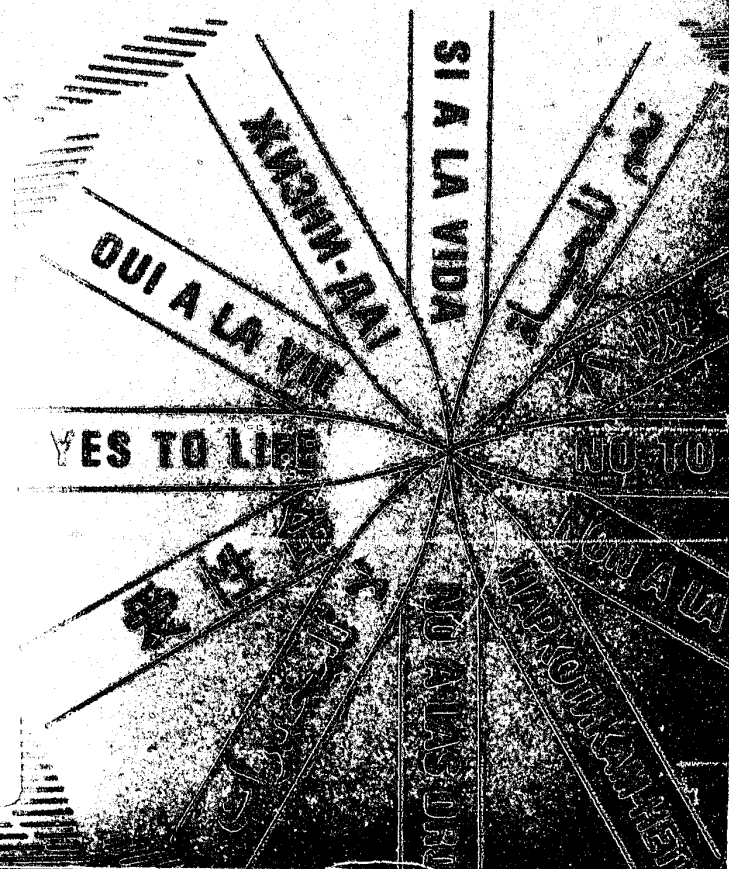


The United Nations Anti-Nuclear Control



108872

The United Nations and **Drug Abuse Control**

108872

U.S. Department of Justice
National Institute of Justice

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“The growing problem of narcotic drugs has become a major international anxiety, not least because of its effect on the future of children and young people. It has become more and more evident that international and multinational efforts provide the best hope for arresting and reducing the traffic in and use of drugs, which have such an appalling effect on both individuals and the societies in which they live. The institutions of the United Nations system, in co-operation with Governments and other groups concerned with the problem, are actively working to deal with it.”

United Nations Secretary-General
Javier Pérez de Cuéllar

“The United Nations General Assembly, . . . recognizing the concern that prevails in the international community about the problem of the illegal production of, illegal trafficking in and abuse of drugs, . . . declares that drug trafficking and drug abuse . . . have become an international criminal activity demanding urgent attention and maximum priority [and that] the eradication of trafficking in narcotic drugs is the collective responsibility of all States”

United Nations General Assembly
resolution 39/142 of 14 December 1984

Explanatory Notes

The following abbreviations of titles are used in this booklet:

<i>CCC</i>	Customs Co-operation Council
<i>CND</i>	United Nations Commission on Narcotic Drugs
<i>CSDHA</i>	Centre for Social Development and Humanitarian Affairs
<i>DND</i>	United Nations Division of Narcotic Drugs
<i>ECOSOC</i>	Economic and Social Council
<i>FAO</i>	Food and Agriculture Organization of the United Nations
<i>HONLEA</i>	Heads of National Drug Law Enforcement Agencies
<i>ICAO</i>	International Civil Aviation Organization
<i>IMO</i>	International Maritime Organization
<i>ILO</i>	International Labour Organisation
<i>INCB</i>	International Narcotics Control Board
<i>ICPO/Interpol</i>	International Criminal Police Organization
<i>NGO</i>	Non-Governmental Organization
<i>UNDP</i>	United Nations Development Programme
<i>UNESCO</i>	United Nations Educational, Scientific and Cultural Organization
<i>UNFDAC</i>	United Nations Fund for Drug Abuse Control
<i>UNICEF</i>	United Nations Children's Fund
<i>UNIDO</i>	United Nations Industrial Development Organization
<i>UNSDRI</i>	United Nations Social Defence Research Institute
<i>UPU</i>	Universal Postal Union
<i>WFP</i>	World Food Programme
<i>WHO</i>	World Health Organization

The designations employed and the presentation of the material in this document 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.

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I. Introduction

The history of the human race has also been a history of drug use. Since earliest times, herbs, roots, bark, leaves and plants have been used to relieve pain and help control disease. In and of itself, the use of drugs does not constitute an evil; drugs, properly administered, have been a medical blessing. Unfortunately, certain drugs also initially produce enticing side-effects, such as a feeling of euphoria, a sense of "feeling good", elation, serenity and power. What began as something of a recreational activity evolved in time into a problem of dependence and abuse.

Over the past two decades, the use of illegal drugs has spread at an unprecedented rate and has reached to every part of the globe. No nation has been immune to the devastating problems caused by drug abuse. At the same time, a broad spectrum of the world community has demonstrated intense concern over the problem: the insidious long-term effects of chronic drug use and its impact on the user, the family, the community, and on society. Reasons for this concern include increases in drug-related automobile accidents, those which take place on the job, learning disabilities and other mental health problems, family disruption, and health problems, including interference with normal reproductive functions and long-term damage to the brain, heart and lungs.

The scope of the narcotics problem today has only begun to be realized. There is no longer any question as to the social consequences of widespread drug abuse. The evidence is everywhere. Drug abuse is no longer considered a "victimless" crime; it is a crime that imposes a staggering burden on the people and the nations of the world. It is a burden no society can afford to carry.

The illicit production, distribution and consumption of drugs have intimidated and corrupted public servants, and have even destabilized Governments. The erratic ebb and flow and sheer volume of "drug money" have affected the money supply and exchange markets.

Today, with the seriousness of the problem deepening, the multifaceted approach of the United Nations to drug control reflects the desire of every country to be "drug-free". By placing comparable emphasis on education and prevention, rehabilitation, supply control and law enforcement efforts aimed at halting the flow of illegal drugs across national borders, relevant United Nations programmes have been expanded and strengthened. It is in the best interest of every nation to take a firm stand in combating all aspects of the drug problem. The United Nations will continue its leadership role in providing an inter-

national mechanism for sharing information and expertise, and for facilitating co-operation among nations.

The problem of drug abuse and trafficking cannot be solved overnight, but only through continuous co-operation among countries, over time. Drug traffickers must understand that strong measures will be taken, laws will be enacted and enforced, and strict drug control will become a reality.

By its opposition to drug trafficking, the United Nations will focus world attention on the ever-widening circles of disruption caused by drug abuse, a problem that affects the entire community of nations.

International drug control efforts began in the early part of this century. The United Nations involvement in this field dates back to 1946, when the Organization assumed responsibility for the international drug control efforts begun by the League of Nations.

This booklet presents an overview of those efforts, evidence of the determination of the Governments of the world, working through the United Nations, to overcome the difficulties related to a problem that transcends national borders and involves many nations, and to put an end to drug abuse and illicit trafficking in drugs.

II. Overview

Prevention and reduction of illicit demand for narcotic drugs and psychotropic substances

The illegal use of drugs has grown at an alarming rate over the past 20 years, crossing all social, economic, political and national boundaries. This growth can be attributed to a variety of factors, including a lack of credible information about the long- and short-term dangers of drug use, increased availability, limited law enforcement activities with insufficient deterrents, and a lack of awareness of the dimensions of the problem. Drug abuse problems have been described as an over-awareness in young children and a lack of awareness among adults.

The 1980s, however, have seen dramatic changes in attitudes about drug abuse, the belief that destruction of the mind and body through deliberate ingestion of drugs for non-medical reasons is dangerous and wrong, and the growing willingness by nations, non-governmental organizations and individuals to act to prevent drug abuse in future generations.

Drug abuse prevention—through awareness, education and action—is fundamental to long-term success in stopping drug abuse and drug-related crime. For those who have begun to misuse drugs, education provides a pathway to successful intervention and treatment by increasing the user's awareness of the risks and dangers of continued drug abuse and by helping the person to make the choice to stop. Prevention programmes promote positive behaviour, including the constructive handling of feelings and responsibilities in people of all ages. To be effective, these programmes should exist at all levels in the community, with every community organization responsible for alerting its members to the dangers of habit-forming drugs.

A sound and effective drug abuse prevention strategy must include partnerships between Governments, non-governmental organizations and private citizens. Assessments of successful prevention and education programmes and mechanisms for sharing information and expertise among Governments, non-governmental organizations and other interested parties must be established. The long-term goal of a drug abuse prevention strategy is to free the world from the problems associated with the illicit use of drugs.

Control of supply

World-wide supplies of illicit drugs far exceed the current levels of demand, and because of this, traffickers are constantly seek-

ing new customers and markets. Sustained high levels of availability undermine the long-term effectiveness of prevention efforts, and may result in lower consumer prices and increased use. To combat this, the use of narcotic drugs, related raw materials and precursor chemicals must be limited to legitimate medical and scientific purposes.

The social, political and economic consequences of change must be considered in developing a drug control programme related to controlling natural crops. The coca bush, which is the source of cocaine, may be cultivated under strict control for the production of cocaine required for medical purposes. However, such use of cocaine is very limited. Large-scale cultivation of the coca bush therefore serves no legitimate purpose and is illegal. The cannabis plant, which is the source of marijuana (leaves) and hashish (flowering tops and resin), can be cultivated for industrial (fibre and seed) or horticultural purposes. The use of cannabis in modern medicine is negligible and the cultivation of the plant to obtain drugs is therefore universally illegal. The opium poppy, which is the source of morphine and codeine, can be cultivated to a limited degree under strictly controlled conditions, with any other growth being illegal.

Reducing the economic incentive to grow illicit crops, as part of the long-term goal of controlling production, has increased in strategic importance over the past decade. While strong law enforcement and advanced technology may greatly improve a nation's ability to destroy illicit crops, production in some areas is likely to continue unless reasonable economic alternatives are offered to those involved. As has been demonstrated by the work carried out by the United Nations Fund for Drug Abuse Control (UNFDAC), income replacement programmes, including crop substitution, are an important alternative for farmers whose involvement in illicit crop production is a prime source of income. Furthermore, every effort must be made by all interested parties to suppress the illicit cultivation of narcotic plants and the illicit production of narcotic drugs and psychotropic substances. Without effective enforcement to increase the risks of narcotics cultivation and production, economic development activities are unlikely to have a significant impact on reducing illicit supply.

The establishment of effective and efficient monitoring systems is also an important element in controlling the diversion of narcotic drugs and psychotropic substances from licit to illicit markets. States which have not become parties to the international conventions dealing with the control of narcotic drugs and psychotropic substances are urged to do so. It is equally

essential that those States parties to the international treaties fully enforce their provisions. Modern methods of forecasting medical needs have now been developed which make it possible to establish more accurate advance estimates of drug requirements.

Suppression of illicit trafficking

Illicit drug trafficking is sophisticated and complex in nature, involving a wide variety of drugs from many different sources throughout the world. This illicit traffic not only violates national drug laws and international conventions but also involves many other criminal activities, including racketeering, conspiracy, bribery and corruption of public officials, tax evasion, banking law violations, illegal money transfers, import/export violations, crimes of violence and terrorism. Narcotics are often used in lieu of money in exchange for weapons, and many large drug trafficking networks have become powerful in certain regions of the world. Because of the far-reaching consequences of the drug trade, the integrity and stability of Governments may be threatened. This wide range of illegal activities presents an equally wide range of vulnerability to law enforcement action.

Drugs are increasingly smuggled by ship. Stepped-up law enforcement activities often lead to the seizure of illegal drug shipments.

U.S. Coast Guard,
PA2, R. Midgett



Vigorous drug law enforcement reduces the availability of illicit drugs, deters drug-related crime, and contributes to drug

abuse prevention by creating an environment favourable to supply and demand reduction efforts. The challenge is to even the odds posed by logistics and the covert nature of the drug trade. Co-ordination and co-operation between national agencies are vital ingredients in accomplishing this objective.

Many countries have initiated vigorous and innovative methods for disrupting drug trafficking organizations; these initiatives should be shared with other Governments. Emphasis should be placed on supplementing the activities of police and customs authorities by increasing the efficiency of the criminal justice system in arresting, prosecuting and sentencing traffickers. This process includes the strengthening of legal tools such as judicial assistance, sentencing and appropriate penalties; forfeiture of assets gained illegally from the profits of the drug trade; extradition of persons accused of drug crimes; and denial of entry to persons convicted of drug offences. One step being taken by the international community in this regard is the drafting of a new United Nations convention against illicit traffic in narcotic drugs and psychotropic substances, which will deal with those aspects of the problem not covered in existing international instruments.

Treatment and rehabilitation of drug abusers

The most tragically visible result of illicit drug abuse and trafficking is seen in the drug abuser. Drug abuse is manifested in many ways. Most evident among drug abusers are those who follow deviant life-styles, whose criminality derives not from drug use alone, but also from the influences and attitudes that led to the drug use. There is the drug use of the disadvantaged, but also the often substantial drug use that exists among the successful and most advantaged. There are older drug users and young adults, adolescents and pre-adolescents. And, beyond the users are the victims of drug abuse: the families of abusers, those against whom the crimes of addicts are committed, communities which are victimized by drug dealers and users, schools where drug abuse disrupts learning, and industry where drugs have crept into the workplace.

The treatment and rehabilitation of drug-dependent persons is important not only to the individual but to every segment of society. The response to this diverse need must address all successful treatment modalities, including culturally based approaches, social reintegration of the addict, and the establishment of support mechanisms for the individual and family to

prevent recidivism. Treatment programmes must, therefore, be directed at overcoming the physical problems of drug addiction and providing psychological and social counselling to help the individual drug abuser live without drugs.

A treatment and rehabilitation centre for drug addicts in the Buddhist temple of Tham Kra Borg in Thailand.

UNFDAC/Bangkok



Talking over drug-abuse-related problems in a group often helps increase understanding and offers encouragement to young people.

Phoenix House



Treatment strategy is based on: recognizing the existence of or need for a national or international network of drug treatment programmes and established referral systems; continuing the evolution of successful drug treatment delivery systems by encouraging funding and priorities based on specific needs; seeking less expensive and more efficient treatment alternatives; integrating drug treatment services into the general health and mental health care system; encouraging non-governmental organizations, religious groups, private organizations and local agencies to work together to support treatment programmes; and promoting drug-free treatment programmes where applicable.

III. Drug Abuse

Special threat to the young

Perhaps the worst aspect of the drug trade is that it makes its deepest impression on those who are most vulnerable—youth. The use of drugs has strong appeal to those who are beginning their struggle for independence as they search for self-identity. Because of their innate curiosity and thirst for new experiences, the young are particularly susceptible to the “drug experience”.



Youth who fall victim to drug abuse today may be giving up the chance to lead productive adult lives.

WHO/P. Hendricks

Future generations of people, in countries all around the globe, are being contaminated by this scourge. When a substantial percentage of any generation is addicted, that generation has lost contributing citizens and has acquired a crippling social burden.

Developing countries are learning, much to their sorrow, that drug abuse is no longer confined to the young of industrialized urban areas. The insidious spread of drug addiction is seriously affecting the youth of rural communities in both developed and newly emerging States.

The United Nations, through its various bodies and organs, is continuously working with Governments to analyse the social, economic and psychological causes of drug abuse in an effort to help Governments and individuals cope with the problem.

Why people take drugs

The reasons why people turn to narcotics are as varied as the types of people who abuse them. One of the greatest obstacles

in combating the growing abuse of drugs has been identifying the cause of the deviant behaviour. However, whatever the cause, the important message to get across is that all drugs are dangerous and the deliberate ingestion of drugs for non-medical reasons is wrong and harmful to the individual, the family, the community and society. Some of the more apparent contributing factors to drug abuse are outlined below.



The devastation of drug addiction.

WHO/H. Christoph

Peer pressure. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path. Drug users, like other people, seek approval for their behaviour from their peers, so they often try to convince others to join in their habit as a way of seeking acceptance.

Curiosity. So much has been written and said about drugs that many people are tempted to experience them out of curiosity. The first taste, and its effect on the user, greatly influences whether the individual continues taking drugs. The younger the age at which an individual first tries drugs, the more apt he or she is to try them again.

Ignorance. For decades, misinformation about the dangers of illegal drug use has been plentiful. Governments, scientists, experts and others have had only limited success in communicating accurate information. As drug use has spread throughout the world, myths have been perpetuated and facts have often been distorted and subjected to ridicule. Individuals

often begin taking drugs as an experiment, with the belief that the substances are not dangerous. If the drug provides the effect the individual is seeking, then the user's lack of knowledge about the health consequences permits continued use. By the time the dangers are fully realized, it is often too late for that person to stop taking drugs or to reverse the damage done.

