, has led to, *inter alia*, uncontrolled use of psychotropic substances. The long-term public health consequences of that development have not yet been fully assessed. The Board wishes to call the attention of all the Governments concerned to this issue and reiterates the need for a balanced drug control policy that ensures the provision of the necessary resources to drug regulatory authorities. Furthermore, in some countries that have adequate legislation on the control of distribution channels, the implementation of that legislation is hampered by the lack of administrative arrangements regarding coordination and cooperation between drug regulatory authorities and law enforcement authorities, including both customs and police. The Board invites international bodies such as UNDCP and WHO to support Governments in their efforts to adequately control distribution channels for pharmaceutical products.

## **7. Prevention of diversion of pemoline**

91. In its report for 1992,<sup>18</sup> the Board drew the attention of Governments to the diversion of large quantities of pemoline, a stimulant in Schedule IV of the 1971 Convention, into the illicit traffic, mainly in western Africa. The Board notes with satisfaction that vigorous action by the Governments of a number of manufacturing and exporting countries in Asia and Europe has led to a substantial reduction in the diversion of that substance despite attempts by traffickers to obtain it. All Governments are requested to continue their vigilance with regard to the international movement of pemoline and to consult the Board in cases in which there is doubt concerning the legitimacy of trade transactions.

92. The Board is of the opinion that, since the international trade in pemoline is now controlled in all manufacturing countries by the system of import and export authorizations or pre-export declarations, which facilitates substantially the prevention of diversion of that substance, traffickers will attempt to divert other stimulants, including some not under control of the 1971 Convention, into the illicit traffic in western Africa. They may also try to commence the illicit manufacture of stimulants in that region from imported precursors. The Board is concerned about recent reports of suspicious exports of ephedrine to western Africa and would appreciate being informed of any seizures of stimulants in that region. The Board recommends that UNDCP and WHO should jointly support countries in western Africa in strengthening their capacity to identify the active ingredients in tablets containing stimulants, which are being illegally distributed through so-called "parallel markets", and in assessing the public health and social problems caused by their abuse.

## **C. Substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances**

### **1. Status of the 1988 Convention**

93. The 1988 Convention entered into force on 11 November 1990. As of 1 November 1993, 89 States and the European Economic Community (EEC) had become parties to that Convention. Twenty-two States have become parties to the Convention since the report of the Board for 1992 was

issued. The Board welcomes this development and wishes to reiterate its request to all States that have not already done so to become parties to the Convention as soon as possible.

94. The Board again wishes to invite all States to apply provisionally the measures provided for under the 1988 Convention, even before the Convention becomes formally binding on them, as recommended by, *inter alia*, the Economic and Social Council in numerous resolutions. The Board notes with satisfaction that some States not parties to the Convention are taking concrete steps to apply provisionally the measures stipulated under the Convention. It hopes that in all States, regardless of whether or not they are parties to the Convention, the provisions of article 12 of the Convention will be put into effect in order to ensure their universal application.

## **2. Cooperation with Governments**

95. Article 12, paragraph 12, of the 1988 Convention requires parties to submit annually to the Board information on the amounts seized of substances in Tables I and II, on substances not included in Table I or II but identified as having been used in the illicit manufacture of narcotic drugs and psychotropic substances, and on methods of diversion and illicit manufacture. The Commission on Narcotic Drugs, in its resolution 5 (XXXIV), invited all States that were not yet parties to the Convention to furnish annually to the Board, in a timely manner, the information listed in article 12.

96. As of 1 November 1993, a total of 85 Governments out of the 196 countries and territories requested had submitted information for 1992.\* This compares favourably with the rate of return for previous years.

97. The Board notes with concern that only about 50 per cent of the parties to the 1988 Convention reported to the Board for 1993, as was the case in previous years. In 1992, the Board sent special communications to the Governments concerned, requesting them to ensure appropriate coordination between administrative services and law enforcement authorities and to take all necessary steps to enable prompt reporting and full compliance with the provisions of the Convention. For that purpose, adequate legislation and regulations must first be put in place.

## **3. Operation of the control system and prevention of diversion into the illicit traffic**

98. The Board continues to review the legislative, administrative and other measures Governments are taking to implement article 12 of the 1988 Convention in an effort to prevent the diversion of precursors. The information available to the Board is still limited, but a review of the status of legislation and administrative efforts is provided in the 1993 report of the Board on the implementation of article 12.<sup>19</sup> That report is being issued as a supplement to the present report of the Board, together with the two other well-known technical publications, one on narcotic drugs<sup>20</sup> and the other psychotropic substances.<sup>21</sup>

### ***(a) Information reported to the Board***

99. The Board notes that, according to the seizure reports submitted to it, substances used in the manufacture of cocaine, heroin and amphetamine and/or methamphetamine have been seized the most frequently and in the largest quantities. Major seizures were reported in the regions where the drugs are illicitly manufactured. For example, Bolivia, Colombia and Peru all reported seizures of solvents

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\*This total includes the 12 EEC member States, reporting through CEC. EEC is a party to the 1988 Convention (extent of competence: article 12) and, in accordance with EEC regulations, member States report to the Board through CEC.

and acids used in cocaine manufacture, while Myanmar reported seizures of acetic anhydride, used to convert morphine to heroin.

100. The Board welcomes the fact that an increasing number of chemical-producing countries also reported the stopping of suspicious shipments of precursors. For 1992, following similar successes in previous years, the United States reported, for example, that suspicious shipments of methyl ethyl ketone to Colombia and Peru and of acetic anhydride to Colombia had been stopped. The report involving acetic anhydride was the only one in which seizures of substances used in heroin manufacture were linked with increased poppy cultivation in Latin America. For the first time, EEC member States also reported some shipments being stopped following the identification of irregularities in orders for precursors used in the manufacture of methaqualone and heroin.

101. While these achievements reflect intensified efforts by Governments to prevent the diversion of precursors, the quantities reported seized remain only a small fraction of those required to meet the demands of illicit drug manufacturers.

*(b) Need for further action by Governments*

102. In general, despite a number of recent initiatives there is still a need for greater awareness of the importance of establishing effective control over precursors with all control authorities and with the chemical industry. Within geographical regions, in particular, control measures should be harmonized so that weak controls in one country do not jeopardize the efforts of neighbouring countries, where controls may be more effective. Otherwise, it will seriously limit the effectiveness of regional and global efforts to prevent diversion of such substances, since weak links at the domestic level will be exploited by those involved in illicit drug manufacture. The Board calls upon all Governments to exercise the greatest vigilance in identifying suspicious transactions and to take all necessary steps to prevent the diversion of precursors to illicit traffic.

103. In this connection, resolutions of the Economic and Social Council and the Commission on Narcotic Drugs provide a practical framework for control and cooperation, especially as they relate to international trade. In putting into effect the provisions of article 12 of the 1988 Convention, Governments should consider applying the specific measures proposed. For instance, the Commission on Narcotic Drugs, in its resolution 5 (XXXIV) urged States to act together by establishing measures whereby suspicious chemical shipments might be investigated and to support the development of secure and effective means of communication whereby States might promptly transmit and receive relevant information on the legitimacy of specific transactions. Furthermore, the Economic and Social Council, in its resolution 1992/29, urged States exporting chemicals essential to the illicit manufacture of heroin and cocaine to ensure the proper functioning of the export authorization system. Also in that resolution, the Council invited Governments to establish close cooperation with industry. In addition, in the same resolution, the Council recommended that, if permitted by the basic principles of their legal systems, States should apply the technique of controlled delivery at the international level in appropriate circumstances.

104. In this context, the Board notes that the Council of the European Communities, in its regulation (EEC) No. 3677/90,<sup>22</sup> on laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances, as amended by its regulation (EEC) No. 900/92,<sup>23</sup> provided for a compulsory export authorization system for some of the substances listed in Tables I and II of the 1988 Convention. In the case of precursors that are not subject to the compulsory export authorization system under the regulation, Governments may request the application of export authorizations to shipments of those substances directed to them.

105. CEC is approaching the Governments of countries affected by the illicit manufacture of cocaine or heroin, as well as the Governments of transit countries, to seek their agreement on adding their countries' names to the list of countries and territories to which the export authorization system applies. As of 1 November 1993, 23 countries and 1 territory had been included in the list. The Board trusts that other Governments will wish to add the names of their countries and territories to that list.

106. In order for arrangements of this type to work, importing countries need to identify the competent authorities and their roles in controlling imports and communicate this information to exporting countries. There should also be an appropriate mechanism by which such authorities can respond promptly to inquiries from exporting countries. Without such efforts by the importing countries, pre-export notifications and export authorizations cannot prevent diversion.

107. The Board hopes that, with such mutual arrangements, EEC exporting countries in particular will soon be able to fully implement these measures and will be able to routinely send pre-export notifications and export authorizations in all cases concerned. The Board invites the Governments of other exporting countries to adopt similar measures.

108. In this connection, the Board wishes to draw the attention of all Governments once again to a similar provision under article 12 of the 1988 Convention. Paragraph 10 of that article provides for pre-export notification requirements for substances in Table I of the Convention upon special request to the Secretary-General. The Board notes, however, that to date no country has availed itself of that provision. It hopes that all countries, especially those affected by illicit drug manufacture, will seriously consider utilizing that provision.

109. In addition to monitoring international trade, for which article 12 of the 1988 Convention stipulates mandatory measures, Governments should pay equal attention, where applicable, to controlling domestic manufacture and distribution of precursors. There is information indicating that chemicals necessary for the illicit manufacture of heroin, and also of cocaine, are often smuggled through borders into countries where illicit drug manufacture is taking place. The Board will continue to review controls applicable to the domestic movement of such substances, a subject on which it hopes to provide a summary in its report for 1994.

*(c) Basic data requirements*

110. The Board recalls that the Economic and Social Council and the Commission on Narcotic Drugs have invited the Board to undertake certain activities for which specific information from Governments is necessary. For instance, the Economic and Social Council, in its resolution 1992/29, invited the Board to publish and maintain a directory containing (a) the names, addresses and telephone and telefacsimile numbers of the administrative and law enforcement authorities responsible for regulating or enforcing national controls over precursors and (b) a summary of the regulatory controls that apply in each State, especially with regard to the importation and exportation of substances in Tables I and II of the 1988 Convention. Information submitted on the competent authorities, in response to two communications from the Secretary-General, has been published,<sup>24</sup> together with data on other competent national authorities under the international drug control treaties. At the time of publication, 66 countries and 1 territory and CEC had communicated the identity of the competent authorities, pursuant to article 12 of the Convention. Following a reminder sent by the Secretary-General in August 1993, 13 additional Governments had supplied the requested information as of 1 November 1993. This, however, represents only about 40 per cent of all Governments.

111. The importance of identifying the competent authorities and their respective roles has been referred to in paragraph 106 above. The Board requests all States that have not yet done so to inform

it without delay of the identities of their competent authorities and to provide it with contact addresses. Furthermore, the Board notes with concern that only a few Governments have advised it of any specific measures being applied in their countries, particularly concerning the importation and exportation of precursors. The Board hopes that all Governments will soon provide the information so that a directory on the subject can be issued, in accordance with Economic and Social Council resolution 1992/29.

*(d) Assessment of substances for possible change in the scope of control of the 1988 Convention*

112. In its resolution 5 (XXXIV), the Commission on Narcotic Drugs also invited the Board to advise it on the present adequacy and propriety of Tables I and II of the 1988 Convention. At the time, any assessment of the substances currently controlled under article 12 of the Convention had to be deferred to permit the Board to assess new substances proposed for scheduling in time for submission to the Commission. In order to carry out its assessment, the Board scheduled a meeting of its Advisory Expert Group for October 1993. The Advisory Expert Group was to examine the available information and present all its findings and recommendations for full examination by the Board. To collect the necessary data, the Board had sent comprehensive questionnaires to all countries and territories in January 1993. The majority of Governments, however, did not submit the requested information. Careful examination of all replies showed that the data available would not be sufficient for a meaningful assessment. The Board has therefore been compelled to postpone the meeting of the Advisory Expert Group and further defer its assessment. The Board is particularly concerned about the fact that some Governments that have invited it, through the Commission, to carry out a task have not cooperated with the Board in that endeavour.

113. If, as some Governments have noted, lack of legislative requirements for data collection, insufficient cooperation with industry and problems with commercial sensitivity have prevented them from even soliciting the necessary data, the Board finds it difficult to see how, without such data, they would be able to implement any monitoring and control measures. The Board greatly appreciates the efforts of those Governments that have provided the requested information and hopes that other Governments will soon be able to do so as well.



### **III. ANALYSIS OF THE WORLD SITUATION\***

#### **A. Africa**

114. In 1993, Burundi and Zimbabwe became parties to the 1961 Convention, raising to 38 the number of African States that are parties to that Convention.

115. Since the last report of the Board, Burundi, the Niger, the Sudan, Zambia and Zimbabwe have become parties to the 1971 Convention, raising to 34 the number of States in the region that are parties to that Convention.

116. Burundi, Kenya, Mauritania, Morocco, Niger, Zambia and Zimbabwe have recently become parties to the 1988 Convention, raising to 20 the number of African States that are parties to that Convention.

117. Fifteen countries in the region are not parties to any international drug control treaty: Angola, Central African Republic, Comoros, Congo, Djibouti, Equatorial Guinea, Eritrea, Gambia, Guinea-Bissau, Mozambique, Namibia, Sao Tome and Principe, Sierra Leone, Swaziland and United Republic of Tanzania.

118. In 1993, the Board has undertaken missions to review the functioning of the drug control systems in Kenya, South Africa and Zambia. Joint technical missions of UNDCP and the Board visited Cameroon and Ethiopia.

119. It is expected that model drug control legislation on the control of licit commerce, repression of criminal offences, mutual assistance, and coordination, elaborated under the auspices of the Economic Community of Central African States (ECCAS) with UNDCP assistance, will be approved by the heads of ECCAS States. Similar action is being considered by the Economic Community of Western African States.

120. The Board welcomes the new legislation adopted in Cape Verde, the Gambia and Mauritania in line with the international drug control treaties and the progress made in the development of national regulations in Burkina Faso, Guinea, Guinea-Bissau and the Niger.

121. The Board urges African Governments to give greater attention to the development and adoption of drug control legislation in compliance with the international drug control treaties and to take effective steps to implement such legislation, which is crucial to preventing further deterioration of the situation with regard to drug abuse and illicit trafficking.

