

# BULLETIN ON NARCOTICS

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DIVISION OF NARCOTIC DRUGS  
Vienna

# BULLETIN ON NARCOTICS

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***Special issue on an analysis of the campaign  
against drug trafficking***

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## SPECIAL REQUEST

As indicated in recent issues of the *Bulletin on Narcotics*, the Division of Narcotic Drugs plans to focus forthcoming issues of the *Bulletin* on particular subjects of general interest.

For this purpose, the following topics have been identified for future issues:

1. Role of narcotics laboratories in combating the illicit drug traffic.
2. Illicit supply of, and traffic in, coca leaves, coca paste and cocaine: problems and countermeasures.
3. Sentencing policies for offenders convicted of drug-related infractions.
4. Recent research on the harmful effects of cannabis.
5. Drugs and youth.
6. Extradition of persons accused of illicit drug traffic — studies on existing international instruments and on judicial implementation at the national level.
7. Drug-related problems in Africa.
8. Developments relating to control of psychotropic substances.

Interested readers are accordingly invited to submit manuscripts related to the topics listed above in sufficient time to be considered for possible publication in the *Bulletin*.

For more detailed information concerning submission of manuscripts, readers may refer to the "Note" on page v.

## NOTE

The *Bulletin on Narcotics* seeks to cover current information on experience gained in national and international drug control programmes with particular attention to results obtained in a given country that may be of interest and value to other countries.

The *Bulletin on Narcotics* is published quarterly in English, French and Spanish. Selected articles are subsequently published in Russian, and a summary of each volume is issued in Chinese every year.

Articles for publication in the *Bulletin* should be addressed to the *Bulletin on Narcotics*, Division of Narcotic Drugs, United Nations, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, accompanied by an abstract of approximately 200 words and a short *curriculum vitae* of the authors. They should be submitted in original and two copies. Illustrations consisting of all material that cannot be set in type, such as photographs, line drawings, graphs, charts and tracings may be included with the manuscript. Tables should be self-explanatory and should supplement, not duplicate the text. Each table must have a title. References should follow numerical order. The bibliography should be presented in alphabetical order.

A transmittal letter should designate one author as correspondent and include his complete address and telephone number.

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## Editor's note

This special issue of the *Bulletin on Narcotics* is concerned with the campaign against drug traffic and is published in accordance with the General Assembly resolution 37/198 adopted on 18 December 1982. The continuing rapid increase in total quantities of many drugs being moved in the illicit traffic in most parts of the world is well recognized. It is also universally accepted that the most successful measures to counter this traffic must operate from a firm base of co-ordinated activity at the national level. On this basis it is possible to establish regional and interregional co-ordination mechanisms to counter the drug traffic which is itself an international phenomenon. The International Drug Control Strategy, adopted by the General Assembly in resolution 36/168 of 16 December 1981, indicates the parameters within which co-ordinated action can most usefully be undertaken. This Strategy identified activities which could be undertaken by regional organizations and this special issue contains a number of articles describing the work of such organizations. Other articles describe national and international action against the drug traffic.

The United Nations Division of Narcotic Drugs, in accordance with decisions and resolutions of the Commission on Narcotic Drugs, the Economic and Social Council and the General Assembly, continues, within resources available, to encourage mutual assistance between States to counter the drug traffic and associated phenomena. Special attention has recently been directed to measures designed to alleviate the particular problems of transit States, the number of which is increasing exponentially. There is also concentration on supporting regional and interregional meetings, seminars and workshops designed to develop and promote more rapid, secure and accurate exchanges of information and intelligence. These measures at national, regional and international level have accounted for at least some part of the greater quantities of many drugs seized from the traffic. However, much remains to be done, especially in improving communication networks both within and between national territories.