Alienation. Human beings seem to require a sense of belonging, be it to a family, a tribe, a community or a country. An individual who feels isolated will usually take steps to find a group to belong to. Too often the receptive group is composed of other people who feel similarly isolated and who have turned to drugs as an escape. Feeling welcome in the new environment, where drug use is acceptable, can lead to disastrous results, for the individual and for society as a whole.

Changing social structures. One of the main factors leading to drug abuse is the deterioration or shifting patterns of an existing social structure. When a unit that has served as a support group for its members begins to change, some members may be unable to adapt; they will look for refuge, and may seek it in the world of drugs. This disturbing deterioration or shifting of the social fabric of the community or family, this deviation from old, established mores, can lead some people down a perilous path of increasing drug abuse.

Urbanization and unemployment. In many parts of the world, the exodus of people from rural to urban areas in search of work and a better life continues. Often, these people face certain obstacles for the first time. Separation from family members and traditional values and support structures can lead to loneliness, isolation and despair; a lack of schooling and/or skills often translates to unemployment; the nature of city life, in general, may be difficult to adjust to. Many of the problems associated with creating a new life-style can lead individuals to turn to drugs.

The drug subculture

For many years, a drug subculture, joining people with an overwhelming need for some artificial means to cope with daily existence, has existed around the world. At one time, these groups often belonged to the lower economic classes. This is no longer the case. Today, drug abuse has invaded schools, financial institutions, businesses, the entertainment field, sports arenas and government administrations.

In many professional circles, drug abuse has taken on an aura of toleration or acceptability. In many developed countries, drug use is considered a symbol of sophistication, an exciting experience or a harmless and amusing pastime. These permissive attitudes have led to a moral evaluation of drug abuse that is misleading and highly dangerous.

The drug subculture has always isolated itself. It has its own language and mores, and its own set of perverted values. It considers itself outside and beyond the law, apart from the rest of society. Its practitioners have deliberately created a "cult of exclusion": if you do not take drugs, you are not "with it". The language is graphic: "coke head", "junkie", "spaced out", "stoned", "hop head". All of these terms describe those who are not in control of themselves or of their lives.

Multiple drug abuse

All narcotic drugs are dangerous and have serious physical and psychological consequences. However, when different drugs are used in combination with each other, with other substances



Stomach pump treatment for a patient suffering from a drug overdose.

WHO/T. Urban

such as alcohol, or administered immediately following ingestion of another narcotic, the consequences are far more dangerous. Addiction often occurs in a shorter period of time and it is difficult to anticipate what the effect on the individual will be.

Although alcohol use is legal in most countries, when com-

bined with narcotics it presents serious health hazards. For example, vomiting will naturally occur when a person has consumed more alcohol than the body can metabolize. However, when used in combination with marijuana, the psychoactive properties of marijuana will inhibit the body's defence mechanism to vomit, thus causing the toxins to remain in the body.

Drugs engineered to be drugs of abuse

New products emerging on the drug market in large quantities are engineered to be drugs of abuse and are often referred to as "designer drugs". These are laboratory-developed by altering the chemical structures of controlled parent substances to produce compounds having properties similar to those of the parent substance. Since the new substances have a slightly different chemical make-up, they may not be under legal control. These drugs are often more potent than the parent substances and they pose a serious threat to the health of the user because they may contain by-products and impurities that cause illness and even death.

AIDS and the drug user

An added risk connected with drug abuse has recently received much public attention: the danger of the intravenous drug user falling victim to the disease AIDS (acquired immune deficiency syndrome). The infectious agent is a virus that directly attacks a group of white blood cells, which play a central role in the proper functioning of the body's immune system. As the disease progresses, these defensive cells are almost entirely destroyed. The immune system collapses and the individual falls prey to one infection after another. Many patients develop rare types of cancer and suffer brain damage. Since no cure has yet been discovered, death appears to be inevitable. In the case of intravenous drug abusers, the AIDS virus is transmitted through the sharing of a contaminated needle.

It is estimated that more than 10 to 15 per cent of AIDS patients are intravenous drug abusers. A much higher percentage are regular users of a variety of illicit drugs, such as marijuana and cocaine, which are known to suppress the user's immune system. Research is currently under way to study and assess these potential co-factors of AIDS.

Drugs of abuse

Major international drug treaties control a wide variety of natural drugs and substances. For more than 75 years, the Governments of the world have acted to limit the drugs available in their countries. The basic criteria for determining whether a substance should be placed on the control roster are simple: if the drug is capable of producing a state of dependence and the abuse of the drug could lead to social and public health problems, that substance warrants international control.

Current trends

The most commonly abused drug varies from time to time, but at present it is still cannabis, the marijuana "joint" which is smoked world-wide. Use of other drugs is more regional. In 1985, a World Health Organization (WHO) survey reported that cocaine use had gained in popularity and that its abuse had reached epidemic proportions in North and South America and in some parts of Europe and Asia. A more potent form of cocaine called "crack" is now, according to some experts, producing a new wave of cocaine addiction in the United States. In coca-producing countries, urban youth are smoking small brown rolls of coca paste mixed with tobacco, a habit that is spreading throughout rural areas in most countries where the coca bush is grown. The abuse of amphetamines, barbiturates, sedatives and tranquillizers, alone or in combination with other drugs or alcohol, is on the rise in most countries. The sniffing of volatile solvents, such as glue or paint thinners, continues to be a problem among children.

In addition to the traditional poppy sources, poppy straw is now emerging as a new drug of abuse. Opiates can be obtained from the straw and smoked, usually in a tobacco mixture. While this has not, as yet, created a significant problem, some States have already enacted legislation and regulations designed to stop its abuse. The drafters of the international treaties of 1961 and 1971 had not anticipated the misuse of poppy-straw and it was thus not included on the list of controlled substances.

Cannabis/Marijuana

The hemp plant (*Cannabis sativa L.*) grows wild or is cultivated in temperate to tropical climates. It is a hardy weed and thrives in a wide variety of locations around the world. For three millennia, people in Africa and Asia have been using cannabis in vari-

ous forms, usually smoking it, often mixing it with tobacco or with drinks or sweetmeats.

The international treaties define "cannabis" as the "flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the top) from which the resin has not been extracted". In common parlance, the terms "cannabis", "marijuana" or "hashish" embrace a range of different cannabis preparations known under hundreds of vernacular "street" names.

The principal psychoactive component of cannabis is delta-9-tetra-hydrocannabinol (also referred to as delta-9-THC), which is concentrated in the resin. Cannabis produces a wide array of symptoms, depending on the dosage, personality and expectations of the user. Effects of low-to-moderate doses can include: hilarity; loquacious euphoria; changes in perception of time and space; impaired co-ordination, judgement and memory; increased visual and auditory sensitivity; conjunctivitis and bronchitis. After higher dosages, illusions, delusions, depression, confusion, alienation and hallucinations may be experienced. Sometimes these may resemble a psychotic episode marked by fear and aggression. Regular and prolonged use of cannabis may impair psychomotor cognitive and endocrine functions, reduce immunity and lower resistance to infection.

"Cannabis plant" refers to any plant of the genus *Cannabis*
"Cannabis resin" refers to the separate resin, whether crude or purified, obtained from the cannabis plant
(*Single Convention on Narcotic Drugs, 1961*)

Cocaine/Coca leaf

The coca bush (*Erythroxylon coca*) is an evergreen shrub primarily grown in the mountainous western region of South America. Its main active ingredient is the alkaloid cocaine, which may be extracted from its leaves by a simple chemical process. These leaves have been chewed by the Andean population for centuries, to help combat hunger and to overcome fatigue and exhaustion caused by the high altitude.

Another form of abuse, especially widespread in coca-producing countries, is the smoking of *coca paste*, an intermediary product in the manufacture of cocaine which usually contains an impure mixture of cocaine sulphate and other alkaloids, and is then mixed with tobacco or marijuana. Coca-paste smoking has a high potential for inducing psychic depen-

dence and psychopathology and can even cause poisoning through overdose.

Cocaine, a stimulant drug, can induce euphoric excitement and hallucinatory experience. Because it creates a feeling of great muscular strength and mental clarity, the user tends to overestimate the capabilities of the body. This sense of being "super-powerful", combined with the paranoid delusions and auditory, visual and tactile hallucinations that may be induced, can make the user capable of committing serious anti-social acts. Cocaine can be sniffed, smoked or injected. To counteract the sensations of ultra-excitation it produces, alternate or simultaneous administration of cocaine and a depressant drug is widely practised.

A new, more addictive and deadly form of cocaine called "crack" is an inexpensive, potent form of the base drug in crystalline form. In appearance it is composed of small rocks, which are usually smoked to give a quick, intense high, which lasts a few minutes and often leaves the user desperate for more of the drug. Crack is harmful to the brain, heart, lungs and nervous system, and produces serious psychological effects.

The effects of cocaine rapidly dissipate once the drug enters the body; the desire for repeated administration at shorter and shorter intervals can turn the life of a user into a constant and expensive search for the drug. In fact, cocaine is characterized as the most pernicious drug currently being abused, with heavy use often leading to paranoia, psychosis and violence.

So great are the addictive properties of cocaine that studies have shown that laboratory animals will time after time select cocaine over their favourite food, until they eventually die of an overdose or starve. This compelling need for cocaine is not thoroughly understood. The fact is that cocaine may be one of the most addictive drugs known to man.

The legitimate medical use of cocaine as a local anaesthetic is now extremely limited since it can, for the most part, be replaced by synthetic, non-addictive local anaesthetics.

"Coca bush" is the plant of any species of the genus *Erythroxylon*
"Coca leaf" is the leaf of the coca bush except a leaf from which all ecgonine alkaloids have been removed
(*Single Convention on Narcotic Drugs, 1961*)

Heroin/Opiates

Opium is the coagulated juice from the unripe capsule of the poppy plant (*Papaver somniferum L.*). It grows in temperate

and subtropical climates and appears to have originated in the Eastern Mediterranean region about 5,000 years ago. Its use spread rapidly to Persia, Egypt, China and Europe, where the "panacea laudanum" praised by Philippus Paracelsus, the sixteenth century alchemist and physician, was a preparation of opium. The value of its medical application, as well as its non-medical use, continued to spread, especially in producing areas, and it became a popular treatment for various illnesses.



The ugly habit of a young woman addict.

UN/J. Schreibman

Both the medical and dependence-producing properties of opium are derived from its main constituents, morphine and codeine. These two substances, together with morphine-like substances of synthetic origin, have taken over opium's therapeutic role.

Opium is now used primarily as an important raw material for the licit manufacture of morphine, codeine and their derivatives. Unfortunately, it is also the raw material for the illegal production of heroin, the abuse of which has reached alarming proportions world-wide. In the early twentieth century, it was international concern over the abuse of opium and the opioids that led to the formulation of the first international treaties on narcotics control.

Morphine is the main active principle of opium, which contains 10 per cent morphine. It may be extracted either from opium or directly from poppy straw. Morphine is still the classical effective analgesic for the relief of severe pain, but the extent of its use is being challenged by synthetic narcotics which may have less of a dependency liability.

Morphine produces a physical dependence that develops quickly and increases in intensity with increased dosage. When the body's supply of morphine is withheld, withdrawal symptoms occur within a few hours, reaching a peak in intensity within 24 to 48 hours, and then begin to subside. Moreover, the drug produces a rapid tolerance level, a desensitization which requires increasing dosages to achieve the desired effect. Increased dosages produce a greater physical and psychological dependence, resulting in addiction.

Heroin (diacetylmorphine) is obtained from morphine by a simple chemical process. Heroin produces a very strong dependency and is, unfortunately, the drug of choice of many users. Because heroin is easily manufactured clandestinely and transported in its pure state, it is the drug which constitutes the greatest public health hazard.

The heroin content of the drug sold on the street may vary considerably, since it is usually adulterated or mixed with other substances. The wide and unknown range in amounts and types of the substances used may also be responsible for illness, poisoning and death.



"Opium poppy" refers to the plant of the species *Papaver somniferum* L.

"Opium" refers to the coagulated juice of the opium poppy.

"Poppy straw" refers to all parts (except the seeds) of the opium poppy after mowing.

(*Single Convention on Narcotic Drugs, 1961*)

Since heroin can be fully replaced by equally effective and far less dangerous analgesics, WHO and the United Nations Commission on Narcotic Drugs recommended a ban both on the manufacture of heroin for any purpose and on its use. Most countries comply with this decision.

Codeine and other morphine derivatives. A number of chemical derivatives of morphine which closely resemble the parent substance in both their therapeutic properties and their addictive side-effects are also subject to international control. *Codeine* (methyldmorphine) has a prominent and legitimate place in medicine as it is used extensively as an effective cough-suppressant (anti-tussive) and as a mild analgesic with a comparatively low addictive potential. Because of that fact, codeine and some of its congeners with similar properties are subject to fewer restrictions under international law.

Synthetic opiates. A number of strong analgesics with morphine-like effects were developed in the late 1930s, with a view to obtaining a strong but non-addictive analgesic which could be used to alleviate pain. The number of synthetic analgesics developed to date and under international control far exceeds that of "natural" drugs, but only a few of these synthetics have entered the illegal world market because they are usually difficult to manufacture. Both the natural and the synthetic groups of narcotics include substances with varying degrees of desirable and undesirable effects. Scientific research continues to seek an effective analgesic that produces all of the beneficial effects of morphine and its derivatives without causing dependency.

Other drugs

Depressants

These drugs, which act on the central nervous system, were created to alter behaviour. Almost all central depressants now under international control belong to the chemical group of barbiturates or are their close pharmacological relatives. These drugs are sedatives and, in higher dosages, induce sleep.

All sedative-hypnotic agents which bring about barbiturate-like sedation and relief from anxiety and mental stress produce some psychological dependence when taken in sufficient amounts. Withdrawal from chronic heavy use of barbiturates is even more severe and life-threatening than withdrawal from heroin. Symptoms appear within one day for short-

to medium-acting barbiturates and within six days for the long-acting types. Distinct from the morphine-type withdrawal syndrome, these symptoms reach maximum intensity a few days after onset and subside slowly.

Hallucinogens

Hallucinogens are a chemically diverse group of drugs which produce profound mental changes such as euphoria, anxiety, sensory distortion, vivid visual and auditory hallucinations, changes in behaviour, delusions, paranoid reactions, depression and a sense of identity loss. Examples of these include mescaline, DOM (2,5-dimethoxy-4-methylamphetamine) and PCP (phencyclidine), but the extremely powerful lysergic acid diethylamide (LSD) is the most well known. Fortunately, it no longer enjoys the popularity it once held among drug abusers.

Psychological dependence on hallucinogens varies, but a high degree of tolerance develops within a short period of use. No physical dependence is involved, but flashbacks of extreme anxiety have been known to occur weeks and even months after use of such drugs.

Several hallucinogens are still used in religious and healing ceremonies practised by some American Indians. *Mescaline*, the active principle of the cactus peyote (*Loporophora williamsii*) grows wild in certain parts of Mexico and the southern and western United States, and is a favourite ritualistic hallucinogen. Tolerance to mescaline develops rapidly with continued abuse, but it is not considered physiologically addictive and withdrawal symptoms do not occur.

DOM is related to amphetamines and mescaline. Also known as STP, *DOM* has effects similar to those associated with LSD and, since it is not used therapeutically, its manufacture is illegal.

The effects of *DOM* are a heightened awareness of sensory input, often accompanied by limited control over what is experienced. This phenomenon is also a result of the use of other hallucinogens: *psilocin* and its congener *psilocybin*, found in the mushroom *Psilocybe mexicana* (indigenous to Mexico and parts of the United States); the tryptamine compounds *DMT* (dimethyltryptamine) and *DET* (diethyltryptamine) are active principles in hallucinogenic snuff obtained from the mimosa *Piptadenie peregrina* found in the Orinoco region of Amazonia. The user of such substances finds it difficult to distinguish between fantasy and reality, between one object and another or even oneself and the surrounding environment. These sub-

stances have no recognized therapeutic applications and are subject to the strictest control under the 1971 Convention.

“Killer weed” and “elephant tranquillizer” are two of the street names given to *PCP*. Also known as “angel dust”, it is considered one of the most dangerous drugs available today. Introduced initially as a general dissociative anaesthetic, it has unpredictable and dangerous side-effects making it totally unsuitable for therapeutic use in humans, although it is sometimes used as an effective anaesthetic for animals.

Although phencyclidine abuse is not associated with the development of physical dependence, it does give rise to a marked psychological dependence. A single dose, usually smoked with tobacco or other materials, can provoke a serious toxic psychosis, schizophrenic in character and accompanied by delusions, mental confusion and violent aggressive or self-destructive behaviour. Total personality changes are not uncommon, and flashback episodes occur frequently. Even total catatonic reactions are common. The unpredictability of its effects and its frequent adulteration with other hallucinogens add to the already considerable risk that is taken by anyone who tries the drug.

Stimulants

Amphetamines are the prototype for the stimulant class of drugs. They are, in some respects, related pharmacologically to cocaine. Like cocaine, they have the capacity to elevate mood and dispel fatigue and the feeling of hunger. Although different patterns of amphetamine abuse have been reported, in most cases the drugs are taken for the euphoric effects they induce, although in other cases, abuse may result from their consumption as aids to fat-reducing diets or as anti-fatigue agents. Since they are dependence-labile, however, they are no longer used legitimately to curb obesity. In fact, the only recognized therapeutic uses for amphetamines are in rare cases of narcolepsy and in childhood hyperkinesis.