122. The Board is aware of the fact that the prevailing political, economic and social conditions constitute enormous obstacles to the Governments of many countries in the African region. The region is, unfortunately, characterized by civil wars and tribal conflicts resulting in hundreds of thousands of casualties, mass displacement of populations and associated problems, populations severely threatened with famine as a result of drought, and devastated national economies. African Governments are urged

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\*The definition of the term "drug abuser", as well as methods of data collection, varies from country to country and from agency to agency. Consequently, data and estimates on the number of drug abusers should be regarded as illustrative of current trends only and cannot be compared with each other directly.

to take preventive steps against the escalation of drug abuse and illicit trafficking because they are major factors contributing to the worsening of the misery, violence, corruption and instability in the region.

123. Cannabis remains the most abused drug in Africa. In most countries in the region, illicit cannabis markets are supplied mainly by local cultivation and regional trafficking. In northern, western and central Africa, the main source countries seem to be, respectively, Morocco, Nigeria and Zaire. There are signs that cannabis cultivation is increasing throughout the region, mainly in Lesotho, Malawi, South Africa, Swaziland, Uganda and Zambia. That increase is connected with growing domestic demand and with the stepped up activity of international illicit traffickers, who use the large-scale cannabis plantations as supply sources for the European market. Cannabis plantations cover more than 50,000 hectares in Morocco, according to government estimates; the country remains the main source of the cannabis resin found in European countries, but the increasing incidence of shipments and amounts of cannabis originating in western and central African countries is a clear indicator of an emerging trend. Seaports in northern and eastern Africa are often used as transit points for cannabis resin being transported from West Asia to Europe.

124. Although cannabis cultivation in Morocco is still on the rise, there are hopes that the trend will be reversed. Since a mission of the Board visited Morocco in 1992, a development programme for the Rif area has been initiated. This programme is expected to be supported by EEC and bilateral donors. The Board hopes that the Rif Development Programme will efficiently contribute to the elimination of cannabis cultivation.

125. The abuse of cannabis is widespread in the region. Even without epidemiological studies, it can be stated that in some African countries cannabis abuse has become endemic. There has been a steady increase in the number of persons who abuse cannabis in combination with alcohol, pharmaceuticals (mainly psychotropic substances) and organic solvents. In addition to political and socio-economic conditions and war, limited law enforcement capabilities and prevention programmes have contributed to the increase in drug abuse.

126. Illicit poppy cultivation has been reported only in Egypt and Kenya, but illicit traffic in and abuse of opiates (mainly heroin) have increased in several parts of the region. Airports in western Africa and several seaports in Africa have been used by international criminal organizations to transport heroin shipments from Asia. Nigerians, who are frequently used by such organizations as couriers to smuggle heroin into European countries, are reportedly being replaced, at least to some extent, by nationals of other countries in western Africa. The transit activity, which has recently been expanded to include airports in central and eastern Africa, has had a spillover effect on illicit markets in eastern, western and central Africa. A few years ago, the abuse of opiates in Africa as a whole was limited. Recently, however, the Governments of Burundi, Cameroon, Egypt, Kenya, Nigeria, Senegal, Swaziland, United Republic of Tanzania and Zambia have been increasingly reporting cases involving heroin abuse.

127. African transit routes and couriers from western Africa are increasingly being used by international criminal organizations to transport cocaine from South America to Europe. Despite a decrease in the amounts of cocaine seized in Africa, more and more countries are reporting illicit cocaine transactions on their territories.

128. In its report for 1992,<sup>25</sup> the Board drew attention to the fact that, considering the popularity of stimulant drugs in Africa, an increase in the availability of cocaine could lead to a drastic increase in cocaine abuse in the region. According to recent reports, the spread of cocaine abuse has begun in Côte d'Ivoire, Ghana, Lesotho, Nigeria and Senegal. The detection of a crack laboratory in Ghana can be considered a sign of increasing demand.

129. Despite an increase in the number of cases involving the abuse of heroin and cocaine, the abuse of certain psychotropic substances and cannabis has generally remained a problem in the region. The abuse of stimulants, hypno-sedatives and anxiolytics (minor tranquillizers) has been reported in all of the subregions of Africa.

130. The clandestine manufacture of methamphetamine and amphetamine and of tablets containing them is limited to a few countries in northern and eastern Africa; the bulk of the amphetamine, pemoline and other stimulant tablets are smuggled into Africa, mainly out of Asia and Europe. The Board hopes that its intervention and warnings<sup>26</sup> have contributed to a reduction in the large-scale smuggling of pemoline out of Asia and Europe into western Africa. It is expected that the commitment of the Bulgarian authorities (see paragraphs 298-300 below) to stop the illicit manufacture and shipment of amphetamine and amphetamine-type stimulants will result in a discontinuation of the supply of those drugs from eastern Europe.

131. There are no signs of a decrease in the popularity of amphetamine and similar drugs in Africa. Countries in western Africa, particularly Nigeria, are the main ones involved in the distribution of original, counterfeit and fake stimulant tablets. The abuse of preparations containing a combination of amphetamine and aspirin continues.

132. Illicit trafficking in and the abuse of methaqualone continue to be among the greatest problems in southern and eastern Africa. The illicit manufacture of methaqualone or methaqualone tablets has been detected in Kenya, South Africa, Zambia and some other countries in the region. It is believed, however, that India remains the main source of the methaqualone found on illicit markets in Africa, and South Africa continues to be the most important African country of destination for illicit methaqualone consignments. In Kenya, three clandestine laboratories were dismantled; most of the tablets manufactured in those laboratories were destined for South Africa. In South Africa, the illicit manufacture and distribution of methaqualone has become a multibillion-rand business. The capital cities of Botswana, Kenya, Lesotho, Malawi, Mozambique, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe are being used as transit points.

133. The abuse of methaqualone is still on the increase in South Africa, in all segments of the population. Transit countries in eastern and southern Africa have become consumer countries; cases involving the abuse of methaqualone are increasingly being reported by them. Research on the patterns, extent and impact of methaqualone abuse not only in South Africa, but also in other countries should be encouraged.

134. The Board appreciates the efforts directed at strengthening international cooperation in the fight against the illicit traffic in methaqualone between the Indian subcontinent and Africa. Such efforts include an interregional conference on the illicit traffic in methaqualone between the Indian subcontinent and eastern and southern Africa, held by ICPO/Interpol at New Delhi from 9 to 11 December 1992, and a seminar on methaqualone for senior law enforcement officers from the African region, held by UNDCP at Nairobi from 18 to 20 January 1993. The Board invites Governments to take an active part in the interception of illicit methaqualone shipments.

135. Barbiturates and benzodiazepines are abused throughout Africa. Secobarbital remains the most popular barbiturate, diazepam is the leading benzodiazepine tranquillizer and flunitrazepam (sold under the brand name Rohypnol) is the most frequently reported benzodiazepine hypnotic; however, dozens of other brand names and generic forms of benzodiazepines are mentioned in many national reports.

136. In many African countries, due to inadequate health-care services, the majority of pharmaceutical preparations are not prescribed by physicians. Pharmaceuticals are commonly procured without consulting medical personnel, in pharmacies or, in the majority of cases, on so-called "parallel

markets". In such situations, it is practically impossible to distinguish between the use and abuse of pharmaceuticals such as barbiturates and benzodiazepines, as it is not known which pharmaceuticals are being used for medical or non-medical purposes. The Board welcomes the initiative undertaken jointly by UNDCP and WHO to study the parallel distribution systems for narcotic drugs and psychotropic substances. In the opinion of the Board, the joint UNDCP/WHO technical consultation meeting on parallel distribution systems for narcotic drugs and psychotropic substances at the national level, held at Vienna from 16 to 18 June 1993, in which several experts from Africa participated, should be followed by studies on the utilization and abuse of narcotic drugs and psychotropic substances procured on "parallel markets" in Africa.

137. Information on the situation with regard to drug abuse in many African countries is scarce. The Board invites the Governments in the region to make use of the Rapid Assessment Programme, which has recently been developed by UNDCP.

138. The mission of the Board to South Africa took place the week after the General Assembly lifted most of the sanctions against that country, thus opening new grounds for international cooperation. The Board therefore encourages South Africa to become a party to the 1988 Convention and to set up adequate mechanisms for the implementation of the provisions of that Convention.

139. South Africa has experienced a major drug problem since the 1970s, when the traditional but limited abuse of cannabis started to spread to all categories of the population. The large-scale abuse of illicit methaqualone later became a major problem. In South Africa, methaqualone is most commonly abused in conjunction with cannabis and smoked in a pipe.

140. It is estimated that most of the methaqualone seized in South Africa is smuggled into the country, but illicit manufacture of the drug also takes place on its territory, as illustrated by the dismantling of seven clandestine laboratories in the last five years.

141. The Board notes that controls over the licit trade and distribution of narcotic drugs and psychotropic substances in South Africa appear to be in line with obligations set by the international drug control treaties and to be strictly implemented within the means available.

142. Kenya had been considered a transit country used in the illicit traffic in methaqualone from India to South Africa. It has gradually become a country in which methaqualone is abused and has recently become an important illicit manufacturer of methaqualone. Clandestine laboratories for the illicit manufacture of methaqualone or methaqualone tablets have been detected by law enforcement authorities but law enforcement activities are hindered by the lack of adequate national legislation. The Board looks forward to the adoption of a draft bill on narcotic drugs and psychotropic substances that is currently before the parliament.

143. The Board reiterates its recommendation to the Government of Kenya to proceed with its accession to the 1971 Convention and with the implementation of the provisions of the 1988 Convention, which are necessary for the prevention of the influx of precursors and other chemicals needed for the clandestine manufacture of methaqualone.

144. The Board has noted on several occasions that controls over the import of, trade in and distribution of psychotropic substances were not sufficient in Kenya. The Board urges the Government of Kenya to examine the possibility of strengthening those controls, for example, by limiting the number of companies and pharmacies allowed to import and distribute psychotropic substances.

145. The Board greatly appreciates the adoption and entering into force of Narcotic Drugs and Psychotropic Substances Act No. 37 of 1993 in Zambia. The Board welcomes the fact that the new

legislation includes provisions for the implementation of the 1988 Convention. It looks forward to the establishment of the necessary regulations and mechanisms for the practical implementation of the new legislation.

146. The Board notes with satisfaction the efforts of the Government of Zambia to increase cooperation with other countries.

147. Some abuse of methaqualone has been reported in Zambia and the abuse of cannabis and heroin is on the increase. The information that is available on the drug abuse situation, however, is not sufficient; the Board suggests that the situation should be further studied and assessed. There is a need to improve the techniques used for the detection and dismantling of clandestine methaqualone laboratories.

148. A technical mission of UNDCP and the Board visited Cameroon in May 1993 to study the current system for the control of licit narcotic drugs and psychotropic substances. National regulations should be made to conform with the provisions of the 1971 Convention and the Ministry of Health should be strengthened with the human resources necessary to develop an efficient control system.

149. At the request of the Government, a similar mission visited Ethiopia in May 1993 to review the system for the control of licit narcotic drugs and psychotropic substances. The current system is functioning within the administrative boundaries of the Addis Ababa area; however, it needs to be strengthened in the other parts of the country.

150. In its report for 1992,<sup>27</sup> the Board referred to certain problems connected with the illicit traffic in and abuse of khat (*Catha edulis*). Khat trade and consumption are not prohibited or regulated by the international drug control treaties; however, several African countries have introduced measures prohibiting such activity in the region and some European countries have taken measures to prevent khat from being imported into their territories. There are reports that there are links between the trade in khat and the procurement of weapons in the Horn of Africa and that the use of khat (which is considered abuse in several African countries) is increasing. There are conflicting views concerning whether there is a need for the international community to take action against khat trade and consumption. In the opinion of the Board, the time is ripe for holding consultations on the subject at the international level.

## **B. America**

### **1. Central America and the Caribbean**

151. In Central America, with the exception of Belize and El Salvador, all States are parties to the 1961 Convention. In the Caribbean, however, the proportion of States parties remains the lowest in the world: half of the States in that subregion are not parties to that Convention.

152. In Central America, only Belize, El Salvador and Honduras have not yet become parties to the 1971 Convention; in the Caribbean, however, the proportion of States parties to that Convention is just as low as that of States parties to the 1961 Convention.

153. In the region of Central America and the Caribbean, Antigua and Barbuda, Barbados, Dominica, Dominican Republic and El Salvador have become parties to the 1988 Convention. In the Central American subregion, all of the States except Belize, Nicaragua and Panama are parties to the 1988 Convention; in the Caribbean subregion, however, the majority of the States have not become parties to that Convention.

154. In several countries in the region, national councils on drug abuse control have been established for the coordination of preventive action and international cooperation. UNDCP works with Governments through those councils to identify problem areas, to draw up integrated action plans and to implement projects in designated areas.

155. Drug traffickers have continued to take advantage of the strategic position of the Caribbean subregion to transship considerable quantities of cannabis and cocaine to North America and, to some extent, to Europe. There is also evidence that some heroin destined for those regions has been shipped across the chain of islands that make up the Caribbean. A number of States in the subregion are experiencing downturns or stagnation in their economies. The concomitant rise in unemployment appears to have led to an increase in crime, much of which has been drug-related. In Barbados, for example, government officials have linked an increase in drug abuse and illicit trafficking to unprecedented growth in the crime rate, as well as a decline in the tourist industry, one of the cornerstones of the Barbadian economy.

156. Governments in the Eastern Caribbean are planning the establishment of a regional drug intelligence centre to be based in Saint Lucia. Also under consideration is a Caribbean Community (CARICOM) drug intelligence centre. Those centres should greatly increase the capacity of Governments in the Caribbean subregion to suppress the rapidly growing traffic in illicit drugs.

157. Cannabis cultivation, mainly for local consumption, continues in the region. Cannabis cultivated in Jamaica continues to enter Canada and the United States. In Jamaica, most of the cannabis cultivation is now confined to small plots to reduce the possibility of detection. Cannabis smoking remains the most common form of drug abuse in the majority of the countries in the region.

158. Increased poppy cultivation and opium production have been reported in Guatemala for the last five years, but the abuse of opiates (opium, morphine or heroin) seems to be limited to isolated cases in some countries in the region.

159. Transit traffic in cocaine constitutes the greatest drug-related problem in the entire region. In the opinion of the Bahamian Government, due to increased law enforcement activities, the volume of drugs passing through the country has fallen steadily over the past 10 years. In the region as a whole, however, the transit traffic in cocaine has expanded.

160. There have been no reports on illicit drug manufacture but some clandestine laboratories for refining cocaine or converting cocaine hydrochloride into crack may exist. As a consequence of the large-scale transit activity, increasing cocaine abuse has been reported in several countries in Central America. The situation is similar in the Caribbean, where the abuse of crack has become more frequent. The number of drug-related deaths is on the increase in the Caribbean subregion.

