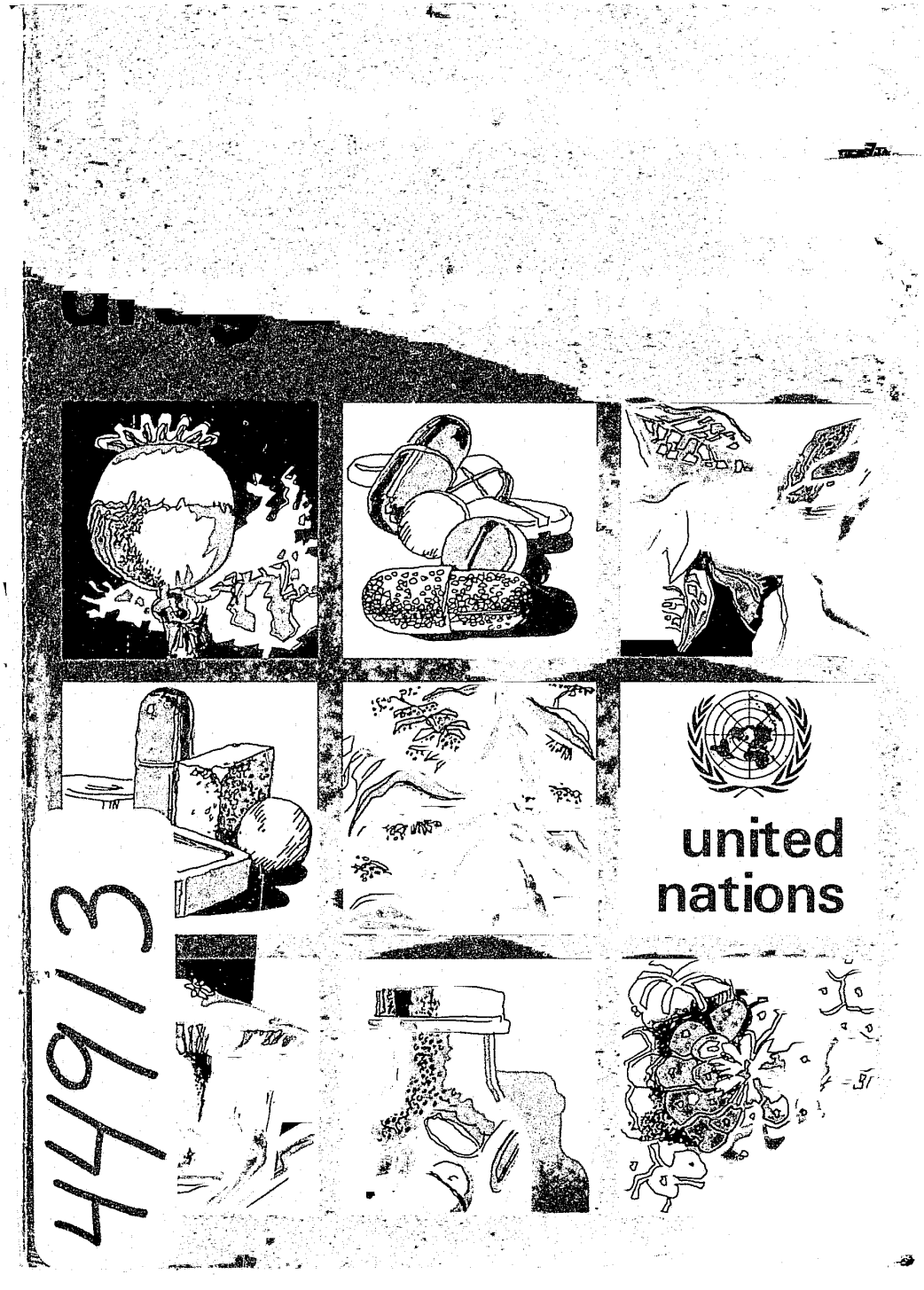

division of narcotic drugs • geneva

the united nations and drug abuse control

united nations • new york, 1976

contents

the use and abuse of drugs

Drugs used as therapeutic agents

Societies in all parts of the world have discovered substances which can alleviate pain and cure various ailments and which also give pleasurable sensations when consumed. The most ancient of these substances are opium, from the opium poppy; the leaf of the coca bush; and the tall weed cannabis. The medical value of opium is so high that this drug has been a boon to humanity to the present day; coca and cannabis, on the other hand, while they once had medical uses, have become relatively obsolete therapeutic agents. However, all these substances can be dangerous since their use under certain circumstances can lead to a craving for them in a short time; this may develop into complete dependence. It is this dependence, both physical and psychic, which causes obvious harm to the user and to society.