Psychological dependence on amphetamine-type drugs develops rapidly and is perpetuated by a strong drive to reach maximum euphoria and excitation. As tolerance to the desired effects develop, intake of the drug must be increased until a level is reached that may exceed the initial dose by several hundred times. A toxic psychosis may occur after weeks of continued use. The amphetamine-induced toxic syndrome is characterized by profound behavioural changes and psychotic episodes with auditory, visual and tactile hallucinations. These

may be associated with feelings of panic or aggression and an urge to commit dangerous anti-social acts. High levels of excitation are coupled with the sudden onset of excessive fatigue. Amphetamine psychosis is often indistinguishable from genuine schizophrenia. The syndrome is the result of direct intoxication by amphetamines and is not an expression of physical dependence.

When amphetamines are used, as they often are, to counteract the effects of alcohol or sedatives (or vice versa), dependence on both types of drugs is an added risk.

Inhalants

Inhalants are a diverse group of chemicals which produce psychoactive (mind altering) vapours; they include a number of such common products as aerosols, gasoline, some glues, solvents and butyl nitrites marketed as "room odorizers". Sniffing moderate amounts of inhalants for even a relatively short time can disturb vision, impair judgement, and reduce muscle and reflex control. Death from sniffing inhalants occurs suddenly and without warning, as a result of suffocation, respiratory collapse or heart failure.

While inhalants are not under international control, they merit careful monitoring by the international community because of their wide use in some countries.

IV. Drug Trafficking

The ugly reality of the drug traffickers

The picture of a skulking man standing near a school enticing children to try his stock of drugs is not far from the truth about drug dealing. It does not, however, reveal the vast hidden network that placed those drugs on the street. Most people do not think of the fleets of planes and ships, of the weapons, the bribery and the coercion that are part and parcel of the illegal trafficking in drugs. This is a multi-billion-dollar industry that can survive and thrive even as more and larger shipments of illicit drugs are seized each year by law enforcement agencies.



The Hong Kong coast guard keeps a strict watch as it stops and searches vessels suspected of carrying drugs.

WHO/Paul Almasy

The drug trade is carried on by widespread networks of interrelated groups which employ modern technology to produce and transport illicit drugs. They are armed, both for protection and intimidation, and can be very dangerous.

Recent international treaties define "illicit traffic" as the cultivation, manufacture or trafficking in drugs banned by these treaties. The term is, however, more generally used to describe the link between the demand for and the supply of illegal drugs, the distribution mechanism between production and the market.

The illicit traffic is increasingly being organized by persons or by syndicates which instigate, finance and direct operations, all without ever handling the drugs themselves. The involvement of well-organized syndicates of professional criminals in the drug trade continues to be of serious concern to law enforcement officials.

No country is untouched by the drug scourge, whether it is used as a production base, as a transit point or as a market. And, along the way, the illegal trade corrupts people, employs various means of transportation and crosses national borders as the product is stealthily moved to the abuser. The return path carries millions of dollars in funds that may be "laundered", or made legitimate by banking institutions and financial corporations. With increasing frequency, drugs are being used as a medium of exchange in lieu of money.

In the past, the manipulators of these drug networks have avoided prosecution by the law and stayed out of reach of individual Governments. More often than not, only the minor players in the vast drug traffic machinery have been apprehended, while the main conspirators have escaped prosecution. Even putting a "master criminal" in jail has done little to interrupt the flow of drugs; in fact, in such a situation, the supply and distribution network is seldom negatively affected, owing to the efforts of the other members in the network.

Illicit trafficking is an area in which the United Nations is concentrating efforts to enhance international law by strengthening international treaties and conventions and helping Member States to harmonize standards of arrest, conviction and penalties.

The enticement of tremendous profits constitutes a strong attraction to criminals. Serious efforts must be made by the Member States to remove those profits from the drug traffickers. Guidelines are now being established to determine how law enforcement agencies may work to collect these funds, and a powerful tool is thus being placed in the hands of Governments for combating drug organizations.

The drug trafficking networks

The success of international drug traffickers can be seen in the sophisticated networks of distribution which have often adopted the techniques of large, legitimate, multinational corporations. Traffickers keep abreast of peak demand areas and the "drug of choice" in a specific geographic location, while maintaining the flow of narcotics around the world.

The corrupting influence of vast sums of drug money is patently clear at every level, from the local community upward, both in political and administrative terms. It begins with a pay-off to a local authority or police officer to overlook an illegal crop or laboratory. The bribery is carried out at various levels,

stops at no border and recognizes the authority of no country. Since the major drug traffickers have almost unlimited funds at their disposal, the thousands spent in bribing officials may be viewed as a good investment to ward off the threat of being shut down or arrested. Traffickers can and do use millions of narcodollars to influence votes, to "buy" law enforcement officers, judges or lawmakers, to influence how strictly an international treaty is complied with, and to exercise power throughout entire regions of the world.



The hide-and-seek of drug smuggling. Addicts have ingenious hiding places: opium seized in a typhoon shelter in Hong Kong.

Narcotics Bureau,
Hong Kong Police

An even more ominous development has recently come to light: the relationship that exists between the shipment of illegal drugs and the shipment of illegal arms. The huge profits generated by drug trafficking not only undermine legitimate economic and political institutions but are in some cases also being used to finance the smuggling of arms and the spread of violence and terrorism.

As the international drug trafficking network grows stronger, the United Nations is sharpening the tools the international community can use to attack the problem. Only through increased co-ordinated and concerted efforts can the world community hope to cope effectively with a situation that menaces the most susceptible segments of the population.

Since the 1936 Convention for the Suppression of the Illicit Traffic in Dangerous Drugs, the League of Nations and later the United Nations have tried to ensure that traffickers do not escape prosecution because of a State's lack of appropriate criminal jurisdiction within its territory. Each international conven-

tion or protocol has added to the growing list of sanctions deemed appropriate by the world community. These have included efforts to apply uniform penal sanctions and principles of criminal law (1931 Convention), extradition laws (1961 Single Convention and the 1971 Convention on Psychotropic Substances) and mandatory extradition (1972 Protocol). At present, a new United Nations convention is being prepared which calls for confiscation of profits gained illegally from the drug trade and for a number of other measures designed to thwart trafficking and to ensure adequate measures of punishment.

The sources of illegal narcotics are constantly changing. If one area of supply or transport is closed down by law enforcement action, the drug network can quickly draw on other areas to fill the gap, and find other and safer trafficking routes for delivery. This rapid swing of resource availability is proof of the sophistication of the organizations, of their interaction and their interreliance.

The newest aspect of the illegal drug trade is the increasing demand for synthetic drugs. Rather than merely uncovering fields of poppies or cannabis, the world's drug control agents encounter huge laboratories with state-of-the-art technology and a work-force of chemists who can manufacture synthetic drugs in vast quantities.

It cannot be over-emphasized that the traffic in illegal drugs exacts a heavy toll on the economy of many, if not all, nations. The final cost of drug abuse must be counted in the billions of dollars, traceable to lost productivity, increased accidents and rising health care costs in the workplace, the substantial burden imposed on law enforcement agencies, over-taxed judicial and penal systems, and the great expense involved in providing treatment and rehabilitation facilities for addicts.

Legal and judicial problems

Since 1946, one objective of the United Nations has been to resolve the legal difficulties involved in dealing with the entire question of the international drug trade. Once a shipment of drugs has passed a national frontier, the question of jurisdiction arises. The method of punishment, the severity with which the crime is judged and the social customs of each nation are just some of the factors to be considered.

Existing international conventions have addressed these problems. They require States parties to arrange for the co-ordination of preventive and repressive action against illicit

traffic, and to identify a special agency for that purpose. They are required to help one another in fighting illicit traffic and to ensure rapid international co-operation. They are also to furnish the United Nations Secretary-General with details of each important case of illicit traffic having international implications, especially cases which may indicate drug sources and shed some light on the constantly changing methods of shipment employed by the traffickers.

Most national criminal or civil legal systems include provision for the seizure and forfeiture of the tools and devices actually used in committing an offence. However, these provisions are not consistently invoked or applied in national jurisdictions and, moreover, cannot be applied to assets acquired with the proceeds resulting from drug trafficking. The property and money transactions, especially cash transfers, related to drug trafficking have increased tremendously. The growing use of complex corporate structures and intricate business transactions involving banks, trust companies, real estate firms and other financial institutions have increased the difficulty of subjecting to forfeiture assets obtained as a result of trafficking in drugs. Variations in bank, tax and investment legislation enable traffickers to identify loopholes in laws and to effect swift changes in adapting laundering schemes and techniques to hide their ill-gotten profits.

Under articles 36 and 22 of the 1961 and 1971 Conventions, adequate punishment is foreseen for offences mentioned in the conventions. However, differences in existing definitions of drug offences, penal sanctions and other punitive measures under national laws and procedures provide loopholes for traffickers and their accomplices. Sentencing practices also vary widely within and between national jurisdictions, as do policies regarding bail and parole. In addition, the recidivism rates for drug offenders are relatively high and the effectiveness of sentences exclusively concerned with prison terms indicates that deprivation of liberty is not, in itself, necessarily an effective deterrent for any category of drug offender.

V. Some of the Consequences of Drug Abuse and Drug Trafficking

The widespread abuse of drugs has become a human tragedy. Clearly, drug abuse and the illicit trafficking in drugs are problems no longer confined to small segments of a given population. Drugs entice, captivate and ultimately destroy people from all walks of life. Growing drug abuse is much more than a "street problem". It has invaded the home, the workplace and educational institutions, affecting individuals of all ages and classes. Beyond the human destruction caused by drug dependence is the damage to traditional values, life-styles and national economies. In short, drug abuse poses a serious threat to societies everywhere.

This painting by a heroin addict reflects the nightmare world of drug dependence.

WHO/K. Brodle



Drugs in the home

The devastating effects of drug abuse on the family are perhaps those which pose the greatest threat to society as we know it. When one member of a family abuses drugs—be it a parent, children, or other relative—it causes disruption and disharmony within the family and every family member suffers. Drug abusers often become so obsessed with the habit that everything going on around them, including the needs and situations of other family members, are ignored, leading to a breakdown of the family as an entity.

Aside from possible criminal behaviour brought into the home by the drug user, he or she suffers varying degrees of personal anguish—both physically and psychologically. Family

members suffer greatly as they watch the systematic and wilful destruction of an individual who is close to them. No one enjoys seeing a family member hurt, and when drugs are involved, the insidious nature of the problem intensifies the pain.

There are other serious consequences. When younger children, unaware of the dangers involved, see older siblings or parents using drugs, they may erroneously believe that drug-taking is normal or accepted behaviour.

Parents often cannot face the fact that their children take drugs, or attribute their deviant behaviour to something the parents did or did not do in bringing up the child. Shame and embarrassment far too often prevent them from acknowledging their child's drug problem. In failing to confront the problem, they cannot help the child find the courage and the appropriate means to stop taking drugs.

Drugs in the school

Most drug users begin taking drugs at an early age, as adolescents or even younger. Taking drugs while the body is still forming interrupts the normal maturing process and compounds the dangers posed to the user as an adult. When children cannot read at age 8, they can be taught, with some effort, at the age of 9. When children cannot multiply or divide at age 11, they can be taught at age 12. But when a child's mind is destroyed by drugs, that child may not be able to start again. The time lost and the damage done may be irreversible.

Since schools are concerned with the full development of children, including their moral and intellectual well-being, they must also be concerned with the use of drugs, both in and outside of school. Students often buy and take drugs on school property, lending credibility to the myth perpetuated by drug users that "everybody's doing it". The influence of peer pressure cannot be underestimated in this regard.

Drug use is a school problem because it undermines a student's academic ability and performance. Research in some countries has shown that students who use marijuana regularly are twice as likely to receive below-average marks or failing grades; school drop-outs are twice as likely to be frequent drug users. The case here is clear: when a student uses drugs, chances are that that student's ability to learn will be impaired.

Drugs can also disrupt an entire school. When many students in a class are under the influence of drugs, or absent because of drug abuse, the progress of all students is impeded.

Also, the pressure is increased on those young people who have the good sense and the courage to resist drugs. In addition, drug use brings into the school environment the illegal activities connected to drug use: theft, prostitution and the selling of drugs to others. Clearly, none of these activities is conducive to the development of a healthy productive life.

Drugs in the workplace

Societies pay a heavy toll for drug abuse in economic terms as well as in human terms. Most of the world's drug users are 18 to 35 years of age, are employed and carry their behaviour to the workplace. Widespread drug use in the workplace generates a number of serious problems. There are many accounts of drugs being sold on work premises to and by employees. Efforts by concerned individuals and managers to stop these activities are often met with violence and intimidation. Some companies have resorted to drastic law enforcement actions in an effort to bring this criminal activity under control: the use of "drug-sniffing" dogs, body searches, searches of personal property and lie-detector tests are becoming more and more frequent. The mere presence of criminal activity in a work environment breeds suspicion, both by co-workers who want the activity stopped and by the criminals themselves who fear being caught and prosecuted.

In addition to the criminal aspects of on-the-job drug use, decreased productivity and job-related accidents are more and more seen to be direct results of employee drug use. Studies have shown that in one industrialized nation drug users were found to be one third less productive, over three times more likely to be involved in an on-the-job accident, and absent from work more than twice as often as non-drug-using employees. Health-care benefits paid to employees using drugs exceed the average level. Sloppy workmanship, combined with rising health-care costs and lost productivity, increase an employer's cost of doing business and may hinder the company's ability to compete in the market-place. Moreover, defective products and services pose safety and health hazards to the public.

It is the consumer who eventually bears the brunt of the economic costs of drug use in the workplace by having to buy inferior goods at higher prices established to offset the increased operating costs.

As for many workers involved with the public, such as pilots, truck drivers, public transportation operators, air traffic

controllers, nuclear power-plant operators, etc., it is impossible to excuse the self-indulgence of the drug user when public safety is in question. Furthermore, States cannot maintain armed forces or protect their citizens from crime if drug use is widespread in the military and in law enforcement agencies.

The problems caused by drugs in the workplace affect not only manufacturing and commerce, but agriculture as well. Illicit drug production generally occurs in remote areas of producing countries, areas which are often beyond the effective control of the central government and populated by people who may use drugs for cultural, religious or medicinal purposes. Notwithstanding the existence of traditional production, a farmer may begin producing illicit narcotic plants under the threat of violence from criminal traffickers or as a means of supplementing farm income. The income received by the farmer for illicit narcotics crops is generally higher than that received for traditional food crops, and often leads to increased illicit production to the complete exclusion of food.

Increased illegal crop growing has serious consequences: it may contribute to shortages in food crops in a given region, create an artificially based cash economy, and foster a close relationship between farmers and drug traffickers, placing them in an adversary position to the Government and forcing them to become dependent on criminal activity as a means of survival.

Drugs and crime

The use of illegal drugs and crime go hand in hand. In far too many cases, drug users will literally do anything to obtain enough drugs to satisfy a habit.

The crimes most frequently committed by drug abusers are those by which the drug user can gain the most money for the least amount of effort, usually by theft, prostitution and drug peddling. This, however, does not limit the types of crimes committed, exemplified by stories of business executives who have stolen company funds and of workers who have intentionally damaged goods in order to acquire them at a reduced rate and then sell them for more money on the street to finance their habit.

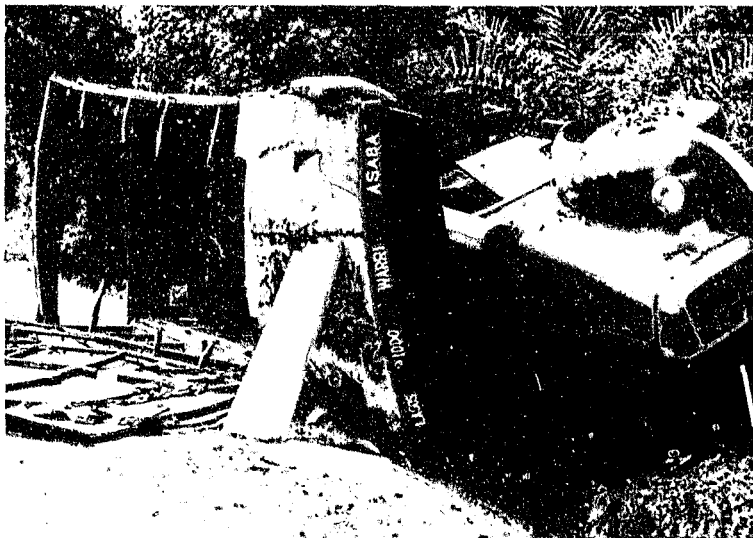
When individuals begin to take drugs, they accept the obvious risks to their personal health and well-being, both physical and psychological. After prolonged use of or the development of an obsession for a drug, the personality of the user is notably altered. This is a major obstacle encountered when attempting to

overcome drug dependency. The problem is exacerbated if the user has also become adjusted to criminal behaviour. While physical addiction to a drug is not a prerequisite for criminal activity, the user who tries to support a drug habit, whether it stems from marijuana, heroin or cocaine, often commands limited funds and thus resorts to any of a wide range of illegal activities.