161. A spectacular decrease in illicit traffic in cannabis and cocaine has been reported in the Bahamas. That development has resulted from a series of measures initiated in mid-1987 by the Bahamian Government, in cooperation with the United States, to expand and intensify efforts against illicit traffic and drug abuse. Between the period 1983-1988 and the period 1989-1992, the annual supply of cannabis passing through the Bahamas to the United States and for the illicit market in the Bahamas decreased from an estimated 732 tonnes to 10.6 tonnes. Between the period 1987-1988 and the period 1989-1990, the amount of cocaine being shipped through the Bahamas each year decreased 59 per cent, from an estimated 83 tonnes to 34 tonnes. The transit traffic in cannabis and cocaine, which began in the late 1960s and in the mid-1970s, respectively, led to domestic drug abuse problems that had never existed before in the Bahamas. As soon as the problems were recognized, the Government initiated demand reduction programmes but, despite the effectiveness of such programmes, positive results could be achieved only after the illicit drug supply had been drastically reduced.

According to a drug abuse survey for the period 1989-1991, the number of first-time abusers of illicit drugs declined in 1990 and in 1991. The Board greatly appreciates the achievements of the Bahamian Government, including the spending of US\$ 21 million, or 15 per cent of the national budget, on drug issues, and invites the Governments of other countries, mainly the target countries of cannabis and cocaine traffickers, to increase their assistance to the Bahamas.

162. Jamaica, where cannabis has been cultivated for 50 years for the domestic market, remains a supplier of cannabis for illicit markets in other countries, mainly the United States. The high point of the illicit export of cannabis from Jamaica was reached in 1985, when Jamaica's share in the total export of cannabis in the western hemisphere was estimated at 6 per cent. Between 1985 and 1988, due to efficient supply reduction measures, its share dropped precipitously to 0.5 per cent. According to reports, by the Jamaican Government, from June 1990 to December 1991, cannabis abuse by the 13-19 age group dropped from 19.8 to 14 per cent and the number of crack abusers decreased from approximately 22,000 to 19,000.

163. A mission of the Board visited Costa Rica in July 1993. Recent data on seizures confirm the growing importance of Costa Rican territory as a transshipment point along illicit drug trafficking routes that lead from South America to North America and Europe. To combat illicit drug trafficking and related crime, Costa Rica has incorporated in its domestic legislation most of the provisions of the 1988 Convention and of the model regulations to control chemical precursors and chemical substances, machines and material, adopted by CICAD. In addition, Costa Rica has acquired, with the assistance of the Government of the United States, a modern radar system for air and sea traffic and has established a special anti-narcotics unit within its Ministry of Public Security to strengthen its law enforcement capability.

164. Illicit cannabis cultivation continues in remote areas of Costa Rica despite eradication efforts by the police. Cannabis is the main drug of abuse in Costa Rica. In the last two years, cannabis consumption has doubled while cocaine consumption is reported to have tripled. The free availability, over-consumption and misuse of hypnotics and minor tranquillizers (mainly benzodiazepines) constitute real problems in Costa Rica.

165. Despite existing legislation, the availability of sophisticated surveillance systems, and government efforts against illicit drug trafficking, Costa Rica lacks the human resources and equipment to effectively fight illicit drug trafficking and related crime. Of particular concern to the Board is the apparent lack of coordination among the government agencies responsible for the control of licit and illicit trade in narcotic drugs, psychotropic substances and precursors and other chemicals. The controls over the flow of capital, banking operations and import and export procedures should be improved.

166. During its mission to Nicaragua in July 1993, the Board noticed that, since the dismantling of a large portion of the former Ejército Popular Sandinista (Sandinista people's army) and the disintegration of the Milicias Populares (people's militia), the ability of the Government to exert effective police control has been reduced, particularly in Costa de Mosquitos, a thinly populated tropical forest area along the Atlantic coast. Consequently, illicit cocaine trafficking and other drug-related crimes have, in recent years, increased significantly in Nicaragua.

167. The Government has described the country as being in transition, after more than a decade of Sandinista rule and civil war. Although the lack of government resources to combat drug abuse and illicit trafficking has further aggravated the situation, in early 1993, the Consejo Nacional de Drogas (national drug council) of Nicaragua was established as the main body for planning and coordinating national drug policy and the Government is preparing new drug control legislation, which is expected to incorporate the provisions of the international drug control treaties.

## 2. North America

168. All three States in North America - Canada, Mexico and the United States of America - are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention.

169. Canada's drug control strategy, introduced in 1987, was renewed in 1992 with a funding increase of 18 per cent. The strategy involves the formation of effective partnerships at all levels between the Government and various organizations and communities. In Mexico, the Government continued to pursue a vigorous anti-drug policy. Although drug policy is still being reviewed by the new Administration of the United States, there appears to have been a change in policy whereby anti-drug resources have been shifted from foreign intervention to domestic programmes in the areas of education, treatment and law enforcement aimed at reducing the illicit demand for drugs. The area of emphasis of the new Administration has become prevention and treatment.

170. In the United States, according to the 1992 National Household Survey on Drug Abuse, the number of abusers of any illicit drug continued to fall (in 1991, the figure was 12.6 million; in 1992, 11.4 million). There was, however, an increase of 7 per cent in the number of drug-related emergency cases, a development that was attributed to the increased purity of drugs (above all, heroin), increased potency (in the case of cannabis products) and more dangerous methods of administration. In Canada, overall drug abuse among youth has been declining; however, there has been an alarming increase in the abuse of volatile solvents, particularly gasoline, among young people in rural areas. Although volatile solvents are not subject to international control, the illicit demand for such substances reflects the general situation with regard to substances of abuse.

171. Substantial amounts of cannabis are smuggled into the United States out of Colombia, Jamaica and Mexico. However, domestic cultivation is becoming increasingly important as a source of supply for the illicit local cannabis market in the United States. Cannabis is increasingly being grown indoors in the United States; the latest developments in computer technology are being used to optimize growing conditions. In June 1993, the average tetrahydrocannabinol (THC) content of normal "commercial-grade" cannabis and of unpollinated and seedless female (sinsemilla) cannabis was 3.3 and 7.9 per cent, respectively, compared with less than 2 per cent and 6 per cent, respectively, in the late 1970s. In 1993, a sample from domestic cannabis seized at Washington, D.C., was found to have a THC content of 30 per cent, the highest level ever recorded in the United States. The number of dismantled indoor cannabis-growing operations in the United States reached 3,849 in 1992, up from 2,848 in 1991. In 1992, 346 tonnes of cannabis were seized in the United States, compared with 226 tonnes in 1991; in addition, there was an unprecedented decrease in seizures of cannabis resin: 1,141 kg in 1992, compared with 80,836 kg in 1991. In 1992, assets totalling 69.2 million were seized in the United States in connection with illicit cannabis cultivation and trafficking. According to estimates of the Government, 6,500 tonnes of cannabis were made available on the illicit market in the United States in 1992. In Mexico, cannabis production increased in 1992 as a result of favourable growing conditions. The Mexican authorities eradicated 16,872 hectares of cannabis in 1992. Mexico has continued its war against drug trafficking; in the past four years, it has seized over 2,200 tonnes of cannabis. In Canada, cannabis resin seizures decreased considerably, from 74 tonnes in 1991 to 15 tonnes in 1992; at the same time, however, seizures of cannabis and cannabis oil increased from 7.5 tonnes and 409 kg, respectively, in 1991 to 13.7 tonnes and 501 kg in 1992. Cannabis resin continues to be smuggled into North America via mothership operations originating in West Asia.

172. Cannabis remains the most commonly abused drug in the North American region. In Canada, despite a decline of 10 per cent, cannabis in all its forms continues to be the most widely abused drug; the national annual prevalence of cannabis abuse was reported to be 5 per cent. In Mexico, the estimated number of cannabis abusers remained at the level of the 1991 estimate; however, the



estimated number of frequent cannabis abusers increased by 35 per cent from 1991 to 1992. In the United States, cannabis abuse has continued to decline steadily (the number of cannabis abusers decreased by 8 per cent in 1992); however, cannabis remains the most commonly abused drug in that country.

173. In Mexico, a crop control programme has, over the last three years, reduced illicit poppy cultivation to the lowest level in 10 years. In 1992, the eradication of 11,583 hectares of poppy plants was reported by the Mexican authorities. Opium production reportedly decreased from an estimated 7 tonnes in 1989 to 4 tonnes in 1992.

174. Heroin is illicitly produced in Mexico almost exclusively for smuggling into the United States; Mexican heroin accounted for approximately 23 per cent of the heroin found on the illicit market in the United States in 1992, down from over 33 per cent in 1988. Heroin from south-west and south-east Asia has continued to enter the United States in significant quantities; in addition, Colombian heroin is being increasingly smuggled into the country. Total heroin seizures in the United States in 1992 amounted to 1,214 kg, a slight decrease compared with the 1991 total of 1,374 kg. Canada has continued to be targeted by south-east Asian heroin traffickers and to some extent by those from western Africa, the latter viewing Canada as a convenient entry point to the United States heroin market. In 1992, 110 kg of heroin were seized by the Canadian authorities.

175. Heroin abuse has remained a significant cause for concern in Canada and the United States, as street-level purity has increased and prices have decreased. In the United States, the number of heroin-related emergency cases increased by 16 per cent from 1991 to 1992. In Mexico, heroin abuse increased to some extent in 1992, when there were an estimated 17,000 heroin abusers in the country.

176. Cocaine, particularly crack, represents the primary challenge to drug law enforcement in the United States. These drugs are readily available in large quantities in virtually all major cities in the United States. Colombian cartels have continued to send multi-kilogram cocaine shipments to North America. In the first quarter of 1993, 5,553 kg of cocaine were seized in the United States, an increase of 42 per cent over the preceding quarter. Increased amounts of cocaine have continued to be smuggled into Canada; in 1992, cocaine seizures totalled 5,202 kg, including a record seizure of 3,930 kg that was made in Quebec. Mexican law enforcement authorities seized 38.8 tonnes of cocaine in 1992; it is estimated that 60 per cent of the cocaine entering the United States from Colombia passes through Mexico. Three cocaine conversion laboratories were dismantled in the United States in 1992.

177. In the United States, despite a decrease in the estimated number of cocaine abusers (from 6 million in 1991 to 5 million in 1992), cocaine abuse has continued to pose major problems, as evidenced by the fact that the number cocaine-related emergency cases increased by 16 per cent in 1992. The number of frequent cocaine abusers decreased from 1,892,000 in 1991 to 1,305,000 in 1992. Although cocaine abuse has decreased among young people in middle-income, suburban areas in the United States, hard-core drug abuse remains a serious problem, particularly among youth in lower-income, inner-city areas. After cannabis, cocaine, partly in the form of crack, was the next most widely abused drug in Canada, the annual prevalence being 1 per cent of the adult population in 1990, according to the most recent Canadian Health Promotion Survey. This represents a decrease from the previous year's figure of 1.4 per cent. The Mexican authorities reported a large increase in cocaine abuse in 1992.

178. In the United States, 115 clandestine methamphetamine laboratories were seized in the first six months of 1993, compared with 288 in 1992. Successful law enforcement and control measures have led to shortages of precursors for methamphetamine. As a result, there has been an increase in the smuggling of the necessary chemicals across the northern and southern borders of the United States.

179. The United States applies a comprehensive control system to the international trade in precursors. The Government is now routinely advising the Board of shipments of precursors that have been stopped or suspended because of suspicious circumstances. Most cases involve the export to South America of solvents used for the manufacture of cocaine.

180. In February 1993, the Government of the United States increased the control measures for cathinone and 2,5-dimethoxy-4-ethylamphetamine under the Controlled Substance Act. Although the authorities have not found any evidence of the clandestine synthesis of cathinone in the United States, the illicit manufacture of the methyl analogue methcathinone ("cat", which is identical to ephedrone, a substance that is produced clandestinely and abused in CIS member States) has been detected in several states. Nine clandestine methcathinone laboratories were seized in the United States in the first six months of 1993.

181. In the United States, nine clandestine laboratories for the illicit manufacture of MDMA (commonly known as "ecstasy") were seized in 1992, compared with one in 1991. This might be an indication of increasing illicit demand for that drug, which has been clearly manifested in several European countries.

182. In Mexico, of the estimated 42,000 persons who abused hallucinogens in 1992, 7,000 did so on a daily basis; some increase in the abuse of such drugs has been reported in 1993. In the United States, the availability of lysergic acid diethylamide (LSD) has increased in every state in the last two or three years.

183. Phencyclidine (PCP) is available in a number of cities in the United States. In the late 1980s and early 1990s, the illicit demand for PCP was displaced to a large extent by the illicit demand for crack. More recently, however, there have been indications that PCP abuse is increasing once again.

184. In 1992, 1,090 kg of khat were seized in the United States. Khat is not under international control but substantial quantities of it have been seized in other parts of the world as well, mainly in Europe.

185. Money-laundering remains a problem in countries in North America.

### **3. South America**

186. The Board notes with satisfaction that in South America all States, with the exception of Guyana, are parties to the 1961 Convention and all States are parties to the 1971 Convention.

187. In 1993, Argentina ratified the 1988 Convention. All States in South America except Colombia and Uruguay are parties to the 1988 Convention; Colombia is expected to ratify that Convention in the near future.

188. In several South American countries, illicit drug production, manufacture, traffic and abuse are consequences and, at the same time, causes of fundamental economic and social problems.

189. Cannabis is cultivated in the majority of South American countries. In most countries, the cannabis is being grown for local consumption but in some countries it is used to supply illicit markets in other countries. In Colombia, illicit cannabis plantations cover an estimated 7,000 hectares. In Brazil, 19.6 tonnes of cannabis were seized in 1992, compared with 8.5 tonnes in 1991. Cannabis smoking continues to pose a problem in most South American countries.

190. In the Andean subregion, poppy plantations on Colombian territory are reported to have increased again and to cover 20,000 hectares, despite the efforts of the Government (12,000 hectares of poppy plants were eradicated in 1992 and 2,861 hectares were eradicated in the first few months of 1993). The increase in poppy cultivation is related to the fact that it is much more profitable to cultivate poppy plants than to grow coca bushes. Poppy plantations have been detected in Ecuador along the Colombian border. There are also indications that poppy cultivation has been taking place in Peru. There are no data on the extent of opium production and heroin manufacture in Colombia. Few cases of the abuse of opium, morphine and heroin have been reported from some countries in the region.

191. Peru remains the largest producer of coca leaf in the world. A fungus (*Fusarium oxysporum*) has made coca bush cultivation less and less profitable in the Upper Huallaga valley. That, together with intensified interdiction operations, has resulted in coca bush growers moving northward to the Central and Lower Huallaga valleys, developing plantations there almost as fast as they are being wiped out in the south. The situation of drug law enforcement authorities is further complicated by the activities of terrorist movements. They are forced to fight not only illicit crop growers and traffickers, but also the guerrillas, a large portion of whose income comes from "war taxes" on illicit plantations and trafficking routes. Estimates on coca cultivation range from 130,000 to 350,000 hectares. Only a very small percentage of this cultivation is destined for licit purposes, into which the Peruvian law, contrary to the provisions of the 1961 Convention, includes coca chewing and the use of leaves for the manufacture of *mate de coca* (coca tea bags).