## **Drugs of Dependence Monitoring System: an effective check of the movements of certain drugs in Australia**

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### **ABSTRACT**

For the past 13 years the Commonwealth Department of Health has operated a computerized monitoring system which records the movements throughout Australia of selected legal drugs with abuse potential. The Drugs of Dependence Monitoring System is designed to prevent diversion to the illicit market. From the moment of import or manufacture, every movement of the selected drug is monitored until the drug reaches the final distributor, in most cases a pharmacy, a veterinarian or a hospital. Approximately 300,000 movements are checked each year. All drugs used in Australia, which are covered by the Single Convention on Narcotic Drugs, 1961, and the 1971 Convention on Psychotropic Substances are included in the system. Reports are generated on quantities imported, exported, locally produced, used in manufacture and distributed. The result is that the risk of diversion has been reduced to a minimum. Information obtained from the system has proved of considerable assistance in fulfilling Australia's international treaty obligations.

### **Introduction**

The Commonwealth of Australia is a Federation of six states and two territories. Responsibilities for drug control are divided between the Commonwealth and state or territory governments. The Commonwealth, under its external affairs powers, is responsible for control over the import and export of drugs as well as the manufacture of narcotic drugs. The states and territories are responsible for the control of drugs distributed within their boundaries.

During the late 1960s, concern was expressed in Australia about the diversion of legal drugs with abuse potential to the illicit market. At that time no effective check existed on the movement of such drugs across state borders or within the states.



The Commonwealth and state governments agreed that a system was required to collect, collate and disseminate information on both inter- and intra-state transactions involving drugs included in the Single Convention on Narcotic Drugs, 1961 [1], and drugs to be included in the 1971 Convention on Psychotropic Substances [2], when it became operative.

The Commonwealth Department of Health undertook responsibility for designing and implementing such a system, which was introduced in January 1970. The system was designed to monitor the movement of legal drugs, provide relevant information to the Commonwealth and state governments and assemble statistical data for use in formulating appropriate policies for drug control. The system was adapted for computerized data processing.

### **The monitoring system**

At present the monitoring system of dependence-producing drugs involves 147 reporting authorities, all of them companies licensed to import, export, manufacture, formulate or distribute the specified drugs on a wholesale basis. Reports generated relate to purchases by some 6,000 pharmacies and 1,500 hospitals.

The drugs monitored by the system are: cocaine, codeine, dextromoramide, diethylthiambutene, dihydrocodeine, diphenoxylate, ethylmorphine, etorphine, fentanyl, hydrocodone, hydromorphone, levorphanol, methadone, morphine, normethadone, opium, oxycodone, oxymorphone, pethidine, phenazocine, phenoperidine, pholcodine, piritramide, pentazocine, phencyclidine, difenoxin, amphetamine, methylamphetamine, methylphenidate, phenmetrazine, methaqualone, amylobarbitone, amylobarbitone sodium, quinalbarbitone, quinalbarbitone sodium.

Any new or unusual trend in the use of dependence-producing drugs is quickly detected. The movement of the drug is monitored from the moment of its import or manufacture until it reaches the final distributor.

The system shows what quantity of a given drug is imported, exported, locally produced and used in manufacturing processes, the amount distributed, by whom, to whom and in what form and quantity. All these data are recorded and cross-checked. A total of 392,996 transactions were monitored in this way during 1982.

### **The reporting system**

#### ***Reporting authorities***

The system requires all reporting authorities to report their transactions each week. They provide basic data which is routinely gathered for individual record-keeping and invoicing.

In introducing the system, the Commonwealth asked companies to provide details of their invoicing systems and customers' accounts and to any changes as they occurred. This information was computerized and linking numbers were assigned so that the various codes used by the 147 reporting authorities could be cross-matched in producing reports.

The system evolved required no change on the part of a reporting authority in its record-keeping system and it was readily supported by the Australian pharmaceutical industry.

### *Movements reported*

Reports are forwarded to the Commonwealth Department of Health each week and provide detailed information on all movements to and from reporting authorities, imports and exports, loss, larceny, and controlled and accidental destruction. They also show the use of controlled substances in the manufacturing and formulating processes, including the quantity of drugs processed and the yield obtained.