While obviously not all crimes are necessarily connected with the acquisition of drugs, many crimes are committed by individuals while under their influence. A recent study of inmates in one industrialized nation found that over 50 per cent admitted to being under the influence of drugs at the time they committed the crime for which they were imprisoned.

Drivers under the influence of drugs risk others' lives as well as their own.

WHO/P. Almasy



Threat to the security and integrity of nations and regions

Despite recent success in some parts of the world in controlling the supply, diversion and trafficking of illegal drugs, the scope of the narcotics problem today transcends law enforcement and public health questions, posing a threat to the security and integrity of nations and regions. The narcotics trade undermines Governments and officials through corruption, intimidation, and economic destabilization. The erratic ebb and flow and sheer volume of drug money have a destabilizing effect on the supply of money and exchange markets. Moreover, the threat posed to individuals the world over by drug-related acts of terrorism is very real.

In the past, traffickers often viewed law enforcement suc-

cesses in interrupting their operations as part of the “cost of doing business”, reacting relatively meekly to avoid provoking Governments into further and stronger action. Now, with stricter drug control and law enforcement measures around the world, some trafficking channels have been disrupted and their proprietary organizations are on the defensive in many areas. In addition to devising new trafficking routes through less well-guarded areas, they are now reacting not only with threats but also with acts of violence.

VI. Countermeasures

The United Nations is aware that the most stringent international control against drug trafficking must be accompanied by positive action to curb the demand for illicit drugs. Efforts are being made to formulate a co-ordinated approach to help Member States deal with the problem of drug abuse in their countries. Even as its wrath is directed at the profiteers, the world's sympathy is at the same time aroused by the plight of drug abuse victims and their families and communities. And, whether a nation is industrialized or developing, the need to help its afflicted population involves an earnest commitment to deal with a long-range problem.

The international drug control treaties stipulate that Governments give "special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved". This approach reflects the understanding of the world community that a comprehensive programme is needed to deal with the ramifications of drug abuse as it affects citizens and communities.

Drug abuse prevention

The old adage, "An ounce of prevention is worth a pound of cure", is an obvious truth in the fight against drug abuse. Especially during the past few years, prevention has been recognized as a crucial element in the long-range goal of eliminating drug abuse.

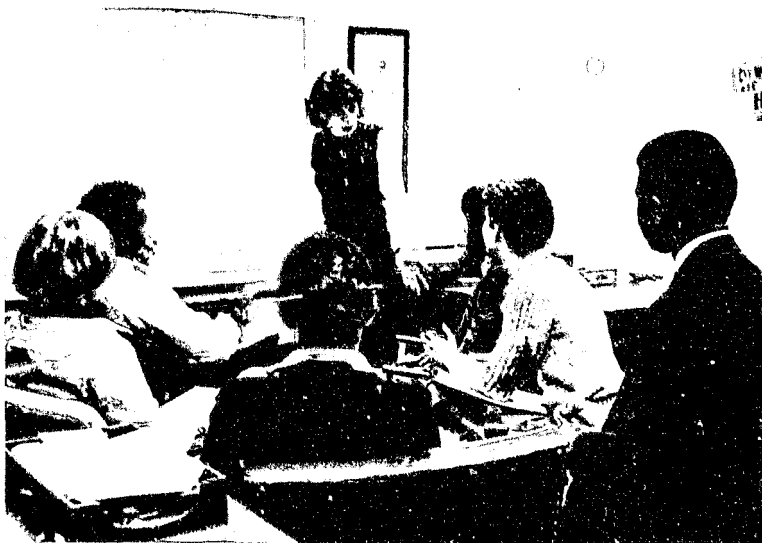
Only a decade ago, planning towards a society free of drug abuse was thought of as being unrealistic. Many government planners focused instead on how society could learn to live with the effects of drug abuse. Today, it is widely believed that a drug-free society, although far off, is nevertheless possible. This vision is shared not only by the United Nations but also by Governments, non-governmental organizations, professional and civic organizations and private citizens banding together in action-oriented groups, such as parents' organizations and others who have invested time and resources to prevent drug abuse.

Drug abuse prevention, therefore, must be a world-wide activity aimed at reaching every nation, society, community, family, school and business. It must bring awareness to everyone and motivate all to participate in the fight against illegal drugs and their use. Prevention includes education both to halt drug use and to convince those who use drugs to quit.

Drug abuse awareness and education

Educational programmes play a critical role in the overall fight against drug abuse. For those who have started to use drugs, the proper education provides a pathway to successful intervention and treatment by increasing the users' awareness of the dangers connected to drug abuse and by helping them make the choice to stop. Education is also critical in helping parents and educators understand the nature of the problem and consider how best to respond to a particular situation.

Prevention programmes provide a basis for teaching young people to develop healthy behavioural patterns which do not include drug-taking, and for instilling in them a sense of responsibility.



Drug education is an important tool in preventing drug abuse. A group of young people learning the dangers of cocaine use.

Phoenix House

Drug abuse education should be fully integrated into public and private, religious or secular, school curricula, with emphasis on the destructive effects of drug use, the encouragement of excellence in teaching, health and overall personal well-being.

Truth and credibility

Adults bear the important responsibility of providing young people with positive leadership and sound role models. The artificial glamourization of mind-altering and mood-changing drugs confuses young people, especially when people they admire use drugs. Public personalities, be they athletes, actors,

Myth versus Fact:

Drug Abuse and Illicit Trafficking

1. *Why the big outcry? Drugs aren't really a big problem.*

The fact is . . . they are a tremendous problem, the seriousness of which is becoming more apparent every day. There are millions of drug users throughout the world abusing all sorts of illegal substances. These people are damaging their health and well-being, and jeopardizing their chance for a healthy and productive life. Furthermore, there are billions of innocent victims of drug abuse—families of users, communities, employers and societies. The problems caused by drug abuse and illicit trafficking are among the most serious facing the world today, threatening future generations and thus, the future of life.

2. *"Recreational" use of drugs is not harmful.*

The fact is . . . all illegal drugs are dangerous and cause physical and psychological changes in the user. Prolonged drug use exacerbates these harmful effects and can lead to addiction. The health hazards of these drugs are very real and, for much the same reason, prescription drugs should always be properly administered and used only at the direction of a physician. Moreover, the user or potential user must consider where the money goes that is spent on illegal drugs. The traffickers gain the largest share of the profits from this illegal trade. They in turn use the money to destabilize Governments through "buying votes", through corruption, intimidation and violence.

3. *Marijuana is no worse than using alcohol or tobacco.*

The fact is . . . marijuana is very dangerous. Unlike alcohol, which usually leaves the body within 24 hours because it is water-soluble, marijuana is fat-soluble, which means that the psychoactive chemicals attach themselves to the fatty parts of the body (usually the brain and reproductive organs) and can be detected up to 30 days after initial use. Extensive research has indicated that marijuana impairs short-term memory and slows learning; interferes with normal reproductive functions; adversely affects heart functions; has serious effects on perception and skilled performance, such as driving and other complex tasks involving judgement or fine motor skills; and greatly impairs lung and respiratory functions. A marijuana cigarette contains more cancer-causing agents than the strongest tobacco cigarette.

4. *Everybody is taking drugs.*

The fact is . . . this common argument is used by drug users in an effort to gain acceptability for their deviant behaviour. No matter how alarming drug use statistics may be, the majority of the people of the world do not use illegal drugs. Peer pressure

is always difficult to cope with and it takes more courage and strength to stand up for what you know is right, and to resist drugs, when friends try to convince you that "everybody is doing it". In fact, everybody is not using drugs; those who use them are far less likely to have happy and productive lives than those who remain drug-free.

5. *Only weak individuals become addicts.*

The fact is . . . the reverse is true: addicts become weak individuals. No one begins taking drugs with the aim of becoming addicted. People take drugs for a variety of reasons, including to escape from reality, to cope with daily life, or to be accepted by others. Drugs are very seductive because, in most cases, they initially provide what the user is seeking. Their seductive quality is one of the strongest factors contributing to addiction. Consider cocaine, for example. There are increasing reports of professionals in all fields who admit to cocaine addiction. They experimented with it initially, so they say, with the intent of providing an occasional "boost", and thought they could continue in the same manner. The drug addict often becomes so obsessed with attaining more of the drug that he or she will exhaust money and assets, ruin a marriage and family life, and lose a career before admitting to addiction, because of the mistaken view that only weak individuals become addicts. Addiction is a difficult disease to accept and one from which many people never recover. No one can assume he or she is immune from addiction. There is no "safe" way to use illegal drugs, even when done only occasionally.

6. *Drug abuse is a "victimless" crime—it only hurts the user.*

The fact is . . . while the health and chances for a productive life are jeopardized for the individual drug user, he or she is not the only one to suffer. The family suffers disharmony and pain in witnessing the self-destruction of a loved one. The user's employer suffers in economic terms through lost productivity, sloppy workmanship, increased numbers of accidents, high absenteeism and rising health care costs. The consumer ultimately pays for the cost of drugs in the workplace by buying inferior goods at higher prices. The taxpayers suffer because it is their money which is needed to support efforts of Governments, law enforcement officials, and the treatment community in combating drug crimes and rehabilitating users. The community, society and the nation suffer from all of the above. Added to this is the financial support the user is giving to the criminal organizations which profit from drugs, and criminal activity often engaged in by the user in an effort to support the "habit". Throughout society there is suffering because of the self-indulgence of drug addiction.

7. *If a person wants to take drugs, Governments should not interfere.*

The fact is . . . the legitimate rights of the individual must be consistent with the safety and welfare of the general population. No in-

dividual has an inalienable right to behave in a manner destructive to others. For this reason, laws are established: Governments and societies do not tolerate murder, robbery, arson or even drunk driving. The use of illegal drugs is no different, and because of the dangerous and far reaching negative consequences, it may be even more destructive. An individual user must accept responsibility for the damage, disruption and destabilizing effects his behaviour causes.

8. All drug addicts should be imprisoned.

The fact is . . . imprisonment of a drug addict as such does not solve the problem. Drug users have committed a crime, but detoxification, treatment and rehabilitation of the individual are essential if the addict is to learn to live without drugs. This approach includes responding to immediate and acute medical needs, with continuing availability of counselling and medical treatment, and of longer-term support in a non-drug environment.

Furthermore, prison space in many countries is usually limited and is more wisely used for the detention of other criminals. Placing an addict in prison does not cure the disease and, when the addict is released, he will usually return to a destructive and deviant life-style.

9. The cultivation of drug crops gives a poor farmer a chance to make money.

The fact is . . . the farmer is breaking the law and usually knows it. The income received by the farmer for illicit narcotics production, unfortunately, is higher than that received for traditional food crops, often leading to increased illicit production to the exclusion of food crops. This kind of illegal activity creates an artificially-based cash economy, making the farmer completely dependent on the influx of money from drug dealers, putting him at the mercy of criminal traffickers and in opposition to the government.

10. Peddling drugs is one way the poor can earn money.

The fact is . . . most drug peddlers are addicts or become addicts. The money they earn does not help them or their families; they are merely supporting a drug habit. As their addiction deepens, new "clients" must be found to bring in more money to buy more drugs. They thus seek new users for their products. Each street-drug peddler is the last link in the corruptive chain of criminal activity, not only destroying lives, but destroying neighbourhoods and terrorizing citizens as well.

11. Drug use is a way of life in some countries. Why change it?

The fact is . . . it is not a way of life in any country. Statistics show that in areas where drug use is common, economic development can be seriously retarded. This is true in both developing and industrialized countries.

12. *But I'm not hurt by drug traffickers and smugglers.*

The fact is . . . even people who do not use illegal drugs are hurt by drug traffickers. The drug trade is highly organized and sophisticated. The networks established to transport illegal drugs are often used to transport illegal weapons. The organizations involved gain large sums of money which are used for corruption, intimidation and destabilization of Governments. The erratic ebb and flow and sheer volume of drug money has a destabilizing effect on money supply and exchange markets. In addition, some insurgent and terrorist groups finance their activities with proceeds from drugs. The domestic changes caused by traffickers can be seen in street crime of all sorts—robbery, arson, murder, extortion—and in the ruined lives of individuals, families, communities and societies. We are all hurt in some way by drug trafficking.

13. *Why not let each country take care of its own drug trafficking problem?*

The fact is . . . illicit growth of narcotic plants generally occurs in remote areas of producing countries, areas which are often beyond the effective control of the central government. The production of drugs in clandestine laboratories is also carefully hidden, and the drugs can often only be detected when they are being distributed through the illicit trafficking networks. Furthermore, if laws against production and trafficking are strictly enforced in one country, the traffickers simply move to a safer location within the region. Without co-operative efforts among nations, it would be extremely difficult to curtail the activities of criminal trafficking organizations.

14. *The problem is so vast that there may be no solution.*

The fact is . . . that the permissive and fatalistic attitudes of the past have allowed the drug problem to reach the epidemic proportions which we face today. The scope of the current narcotics problem goes beyond law enforcement and public health questions, posing a threat to economic and social order the world over. The problem transcends national boundaries. But there is reason to be hopeful; the nations of the world have recognized that drug abuse has grown at an alarming rate. Progress is being made in areas where intense and concerted pressure has been applied to all aspects of the problem—abuse, supply, production, trafficking and treatment.

The drug problem cannot be solved in a day or a year, but with the active participation of peoples, organizations and nations, the problem can ultimately be solved.

musicians or others, all have a special responsibility to keep their public lives above suspicion of drug abuse. Parents and parent groups are especially effective in preventing the use of drugs by children. Private businesses, including advertising companies, mass media and others, have unique capabilities for communicating accurate information about drug abuse in a credible way to large segments of the population. The United Nations is making every effort to bring together these various contributions and to mobilize their full potential in the concerted fight against drug abuse.

A major obstacle in fighting drug abuse is the insidious nature of experimentation, often encouraged by the commercial exploitation of drugs of abuse and the associated "drug culture". Any activity which glamorizes drug use must be partly to blame for the resulting dangerous health and social consequences, particularly among young people. In this regard, public information through the mass media can play an important role in getting the facts about the dangers of drug abuse across to young people.

In addition to activities which deliberately promote drug use, several terms have been commonly used in discussions of drug abuse which, whether well-meaning or intentionally misleading, foster misconceptions and hinder understanding of the nature of drug problems. The United Nations discourages the use of all of the following terms and concepts: "recreational use" of drugs, "responsible use" of drugs, "decriminalization", and defining drugs as "hard" or "soft".

User responsibility

Beyond what Governments, organizations and individuals can do to prevent drug abuse, each individual drug user has to be held personally accountable for his or her deviant behaviour. The individual user must recognize that the ultimate responsibility for the consequences of self-indulgence is a personal burden. The drug user must accept the risks associated with drug abuse—those related to health and other aspects of life. When the risks become reality, the drug user cannot claim to be a victim of society; on the contrary, society, the community and the family are all victims of the abuser. Drug-related crimes and accidents in the factory and on the highway are only part of the price paid by society. Fortunately, the nations of the world have recognized the need to stem these negative consequences and are addressing the issues related to drug abuse with greater determination than ever before.

Words as weapons

An integral part of any successful effort aimed at reducing the demand, supply, production and trafficking in illicit drugs must include an intensive public information campaign targeting people of all ages and backgrounds. Industries concerned with advertising, manufacturing and selling products for public use have often glamorized drug use through their products, sometimes unintentionally. In the past, the misinformation and myths about drug use perpetuated by such "image-makers" have been exacerbated by the inability of Governments and others to communicate more realistic messages about drug use to the public. Today, this is changing. With the widespread use of drugs and increasingly serious consequences brought about by their use, messages against drug use are being conveyed to the public through various media. Television, radio and print media, as well as educational institutions and community groups, have joined the campaign to promote a "drug-free" world.

Changing attitudes

The failure in the past of government agencies and educational institutions to communicate accurate information on the dangers of drug use to people, young and old, is one reason why drug use has reached epidemic proportions today. Responding to the need to communicate effectively, many private organizations have formulated public information programmes and have come together to provide assistance and support to efforts by Governments, community and parent organizations, civic groups and others. As accurate and credible information is being more readily made available to the general public, permissive attitudes of the past are beginning to change.

Past attitudes tended to absolve drug users of any responsibility for their actions. Today, there is widespread belief that drug misuse is wrong and that individuals who take drugs or who promote drug-taking by others must be held accountable for their actions.

Parents are uniting to fight drug use among young people and are helping to bring about new laws, public policies and attitudes. In growing numbers, politicians and government leaders no longer consider drug control measures as a "political liability", but as something with which they wish to be associated. This in turn has brought about more aggressive action and a more united attack on drugs. Civic associations, religious

groups, corporations and other private groups have recognized that they, too, have an important role to play in communicating accurate and credible information about the dangers of drug use and the far-reaching consequences of drug trafficking. Together, these activities are changing public perceptions about drugs and motivating action against them.