192. In Bolivia, approximately 40,000 hectares of land are under coca bush cultivation. Approximately one third of the cultivation is considered to serve licit purposes. Some of these licit purposes, contrary to the provisions of the 1961 Convention, include coca chewing and the use of the leaves by a number of private companies, for the manufacture of *mate de coca* and a wide variety of products, the medical value of which has not yet been properly determined.

193. Coca bush cultivation continues in eastern Colombia, where plantations have been estimated to cover about 50,000 hectares. In order to obtain more precise data on the extent of those plantations, a thorough survey will be carried out; it is hoped that the survey will enable the true magnitude of the problem to be assessed.

194. In Ecuador, partially due to eradication efforts, coca bush cultivation has been on the decline since 1988. Coca bush cultivation is also taking place in Brazil, especially in the Amazon area.

195. Colombia remains the world's greatest supplier of cocaine hydrochloride, manufactured from coca paste (raw cocaine base) smuggled into Colombia, mainly out of Bolivia and Peru. Despite intensified law enforcement action, which led to the dismantling of 224 clandestine laboratories in 1992 and 109 in the first four months of 1993, the illicit manufacture of cocaine hydrochloride and *basuco* (unrefined cocaine base) continues to increase in eastern Colombia.

196. In Bolivia and Peru, coca leaves are processed into coca paste, which is then smuggled mainly into Colombia for its conversion into cocaine hydrochloride. One recent development is that increasing manufacture of the final product is also taking place in both countries. Some illicit manufacture of coca paste and cocaine hydrochloride has been reported in Brazil.

197. Colombian cartels have continued to expand their activities in a number of other countries. Venezuela, one of the countries that borders Colombia, has become a major transit country; traffickers there send tonnes of cocaine by ship to Europe and by aeroplane and by boat to the United States. Argentina, Brazil and Chile are also increasingly becoming important transit countries for illicit drug

consignments destined not only for North America and Europe, but also for Asia and Africa. Almost all countries in South America are now increasingly being used for the transshipment of cocaine to other regions of the world. Governments in the region should pay attention to the possible increasing use of their free ports and free zones for illicit drug trafficking and should devise more efficient mechanisms for the monitoring of shipments, in line with the requirements of the international drug control treaties.

198. The traditional practice of chewing coca leaves seems to be declining in Bolivia and Peru.

199. The abuse of coca paste (*basuco*, *pitillo* etc.) is common in Bolivia, the northern parts of Chile, Colombia, Ecuador and Peru. The smoking of coca paste, which can cause serious health damage, is a habit practised mainly by the poorest and youngest members of society. The abuse of cocaine was reported in most countries in the region.

200. The abuse of amphetamines, anxiolytics and other pharmaceuticals has been reported in several South American countries. It is difficult to assess the magnitude of the problem, however, because of the deficiencies of most of the pharmaceutical control systems of the countries in the region. Despite adequate formal legislation, pharmaceuticals containing psychotropic substances are being dispensed without prescription in pharmacies and there are many loopholes in the pharmaceutical supply and distribution systems. The inspection of pharmacies is not adequately organized in many countries in the region, resulting in the dispensing of pharmaceutical preparations without the presence of a pharmacist. The situation is further complicated by the fact that many pharmaceutical products, including a large amount of counterfeit or fake products, are smuggled out of one country into another. The Board notes with appreciation the work accomplished within the South American Agreement on Narcotic Drugs and Psychotropic Substances (ASEP) and urges Governments of the countries in the region to implement the recommendations adopted with a view to strengthening controls over their pharmaceutical supply systems.

201. In South American countries, one of the greatest substance abuse problems remains the inhalation of organic solvents, a common habit of street children in urban slums. In Bolivia, Chile, Colombia, Ecuador and Peru, the abuse of inhalants, as well as coca paste, is prevalent among street children and causes irreversible health damage.

202. Most Governments have implemented or are considering the implementation of the model regulations to control chemical precursors and chemical substances, machines and materials, approved by CICAD at its seventh session. Such a coordinated approach in the region is necessary in order to avoid a situation in which trafficking groups divert chemicals in those parts of the region where control mechanisms are not adequate. The Board particularly welcomes the practical measures already taken in Bolivia, Colombia and Peru to prevent the diversion of such chemicals from manufacture and wholesale in those countries. Increased control efforts are necessary, particularly in Brazil and Chile, where large quantities of chemicals used in the illicit manufacture of coca paste and cocaine hydrochloride originate or transit. There are reports of dubious activities of chemical companies establishing branches in Brazil along that country's borders with Bolivia and Peru, which cannot be stopped because of a lack of relevant national regulation. Regulatory, customs and police authorities should not only cooperate with each other at the national level, but should also ensure the regular exchange of information at the regional level.

203. During 1993, the Board sent missions to Bolivia, Colombia, Peru and Uruguay.

204. The new Bolivian Government has announced energetic measures aimed at the eradication of illicit coca bush cultivation by increasing alternative development activities accompanied by law

enforcement measures. The Board would like to call on the international community to fully support the Government in that laudable endeavour; it would also like to emphasize that the more affluent parts of the Bolivian society should provide increasing financial support to the governmental strategy and should contribute to a balanced economic development of the country, a precondition for a successful drug policy.

205. Inter-ministerial coordination of all drug control and alternative development activities should be reviewed by the new Bolivian Government and should *inter alia* be accompanied by a reactivation of CONALID, the coordinating body, in order to ensure balanced usage of all available resources, both national and international.

206. In Peru, the mission of the Board noted that the focus of the Government had been on combating terrorism and that the progress achieved had had an effect on drug trafficking, which was frequently linked to it. Successful law enforcement, if not accompanied by economic development in controlled areas, may, however, contribute to the migration of peasants to more remote areas of the country, where they would continue illicit coca bush cultivation or, encouraged by trafficking groups, they might even engage in the cultivation of the opium poppy, which grows much more quickly.

207. It is encouraging to note that Peruvian military forces are being deployed to improve infrastructure by, for example, building roads, thereby making it easier for alternative products to reach consumption centres. The Board welcomes the Government's recently introduced import price regulatory measures, which will contribute to the success of crop substitution programmes.

208. In order to ensure a balanced national drug control strategy in Peru, one that will include alternative development, and in order to enable international organizations and bilateral donors to become more effectively involved, priority should be accorded to the finalization of a national master plan, to which all competent governmental sectors should contribute.

209. The Board is concerned that the Peruvian Government has not yet addressed the drug abuse problem with a drug abuse prevention and demand reduction programme. Such a programme should also be aimed at the problem of solvent abuse, which is common among young people in the slum areas of Lima. The availability of psychoactive medicines has to be limited to controlled medical applications, and resources should be found to make the monitoring of the distribution of such pharmaceuticals more effective. The control mechanisms in the Ministry of Health need to be strengthened as soon as possible.

210. The Board shares the concern of the Peruvian Government over the extent of the resources necessary for alternative development and for law enforcement and other measures to address the problem adequately. Finally, the Board would like to underline the fact that, at a time when Peru is in dire need of resources for alternative development and for other activities to combat drug abuse and illicit trafficking, the trend seems to be towards a reduction of international contributions. The Board would like to emphasize that, if any success is to be achieved, it is imperative that the world community increase its assistance to Peru.

211. Both in Bolivia and Peru, the mission of the Board noted the easy availability of coca leaf for chewing and the manufacture and distribution of *mate de coca* (coca tea bags). In Bolivia, coca leaf is also used for the manufacture of a large variety of products containing coca leaf. Such uses are not in line with the provisions of the 1961 Convention. The Governments of Bolivia and Peru should consider amending their national legislation and should prohibit such use unless the reasons for the inclusion of coca leaf in Schedule I of the 1961 Convention are found to be no longer valid and the Commission decides to withdraw coca leaf from Schedule I of the 1961 Convention in accordance

with the procedure laid down under that Convention. Even if such a decision should be taken, efficient control mechanisms must be maintained over the cultivation, distribution, import and export of coca leaf, as it is the main raw material for the illicit manufacture of cocaine. In this context, the Board notes the efforts of the Government of Peru to have the medicinal and other properties of coca leaf investigated by various research institutions; it hopes that well-documented, comprehensive scientific results will help to settle the controversy over this issue.

212. The mission of the Board to Colombia noted that the Government had taken effective steps to coordinate all drug control activities by creating policy and administrative bodies for overall policy decision and execution. Within comprehensive efforts to strengthen drug control, important recent changes have been introduced in the legal system, which including the establishment of a General Prosecutor's office (Fiscalía) in July 1992 and the introduction of a new law to control money-laundering and similar crimes. The Board recommends that money-laundering as such should become a criminal act under Colombian law and that banking regulations should be strengthened further to allow for multilateral cooperation.

213. While it can be said in general that legislation, including penal legislation, and the judicial system as a whole have been successfully modernized in Colombia, existing national laws and international conventions in the field of drug control have not yet been implemented properly.

214. Colombia was one of the first countries to introduce legislation to control chemicals used in the illicit manufacture of narcotic drugs. Comprehensive information is provided in advance by some exporting countries on shipments of such chemicals destined for Colombia. The analysis of this information and subsequent investigations by the Colombian Government are, however, not yet appropriate to identify suspicious transactions and to detect ultimately the clandestine laboratories where those chemicals are used for the illicit manufacture of drugs. Because of recent major changes in law enforcement and administrative personnel, valuable expertise is not always available and extensive training of staff dealing with chemical control is needed.

215. Colombia has a long history of violence and anti-government activities. Drug trafficking, however, is infiltrating legal business life, and drugtraffickers are always trying to gain influence in the legislature and in the Administration. Guerrilla-type associations and illicit drug cultivation and trafficking are closely linked. The Board is convinced that the Government, as part of its strong commitment to fight the guerrilla movements, will bear in mind its responsibility to do its utmost to eradicate poppy cultivation and to drastically reduce drug trafficking and other illicit cultivation.

216. The Board is encouraged by reports from Uruguay indicating that that country does not seem to be affected by drug abuse and illicit trafficking to the same extent as many other countries. The Board trusts that the competent authorities will remain vigilant in order to be able to react in a timely manner to the ever-changing drug abuse and illicit trafficking situation and to take suitable preventive measures. Uruguay seems to have been spared most major abuse problems; however, because of indiscriminate prescription of benzodiazepines in the country, its per capita consumption of such drugs is among the highest in the world. The Board is confident that the Government will investigate the reasons for and consequences of that development and that professionals in the field of medicine will cooperate in remedying the situation.

217. Free ports and free trade zones on Uruguayan territory do not seem to be controlled in accordance with article 18 of the 1988 Convention. Money-laundering is not yet a punishable offence. Uruguay has not become a party to the 1988 Convention. Such a situation might be used by trafficking organizations, which often shift their operations to those parts of a region where there is a minimum of risk. Therefore, the adoption of new laws and decrees taking fully into account the provisions of the 1988 Convention is a matter of urgency.

## **C. Asia**

### **1. East and South-East Asia**

218. Of the 15 States in the region, 12 are parties to the 1961 Convention and 8 are parties to the 1971 Convention. In 1993, Malaysia became a party to the 1988 Convention, raising to four the number of States that are parties to that Convention. Three States, Cambodia, the Democratic People's Republic of Korea and Viet Nam, are not parties to any of the international drug control treaties.

219. The Governments of China, Myanmar and Thailand are committed to joint projects along their common borders. Since October 1993, the Government of the Lao People's Democratic Republic has also participated in those projects. The umbrella programme, which comprises alternative development, demand reduction and law enforcement projects, was signed in 1992 and is currently being implemented. The Board greatly appreciates the efforts of the participating Governments, as well as the initiatives taken and the assistance provided by UNDCP.

220. In Japan, the Narcotic Drugs and Psychotropic Substances Control Law, among others, was amended in 1991 to implement fully the provisions of the 1988 Convention. The amendment, which entered into effect as of 1 July 1992, provides for thorough control measures over exports of all the substances listed in Tables I and II of that Convention. The Board notes with satisfaction that the Government of Japan is carefully implementing those measures and would appreciate it if the Government could introduce similar effective measures for exports of psychotropic substances listed in Schedules III and IV of the 1971 Convention and could control them by the system of import and export authorizations.

221. Cannabis is grown mainly in south-east Asia but no information is available on the extent of its cultivation. Large-scale cannabis plantations have been detected in the Lao People's Democratic Republic, Myanmar and Thailand. Increasing illicit traffic in cannabis has been reported in several areas in the region since 1992. The size of the cannabis consignments is also increasing, as demonstrated recently by a record seizure of 1,555 kg in Hong Kong. Cannabis is the most abused drug in several countries in the region, including Indonesia, Malaysia and the Philippines, and an increase in the incidence of its abuse has been observed in Japan and the Republic of Korea.

222. South-east Asia continues to remain a major producer of illicit opium. Illicit opium poppy cultivation is mainly taking place in Myanmar, above all in the areas along its borders. It is expected that the evaluation of an opium yield study that was carried out in February 1993 will enable the magnitude of the illicit poppy cultivation to be assessed. Opium is produced in the Lao People's Democratic Republic, Thailand and Viet Nam. Illicit poppy cultivation is taking place in the northern provinces of the Lao People's Democratic Republic, where opium production is estimated at 125-130 tonnes annually. In Thailand, as a result of the highland development and eradication programmes, illicit poppy cultivation and opium production have been significantly reduced, from 150 tonnes in the 1972/1973 growing season to an estimated 17 tonnes in the 1992/1993 growing season. The Board greatly appreciates the outstanding results achieved by the Government of Thailand through alternative development and law enforcement projects and activities. Largely as a result of the Government's intensified eradication efforts, the area under opium poppy cultivation has been considerably reduced in the northern provinces of Viet Nam compared with the area under cultivation during the 1992/1993 growing season; in the opinion of the Board, this reduction represents the first positive results of the efforts by the Government. In east Asia, increasing illicit opium poppy cultivation has been reported in the Republic of Korea; about 50,000 opium poppy plants were eradicated in the first half of 1993, compared with about 13,000 plants in the same period of 1992.

223. Illicit heroin laboratories continue to operate in the Golden Triangle in south-east Asia. In the opinion of the Thai authorities, about 10 tonnes of heroin are produced annually in some 25 clandestine laboratories located along the Myanmar and Thai borders. Heroin seizures made by the Thai law enforcement authorities totalled 1,431 kg in 1992 and 727 kg in the first six months of 1993. In 1992, an illicit heroin laboratory was dismantled in Malaysia, but the existence of such laboratories is suspected in other countries in south-east Asia as well.