### *Method of reporting*

Reporting authorities are required to record details of each transaction on a form provided, and at the end of each week the completed forms are forwarded to the Commonwealth Department of Health for key-punching and computer processing. Where appropriate, reports are also required, even if no transactions have taken place, to ensure that every authority has reported. Most reports are compiled manually. However, a number of authorities with computer facilities provide movement reports direct from their automated systems. These reports are produced with a similar layout to the normal report form and, being compatible with the manual form, are treated in the same manner.

### *Information included on the form*

Information required on the form includes the name and address of the reporting authority, the week and year of the report, a drug code, the number of units involved in the transaction, a movement code and an identifying customer account number.

The drug code is a four- or five-digit number allocated to each drug and preparation according to the form, strength, brand and package. Approximately 2,200 codes have been allocated. Reporting authorities are supplied with code books which are continually updated.

The movement code is a single alphabetical character and is used to describe the movement being reported. An extract from a typical report is shown below. The letter R in the table denotes an inward movement;

S indicates an outward movement; F means the drug used in a manufacturing or formulating process; M denotes the drug obtained from a manufacturing or formulating process; D means destruction of a drug under official supervision or expended in a quality control process; and L would indicate lost, stolen or destroyed drug under circumstances other than those officially supervised.

The identifying customer's account number is allocated by the individual reporting authority. The Commonwealth Department of Health is kept informed of any changes in, or addition to, these numbers. The number allocated to the customers varies with different authorities. This problem is, however, overcome by the use of an internal linking number within the computer which converts a single customer's varying account number into a unique identifier.

An extract from a typical report reads as follows:

<i>Entry number</i>	<i>Drug code</i>	<i>No. of units</i>	<i>Move code</i>	<i>Account number</i>
1	2560	10	R	105
2	0700	1	S	40132
3	8733	750	F	BN042
4	0661	142 000	M	BN042
5	0661	300	D	

*Key:*

- Entry 1.* Receipt by a reporting authority of 10 packs each containing 5 ampoules of 15 mg morphine sulphate from a supplier with account number 105.
- Entry 2.* Sale of 1 pack of 100 5-mg tablets of dexamphetamine sulphate to a customer with account number 40132.
- Entry 3.* Use in a formulating process of 750 grams of dexamphetamine sulphate in processing batch number BN042.
- Entry 4.* Yield of 142,000 5-mg tablets of dexamphetamine sulphate from processing batch number BN042.
- Entry 5.* Expenditure of 300 5-mg tablets of dexamphetamine sulphate in a quality control process.

### Information provided by the system

Based on information derived from the monitoring of transactions, regular reports are prepared for the Commonwealth and State health departments as well as other interested bodies. One result has been the prompt indication of unusual trends developing in drug use.

A profile can be created for a particular drug, geographical area or recipient. For instance, if an unusually high usage of drugs is observed in a particular area, the State Health Department can request a report on all

movements of drugs to that area. Any significant increase in the purchase of such drugs is investigated. Inspection pharmacists employed by the government health authorities have also found the system useful. Prior to a routine inspection they can request a report on a particular pharmacy's trading, and this can be checked against entries in the drug register.

A valuable additional effect of the system is that persons involved in the industry or handling dependence-producing drugs have become increasingly aware of the need for accurate record-keeping.

A number of reports are generated to assist in the control of legal transactions, to determine stock balances and to enable import quotas to be prepared.

### *Movement reports*

A basic monthly movement report provides details of all inter- and intra-state movements which includes movements between reporting authorities, such as wholesalers, and non-reporting authorities, such as retail pharmacies, hospitals, medical practitioners and veterinarians. Also shown are imports and exports, loss, larceny, controlled and uncontrolled destruction, manufacturing and formulating processes, as well as information on an opening stock balance, the number of movements and quantities involved and a closing stock balance for each drug or preparation for the four weeks under review.