Helping countries help themselves

In order to help developing countries meet their treaty obligations and deal with special problems they may encounter in carrying out drug control programmes, the United Nations has given increasing attention to technical co-operation in the field of drug control. The introduction of a special technical assistance programme was the first step in widening United Nations activities beyond the treaty system. The establishment of the United Nations Fund for Drug Abuse Control (UNFDAC) in 1971 provided the world body with the extrabudgetary resources needed to cope more effectively with new trends in abuse and to fight illicit drug trafficking.



Land formerly used for growing opium poppy is brought under vegetable cultivation in Thailand.

UNFDAC/Bangkok

In 1954, the Economic and Social Council recommended that the United Nations and its associated specialized agencies give due consideration to requests for technical assistance from countries concerned with combating the habit of coca-leaf chewing. In 1956, the Council invited Governments to seek United Nations technical assistance in coping with their partic-

ular narcotics problems, and this, in some cases, involved the introduction of crop substitution. The need for assistance was so pronounced in some countries that in 1959 the General Assembly decided to establish a special programme of technical assistance in the narcotics field.

This programme contributed greatly to improving the international drug control system. But the spread of drug abuse, the new trends and patterns of abuse, the appearance of new synthetic drugs and the increased activity of illicit traffickers necessitated a more comprehensive form of international action. The rapid rise in drug abuse world-wide also created a need for extrabudgetary resources to enable the United Nations to deal more effectively with the growing crisis.

UNFDAC, supported by voluntary contributions, provides assistance to Governments and international organizations in their efforts to limit the supply of drugs to legitimate requirements, improve the administrative and technical capabilities of existing bodies concerned with the elimination of the illicit traffic, develop measures to prevent drug abuse through education and public information campaigns, provide facilities and develop methods for the treatment, rehabilitation and social integration of drug-dependent persons, and conduct research on drug abuse and its control.

With the adoption of the master-plan concept in 1982, various regions or subregions have been earmarked for assistance, in recognition of the fact that no one State stands alone with this problem but is linked to its neighbours by a chain of illicit production and smuggling. The involvement of both the contributing and the recipient nation in every phase of the projects have added to the success of each programme. This broad regional approach, however, has been limited by availability of resources.

The various United Nations organs carrying out drug control programmes develop and distribute information on a variety of subjects to Member States and other interested parties. This information is widely used by Member States because it is presented in a broad international, non-political format and is thus applicable to any nation and any circumstance. It often provides the needed ammunition for Governments who are seeking stricter or more effective drug control measures.

How Governments support United Nations efforts

The United Nations is founded on the principle of uniting Member States to provide a centre for harmonization of the ac-

tions of nations in the attainment of common goals. Since the problems caused by drug abuse and illicit trafficking affect nations and peoples all over the world, the United Nations plays a significant role in forming a world-wide, concerted strategy to deal with the problem. This role can be effectively accomplished with active participation and support from all Member States. It is important to realize that the United Nations and its drug control programmes can only be as strong and effective as the support given to them by Member States.

For more than half a century, international efforts to eradicate drug abuse have concentrated on the development of a universal and effective treaty system based on the national control of drugs by individual States. The adoption and entry into force of the 1971 Convention on Psychotropic Substances and the 1961 Single Convention on Narcotic Drugs and its 1972 Protocol have considerably strengthened the treaty system of the international community.

Through its drug control bodies and with each successive convention and protocol designed to limit the flow of narcotic drugs, the United Nations has reinforced the determination of the world community to eradicate illegal drug traffic. Just as the effectiveness of a drug control organ is dependent on the support and action of its Member States, the effectiveness of a convention is directly related to serious implementation by those States which have acceded to it. Only through co-operation and involvement of each Member State can the various United Nations conventions and bodies fulfil their functions effectively.

International treaties

Adherence by States parties to the international treaties regulating drug cultivation, production, manufacture, trade and use is vital for successful international drug control efforts. Through this commitment, a State accepts the legal obligation to abide by the provisions of the treaty, pledging that in its own area of jurisdiction it will implement the treaty by national laws and through administrative measures and controls.

At present, not all States are parties to the 1961 Single Convention on Narcotic Drugs, the 1972 Protocol amending it, or the 1971 Convention on Psychotropic Substances.

The 1987 International Conference on Drug Abuse and Illicit Trafficking (see p. 74) will therefore pay special attention to increasing the scope of participation in the existing treaty system and to promoting strict implementation, at both the national and international levels, of the international drug control

treaties. These aim at limiting the use of narcotic and psychoactive drugs to medical and scientific purposes, to prevent illegal traffic and to promote the accession to those conventions by the greatest possible number of States. (See pp. 66-70 for further information on the treaties.)

Annual reports

The system which controls the flow of narcotic drugs is based on the information provided by Governments to the international control organs. The import certificate and export authorization system maintained ensures accounting for the legal shipments of those narcotic drugs needed for medical and scientific use. Today, universal application of narcotics control measures has nearly been achieved and the system of estimates administered by the major control body, the International Narcotics Control Board (INCB), provides for measures of quantitative control extending throughout the world. Every State, whether or not it is a party to the Single Convention, is requested to furnish its estimates of narcotics needs for the coming year. If a State does not comply, INCB may make its own estimate of needs. If a State appears to be importing more than its estimated requirements, INCB will notify the exporting parties, which are then bound to cease further shipments. Also, if it finds that a dangerous quantity of drugs is accumulating in any country, the Board may recommend that other States cease shipping drugs to that country, and may request any State to explain a condition which, in the view of INCB, indicates an improper accumulation.

The Board must also ascertain that no country is seriously endangering the purposes of the conventions by failing to apply relevant provisions. If such a situation is found to exist, INCB may consult with the Government concerned and call for remedial measures. This system of monitoring the legal shipments of drugs, through annual reports, has been and continues to be successful.

National laws and regulations

In compliance with the treaties, each State party must also enact legislation as well as establish administrative offices and law enforcement agencies. It must also report on the texts of laws and regulations enacted in this regard. States thereby bring their statutes into compliance not only with the treaties but also with the objectives of the drug control organs and the laws of other

Governments, to create a parity of legislative and sentencing provisions relating to trafficking in and abuse of narcotic drugs.

Other reports to United Nations bodies

To help fight against the flow of illegal drugs, United Nations drug control organs have asked Member States to provide specific information to help consolidate the world-wide effort.

Governments are asked to report to the Secretary-General on drug seizures within their jurisdiction and they are asked to register the development of any new synthetic drugs, listing their medical uses and the degree of dependence liability.

Public information and the United Nations

Governments and organizations of all kinds are encouraged to take an active role in distributing accurate information on drug abuse and illicit trafficking. From the information sheet in a packet of prescribed medicine, to articles in popular magazines, to educational material for schoolchildren, getting the message across in terms geared to the target audience can help mobilize public opinion against the drug traffickers. Information provided by Governments to the Secretary-General, responses to questionnaires, data compiled by United Nations and other agencies, annual reports, statistics, estimates, seizure reports—the rapid exchange of current information is the lifeblood of any international endeavour to cope successfully with this global problem. It helps chart the course of a new drug route, tells of increased drug action in a specific area, helps a State prepare for an onslaught of a particular narcotic substance, and alerts health officials to the potential danger of a new synthetic narcotic.

The United Nations carries out a number of public information activities with regard to drug control:

Reports of United Nations bodies. Published annually or for scheduled meetings, reports on the deliberations and decisions of United Nations bodies offer the most up-to-date information available. Each of the bodies involved in the drug control problem makes its report available to Governments, interested organizations and the public.

Specific manuals for specific problems. Almost every United Nations body involved has published booklets to help Governments, government agencies, occupational associations and other groups deal with specific areas of drug control. These cover a broad range of subjects, offering information on topics

as diverse as how to establish a national narcotics laboratory, chemical tests for specific illegal drugs, and drug abuse assessment techniques. These manuals are available to Governments and interested organizations.

Information Letter. Published bimonthly by the Division of Narcotic Drugs, this newsletter contains current drug control information concerning conferences, seminars and meetings held in different parts of the world. The *Letter* also includes articles on the progress made by individual States in eradicating their particular drug problems, and general information about the current drug situation.

Bulletin on Narcotic Drugs. Issued four times a year by the Division of Narcotic Drugs, this publication provides an in-depth focus on particular aspects of drug abuse control, presenting original material and research findings.

Multilingual Dictionary of Narcotic Drugs and Psychotropic Substances under International Control. The *Dictionary* is a comprehensive list of the drugs deemed to be dependence-producing and/or dangerous enough to warrant control by the world body.

In addition to the activities described above, the United Nations is carrying out a public information programme with regard to the 1987 International Conference on Drug Abuse and Illicit Trafficking, which includes printed informational material and audio-visual elements. One of the aims of the Conference is to create increased awareness of the pernicious effects of narcotic drug abuse and psychotropic substances and the need for demand reduction and prevention. The United Nations information programme serves as a mechanism for promoting such awareness.

Role of non-governmental organizations

While there is still much to be done, great success has been achieved in some regions of the world in fighting drug abuse and illicit trafficking because Governments have been supported, directly and indirectly, by non-governmental organizations (NGOs). NGOs in Vienna and New York, for example, have formed committees to generate public support for United Nations activities in drug control. In September 1986, representatives of more than 100 NGOs met in Stockholm, at the invitation of the Government of Sweden, for an Interregional Conference on the Involvement of Non-Governmental Organizations in the Prevention and Reduction of the Demand for Drugs.

NGOs play a vital role in promoting drug abuse prevention, education and awareness, in getting the message of drug control across to communities. NGOs are the communicators, the parents, the religious and civic leaders, the professions and businesses, those who are closest to the potential and actual abuser of drugs and, therefore, those who can have the greatest impact on preventing drug abuse. Government prevention and educational activities are often criticized for an inability to formulate material for target audiences in a credible manner. Each NGO represents a particular segment of world society and thereby knows the most effective way to reach its own constituency. Moreover, as each NGO becomes involved in working towards a drug-abuse-free society, it reaches out to a wider audience.

The increased involvement of NGOs in drug control activities has been partly responsible for the resurgence of the debate over how to deal with the drug problem. With increased awareness activities, a more diverse group of people have become involved in prevention activities at various levels within the community, including at home, in schools and in the workplace.

As the groups and numbers of individuals involved in prevention activities have multiplied, so have the size and diversity of the audiences. Together, these groups have caused a ripple effect, whereby awareness has now begun to reach those previously untouched or unconcerned. Increasing numbers of people are thus being reached with warnings against drug abuse.

The value of NGOs and government agencies working together to solve complex national and international problems is nowhere more apparent than in this comprehensive long-term effort to eliminate drug abuse in all age groups. Every group, organization and, in fact, every individual has a role to play in drug abuse prevention, education and awareness efforts. Taken together, these efforts can have a tremendous impact on ridding society of the drug plague.

You and your organization can help

In this booklet, the concerted efforts being made by the United Nations system in the international struggle against illicit-drug abuse and trafficking are described. At this moment, the situation is truly alarming. The very future of many countries is being threatened by the drug abuse epidemic, especially among youth.

The vast sums of money amassed from the traffic in illicit narcotics corrupts individuals, institutions and Governments. To help combat this scourge, each Government needs the help of each citizen and local group and legislative body. All can be a positive and potent force, by joining with neighbours, government agencies, other organizations and the international community to fight drug abuse at home and in the community.

Public opinion helps shape public action. The real power behind international drug control is the power of public opinion. The most effective means of assuring compliance with international commitment is, therefore, the weapon of publicity. Publicity given to the lack of co-operation on the part of a Government generally has a positive side-effect. Governments and their representatives, conscious as they are of their standing in the international community and among their own citizens, are extremely sensitive to any public accusation that they have failed to co-operate in this important effort.

When an organization makes drug control an important issue, it lets public officials know that positive action is desired. Making the issue newsworthy influences the communications media to publicize it. Public disapproval over the failure to apprehend drug traffickers, or of a lack of adequate punishment for them, can help to create a climate that is discouraging to the street drug peddler or the organized drug ring.

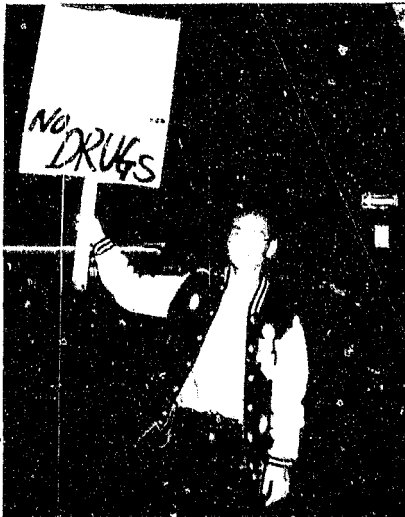
Legislative and administrative action. An aroused electorate can pressure a legislative body to deal effectively with evidence of corruption of a public official, be it a policeman, a judge or a government minister. Bribery is used to prevent the enactment of important anti-drug legislation, to weaken strong drug control measures, to minimize penalties for drug peddlers to the extent permitted by law, and to take other actions to undermine the determination of a community to rid itself of drug dealers. An electorate that is vigilant towards the actions of its representatives, and holds them accountable for their reaction to the drug underworld, can help to tip the scales of justice away from permissiveness to energetic enforcement of the law and to the adoption of even stronger measures.

Community pressure. Concerned citizens, banding together, can make their voices heard and help to create a wave of community pressure for change. Whether the action is aimed at cleaning up one small area—such as ridding a village or park of drug peddlers or ensuring that an entire country is no longer a haven for traffickers—the more actively involved citizens become, the more responsive their Governments and its agencies will become to their needs.

Political pressure. The strong feelings of the electorate about the question of drug control may be conveyed to members of legislative bodies in a number of ways: by lobbying for legislation that will save future generations from drug abuse; by signing petitions to persuade Governments to set up rehabilitation and treatment centres; and by sending letters to elected officials to influence passage of effective anti-drug legislation.

Any organization may obtain information from the United Nations as to whether its country is a party to the international drug control treaties, and the steps being taken to implement their provisions. Each member of each organization should become aware of its country's current approach to drug control, and whether the Government is giving its full support to United Nations efforts in this field.

Dissemination of information. The more each organization uses and helps disseminate available information on the dangers of drug abuse, the greater its contribution will be in making a difference. Organizations can spread the word about the benefits of strong enforcement of current anti-drug laws, the need for even more stringent legislation to curb drug trafficking, the efforts and facilities required to help drug abusers, and the absolute necessity of a broad educational effort to influence in particular the very young to resist successfully the temptation of drugs.



An anti-drug demonstration by concerned young people exemplifies how people can personally become involved in the fight against drugs.

UN Photo

Organizations have the power to encourage the news and entertainment media to tell all of the facts about drug abuse, to "deglamourize" drug use, to pin-point specific problems in the community, and to focus the attention of citizens on the crisis

we all face as illicit drugs make deep inroads into our ways of life.

Financial support. Each organization can become a partner in the fight against drug abuse and illicit trafficking by contributing to any one of the groups pledged to fight the drug scourge. Whether these are local groups or international organizations, the need for additional funding is always urgent.

Each Government can also be influenced to support drug control efforts at the local and international levels as well as through specific projects designed with United Nations help to further national drug control programmes.

Each organization can learn more about the world-wide problems connected with both drug abuse and illicit trafficking. Each person can evaluate local problems, become aware of the national situation, and *can become involved*. All can join with the United Nations in confronting this very real threat to the world today . . . and to generations to come.

Vii. International Co-operation in Drug Control

Led by the United Nations, Governments are intent on working together closely to reduce the flow of illicit drugs. The United Nations bodies concerned have assumed greater roles in assisting individual States in dealing with this plague, so that the world body is involved in every sector of activity. The Organization is training border patrols to spot drug shipments, helping to create laboratories to test seized materials, setting up rapid and complete methods of communication about drug movements and assisting individual Governments in dealing with the drug problem on every level, from the creation of education and prevention programmes, to reduction of demand, to drawing up statutes to deal with the arrest and punishment of drug traffickers.

Historical background

Much early drug misuse carried with it no social stigma and created problems of dimensions that societies were able to deal with. Drug-taking was generally kept within a small community, well within geographic locations and cultural settings. Together with expansion of trade and communications came the first trafficking in narcotic drugs. By the nineteenth century, it was no longer possible to contain the use of a drug to any one location in the world and, by the twentieth century, it was obvious that steps had to be taken to limit the flow of drugs from one country to another as the resulting problems became increasingly apparent.

International co-operation in the field of drug control began in the early part of this century, when in 1909 the first attempts to limit the shipping of narcotic drugs were made. International drug treaties concluded between 1912 and 1972 provide the legal basis for the present international drug control system.

The operation of the international control system rests on the concept of national control by individual States within the limits of their jurisdiction, in complete compliance with the provisions of the international treaties. Each State party to a particular treaty is bound to adopt appropriate legislation, introduce necessary administrative and enforcement measures and co-operate not only with other countries but also with the established international drug control organs.

Opium Commission and the Hague Convention

Over 75 years ago, the first of the international conferences to control the traffic in drugs was held near the source of the drug

that was posing the biggest problem. In 1909, 13 nations came together at Shanghai for the first international conference on narcotic drugs. Their forum became known as the Opium Commission, and their meeting led to the signing of the first drug control treaty, the International Opium Convention, at The Hague in the Netherlands in 1912. When this treaty entered into force on 11 February 1915, it became the first binding instrument of international law governing the shipment of narcotic drugs, aimed at controlling the transport of drugs deemed necessary for medical use.