224. China (mainland and Taiwan Province), Hong Kong, Japan, Malaysia, Philippines, Republic of Korea, Thailand and Viet Nam are increasingly being used as transit points for illicit consignments of heroin from south-east Asia destined for Australia, Canada and the United States, as well as for countries in Europe. Bangkok remains an important embarkation point for heroin couriers bound for Europe and North America; in 1992, a total of 350 kg of heroin was seized at the airport at Bangkok. In the first half of 1993, 1,945 kg of opium and 1,898 kg of heroin were seized by the Chinese authorities, mainly in Yunnan Province, which is adjacent to the north-east border of Myanmar. In China, the growing frequency of seizures and amounts seized reflect the increasing illicit traffic and, at the same time, more effective law enforcement efforts. The number of officers of the Chinese drug law enforcement authorities (police and customs) has been substantially increased, their training has been improved and special anti-drug squads with drug-scenting dogs have been established.

225. The traditional abuse of opium still continues in the hill areas of south-east Asia. In 1992, the number of opium abusers was estimated to be about 42,000 in the Lao People's Democratic Republic and between 100,000 and 150,000 in Viet Nam. In Thailand, the success of development programmes in reducing the availability of opium, improving the accessibility of the northern highlands and increasing the cash resources of villagers has unfortunately led to the substitution of heroin for opium. The intravenous abuse of heroin is spreading among the hill-tribes in Thailand and in the border areas of Myanmar, where, because of their close proximity to trafficking routes, heroin is readily available. The propagation of heroin abuse along the border areas and trafficking routes is of great concern to the Government of China; heroin abuse, which was initially concentrated in the southern provinces, is spreading to other parts of the country.

226. A radical change has been reported in the Republic of Korea. Until 1992, the Republic of Korea had been used as a transit country for heroin from south-east Asia; but in 1992 and 1993, an unprecedented number of heroin abuse cases have been detected. Due to a similar spillover effect, Taiwan Province of China also seems to be on its way to becoming an area in which heroin is abused.

227. The abuse of cough medicines containing codeine is increasingly being reported in Brunei Darussalam, Hong Kong, Malaysia, Myanmar and Philippines. The free availability of such pharmaceutical preparations is a major contributing factor.

228. There has been a significant increase in cocaine seizures in Hong Kong, Japan, the Philippines and the Republic of Korea; this may be an indication that South American cartels have included the region as one of its target areas. The volume of the illicit cocaine traffic in those areas seems negligible, however, compared with the volume of such traffic in Europe or Central, North or South America. The possibility that South American cartels may have developed ties with local criminal organizations has given the authorities of Japan cause for concern. Taking into account the popularity of stimulant drugs in several countries in the region, the Board invites the Governments of those countries to introduce effective measures for the prevention of illicit cocaine traffic, because the increased availability of cocaine might lead to an outbreak of cocaine abuse of major proportions.

229. The illicit manufacture of, traffic in and abuse of amphetamines, above all methamphetamine, constitute a major problem in several countries in the region. Taiwan Province of China has remained



a major supplier of methamphetamine for Japan, the Philippines and the Republic of Korea, but the illicit manufacture of the drug has also taken place in other areas. Several clandestine methamphetamine laboratories were dismantled in China in 1992, and four were detected in Thailand in the first six months of 1993. Measures against the illicit manufacture and import of ephedrine, the most important precursor for the production of amphetamines, have been introduced in the Republic of Korea; and special regulations for the control of ephedrine were enacted in China in 1993.

230. In Japan and the Republic of Korea, methamphetamine has remained the most abused drug. In Thailand, the abuse of amphetamine tablets has been associated with a number of problems, including a high incidence of motor vehicle accidents. A random test carried out at the major bus terminals at Bangkok in January 1993 revealed that 35 per cent of the bus drivers had taken amphetamines.

231. The Board notes with satisfaction the increased cooperation between the law enforcement authorities of China, Hong Kong and Japan in the prevention of illicit traffic in methamphetamine and ephedrine. In Japan, over 166 kg of methamphetamine were seized and 15,311 methamphetamine offenders were arrested in 1992. As a part of the ongoing programme for the prevention of drug abuse in Japan, the Government is conducting, in collaboration with non-governmental organizations, nationwide preventive education campaigns against stimulant abuse.

232. A mission of the Board visited Myanmar in January 1993. Border areas of Myanmar continue to be used for most of the illicit opium poppy cultivation taking place in the Golden Triangle. It appears that precursors are smuggled into those border areas not through central Myanmar but through neighbouring countries, from which access is easier due to better infrastructure. Thus, opium and heroin enter international trafficking routes mainly through China and Thailand and, to a much lesser extent, through central Myanmar, which may explain the relatively small quantities of opium and heroin seized by law enforcement authorities in Myanmar.

233. In Myanmar, encouraging developments include the peace arrangements between the Government and provincial leaders of border areas and their cooperation to enhance economic and social development in border areas, as well as the cooperation of the Government with neighbouring countries. Those developments will have a favourable impact on efforts to stem illicit opium poppy cultivation and opium and heroin trafficking in the region. Income substitution projects have to be accompanied by the improvement of infrastructure, thereby enabling the population in remote border areas to have better access to central Myanmar and to the border provinces of neighbouring countries that are enjoying more rapid economic development.

234. Income substitution projects must be accompanied by law enforcement efforts. The Board notes with satisfaction the increasing cooperation between Myanmar and its neighbouring countries. Since traffickers take advantage of weaknesses in national border control and the relatively poor infrastructure of the border areas of Myanmar, Governments in the region may wish to continue exploring further possibilities for effective cross-border cooperation, particularly in the law enforcement field.

235. The Government of Myanmar has strengthened its legislative provisions related to drug control. The Board trusts that that development will facilitate a more thorough investigation of trafficking activities, resulting in the apprehension of kingpin traffickers. Further progress needs to be achieved in controlling the distribution of psychotropic substances, in particular in gaining control of the parallel distribution systems that have developed, partly because of shortages in the regular pharmaceutical supply. The large-scale smuggling, mainly out of India, of medical preparations containing narcotic drugs and psychotropic substances may have already led to their widespread abuse; the extent and consequences of that development, however, have not yet been fully assessed. Trafficking in

Phensedyl, a cough medicine containing codeine, seems to be the most frequent, since the majority of drug seizure cases involve that drug.

## 2. South Asia

236. Of the six States in South Asia, four are parties to the 1961 Convention. In 1993, following the mission of the Board to Sri Lanka, that State became a party to the 1971 Convention, raising to three the number of States in the region that are parties to that Convention. With the exception of Maldives, all the States in the region are parties to the 1988 Convention.

237. All of the countries in the region are improving and updating their national narcotics legislation, strengthening their drug control administration and enhancing their activities in the fields of law enforcement, programmes for the treatment and rehabilitation of drug-dependent persons, preventive education and information systems. The assistance provided by UNDCP is highly appreciated by the Board.

238. Large-scale cannabis cultivation continues in the jungle areas of south-eastern Sri Lanka. Illicit cultivation remains a problem in Bangladesh despite the government ban imposed in 1990. In India, illicit cannabis plantations were destroyed in 1992 in Kerala, Manipur, Nagaland and Tamil Nadu. A significant increase in the illicit cannabis traffic has been observed by the Indian authorities; 50 tonnes of cannabis and large illicit consignments of cannabis resin were seized in India along its borders with Nepal and Pakistan in the first six months of 1993. Nepal remains an important source of cannabis resin for countries in Europe, as well as for India. Substantial amounts of cannabis from Sri Lanka have been seized in Europe. In 1993, several seizures of cannabis oil have been made in Maldives.

239. The abuse of cannabis is common in Nepal and in other countries in the region. The abuse of cannabis oil has recently been reported in Maldives.

240. In India, opium poppy is cultivated licitly and opium is produced under government control (see also paragraph 61 above). In 1992, some illicit poppy plantations were detected and eradicated in Arunacher Pradesh, Manipur and Rajasthan. More than 1.5 tonnes of opium were seized in India in the first six months of 1993. Illicit poppy plantations were also discovered in Nepal near the Indian border in 1992.

241. In India, clandestine heroin laboratories have been dismantled in Uttar Pradesh and in the state border areas of Madhya Pradesh and Rajasthan. Large quantities of acetic anhydride have been seized in Gujarat and at the Indian border with Pakistan. Acetic anhydride has been placed under the control regime of the narcotic drugs and psychotropic substances act by the narcotic drugs and psychotropic substances (regulation of controlled substances) order. The order, which entered into force on 15 April 1993, enhances controls over the manufacture, sale, import, export and transportation of acetic anhydride. About 16,000 litres of acetic anhydride have already been confiscated in the first six months of 1993.

242. Transit traffic in heroin from south-west and south-east Asia constitutes a major problem in the region, one that is growing. In India, heroin seizures almost doubled in 1992 compared with the figure for 1991 and the trend has continued in 1993. The illicit traffic in heroin from its source countries to countries in Europe and North America through Bangladesh continues. It is difficult to prevent that illicit activity because it is taking place mainly in the hill areas at the border of Bangladesh and Myanmar; in addition, control efforts have been hampered by a lack of resources. There are signs that Maldives is increasingly being used by illicit traffickers as a transit point for heroin shipments.

243. The increase in illicit traffic in heroin has been accompanied by its growing abuse in certain parts of the region. In India, heroin abuse remains a major concern; originally confined to the north-eastern states and larger cities, the habit is now reaching other areas. Intravenous administration of heroin and the high incidence of human immunodeficiency virus (HIV) infection resulting from that form of abuse have become major problems at Bombay. The abuse of heroin remains a major problem in Nepal, mainly in the Kathmandu and Pokhara valleys. In Sri Lanka, heroin abuse is increasing; there are about 50,000 heroin abusers, according to government estimates. Heroin abuse has recently escalated drastically in Maldives: the proportion of abusers in the total population is estimated to be very high; most of them are at Male, the capital. Although the number of heroin-dependent persons remains relatively small in Bangladesh, heroin abuse is increasing, mainly among young people in urban slum areas. A recent study conducted at Dhaka has revealed that pethidine is being abused by students on a large scale. An increase in the incidence of buprenorphine abuse has been reported in India.

244. The increasing illicit manufacture of methaqualone constitutes a major problem in India. Three clandestine units were dismantled in the Bombay area in 1992. The bulk of the methaqualone smuggled out of India in large quantities is destined for South Africa, but methaqualone abuse has also started to spread in African countries that are used as transit points (see paragraphs 132-134 above). In January 1993, Indian authorities seized 3,200 kg of methaqualone bound for South Africa, their largest seizure to date. At the interregional conference on the illicit traffic in methaqualone between the Indian subcontinent and eastern and southern Africa, organized by ICPO/Interpol at New Delhi from 9 to 11 December 1992, it was estimated that the profits generated by such traffic were laundered by purchasing high-cost goods. The Board is confident that the efforts of the Government of India and the improvement of the cooperation between the law enforcement services in the African region will lead to the detection and dismantling of illicit manufacturing units in India, thereby depriving illicit traffickers of their supply source.

245. The growing abuse of pharmaceutical preparations containing psychotropic substances has been reported by every country in the region.

246. A nationwide pilot survey on the prevalence of drug abuse will be conducted by the Government of India with the support of UNDCP.

247. In March 1993, a mission of the Board visited India, where it conducted a thorough review of the prevailing control measures as they applied to the licit cultivation of opium poppy and the production and processing of raw opium and its alkaloids. The mission was undertaken as follow-up to a 1991 mission of the Board to that country.

248. The 1993 mission, which surveyed the opium-growing areas of Madhya Pradesh, Rajasthan and Uttar Pradesh, as well as the opium and alkaloid factories, found that the licit cultivation of poppy and processing of opium in India were taking place in conformity with the provisions of the 1961 Convention, although some opium was being diverted at the production level and from factories into illicit channels. While the precise extent of the diversion in the growing areas is extremely difficult to measure, the mission, on the basis of data furnished to it by the Government and information it collected itself, estimated that the amount of raw opium diverted from the opium and alkaloids factories into illicit channels to be around 6-7 per cent, including wastage. Recommendations to further strengthen controls over the licit production and processing of opium were communicated to the Government of India. The Board welcomes the fact that the Government has already begun to implement the recommendations made by the Board. It looks forward to a minimal loss of licit opium and to the establishment of near-perfect controls at all levels.

### 3. West Asia

249. In 1992, the Islamic Republic of Iran became a party to the 1988 Convention. In 1993, Armenia has become a party to the 1961 Convention, the 1971 Convention and the 1988 Convention, Israel has become a party to the 1971 Convention and Azerbaijan has become a party to the 1988 Convention.

250. The Board urges the newly independent States in the region of West Asia\* to become parties to the international drug control treaties as soon as possible, to build up the legal, administrative and law enforcement apparatus necessary for the functioning of national and international drug control systems. The assistance provided by UNDCP in the formulation of legal instruments of several countries in the region is highly appreciated by the Board.

251. The Board welcomes the initiatives and efforts of the Governments of Iran (Islamic Republic of), Pakistan and Turkey to strengthen cooperation with the Governments of other countries in the region, above all, with those of Afghanistan and the newly independent States in central Asia and in the Caucasus. The Board notes with satisfaction that the Government of Afghanistan, with the assistance of UNDCP, will enter into close cooperation with Iran (Islamic Republic of) and Pakistan. The Board welcomes the inclusion of drug abuse control initiatives in a national strategy in Pakistan and hopes that the decision concerning drug control issues in the Eighth Five-Year Plan will be implemented by the new Government.

252. There is an urgent need to strengthen national legal frameworks. The Board notes the adoption in Yemen of the dangerous drugs (amendment) bill 1992/1993, the first specifically drug-oriented law in that country, the adoption in Pakistan of the anti-narcotics task force ordinance, 1992, and the establishment in Lebanon of the inter-ministerial commission for drug control, a high-level coordinating body.

253. The cultivation of cannabis and the production of and illicit traffic in cannabis resin constitute a major problem in the region. There are indications that Afghanistan has remained the main source of cannabis resin that is smuggled into Pakistan to be transported to Europe along different trafficking routes. The cultivation of cannabis and the production of cannabis resin are also taking place on Pakistan territory, mainly in the North-West Frontier Province. The successful eradication campaigns conducted in 1991 and 1992 in the Beqaa valley in Lebanon have been continued in 1993. It was pointed out in the report of the Board for 1992<sup>28</sup> that cannabis grows wild on about 140,000 hectares in Kazakhstan and 6,000 hectares in Kyrgyzstan. There is considerable illicit traffic in cannabis in CIS member States, moving from central Asia towards other parts of the former Union of Soviet Socialist Republics.