Firms engaged in formulation and manufacture are required to insert a batch or lot identification number on their weekly report form when reporting processing transactions. A comparison of the amounts of drugs used in the production of preparations with the amount of base drug contained in the subsequent yields provides a check on the efficiency of processing, and wastage can be determined with accuracy. The report serves as an aid in the detection of possible illicit diversion from manufacturers' premises.

### *Exception reports*

In addition to the basic monthly report, an exception report lists all those hospitals and pharmacies whose purchases of any particular drug from all sources exceed a predetermined level during any given three-month period. This report highlights pharmacies in defined geographical areas whose purchases of a particular drug appear to have been abnormally high over prolonged periods.

### *Estimated consumption reports*

Other monthly reports show estimated consumption figures during the previous six months on a state-by-state basis. Seasonal or unusual trends in drug consumption are readily identified, and, when used in conjunction with

the exception report, possible problem areas are identified. These reports are also used to check on stocks of obsolete or out-of-production drugs held by wholesalers, which helps to obtain the co-operation of wholesalers in destroying all stocks detected in this way.

### *Special reports*

The monthly movement reports are supported by a variety of special reports which are available on request. One such report, which has proved of value to inspection pharmacists who carry out investigations or routine inspection, provides detailed information on purchases by nominated pharmacies, medical practitioners or hospitals from all wholesale sources for any period since the inception of the system. The scope of these special reports is virtually unlimited.

### **The effective monitoring of the movement of drugs**

Before the system was introduced no effective check on movements of drugs across state borders was possible. Now all such movements between reporting authorities are verified on a weekly basis; the report of the supplying authority is checked against that made by the receiving authority. Any transactions that fail to match can be detected quickly. As a result, the system minimizes the risk of losses and thefts of drug consignments in transit to formulators, wholesale distributors and manufacturers.

All imports and exports of dangerous drugs are recorded and transactions checked against export and import licences issued by the Commonwealth Department of Health. Should, for example, a sale be made to an unlicensed buyer the transaction would be indicated by the computer and investigated.

During computer processing, all transactions are subject to a number of checks, and individual entries may be shown as an incorrect drug code, an unidentified customer account number and suspected incorrect movement details. Such errors are investigated by the Drugs of Dependence Branch of the Department of Health and corrected, if they are obvious, or referred back to the reporting authority for clarification.

Of the 392,996 transactions monitored during 1982, 23,474 were sorted out because of coding errors or mismatching. Of these, 21,120 were resolved by the Drugs of Dependence Branch. The remaining 2,354 mismatched transactions were referred to state health authorities for investigation. All were resolved.

Data are now readily available and have proved to be of considerable assistance in fulfilling Australia's international obligations under the Single Convention on Narcotic Drugs, 1961, which requires that an annual report

on consumption, imports, exports, stocks held and forward estimates be submitted to the United Nations. The information is also used to make estimates of requirements of some drugs covered by the 1971 Convention on Psychotropic Substances.

A recent example of the effectiveness of the system in highlighting trends was the detection of a steep rise in the consumption of methadone tablets. It was considered that this could be due to high usage in unauthorized methadone maintenance programmes. Investigation confirmed this assumption and the programmes were thereafter curtailed.

There is no doubt that the system is effective in preventing the diversion of drugs from legal sources to the illegal trade. Immediate attention is focused on events as they happen, and they can be speedily investigated.

The system helps to increase awareness of the need for accurate record-keeping by persons who work with dangerous drugs. It also helps to improve public relations between government authorities and the drug industry through the close co-operation required by the monitoring system and a common desire to contain the drug problem. Before the introduction of the monitoring system, accurate data on Australia's consumption of dependence-producing drugs were unavailable. Data now available have proved of considerable assistance in controlling drug transactions and in fulfilling Australia's obligations under the international drug control treaties.

#### References

1. *Single Convention on Narcotic Drugs, 1961* (United Nations publication, Sales No. 62.XI.1).
2. *Convention on Psychotropic Substances, 1971* (United Nations publication, Sales No. E.78.XI.3).