League of Nations

The first Assembly of the League of Nations in 1920 established an Advisory Committee on Traffic in Opium and Other Dangerous Drugs to assist and advise the League's Council on the subject. Under the League's auspices, three main conventions were developed:

1925 Convention

A Permanent Central Board (subsequently renamed the Permanent Central Narcotics Board) of independent experts was designated to supervise the statistical control system introduced by the second International Opium Convention, 1925, which entered into force on 25 September 1928. The Board also established a system of import certificates and export authorizations for the licit international trade in narcotic drugs.

1931 Convention

Aimed at limiting the world manufacture of drugs to the amounts needed for medical and scientific purposes by introducing a compulsory estimates system, the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, 1931, which entered into force on 9 July 1933, also established a Drug Supervisory Body to monitor the operation of the system.

1936 Convention

By 1936, the international laws controlling the legal shipment of narcotic drugs were not, in themselves, sufficient to deal with the transit of drugs. The 1936 Convention for the Suppression of

the Illicit Traffic in Dangerous Drugs was the first to call for the severe punishment of illicit drug traffickers. The Convention entered into force on 26 September 1939.

There were also international agreements, signed in 1925 and 1931, which were designed to bring about the suppression of opium smoking.

United Nations involvement in drug control

In 1946, the United Nations assumed the drug control functions and responsibilities formerly carried out by the League of Nations. The functions of the League's Advisory Committee were transferred to the United Nations Commission on Narcotic Drugs, established in 1946 as a functional commission of the Economic and Social Council.

1946 Protocol

One of the first acts of the newly formed world body, this Protocol is the instrument which legally transferred the drug control functions previously exercised by the League of Nations to the United Nations. It entered into force on 10 October 1947. The treaties on drug control had remained in force to the extent possible throughout the period of the Second World War and, by the 1946 Protocol, the international community restated its firm intention to maintain control over addictive drugs.

1948 Protocol

In the pre-war years, the number of products considered to be a threat and subject to control were largely limited to those related to the opium poppy, the coca bush and the cannabis plant. Shortly after the end of the Second World War, many other compounds had been synthesized which had dependence-producing effects. This whole new area of man-made substances was brought under the mantle of international law and control by the 1948 Protocol which entered into force on 1 December 1949, bringing under international control drugs outside the scope of the 1931 Convention.

1953 Opium Protocol

Responding to the need for greater regulation of the opium poppy, the 1953 Opium Protocol (Protocol for Limiting and

Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in and Use of Opium, signed at New York), which entered into force on 8 March 1963, dealt with limiting opium use and trade to medical and scientific needs. It eliminated legal over-production through control of the amount of opium that could be stocked by individual States. Only seven countries—Bulgaria, Greece, India, Iran, Turkey, the USSR and Yugoslavia—were authorized to produce opium for export.

The Opium Protocol empowered the Permanent Central Board (now the International Narcotics Control Board) with specific supervisory and enforcement responsibilities. These measures could, however, only be used with the consent of the Government concerned. The Board could also impose, in some cases, an embargo on the importation or exportation of opium.

Single Convention on Narcotic Drugs, 1961

In the period following 1912, the narcotics control system grew rather haphazardly, and by 1960 had become overly complicated. This led to the 1961 Single Convention on Narcotic Drugs, which consolidated most of the earlier international instruments. The Convention, which entered into force on 13 December 1964 and was amended by the 1972 Protocol, is regarded as a major achievement in the history of international efforts to control narcotics.

The United Nations had three objectives in drafting the Single Convention, with the need to codify all existing multilateral treaty laws in this field as a primary goal. This was successfully accomplished.

The new treaty also simplified and streamlined the control machinery, which was another important step in strengthening the impact of the international community's efforts. The Permanent Central Board and the Drug Supervisory Body became a single unified body, the International Narcotics Control Board (INCB). In addition, through the Single Convention other administrative duties were consolidated, simplified and amplified.

The third goal of the Convention was the extension of the existing control systems to include the cultivation of plants that were grown as the raw material of natural narcotic drugs. The 1961 treaty continues to keep a tight rein on the production of opium and includes the coca bush and cannabis in the list of plants whose production was placed under international con-

trol. The treaty established or maintained certain national monopolies. It also provided for a special national administration to be designed to apply the Convention's provisions. A specific obligation was placed on States parties to limit production of narcotic plants exclusively to the amount needed for medical and scientific purposes.

Some provisions of the Single Convention contained new obligations dealing with the medical treatment and rehabilitation of addicts. Some provisions, such as those on the estimates and statistics system established by the Conventions of 1925 and 1931, were working effectively and were therefore retained virtually without change. Other provisions of earlier treaties also remained intact: those that dealt with the requirement that exports and imports be expressly authorized by government authorities from both sides of the transaction; and those requiring Governments to submit reports on the working of the treaty and to exchange, through the United Nations Secretary-General, national laws and regulations enacted to implement the treaty. Provisions for controlling the manufacture of narcotic drugs and the trade in and distribution of narcotic substances were also continued and new synthetic drugs controlled under the 1948 Protocol were included.

The Single Convention prohibits the practices of opium smoking, opium eating, coca-leaf chewing, hashish (cannabis) smoking and the use of the cannabis plant for any non-medical purposes. A period of transition was established to allow the States concerned to overcome the difficulties that could arise from the abolition of these ancient practices in their countries. The Convention also obliges States parties to the treaty to take any special control measures deemed necessary in the case of particularly dangerous drugs, such as heroin and ketobemidone.

The Single Convention has been recognized as a flexible and effective instrument, and consequently it has been widely accepted.

1972 Protocol amending the Single Convention

The Single Convention was further strengthened by the 1972 Protocol which amended it and which entered into force on 8 August 1975. The Protocol underscores the necessity for increasing efforts to prevent illicit production of, traffic in and use of narcotics. It also highlights the need to provide treatment and rehabilitation services to drug abusers, stressing that treatment, education, after-care, rehabilitation and social reintegration

should be considered as alternatives to or in addition to imprisonment for abusers who had committed a drug offence. The Protocol places special emphasis on the role of INCB in drug control, giving it responsibility for ensuring a balance between supply and demand of narcotic drugs for medical and scientific purposes and in endeavouring to prevent illicit drug cultivation, production, manufacture, traffic and use.

With the agreement of the Governments concerned, INCB may recommend that the relevant United Nations organs and specialized agencies provide technical or financial assistance to enable those Governments to carry out their treaty obligations. The amended Convention also stresses the need for co-operative and co-ordinated international action in dealing with the problems associated with drug abuse.

The ever-growing variety of drugs now available increases the difficulty of ensuring the best possible results without undue risk.

WHO/Spooner



Convention on Psychotropic Substances, 1971

Up to 1971, only narcotic drugs were subject to international control. Growing concern over the harmful effects of psychotropic substances, amphetamine-type drugs, sedative-hypnotic agents and hallucinogens—all man-made and capable of altering behaviour and mood and of creating harmful dependency effects—led in 1971 to the adoption of the Convention on Psychotropic Substances. This Convention, adopted by a Plenipotentiary Conference held in Vienna in January and February 1971 under the auspices of the United Nations, placed those substances under the control of international law.

By this Convention, which entered into force on 16 August 1976, the international drug control system was considerably expanded to include hallucinogens, such as LSD (lysergic acid diethylamide) and mescaline; stimulants, such as amphetamines; and sedative-hypnotics, such as barbiturates.

The control system provided for by the Convention is based largely on the one in force since 1964 by virtue of the Single Convention on Narcotic Drugs. In view, however, of the wide variety of substances subject to control under the 1971 Convention, the differences in the risks arising from the abuse of these substances and their addictive properties, as well as their widely varying therapeutic values, the necessary control measures were categorized in four separate "Schedules". These Schedules are annexed to the Convention and the parties to the Convention are obligated to abide by their restrictions.

Schedule 1 lists those substances which are completely prohibited, except for scientific and very limited medical purposes, by duly authorized persons in medical or scientific establishments, directly under the control of or specifically approved by their Governments. The very strict provisions of the Schedule make any other activity, such as manufacture, trade, distribution or possession, subject to special licence or to prior authorization, always under close government supervision. The export or import of these substances is prohibited, except through very specific procedures in which both exporter and importer must be authorized by the competent authorities.

Schedules 2, 3 and 4 of the Convention dictate that each of the parties must apply specific control measures established by the Convention, as well as such additional measures considered appropriate in order to limit manufacture, export, import, distribution, stockpiles, trade, use and possession to medical and scientific purposes. Substances listed in these Schedules can be exported or imported, manufactured or distributed only through licences granted by the Government or similar control organizations. Of course, to enable people to take advantage of the therapeutic effects of these substances, prescriptions may be written by physicians, subject to sound medical practices and regulations, particularly as to the number of times the prescriptions may be refilled, the duration of their validity, proper labelling and necessary warnings.

This Convention also regulates inspection of stocks, records and laboratory premises. It bans advertising to the general public. States parties must maintain a system of strict

control of the manufacturers, importers, exporters, wholesalers and retail distributors of the substances and the medical and scientific institutes which use them. They must establish or maintain a special administration to oversee these functions, much like those set up under other treaties on narcotic drugs. Efficient methods of record-keeping must be established, differentiating between the types of psychotropic substances and activities concerned.

The Convention contains special provisions relating to the abuse of these substances aimed at ensuring early identification, treatment, education, after-care, rehabilitation and social reintegration of persons who have become addicted to any of the controlled substances. Other articles address illicit traffic control and penalties. The United Nations bodies already involved in implementing and executing the narcotics control system have the added responsibility for the control of the drugs covered¹ by this Convention. These are the Commission on Narcotic Drugs (CND) and INCB.

Because of the nature of these substances, the World Health Organization (WHO) was the agency designated to determine on a medical basis whether a new substance should be included in one of the Schedules. The criteria are: (a) the substance must have the capacity to produce a state of dependence and it must stimulate or depress the central nervous system, resulting in hallucinations or disturbances in motor function, thinking, behaviour, perception or mood; (b) the abuse of the substance must produce ill effects similar to those caused by a substance already included in one of the Schedules. WHO must also establish that the substance is being or is likely to be abused so as to constitute a public health and social problem. After a medical determination has been made, the Commission on Narcotic Drugs considers such other factors as the extent of known abuse and trafficking and then decides whether or not to include the substance in one of the Schedules.

1981 International Drug Abuse Control Strategy

By the end of the 1970s, the sharp increase in drug abuse and illicit drug trafficking required that more attention be devoted to these problems at the international level. At the direction of the United Nations General Assembly, CND studied the possibility of launching a comprehensive and workable strategy for long-range international drug abuse control. This resulted, in 1981, in the formulation of an International Drug Abuse Control Strategy containing a basic five-year (1982-1986) programme of

action dealing with every aspect of drug control, abuse, trafficking, treatment, rehabilitation and crop substitution, and proposals for action in these areas by Member States.

The "master plan" approach to strong drug control measures while maintaining the balance between the supply and demand for drugs for legitimate purposes became the byword of every United Nations organ dealing with the problem. It also led to greater emphasis on the ratification of the treaties, the participation of non-governmental organizations and increased co-operation among Governments. The Strategy called for organizations and agencies within the United Nations system to provide increased support to aid Governments in such activities as enhancement of capacity for drug law enforcement, long-range crop substitution and preventive education programmes.

The General Assembly asked CND, in consultation with the appropriate specialized agencies and other United Nations drug-related bodies, to establish a task force to review, monitor and co-ordinate the implementation of the Strategy and programme of action and to report to it on an annual basis. The Commission itself subsequently constituted the task force.

Basically, the Strategy called for international co-operation to combat drug abuse and trafficking with the following objectives: (1) improvement of drug control systems; (2) maintenance of a balance between legitimate drug supply and demand; (3) eradication of illicit drug supply; (4) reduction of illicit traffic; (5) reduction of illicit demand and prevention of inappropriate use of licit drugs; and (6) treatment, rehabilitation and social reintegration of drug abusers.

Assessment of results. The status of implementation of the Drug Abuse Control Strategy has been reviewed each year through reports of the Economic and Social Council (ECOSOC) to the General Assembly on the manufacture, production, refining, shipping and distribution of narcotic drugs. Each year, that report has shown a rapid increase in the level of sophistication of the massive global network of illegal drug traffickers. The report estimates the number of addicts, details the spread of the pernicious substances through every level of the socio-economic strata of most of the Member States, and records the amount of assistance being offered by the United Nations in its attempt to limit the production of harmful drugs. The reports have shown that the world community, through the United Nations, is strengthening its efforts in the on-going battle against the scourge of illegal drug trafficking.

1984 Declaration on the Control of Drug Trafficking and Drug Abuse

Describing drug trafficking and abuse as “an international criminal activity demanding urgent attention and maximum priority”, the General Assembly, on 14 December 1984, adopted the Declaration on the Control of Drug Trafficking and Drug Abuse. The Assembly thereby declared that the “illegal production of, illicit demand for, abuse of and illicit trafficking in drugs impede economic and social progress, constitute a grave threat to the security and development of many countries and peoples and should be combated by all moral, legal and institutional means, at the national, regional and international levels”. Its eradication, the Assembly said, was the collective responsibility of all States.

The Declaration goes on to state that Member States “undertake to intensify efforts and to co-ordinate strategies aimed at the control and eradication of the complex problem of drug trafficking and drug abuse through programmes including economic, social and cultural alternatives”.

Draft Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

In recent years, it has become increasingly difficult for law enforcement and other governmental agencies to cope with the expansion of illicit drug trafficking.

Recognizing these concerns, the General Assembly, on 14 December 1984, concluded in a resolution that a new international instrument was needed to address specific areas related to illicit trafficking which seemed to be inadequately covered by existing treaties. Accordingly, the Assembly requested ECOSOC to instruct CND to prepare a draft Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Since its thirty-first session, in February 1985, CND has considered various provisions for inclusion in a new convention, concentrating on those areas not covered in existing instruments or those which needed to be adapted and/or strengthened in order to combat illicit trafficking more effectively.

In 1986, the Division of Narcotic Drugs elaborated a draft convention based on comments and proposals from Governments and guidance received from CND. The draft presently contains 14 articles designed to address all phases of illicit trafficking operations, ranging from production, manufacture and clandestine transportation to distribution of illicit drugs and the “laundering” of ill-gotten monetary gains. The overall

objective of the new convention is to improve and strengthen international co-operation and co-ordination among authorities such as customs, police and judicial bodies, and to provide them with the legal guidelines to interdict effectively illicit trafficking in all its phases.

With regard to production and manufacture, it is expected that the new convention will contain provisions relating to the eradication of illicitly cultivated narcotic crops. It will also provide for the strict monitoring and control of chemicals that are often used in the processing of drugs, such as those used in the conversion of opium into heroin, and in the manufacture of psychotropic substances. Similar restrictions would also apply to certain related materials and equipment. For example, machines utilized for the manufacture and encapsulation of tablets would be available for purchase only by legitimate entities.

In order to contain and prevent the smuggling of drugs, law enforcement and customs agencies would be invited to establish and maintain channels of communication and to exchange information regarding the identity, whereabouts and activities of known or suspected traffickers. Information would also be exchanged regarding new trafficking modes and routes. Moreover, parties to the convention would keep each other informed about the development of effective enforcement methods and techniques, and assist each other in the holding of appropriate training programmes.

The convention would also provide guidelines for "controlled delivery". This is one of the most effective, yet most complex techniques for the interception of illicit drug shipments. "Controlled delivery" requires that once an illicit consignment has been identified, its movement should be closely monitored by various authorities along often arduous trade routes. At the point of ultimate delivery, all individuals involved in such illicit shipments should be apprehended and brought to justice. Such operations would require close co-operation among national law enforcement agencies in order to be effective.

Other provisions of the draft convention would seek to prevent illicit trafficking by sea, through the mails or through the abuse of special rights prevailing in free trade zones and free ports. In addition, commercial carriers would be required to take reasonable precautions to prevent the use of their facilities and means of transport for illicit trafficking.

Major innovations within the new convention are draft provisions designed to facilitate the identification, tracing, freez-

ing, seizure and forfeiture of the proceeds generated by the illicit traffic. It is expected that the confiscation and forfeiture of these ill-gotten gains will have a significant deterrent effect on drug traffickers. The new convention will also contain provisions regarding adequate sanctions, extradition and mutual legal assistance with a view to bringing drug traffickers to justice. Once the convention enters into force, it will provide an invaluable tool in the international fight against the illicit trafficking which generates enormous profits and, at the same time, destroys the lives of countless individuals the world over, particularly young people.

1987 International Conference on Drug Abuse and Illicit Trafficking

Recognizing that drug abuse and the production, refinement and shipping of vast quantities of illegal narcotic substances is not confined by national boundaries, the United Nations and its Member States have acknowledged that this problem must be treated as the responsibility of the entire international community. Drug abuse and the illegal international drug trade touch every continent, taint every country and affect every stratum of society. The illicit trade is global, the threat to society real, and the need for international co-operation vital.