254. In Pakistan, 191 tonnes of cannabis resin were seized in 1992 by the law enforcement authorities. The variety of transit routes is illustrated by the following list of countries in the region where substantial amounts of cannabis resin were seized in 1992: Iran (Islamic Republic of) (3.5 tonnes), Jordan (3 tonnes), Lebanon (4.2 tonnes), Saudi Arabia (3 tonnes), Turkey (20.9 tonnes), United Arab Emirates (3 tonnes) and Yemen (12 tonnes). Large quantities of cannabis resin destined for Europe are transported via seaports in Africa, mainly in eastern Africa. According to CCC reports, between May and September 1993, nearly 25 tonnes of cannabis resin were seized in four European countries on their way through Africa in containerized shipments of either tea or cotton fabrics.

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\*The region of West Asia comprises the 16 countries in the region formerly referred to as the Near and Middle East in annual reports of the Board, together with the following newly independent States of the former Union of Soviet Socialist Republics: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

255. No reliable data are available on the extent of cannabis abuse in West Asia, but in some countries in the region it seems to be significant.

256. Afghanistan remains one of the largest producers of illicit opium in the world. According to some estimates, in 1992, poppy was cultivated on about 57,000 hectares and about 2,000 tonnes of raw opium were produced. Despite the recent use of satellite imagery, the lack of accurate data on illicit poppy cultivation and opium production in Afghanistan continues to pose a problem. In Pakistan, a rising trend in illicit poppy cultivation has been observed after an initial drop immediately after the ban entered into force in 1979. Enforcement of the ban is difficult because of the constitutional status of the tribal areas of the North-West Frontier Province, where most of the illicit poppy cultivation takes place. Opium production in Pakistan is estimated at 140-180 tonnes annually. The systematic large-scale eradication of illicit poppy plantations has continued in Lebanon.

257. Despite the ban on illicit opium production that was introduced in 1987 during the Soviet regime, such production continues in most newly independent States of the former Union of Soviet Socialist Republics. Farmers grow poppy on small plots and in gardens, mostly for their personal use. The eradication of a number of such poppy fields is regularly reported in Kazakhstan, Kyrgyzstan and Turkmenistan, but many, especially those in inaccessible mountainous areas, remain undetected.

258. Most of the processing of opium into heroin in Pakistan is believed to take place in the Tirah area of the Khyber district, close to the border with Afghanistan. It is difficult to control the so-called Durand line, the border between Afghanistan and Pakistan, which cuts through practically inaccessible tribal territories. Due to that situation, the drug problem of Pakistan is interconnected with that of Afghanistan. Around 100 heroin laboratories are believed to be operating in that area.

259. The illicit traffic in opium, morphine and heroin within the region and the smuggling of heroin out of the region into other regions, mainly Europe, remain major problems. A total of 1.5 tonnes of heroin was seized in Pakistan in the first four months of 1993, more than double the amount seized in the same period in 1992. Also in the first four months of 1993, about 1.4 tonnes of opium were seized, a decrease compared with the same period in 1992. The Balkan route is still one of the major routes used to supply Europe with heroin. It has been estimated that between 70 and 80 per cent of the heroin seized in Europe in 1992 had arrived via that route, reaching the Islamic Republic of Iran and then Turkey by land from Afghanistan and Pakistan. The authorities of the Islamic Republic of Iran seized 4,113 kg of heroin in 1992, compared with 450 kg in 1991 and 1,800 kg in 1990. In Turkey, heroin seizures decreased from 1,351 kg in 1991 to 984 kg in 1992, whereas morphine seizures increased from 149 kg in 1991 to 4,512 kg in 1992. The sharp increase in the volume of morphine seized in Turkey in 1992, accompanied by a decrease in heroin seizures, might have been the direct result of the successful interception of acetic anhydride shipments from western Europe by law enforcement authorities. Increased illicit trafficking in morphine and heroin has been reported in Jordan, Lebanon and the Syrian Arab Republic. In Yemen, 2 tonnes of morphine were seized in January 1993 from a ship *en route* from Pakistan to Turkey. There have been no seizures reported in the CIS member States in the region, but there seems to be considerable illicit trafficking in opiates from the Golden Crescent through Turkmenistan, Azerbaijan and Georgia to Turkey.

260. Illicit trafficking in opium and poppy straw has been reported in the newly independent States of the former Union of Soviet Socialist Republics. No data are available on the amount of opium and poppy straw smuggled out of West Asia into CIS member States in Europe.

261. Information on the extent of opiate abuse in the region is scanty. Reports referring to 500 tonnes of opium consumed by abusers in Pakistan and to 400,000 opium addicts and 200,000 heroin addicts in the Islamic Republic of Iran may reflect the situation in several countries in the region. In Pakistan,

a national survey on drug abuse is being carried out. The Board urges Governments of countries in the region to conduct similar surveys.

262. No major cocaine abuse or trafficking problems have been reported in the region. The year 1992, however, saw an increase in the volume of seizures of both cocaine and coca paste in Lebanon. A total of 143 kg of cocaine were seized in Lebanon in 1992, compared with 13 kg in 1991.

263. The illicit traffic in fenetylline from Europe to large illicit markets in the Arab Peninsula has continued. In 1992, the number of fenetylline tablets seized amounted to 33,500 in Jordan, over 2 million in Saudi Arabia, 72,150 in the Syrian Arab Republic and 2 million in Turkey. The Board hopes that recent changes and new control measures adopted in Bulgaria will contribute to the prevention of this illicit activity (see paragraphs 298-300 below). The Board invites Governments in West Asia to cooperate with the Bulgarian authorities in finding a solution to the problem. They may also wish to undertake studies to determine the extent and patterns of abuse in order to work out an efficient demand reduction strategy.

264. A mission of the Board visited Israel in December 1992. Israel is used as a transit country to transport to Europe cannabis resin and heroin originating in West Asia. Although funds allocated to social issues are limited in Israel, the Government has a well-balanced drug control policy and has been able to apply innovative approaches, especially in drug abuse prevention and in the treatment and rehabilitation of drug-dependent persons.

265. About 154,000 Israelis are estimated to abuse psychoactive substances, including sleeping pills and methadone. Of the 30,000 people in that group who are considered to be drug-dependent, 60 per cent are heroin-dependent. Cannabis and heroin are the most popular drugs of abuse; the abuse of cocaine and hallucinogens is secondary, although increasing. Heroin is smoked rather than injected. Flunitrazepam and fenetylline are also abused, usually in combination with heroin.

266. The abuse of cannabis resin, originating mostly in Lebanon, is widespread in Israel. In recent years, there has been a radical shift from cannabis resin to heroin.

267. The illicit manufacture of drugs appears to be limited in Israel. A small illicit laboratory manufacturing MDMA for local consumption was discovered in 1991. It is estimated that 500 kg of cocaine enter the country annually. About 50 per cent of the heroin seized entered the country from Lebanon; the rest is from south-west Asia, but, interestingly enough, entered the country via Europe or south-east Asia.

268. The abuse of methadone, a consequence of the liberal prescribing of that drug for the maintenance of opiate abusers in the 1970s, is widespread. Recently imposed restrictions on methadone prescribing may have contributed to an increase in the incidence of cases involving heroin abuse.

#### **D. Europe**

269. In 1993, Croatia, Bosnia and Herzegovina, Latvia and the former Yugoslav Republic of Macedonia have become parties to the 1961 Convention, raising to 38 the number of States in Europe that are parties to that Convention.

270. Bosnia and Herzegovina, Croatia, Latvia, Netherlands, Romania, Slovakia and the former Yugoslav Republic of Macedonia have become parties to the 1971 Convention, increasing to 33 the

number of European States that are parties to that Convention. Albania, Austria, Belgium, Liechtenstein and Switzerland have yet to become parties to the Convention.

271. Bosnia and Herzegovina, Croatia, Netherlands, Romania, Slovakia and the former Yugoslav Republic of Macedonia have become parties to the 1988 Convention. Twenty-three States in the region are parties to that Convention.

272. Since the last report of the Board, its missions have visited two countries in the region - Bulgaria and Poland (see paragraphs 298-305 below). A training seminar was organized in Poland for national drug control administrators from central and eastern Europe and CIS.

273. Council of the European Communities directive 91/308/EEC,<sup>29</sup> on prevention of the use of the financial system for the purpose of money-laundering, entered into force in 1993. New legislation is being adopted by EEC member States to comply with regulations for the control of precursors (see paragraphs 103-105 above). There is an urgent need to ratify the implementation agreements of the Schengen Accord to strengthen controls at the external borders of all EEC member States. Preparatory work on a draft convention establishing a European police force (EUROPOL) is advancing. Broad consensus has been reached on the setting up of a European drug unit. EEC has created a joint computerized Schengen Information System (SIS). The Pompidou Group of the Council of Europe is drafting a convention on illicit traffic on the high seas.

274. The Board greatly appreciates the assistance provided by UNDCP to central and eastern European countries on the development of new or the updating of existing legal instruments related to drug control. In 1993, proposals for such new legislation have already been made in Belarus, Estonia, Latvia, Lithuania, Russian Federation and Ukraine. In Albania, Bulgaria and Poland, particular difficulties have been encountered in the adoption of new drug control laws; the needs of those countries in the area of drug control have been evaluated.

275. In this context, however, the Board views with concern certain developments in 1993, particularly in Italy, where existing laws have been softened at a time when the international community as a whole is making urgent calls for the universalization of treaty adherence. The Board hopes that nothing will be done by European countries that could have the effect of weakening the international and national drug control regimes.

276. National drug control systems have been strengthened in several European countries, including the Czech Republic, Norway and Slovakia, by creating coordinating bodies. A national coordinator was nominated in Germany in 1992.

277. Abolition of border controls within EEC, the opening of the borders between east and west and the political turmoil and open war in former republics of Yugoslavia constitute major challenges to drug control and law enforcement authorities in the fulfilment of their responsibilities.

278. The Board greatly appreciates the efforts of UNDCP aimed at developing and coordinating the assistance strategy related to bilateral and multilateral drug control in central and eastern European countries, the Baltic States and CIS member States. The coordination and timely implementation of the different assistance programmes constitute two of the key elements in the development of the new structures that are necessary for the prevention of drug abuse and illicit traffic in those countries.

279. The control of licit drug manufacture, trade and distribution has become complicated in formerly socialist countries in the region because of the huge number of new companies that have started to manufacture and deal in narcotic drugs, psychotropic substances and precursors.

280. The dissolution of the Council for Mutual Economic Assistance has led to the bankruptcy of a great number of chemical and pharmaceutical companies. In formerly socialist countries, many skilled chemists have been left without a source of income. The illicit manufacture by a company in Latvia of millions of tablets containing methylenedioxymphetamine (MDA), an amphetamine derivative also known as tenamphetamine (see paragraph 294 below), should be regarded as a warning signal: the company had been unable to pay its employees their salaries for three months before the operation began.

281. In the former Union of Soviet Socialist Republics, international trade by road, rail and air is steadily growing with virtually no control mechanisms in place.

282. The rise in criminality in Belarus, the Russian Federation and Ukraine is associated with drug trafficking. In 1992 in Belarus, 618 gangs of criminals involved in drug-related crimes were discovered. In that same year in the Russian Federation, 20 tonnes of narcotic drugs were seized and the number of drug-related crimes rose to more than 29,000. Drug traffickers from Belarus, the Russian Federation and Ukraine are expanding their operations, often via Poland, to countries in central and western Europe, having made Warsaw and Prague their principal bases for contacts with international drug traffickers from the west.

283. Cases involving illicit cannabis cultivation have been reported in several countries, but such activity is usually limited to small plots of land, gardens or greenhouses. There are only four countries in the region - Belarus, the Netherlands, the Russian Federation and Ukraine - where domestic cannabis cultivation plays a major part in supplying illicit markets at home and in neighbouring countries. In the former Union of Soviet Socialist Republics domestic cultivation constitutes the main supply source for cannabis abusers. Substantial quantities of cannabis and cannabis resin are smuggled into the Netherlands despite the extensive illicit cannabis cultivation in that country (300,000 cannabis plants were destroyed there in 1992).

284. Huge quantities of cannabis and cannabis resin are smuggled into Europe out of Africa and West Asia. For illicit consignments originating in Africa and destined for European countries, Morocco remains the main source and Spain continues to be the principal point of entry, as evidenced by the largest cannabis seizures in Europe in 1991 and 1992. According to 1992 seizure reports, Asian cannabis resin seized in Europe originated in Lebanon, Nepal, Pakistan and Turkey.

285. Cannabis remains the main drug of abuse in Europe. No changes have been observed concerning the extent of cannabis abuse in Europe as a whole, with the exception of formerly socialist countries, where cannabis abuse has been increasing. Whereas in the United States, the number of cannabis abusers has decreased in the last few years, no such trend has emerged in Europe. More and more Governments have taken a position against the liberalization of cannabis smoking; even experts who were inclined to exempt from narcotics control measures marijuana with a THC content of 1 or 2 per cent no longer regard as "soft" drugs the cannabis varieties cultivated in the Netherlands, which may be ten times more potent. The dialogue between the Government of the Netherlands and the Board has led to lively discussion among the general public and at the governmental level in that country. The Board is confident that the Government of the Netherlands will take the necessary measures to limit the cultivation of cannabis and the expansion of so-called coffee-shops, in which a person may purchase up to 30 grams of cannabis products.<sup>30</sup>

286. A great number of illicit poppy plantations have been detected in Belarus, the Russian Federation and Ukraine. The cultivation of poppy for culinary purposes has been traditional in those countries; however, the use of poppy straw, a by-product of that activity, to prepare an abusable extract is a recent phenomenon. Farmers in the CIS member States in Europe have resisted a total ban against poppy cultivation that was introduced in 1987. The situation is slightly different in other formerly



socialist countries, where poppy cultivation has remained a licit activity. In some countries, various measures have been introduced to prevent poppy straw from becoming freely available. For example, in Poland, a licensing system has been introduced and a new poppy variety with a low morphine content has been developed.

287. With the exception of a few isolated cases, there have been no recent signs of opium production in Europe; and no professionally organized clandestine heroin or morphine laboratories have been detected. In eastern Europe, however, there are a great number of "kitchen laboratories", in which abusers, individually or in groups, process poppy straw.

288. West Asia remains the main source of heroin destined for Europe (70-80 per cent of the heroin seized in Europe in 1992 originated in that region). Turkey remains the principal gateway for illicit heroin consignments. The turmoil in former republics of Yugoslavia and the opening of the borders of formerly socialist countries have contributed to a northward shifting of the traditional Balkan route (Turkey-Bulgaria-Yugoslavia-Austria-Germany). Diversification of trafficking routes has been noted: south-west Asian heroin is being increasingly smuggled through CIS member States. The Czech Republic, Hungary, Romania and Slovakia are increasingly being used as storage and transshipment points for illicit heroin consignments destined for western Europe. The smuggling of heroin via Greece and by ferry from there to Italy continues. The Russian Federation has also become a transit country used in smuggling heroin out of south-east and south-west Asia into Europe.

289. The abuse of heroin continues to be a major problem in many European countries. Poppy straw extract is increasingly being abused in central and eastern Europe. The abuse of opiates in combination with barbiturates or other sedatives is not a new practice, but new variations have been reported in Germany (the abuse of opiates combined with pentobarbital or flunitrazepam), in Poland (the abuse of poppy straw extract mixed with barbiturates) and in the United Kingdom (the abuse of opiates combined with temazepam). The abuse of synthetic opiates (methadone, fentanyl and 3-methylfentanyl) has been reported in the Russian Federation. An increase in deaths related to the abuse of drugs has been reported in several countries in the region.

290. The illicit traffic in and abuse of cocaine is increasing in Europe even in the eastern part of the continent. Colombia is still the source of the overwhelming majority of the cocaine found on illicit markets in Europe. Because of their linguistic and cultural ties with South America, Portugal and Spain constitute important points of entry for South American drug cartels cooperating with European drug trafficking syndicates at the distribution level. The largest cocaine seizures have been made in Spain, but seaports and airports in Belgium and the Netherlands seem to be frequent targets of bulk shipments of cocaine from South America.

291. Airports in eastern and central European countries (more recent examples being the airports at Budapest and Sofia) are frequently being used as transit points by cocaine couriers arriving from South America who continue by train or by road to their destinations in western Europe. Significant cocaine seizures have recently been made at the airport at Bucharest. And there are indications that the airport at Prague is being used as a transshipment point by South American cocaine traffickers operating with Czech nationals. In 1993, over 1 tonne of cocaine destined for illicit markets in western Europe was seized at St. Petersburg after it had been transported from Colombia by ship through Finland and Sweden. That seizure might indicate the opening of a new trafficking route.

292. There are signs that clandestine laboratories in different countries in the region have started to convert cocaine hydrochloride to cocaine base (crack). Crack abuse has been reported mainly in the United Kingdom; increasing quantities of crack are being transported to the United Kingdom from Caribbean countries, particularly Jamaica.

293. The illicit manufacture of amphetamine constitutes a major problem in Europe. About 80 per cent of the amphetamine seized in western Europe originates in the Netherlands; however, large-scale production is also taking place in eastern and central Europe, above all in Poland, where there seems to be a substantial number of clandestine laboratories. About 20 per cent of all the amphetamine seized in Scandinavian countries is of Polish origin. In Bulgaria, State-owned companies were engaged in the manufacture of amphetamines and amphetamine derivatives, including fenetylline, which were exported to States in the area of the Persian Gulf without authorization. Eight clandestine amphetamine laboratories and three clandestine methamphetamine laboratories have been discovered in the United Kingdom.

294. The illicit manufacture of hallucinogenic amphetamines has increased drastically. MDMA (commonly known as "ecstasy"), MDA and N-ethylmethylenedioxyamphetamine (MDEA, also known as N-ethyl-tenamphetamine, N-ethyl-MDA, MDE or "Eve") are the most popular representatives of this group of compounds in which, generally speaking, the hallucinogenic effect of mescaline and the stimulant effect of amphetamine are combined. There has been a substantial increase in the illicit manufacture of and traffic in MDMA in several countries in the region. Large-scale production of MDA and MDEA has been reported in the Netherlands. Significant quantities of MDEA were manufactured by a chemical company in Hungary at the request of a Netherlands-Hungarian joint venture company. In 1992, about 54 kg of the substance was seized in bulk in Hungary and millions of MDEA tablets were seized in the Netherlands. The legal basis for the seizure of the tablets was the unauthorized manufacture of tablets, because the substance itself was not under national control in the Netherlands. In 1992, a successful investigation conducted by German authorities and international cooperation led to the seizure of 3 tonnes of MDA tablets that had been manufactured by a pharmaceutical company in Latvia; Belgium and the Netherlands were the target countries.

295. The large-scale abuse of amphetamines has been reported in many European countries, including Belgium, Denmark, Germany, Sweden and United Kingdom. There has been a drastic increase in the incidence of abuse of hallucinogenic amphetamines. MDA, MDMA and, increasingly, MDEA are being used by young adults in nightclubs and at all-night dance parties in the United Kingdom; the practice has resulted in a number of overdoses. In Italy, where many Saturday night accidents have been attributed to the abuse of MDMA, seizures of that substance increased by more than 800 per cent in 1992, compared with the figures for the preceding year. Similar developments have been reported in other European countries.

296. In the report of the Board for 1992,<sup>31</sup> it was pointed out that in some CIS member States ephedrine is extracted from pharmaceutical preparations and is converted into the more potent ephedrone, which is chemically identical to the methcathinone (also known as "cat") that is increasingly being abused in the United States. Ephedrone production and abuse have continued in Belarus, the Russian Federation and Ukraine and in the Baltic States (Estonia, Latvia and Lithuania). Ephedrine is frequently abused in the Czech Republic, where the same substance is also used in the illicit manufacture of methamphetamine.

297. The incidence of cases involving the abuse of LSD has remained high in several European countries. There has been an increase in the number of seizures and in the quantities seized in the region. For example, in Germany, there was an increase of over 100 per cent in the frequency and quantities of LSD seized in 1992, compared with the figures for the preceding year. Furthermore, a number of deaths related to LSD abuse have been registered in the United Kingdom. The Netherlands and the United States are the main supply sources of LSD found in Europe.

298. A mission of the Board visited Bulgaria in April 1993. Investigations revealed that in the 1980s State-owned companies in Bulgaria had manufactured large quantities of counterfeit fenetylline tablets under the brand name Captagon using amphetamine and fenetylline illicitly produced for that purpose.

The counterfeit Captagon tablets had then been smuggled mainly into countries in West Asia. State-owned companies in Bulgaria had also used illicitly produced amphetamine to manufacture stimulants not under international control, which had then been exported to countries in Africa, frequently in the form of counterfeit amphetamine tablets.

299. The Bulgarian authorities assured the mission of the Board that the illicit manufacture of amphetamine and fenetylline had been stopped. The Board requested the Bulgarian authorities to vigorously investigate the illegal activities of the past and, to that end, to cooperate with the Governments of countries affected by the illegal export of controlled stimulants from Bulgaria. The mission welcomed the efforts made by law enforcement authorities in Bulgaria to prevent the illicit manufacture of stimulants from shifting from pharmaceutical companies to clandestine laboratories. The Board trusts that the Bulgarian Government will, as a matter of priority, strengthen the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances.

300. The Board notes with appreciation the initial steps taken by the Government of Bulgaria in 1993 to strengthen the control system in that country, including steps towards the adoption of new legislation, the establishment of a mechanism for inter-ministerial coordination and the elaboration of a comprehensive national drug control policy.

301. At the end of 1992, a mission of the Board visited Poland to review drug control issues related to the implementation of provisions of the 1961 Convention and the 1971 Convention and to discuss with the Government the problems connected with illicit drug manufacture, trafficking and abuse.

302. The legislation currently in force was introduced in 1985, when international trafficking was not a serious threat in Poland. It focuses on education; prevention of the abuse of home-made poppy straw extract and heroin preparations; the restriction of poppy cultivation; and the treatment, rehabilitation and care of drug-dependent persons. Since 1985, there have been changes in the extent and frequency of illicit manufacture of drugs (mainly amphetamine), illicit drug trafficking connected with the appearance of international organized criminal groups from east and west, and drug abuse. Current legislation does not contain the provisions necessary for the prevention and prosecution of drug-related criminal offences.

303. The Board welcomes the first steps taken by the Government of Poland since its mission, including the ratification of the 1972 Protocol, the introduction of a draft decision to the parliament concerning the penalization of the illegal possession of narcotic drugs and psychotropic substances (an important element missing in current legislation), the initiation of the process of ratifying the 1988 Convention, and the development of new legal instruments with assistance provided by UNDCP.

304. A training seminar of the Board, organized by the Government of Poland and UNDCP for national drug control administrators from central and eastern Europe and CIS member States, was held at Warsaw from 20 to 24 September 1993. It is expected that such training will lead to strengthened control and monitoring of the legal manufacture of, trade in and distribution of narcotic drugs and psychotropic substances in Poland and in other countries in the region that were represented at the seminar.

305. There is a need to strengthen customs services at Polish borders. It is hoped that the establishment at Warsaw of the Regional Intelligence Liaison Office of CCC, in cooperation with UNDCP, will help to improve the prevention of illicit drug trafficking.

## **E. Oceania**

306. Of the 13 States in Oceania, only 8 are parties to the 1961 Convention and 7 are parties to the 1971 Convention. Only Australia and Fiji have acceded to the 1988 Convention and five States in the region are not parties to any of the international drug control treaties. The Board invites all States that have not already done so to become parties to those treaties.

307. Although the region has not yet become a focus of major international concern, the Pacific islands are increasingly being used by drug traffickers as transit points. The capacity of police and customs services is not sufficient to control the increasing illicit drug trade. In the region as a whole, with the exception of Australia and New Zealand, the problem of drug abuse seems to be limited to the abuse of cannabis, which is cultivated in several Pacific island countries.

308. As Pacific island countries move to modernize their economies and financial systems, they may become more attractive to external criminal elements. A growing number of countries have made themselves vulnerable to money-laundering activity by developing offshore banking operations. The Governments of those countries are aware of the possible danger posed by the situation but their current legislation is not sufficient to prevent such activity. Therefore, the Board urges Governments of Pacific island countries to accede to the 1988 Convention, develop the national legal instruments and the administrative and enforcement mechanisms necessary to implement the provisions of that Convention and to request assistance from UNDCP, if necessary.

309. The Board welcomes the recent intensification and broadening of cooperation in the South Pacific. The South Pacific Forum (with its 15 member States and territories) and the South Pacific Commission (with its 27 member States and territories) play an important role in the development of legislation and cooperation between police and customs services. At present, legal instruments are being drafted on extradition and mutual assistance in criminal matters and confiscation of proceeds of crime. Current activities include the updating of narcotics legislation in Samoa and the drafting of a drug act for Tonga.

310. In compliance with the provisions of the 1988 Convention, a monitoring system has been instituted in Australia for the substances under the control regime of that Convention.

311. A new electronic data communication system that is being introduced in Australia will improve communication between public health and customs authorities and will allow the monitoring of trends and patterns of licit consumption of narcotic drugs and psychotropic substances, including the identification of their overconsumption.

312. Cannabis is cultivated in Australia, Fiji and New Zealand and eradication campaigns are being conducted in all of those countries. In Samoa, Tonga and some other island countries cannabis is cultivated mainly for personal use. Since the late 1980s, there has been a drastic increase in cannabis cultivation in Papua New Guinea, where the number of cannabis producers has been estimated at 30,000-40,000. The climate and the fertile soil of Papua New Guinea are conducive to the growing of a highly potent cannabis hybrid, significant quantities of which are consumed locally or, increasingly, are smuggled overseas, mainly into Australia. Cannabis is being smuggled into Australia not only from Papua New Guinea, but also from south-east Asia.

313. Increasing cannabis abuse has been reported in Australia, Fiji, New Zealand and Samoa, and especially in Papua New Guinea. In Papua New Guinea, some severe health problems have been attributed to the abuse of hybrid cannabis varieties with a high THC content.

314. Licit poppy cultivation, poppy straw production and opiate manufacture are under strict governmental control on the Australian island of Tasmania.

315. In New Zealand, a sharp increase in the seizure of poppy plants was noted in the period 1992-1993. Morphine and heroin for local abuse continue to be manufactured in clandestine laboratories in New Zealand using pharmaceutical products containing codeine that have been obtained by robbing or breaking into pharmacies. Heroin is smuggled into Australia and New Zealand out of south-east Asia. Major heroin seizures have been reported in Australia, where the abuse of heroin is considered a serious problem. Cases involving the abuse of opioid analgesics (for example, morphine sulphate) have been reported in New Zealand.

316. The smuggling of cocaine out of the United States and countries in South America is on the increase in Australia.

317. Methamphetamine and amphetamine are clandestinely manufactured in Australia, mostly for illicit markets in that country and in New Zealand. MDMA is becoming more and more available in Australia; its manufacture and trade are controlled by motorcycle gangs. Cases involving MDMA abuse have also been reported in Papua New Guinea. The abuse of hallucinogens, particularly LSD, is considered a problem in New Zealand.

318. The Board notes with appreciation the efforts of the Government of Australia in the field of demand reduction.

(Signed) A. Hamid Ghodse  
(*President*)

(Signed) Mohamed Mansour  
(*Rapporteur*)

(Signed) Herbert Schaepe  
(*Secretary*)

Vienna, 18 November 1993

*Notes*

<sup>1</sup>E/CONF.82/15 and Corr.2.

<sup>2</sup>United Nations, *Treaty Series*, vol. 520, No. 7515.

<sup>3</sup>*Ibid.*, vol. 976, No. 14152.

<sup>4</sup>*Ibid.*, vol. 1019, No. 14956.

<sup>5</sup>"Report of the International Narcotics Control Board on the implementation of article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988" (E/CN.7/1993/6), paras. 27-28.

<sup>6</sup>See *Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Havana, 27 August-7 September 1990* (United Nations publication, Sales No. E.91.IV.2), chap. I, sect. C.

<sup>7</sup>*International Review of Criminal Policy*, No. 41/42 (United Nations publication, Sales No. E.93.IV.4).

<sup>8</sup>See *Report of the International Narcotics Control Board for 1992* (United Nations publication, Sales No. E.93.XI.1), paras. 13-24.

<sup>9</sup>See "Narcotic drugs: estimated world requirements for 1994; statistics for 1992" (E/INCB/1993/2), part two. The report will subsequently be issued as a United Nations sales publication.

<sup>10</sup>*Report of the International Narcotics Control Board for 1992* (United Nations publication, Sales No. E.93.XI.1), paras. 32-34.

<sup>11</sup>*Ibid.*, para. 40.

<sup>12</sup>*Ibid.*, para. 48.

<sup>13</sup>"Psychotropic substances: statistics for 1992; assessments of medical and scientific requirements for substances in Schedules II, III and IV; requirement of import authorizations for substances in Schedules III and IV" (E/INCB/1993/3), table I. The report will be subsequently issued as a United Nations sales publication.

<sup>14</sup>*Ibid.*, table II.

<sup>15</sup>*Report of the International Narcotics Control Board for 1992 ...*, para. 57.

<sup>16</sup>"Psychotropic substances: statistics for 1992 ...", table VI.

<sup>17</sup>*Ibid.*, table V.