Because addiction to drugs and the vast international network of illicit drug trafficking pose an increasing threat to all countries and peoples, United Nations Secretary-General Javier Pérez de Cuéllar, in his 1985 report to the General Assembly on the work of the Organization, addressed the problem of drug abuse and illicit trafficking. He said the moment had arrived for the international community to expand its efforts in a global undertaking to meet this deadly peril and called for a world conference to deal with all aspects of the problem. The General Assembly, at its fortieth (1985) session, supported this request by deciding to convene an International Conference on Drug Abuse and Illicit Trafficking from 17 to 26 June 1987 in Vienna, Austria. It will be the first international conference to deal with questions of drug abuse and illicit trafficking.

The Secretary-General envisioned that the Conference would serve to raise the level of world-wide awareness of the dangers of drug abuse, mobilize the full potential of the United Nations system, reinforce other intergovernmental, non-governmental and regional initiatives and encourage Governments to concert their efforts and devote greater resources to the issue. The primary aim of the Conference would be the development by the international community of long-term drug

control strategies, policies and activities to be carried out at all levels. The principal document of the Conference was to be a Comprehensive Multidisciplinary Outline of future activities for drug abuse control. The document will focus on concrete and substantive issues directly relevant to the problems of drug abuse and illicit trafficking. The Outline comprises four chapters, which further stress the need for a multidisciplinary approach to the drug problem: prevention and reduction of demand; control of supply; suppression of illicit trafficking; and treatment and rehabilitation of drug-dependent persons.

The main purpose of the Outline is to suggest practical actions which can be taken at the national level (by government agencies, professional associations, academic institutions, non-governmental organizations, communities, parents and individuals); at the regional level (by regional intergovernmental and non-governmental organizations and bodies); and at the international level (by international organizations, especially those of the United Nations system as well as by inter- and non-governmental organizations). The measures suggested in the Outline are intended to be applicable in the wide range of situations where drug abuse or illicit trafficking, or both, have assumed dimensions that give rise to concern in the community.

VIII. The United Nations System and Drug Control

The enormous task of dealing with the many facets of drug abuse and illicit trafficking is shared by various United Nations organs and agencies, some created for specific drug control purposes, others lending their expertise on particular aspects of the problem. These bodies are committed to working together in close co-operation to provide a broad overall strategy to deal with the world-wide drug plague.

General Assembly

Composed of representatives of each Member State, the United Nations General Assembly is the body through which the United Nations adopts resolutions, conventions and protocols, approves funds and serves as the forum through which individual Governments express their views. It is the Assembly which decided to convene the International Conference on Drug Abuse and Illicit Trafficking in 1987 as a means of strengthening existing international activities in this field.

Economic and Social Council

The 54-member Economic and Social Council (ECOSOC) is responsible for formulating overall United Nations policies in the field of drug abuse control, co-ordinating drug control activities with the full range of economic and social programmes of the United Nations and making relevant recommendations to Governments. In this work, it is assisted and advised by one of its functional commissions, the Commission on Narcotic Drugs, for which it acts as the parent body.

Commission on Narcotic Drugs

The Commission on Narcotic Drugs (CND) was established in 1946 as one of ECOSOC's six functional commissions. It is the central policy-making body within the United Nations system for dealing in depth with all questions related to drug abuse control. The 1961 Single Convention and the 1971 Psychotropic Convention also assign important functions to CND. The Commission assists the Council in supervising the application of international conventions and agreements dealing with narcotic drugs and psychotropic substances, considers any changes that may be required in the existing machinery for the international control of such drugs and may prepare new conventions and international instruments.

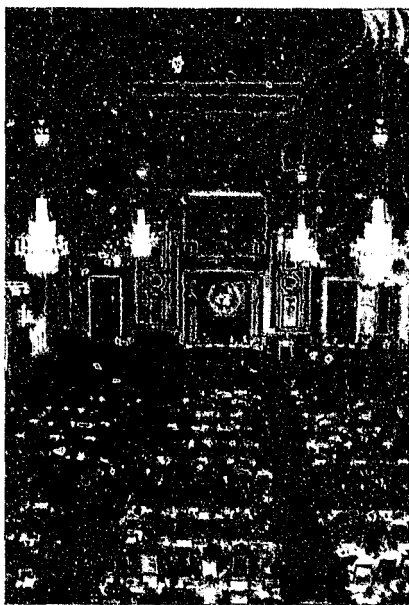
The Commission, which consists of experts representing

40 Member States, holds annual sessions which are also attended by many observer Governments, specialized agencies and non-governmental organizations.

In carrying out its mandate, CND reviews the global drug control situation, making recommendations to strengthen international drug control activities when necessary, including proposals for new conventions and international instruments; monitors the application of international conventions and agreements dealing with narcotic drugs and psychotropic substances; and takes decisions, on the recommendation of the World Health Organization (WHO), with regard to which substances should be placed under international control.

It is also responsible for reviewing, monitoring and co-ordinating the implementation of the International Drug Abuse Control Strategy (see p. 70).

During the period leading up to the 1987 International Conference on Drug Abuse and Illicit Trafficking, CND also served as the Preparatory Body for that Conference.



The First Inter-regional Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), in July 1986, was the first meeting of this type to be held at the global level.

UN Photo

Sub-Commission and HONLEA

Two subsidiary organs of CND co-ordinate the mechanisms for drug law enforcement at the regional level; the Sub-Commission on Illicit Drug Traffic and Related Matters in the

Near and Middle East, and the annual meetings of the operational Heads of National Drug Law Enforcement Agencies, Far East Region (HONLEA). Their meetings also bring together observers from regional intergovernmental organizations such as the Association of South-East Asian Nations (ASEAN), the Colombo Plan Bureau, the Permanent Secretariat of the South American Agreement on Narcotic Drugs and Psychotropic Substances (ASEP), the South Pacific Commission, the Pan-Arab Bureau for Narcotic Affairs of the League of Arab States, and the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs of the Council of Europe (Pompidou Group). The various regional agencies participate in meetings and seminars to facilitate the exchange of information between nations and are active in support of drug law enforcement training programmes.

International Narcotics Control Board

The International Narcotics Control Board (INCB) was established by the 1961 Single Convention on Narcotic Drugs to limit the cultivation, production, manufacture and utilization of drugs and, at the same time, to ensure the availability of drugs for medical and scientific purposes. To accomplish this, INCB has been given the responsibility, under the drug control conventions, of administering a statistical control system for narcotic drugs and a mandatory estimates system, whereby it monitors international legal trade in drugs. Statistics supplied by States parties and requested from other Governments enable it to ascertain that the drugs available in each country for medical purposes are accounted for at the main stages of production, manufacture and trade.

The Board consists of 13 individual members, elected in their personal capacity by ECOSOC, who command general confidence through their competence, impartiality and disinterestedness. Three are elected from candidates nominated by WHO and 10 from a list of persons nominated by United Nations Member States or States parties to the Single Convention. These members serve in their personal capacity rather than as representatives of their Governments. This arrangement stems from the independent and quasi-judicial role assigned to INCB by the Single Convention and the 1972 Protocol and by the 1971 Convention on Psychotropic Substances, from which the Board derives its mandate.

To further the aims of the treaties, the Board maintains diplomatic dialogues with Governments, pursued through



INCB Seminar for Drug Control Administrators from Latin America and the Caribbean, held in 1981 in Mexico City.

UN Photos



regular consultations and through special missions arranged in agreement with the Governments concerned. As a result of the "quiet diplomacy" practised by INCB, several countries have strengthened their legislation, particularly concerning psychotropic substances, or have acknowledged the need for co-ordination of national drug control efforts.

With financial assistance from the United Nations Fund for Drug Abuse Control (UNFDAC), the Board has arranged training programmes for drug control administrators from developing countries. These officials receive training on the implementation of treaty provisions that relate to parties' co-operation with INCB. Regional training seminars have not only helped to improve co-operation from participating countries but have also served to enhance collaboration among the countries within the regions.

United Nations Secretariat activities

There are three units in the United Nations Secretariat responsible for drug abuse control activities, all based in Vienna: the Division of Narcotic Drugs, the United Nations Fund for Drug Abuse Control and the International Narcotics Control Board secretariat. They work with other bodies within the United Nations system, including specialized agencies, as well as other international bodies involved in drug control. These bodies contribute their particular expertise and assistance in helping Governments deal with the problems of drug abuse and illicit trafficking.

United Nations system representatives active in drug control meet regularly to co-ordinate their efforts in response to global drug-abuse-related problems. This interagency mechanism ensures that activities being carried out at various levels within the United Nations system are co-ordinated, so as to maximize output and avoid duplication of effort. It also allows for an exchange of views and experiences among those working in this area.

Division of Narcotic Drugs

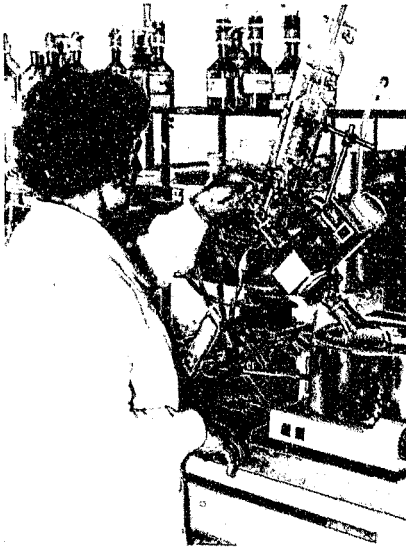
The Division of Narcotic Drugs performs a variety of functions which derive from the international drug control treaties and specific mandates of the General Assembly, ECOSOC and CND. It provides advice and assistance to Governments and the specialized agencies on the application of the international drug control treaty system and provides them with information and advice on supply and demand reduction; gives professional and technical advice to UNFDAC in matters relating to narcotic drugs and carries out projects for the Fund; contributes to the improvement of drug law enforcement through the strengthening of national and/or regional narcotics laboratories and by organizing regional training seminars and workshops for drug law

enforcement officials; analyses and publishes data on illicit drug traffic, seizures, countermeasures and trends; and serves as secretariat to the Commission on Narcotic Drugs.

The Division also publishes a quarterly *Bulletin on Narcotics* as well as periodic *Information Letters* on drug abuse control activities.

The Division is composed of four operational sections:

(1) The *Treaty Implementation and Commission Secretariat Section*, whose activities include the processing and drafting of notifications under the international drug control treaties, the publication of national legislation on drug control, the processing of annual reports from Governments on the workings of the international treaties, and the issuance of various documents based on data contained in those reports. The Section is also responsible for the documentation requirements of DND as well as for the organization, conduct and follow-up of the CND's sessions, and has issued specialized publications such as a study on extradition for drug-related offences.



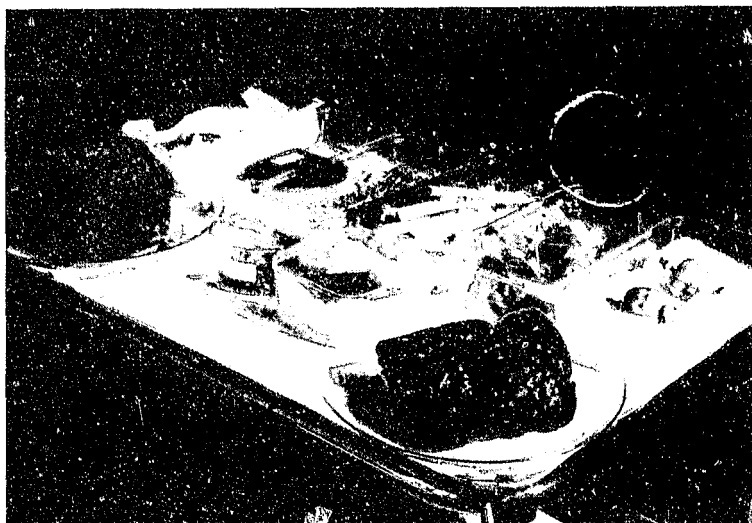
DND Laboratory
trainee.

UNIDO Photo

(2) The *Applied Scientific Research and Technical Information Section*, which houses the United Nations Narcotics Laboratory, contributes to the strengthening of national and regional narcotics and forensic laboratories in developing countries affected by illicit drug trafficking, through the identification and analysis of drugs, through training of national scientists, and through research relating to the country or region in question. Working tools such as the *Multilingual Dictionary of Narcotic Drugs and Psychotropic Substances under Interna-*

tional Control, technical manuals on methods for drug identification and analysis, as well as field drug-identification kits, are prepared by the Section. It is also responsible for the collection, clarification and distribution of reference samples of substances under international control to facilitate analysis of drugs seized in illicit traffic.

(3) The *Supply and Demand Reduction Section* compiles and publishes statistical material on seizures from illicit drug traffic as well as on the extent, patterns and trends of drug abuse. It also organizes training seminars and study tours for law enforcement officials throughout the world and seminars on demand reduction approaches to drug control. It co-operates with other international organizations to ensure greater control over the supply of, demand for and illicit traffic in drugs.



Drug samples from various regions for scientific research.

UN Photo

(4) The *Co-ordination of External Relations and Information Section* assists in the planning, implementation and co-ordination of the international drug control programmes. It oversees DND's reporting activities and serves as a clearing-house for the dissemination and exchange of information on drug-related matters. The Section plans and manages the information programmes of DND, which include audio-visual, printed and training materials, as well as a film library.

United Nations Fund for Drug Abuse Control

The United Nations Fund for Drug Abuse Control (UNFDAC) was established in 1971 for the express purpose of aiding

Governments in combating the production, trafficking and use of illicit drugs. Effective technical co-operation programmes, financed through UNFDAC, have been implemented in various regions, demonstrating the results which can be obtained through concerted multilateral action.

In its fund-raising efforts, UNFDAC makes recourse to various initiatives and especially to those ensuring an early involvement of both potential donor and assistance-receiving countries in the identification of drug problems and in the formulation of projects needed for coping with them. The Fund's interventions cover all aspects of drug abuse from illicit production to traffic, distribution and consumption.

1. *Reduction of demand*

This sector includes:

- (i) Prevention activities, such as information and public-opinion-shaping campaigns and other forms of general prevention as well as special preventive measures for groups exposed to risk;
- (ii) Treatment schemes, including individual and group therapy, family assistance, medical interventions, in- and out-patient cures and community programmes.

The above measures are combined with social rehabilitation and reintegration programmes.

2. *Reduction of supply*

This sector includes:

- (i) Preventive measures to stem the production, trafficking and distribution of illegal substances. In several cases, the preventive programmes in this field are combined with measures aimed at preventing personal misuse;
- (ii) Schemes for eliminating the illicit substances at their source. This sector includes replacement of illicit narcotics cultivation. These activities are often referred to as crop or income substitution programmes. Other important operations relate to the sources of illicit synthetic drugs, such as clandestine laboratories, or illegal procedures for diverting substances intended for legal purposes.

3. *Illicit traffic*

- (i) The major concerns in this sector are the highly sophisticated organized crime syndicates and extend to peddlers and terminal distributors who have functional links with organized crime. The measures adopted in this field are aimed at re-establishing the

rule of the law in those areas where it has been tarnished by corruption and criminality.

The activities assisted by UNFDAC include rural development, training of operators in the various sectors, provision of equipment, transfer of technology, and technical interventions for improving the administrative and technical capability of public and private structures in charge of drug abuse control, as well as research, collection and dissemination of information.

In performing its tasks, UNFDAC:

- Identifies needs and problems related to drug abuse control at the national, regional and interregional levels;
- Establishes and maintains contacts with Governments and relevant inter- and non-governmental organizations in the enhancement of the international drug control programmes;
- Provides assistance to Governments in the formulation of general and specific drug control plans;
- Reviews requests for assistance emanating from Governments, as well as proposals from DND, the INCB secretariat, specialized agencies and other sources;
- Raises, from public and private sources, the resources required to carry out its programme of activities;
- Seeks the active involvement of its main contributing and recipient countries in developing its programme of activities;
- Designs and executes assistance programmes;
- Designates, as appropriate, executing agencies, including government institutions, non-governmental organizations and United Nations agencies and bodies and supervises their execution of projects;
- Monitors the implementation of projects and programmes and evaluates the results achieved; and
- Manages its financial resources.

From 1971 through 1986, UNFDAC received a total of approximately \$182 million in pledges from 88 countries. The Fund's programmes have undergone a strong increase in recent years, shown by the fact that almost half of the mentioned total contributions have been pledged since 1983.

During its first decade, UNFDAC focused primarily on technical assistance, on pilot and experimental projects which were aimed at achieving a catalytic effect for the mobilization of national resources for drug control activities and on providing

models for future activities in other countries. Significant successes have been recorded during that period, including the opium-poppy control programmes introduced by the Governments of Burma, Pakistan, Thailand and Turkey.

Building on this experience, in 1982 UNFDAC adopted a policy approach which involved the concentration of its financial resources in the development and implementation of national and regional plans referred to as "master plans". The master plan concept entails a thorough analysis of the drug problems within a country or region, the identification and assessment of all narcotics control activities already accomplished, under way or planned, and the identification of new projects to be undertaken. In outlining individual projects, the master plan presents country needs in a cohesive and integrated manner and prescribes the steps to be taken to deal with the overall problem.



Government workers engaged in a programme to introduce cash crops to replace opium in Thailand.