<sup>18</sup>*Report of the International Narcotics Control Board for 1992 ...*, paras. 69-72 and 113.

<sup>19</sup>"Precursors and essential chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances: report of the International Narcotics Control Board on the implementation of article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988" (E/INCB/1993/4). The report will subsequently be issued as a United Nations sales publication.

<sup>20</sup>*Narcotic Drugs: Estimated World Requirements for 1993; Statistics for 1991* (United Nations publication, Sales No. E/F/S.92.XI.1).

<sup>21</sup>*Psychotropic Substances: Statistics for 1991; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV; Requirement of Import Authorizations for Substances in Schedules III and IV* (United Nations publication, Sales No. E/F/S.92.XI.2).

<sup>22</sup>*Official Journal of the European Communities*, No. L 357, 20 December 1990.

<sup>23</sup>*Ibid.*, No. L 96, 10 April 1992.

<sup>24</sup>*Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/1992/1).

<sup>25</sup>*Report of the International Narcotics Control Board for 1992 ...*, para. 107.

<sup>26</sup>*Ibid.*, paras. 69-72.

<sup>27</sup>*Ibid.*, para. 119.

<sup>28</sup>*Ibid.*, para. 238.

<sup>29</sup>*Official Journal of the European Communities*, No. L 166, 28 June 1991.

<sup>30</sup>*Report of the International Narcotics Control Board for 1992 ...*, para. 254.

<sup>31</sup>*Ibid.*, para. 241.

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## CURRENT MEMBERSHIP OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

### **Sirad ATMODJO**

Pharmacist. Assistant Instructor, Drug Dispensing Laboratory, Gajah Mada University (1955-1959). High-school teacher of Chemistry (1957-1959). Staff member, Directorate of Pharmaceutical Affairs, Ministry of Health of Indonesia (1959-1965). Director of Pharmaceutical Affairs, Ministry of Health (1965-1967). Director of Distribution, Directorate General of Pharmacy, Ministry of Health (1967-1975). Director of Narcotics and Dangerous Drugs (1975-1991) and Secretary (1981-1987) of the Directorate General of Food and Drug Control, Ministry of Health. Dean of the Faculty of Pharmacy (1987-1991) and Second Vice-Rector (since 1991) of "17 Agustus 1945" University. Member of the Board and member of the Standing Committee on Estimates (since 1987).

### **CAI Zhi-Ji**

Professor of Pharmacology. Director, National Institute on Drug Dependence, Beijing Medical University. Chairman of the Expert Committee on Narcotics and member of the Expert Committee on Drug Evaluation, Ministry of Public Health of China. Member of the Chinese Pharmacopoea Committee. Member of the Executive Committee, Vice-Chairman of the Section of Toxicology and committee member of the Section of Clinical Pharmacology and the Section of Neuropharmacology of the Chinese Pharmacological Society. Editor-in-Chief of the *Chinese Bulletin on Drug Dependence* and member of the Editorial Board of the *Chinese Journal of Clinical Pharmacology*. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems (since 1984). Member of the Board and member of the Standing Committee on Estimates (since 1985). Second Vice-President of the Board and Chairman of the Standing Committee on Estimates (1989, 1990 and 1992). Vice-Chairman of the Standing Committee on Estimates (1991).

### **Huáscar CAJIAS KAUFFMANN**

Lawyer. Recipient of Certificate of Specialization, School of Criminal Law, Rome University. Director of the Institute of Criminal Law, University of La Paz. Former Ambassador of Bolivia to the Holy See. Professor of Criminology and Penology, Universidad Mayor de San Andrés, La Paz. United Nations expert at Latin American seminars and study groups on crime prevention and the treatment of offenders (1953, 1963 and 1974). Member of the commissions that drafted the first narcotics control law in Bolivia (1959) and the present narcotics control law in Bolivia (1986). Alternate Representative of Bolivia at the International Conference on Drug Abuse and Illicit Trafficking (1987). Head of the Bolivian delegation at all meetings of experts to draft the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1987-1988). Director of the School of Law, Bolivian Catholic University. Member of the Board (since 1990) and Rapporteur (1991).

### **A. Hamid GHODSE**

Professor of Psychiatry. Director, Center for Addiction Studies, and member of the Academic Board and the Council, Saint George's Hospital Medical School, University of London. Director, Regional Drug Problem Treatment, Training and Research Unit, and Director, Regional Drug and Alcohol Team, South West Thames, Health Authority, United Kingdom of Great Britain and Northern Ireland. Adviser, Joint Formulary Committee, British National Formulary. Member of the WHO

Expert Advisory Panel on Drug Dependence and Alcohol. Chairman of the Substance Misuse Section, member of the Council and of the Court of Electors, Royal College of Psychiatrists, United Kingdom. Adviser, Health Advisory Service, National Health Service, United Kingdom (since 1992). Editor of the *International Journal of Social Psychiatry* and of the *Substance Misuse Bulletin*. Member of the Editorial Advisory Board of the *British Journal of Addiction*. Fellow (since 1985) of the Royal College of Psychiatrists, United Kingdom. Member (since 1988) and Fellow (1992) of the Royal College of Physicians, United Kingdom. Member, rapporteur and chairman of various WHO and EEC expert committees, review groups and other working groups on drug dependence, in particular, convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. M. S. McLeod Visiting Professor, Southern Australia Postgraduate Medical Education Association (1990). Member of the Board (since 1992) and member of the Standing Committee on Estimates (1992). President of the Board (1993).

#### **Mohsen KCHOUK**

Pharmacist-biologist; former student at the Pasteur Institute, Paris. Former Deputy Director of the Pasteur Institute, Tunis. Former Director of the Laboratories of Medical Biology and former Inspector General of the Ministry of Public Health, Tunis. Member of the Board (since 1977) and Rapporteur (1981 and 1982). Vice-Chairman of the Standing Committee on Estimates (1984). Vice-President of the Board and Chairman of the Standing Committee on Estimates (1985). Rapporteur (1987) and First Vice-President of the Board (1988, 1990 and 1992). Second Vice-President and Chairman of the Standing Committee on Estimates (1993).

#### **Gottfried MACHATA**

Doctor of Philosophy (Ph.D.) in Chemistry (1951) and Professor (1968). Pharmaceutical and chemical industry scientist (1951-1954). Head of the Department of Chemistry, Institute of Forensic Medicine, University of Vienna (1955-1990). Court Expert in Forensic Sciences and General Chemistry (since 1955). Expert on the Disarmament Commission (1983-1985). Member of the Senate Commission of the German Research Organization. Author of more than 135 published works in the field of toxicology. Recipient of the International Widmark Award and the Jean Servais Stas Médaille. Recipient of the gold medal of honour for scientific research of the Republic of Austria. Member of the Board and member of the Standing Committee on Estimates (since 1992). Vice-Chairman of the Standing Committee on Estimates (1993).

#### **Mohamed MANSOUR**

Director of Training Institute Affairs Administration, former Director of Operation Administration, Drug Enforcement Administration, Ministry of Interior, Egypt. Teacher of trainees and officers in drug enforcement and criminal investigations, Police Academy, Cairo, and Arab Institute for Police Studies, Saudi Arabia. Recipient of Bachelor's degree in law and police science, training at the Drug Enforcement Administration, Washington, D.C. (1974 and 1978). Recipient of the Honour of El-Gomhoria (1977) and the Honour of El-Estehkak (1984). Participant in various conferences and meetings in the drug enforcement field. Member of the Board (since 1990) and Rapporteur (1992 and 1993). Member of the Standing Committee on Estimates (since 1991).

#### **Bunsom MARTIN**

Doctor of Medicine with postgraduate advanced training in Tropical Medicine. Long-time service as hospital, medical school and university official, in particular as Head of Department, President and Chairman of the University Board. Director-General of the Department of Physical Education. Active

participant in a variety of organizations, such as the Red Cross and the Scout Association. Chairman of the Committee for Prevention and Publicity of Drug Abuse for 22 years. Minister of Education (1982) and Minister of Health (1984) of Thailand. Member of the Standing Committee on Estimates (since 1993).

#### **Herbert S. OKUN**

International executive and ambassador. Executive Director, Financial Services Volunteer Corps, New York. Visiting Lecturer on International Law, Yale University Law School. United States Foreign Service (1955-1991). Special Assistant to the Secretary of State, Washington, D.C. (1969-1971). Vice-Chairman of the United States delegation to the SALT II negotiations and to the Trilateral Talks between the United States, the United Kingdom and the Union of Soviet Socialist Republics on a Comprehensive Test Ban Treaty (1978-1980). Ambassador of the United States of America to the German Democratic Republic (1980-1983). Deputy Permanent Representative and Ambassador of the United States of America to the United Nations (1985-1989). Special Advisor and Deputy to the Co-Chairman of the International Conference on the Former Yugoslavia (1991-1993). Member of the Group of Experts to advise and assist the Secretary-General on the enhancement of the efficiency of the United Nations structure for drug abuse control (1990). Member of the Board (since 1992).

#### **Manuel QUIJANO**

Doctor of Medicine. Practicing surgeon for 35 years at a teaching hospital. Professor of a postgraduate three-year course in general surgery. Scientific counsellor to the Mexican delegation to the United Nations Educational, Scientific and Cultural Organization (1980-1983). Director of International Affairs of the Ministry of Health of Mexico. Member of the Executive Board of the World Health Organization and Chairman (1988-1989). Member of the Board and member of the Standing Committee on Estimates (since 1992). First Vice-President of the Board (1993).

#### **Maruthi Vasudev Narayan RAO**

Commerce and Law Graduate. Administrator. As a member of the Indian Customs and Central Excise Service, held various senior positions at the policy-making and management levels dealing with customs, central excise and narcotics administration (1954-1970). Collector of Central Excise, Allahabad, India (1970-1973). Director, Tax Research (1973-1974). Director of Training (1974-1978). Director of Inspection (1978-1979). Joint Secretary to the Government of India (1979-1980). Additional Secretary to the Government of India, Gold Control Administrator and Member (Customs), Central Board of Excise and Customs (1980-1986). Chairman, Central Board of Excise and Customs, and Secretary to the Government of India, Ministry of Finance (1987-1989). Head of the Indian delegation to the Commission on Narcotic Drugs (1983, 1984 and 1985). Chairman, United Nations Expert Group on Tracing, Freezing and Confiscation of the Proceeds and Properties of Drug Traffickers (1984). Member, United Nations Expert Group on Reduction of Stocks of Licit Opiate Raw Materials (1985). Representative of India at the Policy Commission meetings and sessions of the Customs Co-operation Council, held at Brussels and Ottawa (1985-1988), and Chairman of the Policy Commission (December 1988). Chairman of the Drafting Committee, United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Member of the Board (since 1990), First Vice-President (1991), and member of the Standing Committee on Estimates (1990, 1992 and 1993).

### **Sahibzada RAOOF ALI KHAN**

Lawyer and administrator. Former Inspector General of Police of the Punjab (Pakistan). Former Chairman of the Pakistan Narcotics Control Board at the level of Permanent Secretary to the Government. Former Director General of the National Police Academy. Visiting Lecturer in Criminology, University of the Panjab (1960-1961), and in the History of Administration, Sharia Faculty of the Qaide Azam University, Islamabad (1979-1983). Recipient of the Sitara-e-Khidmat (a civil decoration) for distinguished public service (1971). Head of the delegation of Pakistan to the Commission on Narcotic Drugs and to the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East (1975-1979). Vice-Chairman of the Commission on Narcotic Drugs (1979). Alternate leader of the delegation of Pakistan to the first regular session of the Economic and Social Council (1984). Representative of the Board at the International Conference on Drug Abuse and Illicit Trafficking (1987) and at the United Nations Conference for the Adoption of a Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Member of the Board (1985-1990 and since 1992). President of the Board (1987 and 1988).

### **Oskar SCHROEDER**

Lawyer and administrator. Doctor of law. Public Prosecutor (1957). Director-General, Inland Revenue and Tax Auditing Unit in the Financial Administration of North Rhine-Westphalia (1957-1964). Ministry for Youth, Family Affairs, Women and Health of the Federal Republic of Germany (1965-1989): Personal Secretary to the State Secretary and Head, Budget Division and several Divisions of Health Legislation (1965-1973); Head, Division for Legislation on Narcotic Drugs (1973-1982); and Director-General for Family Affairs and Social Welfare (1982-1989). Head of the delegation of the Federal Republic of Germany to the Commission on Narcotic Drugs (1973-1982) and Chairman of the Commission (1980). Chairman of the Commission for Social Development (1989). Member of the Board (since 1990). Member of the Standing Committee on Estimates and Chairman of the Budget Committee (1990). President of the Board (1991 and 1992).

## THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The responsibilities of the International Narcotics Control Board under the international drug control treaties are to endeavour, in cooperation with Governments, to limit the cultivation, production, manufacture and use of narcotic drugs to the amounts required for medical and scientific purposes, to ensure that the quantities of those substances required for legitimate purposes are available and to prevent illicit drug cultivation, production, manufacture, trafficking and use. Since the entry into force of the Convention on Psychotropic Substances of 1971, the functions of the Board also include the international control of such drugs. Moreover, with the entry into force of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the Board has specific responsibilities related to the control of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, as well as the assessment of such substances for possible change in the scope of control of that Convention. Under the provisions of the 1988 Convention, the Board also reports annually to the Commission on Narcotic Drugs on the implementation of article 12 of that Convention.

The Board is required, in carrying out these responsibilities, to investigate all stages of 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 required for medical and scientific purposes; to see that precautions are taken to prevent the diversion of those 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 that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. The Board has therefore frequently recommended, especially since the adoption of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, that multilateral or bilateral assistance, either technical or financial or both, should be accorded to a country experiencing such difficulties. If, however, the Board notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties, the Commission and the Economic and Social Council in cases where it believes that that would be the most effective way to facilitate cooperation and to improve the situation. As a last resort, the international drug control treaties empower the Board to recommend to parties that they stop importing drugs from the defaulting country, exporting drugs to it or both. Naturally, the Board does not confine itself to taking action only when serious problems have been discovered; on the contrary, it seeks to prevent major difficulties before they arise. In all cases the Board acts in close cooperation 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 licit trade and illicit traffic. Consequently, the international drug control 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 cooperation with Governments, the Board administers the system of estimated world requirements of narcotic drugs and the system of statistics on narcotic drugs. The first of these systems enables the Board, in analysing future licit requirements, to verify in advance whether these requirements are reasonable; and the second enables it to exercise *ex post facto* control. Finally, the information on illicit traffic that is communicated to the Board either directly by Governments or through the competent organs of the United Nations system enables the Board to determine whether the aims of the 1961 Convention are being seriously endangered by any country and, if necessary, to take the measures described in the preceding paragraph.

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