UN Photo

The adoption of the master plan approach and its acceptance by both donor and assistance-receiving countries has enabled UNFDAC, since 1983, to intensify its programmes in Asia, to extend its operations to Latin America, particularly to the countries of the Andean subregion, and to develop activities in new areas such as the Caribbean and Africa. Currently, UNFDAC has master plans in operation in Burma, Pakistan and Thailand, as well as in Bolivia, Colombia, Ecuador and Peru. Support has also been provided for the formulation of master plans in Argentina and Brazil. A similar initiative is being undertaken in India. In addition to these activities, UNFDAC is

supporting sectoral programmes in the following countries: Afghanistan, the Bahamas, Benin, China, the Congo, Cyprus, Egypt, Jamaica, Jordan, Malaysia, Malta, Mauritius, Nigeria, Paraguay, Senegal, Somalia, Sri Lanka, the Sudan, Turkey, Yugoslavia and Zimbabwe.

Inspecting an experimental castor tree is part of a crop substitution programme.

UNFDAC/Thailand



INCB secretariat

While under the full administrative control of the Secretary-General, the secretariat of INCB is bound to carry out the decisions of the Board and, therefore, takes instructions exclusively from INCB itself on substantive matters. Its work is carried out under four sub-programmes: (1) the Office of the Secretary of the Board; (2) the Narcotics Statistics Unit; (3) the Narcotics Estimates Unit; and (4) the Psychotropics Control Unit. Between the two mandatory sessions held each year, the secretariat carries out the following functions on behalf of the Board and under its direction:

- The regulation of the *legal movement* of narcotic drugs and psychotropic substances with the aim of limiting their production, manufacture, trade and use exclusively to medical and scientific needs. This is implemented by means of the *ex post facto* statistical control system provided for in the treaties;
- The co-operation with Governments to maintain a proper balance between supply and demand of narcotic

drugs by the administration of an "estimate system" which applies to all narcotic drugs under international control and to all countries and territories; and

— The maintenance of a continuing dialogue with Governments with the aim of preventing the illegal or illicit cultivation, production, manufacture, traffic and use of drugs.

In order to ascertain whether the objectives of the international treaties are being met, INCB may investigate all aspects of the licit drug trade. This presupposes that it has at its disposal the relevant information on the world drug situation. The operation of the international drug control system therefore depends on the reports and statistics which Governments furnish on a regular basis. Finally, the information on illicit drug trafficking which is communicated to INCB either directly by Governments or through the competent organs of the United Nations, including the Secretary-General (i.e. in this case, the Division of Narcotic Drugs), enables it to determine whether the aims of the conventions are being endangered by any country and, if necessary, to initiate recommendations on remedial measures or, as a last resort, to propose sanctions against defaulting countries.

The annual report of INCB includes an assessment of the world situation and recommendations to Governments and is supplemented by four detailed technical reports providing data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analyses of this information.

Centre for Social Development and Humanitarian Affairs

The Centre for Social Development and Humanitarian Affairs (CSDHA) is concerned with the adverse effects of drug abuse on social development, including social disintegration and increasing criminality. It works closely with DND, INCB and UNFDAC in this area. The subject of drug abuse in this context is also examined every five years at the Centre-sponsored United Nations Congresses on the Prevention of Crime and the Treatment of Offenders, and this topic is also regularly considered by the Committee on Crime Prevention and Control, a standing committee of ECOSOC.

United Nations Social Defence Research Institute

The United Nations Social Defence Research Institute (UNSDRI), established under the aegis of CSDHA, carried out

a four-year research survey funded by UNFDAC on the interaction between criminal behaviour and drug abuse and on control measures adopted in individual countries. In support of the 1987 International Conference on Drug Abuse and Illicit Trafficking, UNSDRI is conducting two research projects, one being an international survey of drug-related penal measures and the other on drug abuse in the context of development.

Specialized agencies

International Labour Organisation

Drug control activities carried out by the International Labour Organisation (ILO) relate directly to the question of employment and the well-being of workers, focusing on drug-related problems in the workplace and on the areas of vocational rehabilitation and social reintegration of drug-dependent persons. ILO is currently studying ways to assist workers in overcoming drug problems. With WHO, it is preparing a multi-media resource kit to assist enterprises in developing effective responses to these problems. Its Vocational Rehabilitation Branch is the focal point for these activities, with a network of vocational rehabilitation advisers providing services in Africa, Asia and the Pacific, Latin America and the Middle East. Projects are often carried out with the assistance and/or funding of other United Nations agencies or programmes, such as UNFDAC, WHO and the United Nations Development Programme (UNDP). In South-East Asia, ILO is holding training courses aiming at the vocational and social reintegration of drug-dependent persons.

World Health Organization

The drug control activities of the World Health Organization (WHO) relate to drug dependence and carrying out the responsibilities assigned to it by the international drug control treaties.

WHO plays an integral role in determining which substances should be placed under international control, in accordance with the provisions of the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances. These instruments seek to ensure that controlled substances are used only for medical and scientific purposes and that States parties to the conventions make every effort to prevent drug abuse through application of the treaty provisions. Under the treaties, WHO must assess the level of dependence

and therapeutic usefulness of a particular substance, and the seriousness of the public health and social problems related to its abuse (see also p. 70).

One of the approaches used in promoting the rational use of psychoactive substances is the scheduling of substances under the international treaties. A second approach involves assisting those in the medical and other health-related professions (pharmacists, dentists, nurses, etc.) in improving their knowledge through educational processes so that they can use their judgement in individual cases.

The main objective of the WHO Global Programme on Drug Dependence is co-operation with member States in preventing and controlling problems of drug abuse and the development of appropriate technologies for the prevention, treatment and management of drug dependence problems. The three-pronged approach used in the Global Programme includes co-operation with countries to assess the nature of their problems and to formulate policies and programmes for their resolution; development of technology necessary for programme implementation; and the application of such technology accompanied by appropriate evaluation so that it can be further developed when necessary. In carrying out the Programme, WHO co-ordinates its work closely with other United Nations bodies involved in drug abuse control, in particular DND, INCB and UNFDAC. WHO staff visit countries to identify drug problems, discuss national policies, assess measures being undertaken for the prevention and management of drug dependence and drug-related health problems and promote exchange of information between countries in various regions, thus supporting technical co-operation among countries. WHO regional offices also support activities in this regard.

At the country level, several programmes financed by UNFDAC have been developed and implemented in Afghanistan, the Bahamas, Burma, China, Colombia, Egypt, Jamaica, Peru and Thailand. Negotiations are under way concerning projects in Nepal, Nigeria, Pakistan and Sri Lanka. These programmes include pilot and operational research activities. Their objective is to develop, at the national level, flexible and dynamic management systems to assist in the prevention and reduction of non-medical uses of drugs. The approach involves training of personnel through local training courses and fellowships, epidemiological surveys in rural and urban target communities, introduction and systematic evaluation of treatment programmes, and collaboration with national authorities

to improve the effectiveness of their treatment facilities and their prevention measures, as well as integration in the primary health-care systems and existing health services.

Other WHO drug-control-related activities include: the development of guidelines and manuals for teachers and health professionals, such as the guidelines for the rational use of psychotropic substances now being elaborated; the compilation of a list of essential drugs for basic health needs, which serves as a guide for countries in identifying their own needs and priorities concerning drug availability; the holding of interregional training courses for physicians on prevention and treatment of drug-dependent persons; the preparation of educational materials on prevention and control of drug abuse; and the issuance of publications concerning the extent of drug abuse and legislation relevant to drug abuse.

Specialist laboratory in Denmark. WHO and other bodies have to strike a proper balance between safeguarding public health interests in drug control while maintaining research activities into new safe and efficacious drugs that will benefit the community.

WHO/D. Henrioud



United Nations Educational, Scientific and Cultural Organization

The prevention of drug abuse through public education and awareness is the focus of drug abuse control efforts of the United Nations Educational, Scientific and Cultural Organization (UNESCO). The integration of preventive education concerning drug use into school curricula and out-of-school education is one of the most effective measures for averting the serious consequences of drug abuse among young people and

adults. These activities include teacher-training seminars and the production of audio-visual and written educational materials. In its efforts to promote public awareness of drug abuse problems, UNESCO works with media organizations in the production of radio and television programmes and audio-visual products. With the support of UNFDAC, UNESCO is carrying out research projects on drug use and prevention in Africa, Asia and the Pacific, and Latin America and the Caribbean.

International Maritime Organization

A major concern of the International Maritime Organization (IMO) relates to the increasing amounts of illicit drugs being transported by ship. It has recently compiled interim guidelines on the prevention of drug smuggling on ships engaged in international traffic, with the co-operation of the Government of the United Kingdom, the International Chamber of Shipping and the Customs Co-operation Council (CCC).

The guidelines are intended for shipowners, seafarers and others closely involved with the operation of ships, and include security precautions to be taken, descriptions of drugs most likely to be found on ships, methods of concealment, examples of suspicious circumstances to be aware of, action to be taken when drugs are discovered, identification of addicts and customs-co-operation measures.

International Civil Aviation Organization

Since a sizeable proportion of illicit drugs travel internationally by air, the International Civil Aviation Organization (ICAO) is constantly seeking ways to counteract this problem. The ICAO Council decided in 1985 to review the need for developing technical specifications related to civil flight operations and other guidance material for the prevention and suppression of illicit trafficking. It is also studying to what extent and how civil aviation is being used in the transport of illicit drugs and the relationship between air facilitation measures and narcotics control.

With respect to the elaboration of a new international convention against illicit traffic in narcotic drugs and psychotropic substances, ICAO is studying measures to ensure that commercial carriers are not used to transport illicit narcotic drugs and psychotropic substances and the development of a system of sanctions.

Universal Postal Union

The illicit transmission of narcotics by mail has increased considerably in recent years. The Universal Postal Union (UPU) and the Customs Co-operation Council have carried out studies with a view to establishing international measures to deal with the illicit transport of narcotic drugs through the mails. CCC and UPU are encouraging accession to the Nairobi Convention on the Repression of Customs Offences, which includes mutual administrative assistance in action against the smuggling of narcotic drugs and psychotropic substances. In addition, UPU has studied procedures to be followed by an intermediate country in cases where closed mail in transit is thought to contain narcotics or psychotropic substances.

Food and Agriculture Organization of the United Nations

In various multidisciplinary programmes financed by UNFDAC, the Food and Agriculture Organization of the United Nations (FAO) has been involved in agricultural aspects aimed at raising the income level of farmers and reducing the incentive to cultivate narcotic crops. It has lent its expertise to such projects as reducing poppy cultivation, the purchase of agricultural equipment, research in industrial crops and promotion of growing high-revenue crops. It also assists farmers through field trials and the organization of credit and marketing. It is currently participating in UNFDAC-financed projects in Bolivia, Burma and Pakistan. FAO is studying with DND the potential use of remote sensing techniques and satellite imagery in the detection of illicit crops.

United Nations Industrial Development Organization

The newest specialized agency, the United Nations Industrial Development Organization (UNIDO), maintains inter-secretariat contacts with United Nations drug bodies to ensure that its industry-promoting technical co-operation projects, such as upgrading technology for the manufacture of drug products for medical and scientific use, are consistent with the requirements of the international drug control treaties. UNIDO is carrying out a number of drug-related projects, mainly in Africa and Asia. Such projects aim at enhancing the technological capabilities of developing countries in the synthetic conversion of narcotic substances into established pharmaceutical chemicals and medicines. UNIDO has also implemented two

UNFDAC-funded agro-industrial projects aimed at providing alternative sources of income for coca farmers.

United Nations programmes

United Nations Development Programme

The United Nations Development Programme (UNDP) seeks to incorporate drug abuse control programmes in the context of overall development. It is a main executing agent for UNFDAC-financed projects, for the most part carried out in Asia and the Pacific, and Latin America and the Caribbean.

The UNDP resident co-ordinators and resident representatives work closely with the specialized agencies and UNFDAC field personnel in countries where serious drug problems exist. For example, the Resident Co-ordinator in one country has established a co-ordinating committee of UNFDAC field advisers and all representatives of specialized agencies in that country to discuss the entire range of drug problems there. UNDP drug-control activities in the Asia and Pacific region address drug abuse problems such as demand reduction, prevention, crop substitution, treatment, rehabilitation and law enforcement. In Latin America and the Caribbean, the programmes deal primarily with rural development geared to providing farmers with alternative sources of income.

United Nations Children's Fund

The United Nations Children's Fund (UNICEF) is particularly concerned with drug abuse as it relates to the world's 100 million abandoned and "street children", who are often drug abusers and/or drug sellers. Through programmes such as one being carried out in Latin America and the Caribbean, UNICEF works to improve life within the community, principally through strengthening the family and the provision of services to children in need.

World Food Programme

World Food Programme (WFP) food assistance in drug control has largely been in support of various integrated rural development schemes. However, in programmes which aim at the substitution of other agricultural products for the illicitly grown opium poppy, WFP—a jointly-sponsored United Nations/FAO programme—can provide supplementary food rations to local

farmers, finance the cost of labour or support law enforcement measures.

Other international organizations

The United Nations maintains close working relationships with many interregional, intergovernmental and international organizations which are not themselves part of the United Nations family of organizations, but are actively involved in drug control. Each contributes to the world-wide fight against illicit drugs by closely following trends in drug abuse and trafficking and compiling statistics.

Customs Co-operation Council

The customs authorities of nearly 100 Member States belong to the Customs Co-operation Council (CCC), working to harmonize and standardize custom laws and regulations through conventions and other international instruments. They also advocate increased technical co-operation to strengthen enforcement co-ordination. Like the police organization, Interpol, CCC circulates information on illicit drug traffic to its member countries and plays an active role in drug law enforcement and training, and participates as an observer in CND meetings.

International Criminal Police Organization

The International Criminal Police Organization (ICPO/Interpol), composed of national law enforcement agencies, has long been working with the United Nations to improve information about the flow of illicit drugs and illegally acquired assets across national boundaries. It also helps provide training for officers of law enforcement agencies. Its Drug Sub-Division participates as an observer at meetings organized under CND auspices.

Regional and interregional co-operation

Intra- and interregional co-operation among law enforcement officials at the operational level is vital in combating traffickers and destroying trafficking organizations. The regular and rapid exchange of information among law enforcement services is an important factor in braking the speed at which drugs are transported throughout the world.

Regional and interregional organizations in different parts of the world are most familiar with the circumstances surrounding the avenues of illicit trafficking in their area. Regional co-ordination mechanisms were strengthened in a number of regions and subregions by the adoption of the International Drug Abuse Control Strategy (see p. 70). The establishment of a multinational radio network for enforcement agencies in several Latin American countries and the co-operation of law enforcement liaison personnel between countries and regions are examples of positive steps taken in this direction. The most useful countermeasures that can be taken against drug trafficking are those developed through co-operation among law enforcement agencies.

A main focus of regional co-operation in drug control is the strengthening of bilateral contacts between affected countries while retaining centralized record systems to enhance the capacity of the international community to deal with traffickers.

A recurring item on the agenda of all interregional, regional and subregional meetings, workshops and seminars has been measures to alleviate the special problems of transit States through co-operative efforts, concentrating on the need to increase the availability of rapid, secure and accurate means of communication for law enforcement.

Dispensary in Tanzania. A wise choice of medicines by national health authorities ensures that the essential drugs needed for primary health care are made available where they are needed.

WHO/D. Henrioud



IX. Conclusion

An intense international concern over the more insidious long-term effects of chronic drug use and its impact on users, on their families, communities, nations, and on the future of the world is evident today. Reasons for this concern stem from the numerous consequences of drug abuse seen initially in ruined lives, but also in family disruption, poor work performance, health hazards, crime, increased drug-related accidents, learning disabilities and other mental problems. All of these may seem distant and insignificant until you or your family is affected. One fact is obvious: we can no longer ignore the massive drug problems affecting nations and peoples throughout the world.

The problems caused by drug abuse and trafficking cannot be solved in a day, a week, or even a year. Many decades of permissiveness and fatalistic attitudes allowed the drug problem to reach the epidemic proportions seen today. It will take as long to find a lasting solution. However, despite some successes to date, and the growing willingness of nations, individuals and organizations to take action, it is a problem which demands even more intense co-operative action. No one person or country alone can solve the drug problem, but each can make a contribution to the joint effort.

The time has come for each State to establish a comprehensive programme to confront the drug problem in all its aspects. Each national and international organization must aggressively pursue those activities which will contribute to the ultimate solution. Each individual must make a commitment, play a part in preventing drug abuse in this and future generations and in calling for a halt to drug trafficking and illicit production. Without public support and personal commitment, no nation can be successful in this fight. Everyone must work together, and together a world free from the plague of drug abuse will be achieved.

It is in this spirit of commitment and dedication that the United Nations, its Member States, non-governmental organizations in all communities, and concerned people everywhere are moving forward to help preserve the millions of lives that stand to be destroyed if we fail to act vigorously and effectively to overcome the global problem of drug abuse.

United Nations Secretary-General Javier Pérez de Cuéllar has stated that since the problem of drug abuse and illicit trafficking is one which transcends national borders and cultures, it is through international co-operation that progress may best be achieved. This is what the United Nations is striving for in its drug control activities and in the holding of the 1987 International Conference on Drug Abuse and Illicit Trafficking.

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