Drugs become an international problem

Until the end of the nineteenth century, the question of narcotic drugs was not widely regarded as an international problem needing concerted action on a world-wide scale. Developments in the latter part of the nineteenth century, however, gave a new dimension to the problem. First, through technological progress, laboratories began producing from opium and coca leaves an increasing number of alkaloids and their derivatives. Further, expansion of transport and international trade reduced geographical distances and natural barriers between nations until what originally seemed to be a local problem of a few countries became a matter of concern to the world community as a whole. Moreover, the relationships between drugs and misery and crime contributed to a growing conviction that the sale of drugs could no longer be viewed as a regular commercial transaction, free from government interference.

In the twentieth century, society has become increasingly interested in drugs and their use. The development of health care and of the pharmaceutical industry has contributed greatly to this situation. The chemical age has produced its side - effects—pollution—and chemicals have penetrated not only the air, water and soil, but our very organism. With the formidable increase in the consumption of medicines, society has been forced to react by developing safeguards against the non-medical use of substances whose primary importance lies in alleviating the pathological states of the human body and the prevention of illness. Used without therapeutic necessity, however, they can do more harm than good. Generally speaking, drug-taking without medical justification constitutes an abuse.

In order to eliminate or diminish the risks of taking medicaments without therapeutic need, health authorities have introduced various precautionary measures, including keeping highly poisonous drugs under strict control in all pharmacies and making certain drugs available only on prescription.

Drug dependence
"A state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug."

Psychic dependence
A condition in which a drug produces "a feeling of satisfaction and a psychic drive that require periodic or continuous administration of the drug to produce pleasure or to avoid discomfort".

Physical dependence
"... an adaptive state that manifests itself by intense physical disturbances when the administration of the drug is suspended ... These disturbances, i.e., the withdrawal or abstinence syndromes, are made up of specific arrays of symptoms and signs of psychic and physical nature that are characteristic for each drug type."

World Health Organization
Tech. Rep. Ser., 1969, No. 407, p. 6 and Bull. Wld. Hlth. Org., 32, 723.

Modern-day society has witnessed a spectacular increase in the *materia medica* in general and in the use of psychoactive drugs in particular. Psychoactive drugs are substances which affect the activity of the nervous system or, in simpler terms, exert a strong influence on the human mind and behaviour. The risks of psychoactive drug-taking are not limited to the individual drug-taker; the habit can affect his environment and the society itself in which he lives. Some people can (and do) become addicted to certain psychoactive drugs and lead an entirely drug-orientated life (for example, the "street" heroin addict).

Drug tolerance and drug dependence

An individual may start drug-taking for several and even multiple reasons. The simplest reason is that drug-taking starts in some instances with the administration of a narcotic or psychotropic drug for therapeutic purposes. The majority of drug abusers, however, start from a search for pleasure or for identification with a group or with a drug-orientated society. The pleasurable effect of these drugs (euphoria) constitutes the first phase; the second comes when the individual does not experience the same pleasure after repeated administration of

opiates, barbiturates or amphetamines and he takes larger and larger doses in order to obtain the same effect. This phenomenon is the development of *tolerance*. Regular and repeated drug administration leads to a state where the organism has so adapted itself to the presence of the drug that interruption in its continuity provokes abstinence (withdrawal) symptoms. The symptoms can be painful and severe, sometimes even fatal, as has happened in the case of barbiturates and opiates. This is the *physical dependence* to a drug. There are some drugs, such as cocaine, cannabis or LSD, which do not produce physical dependence. But, the development of psychic dependence can create an even stronger compulsion for regular drug-taking than the physiological need experienced by the physically dependent person. It is often the psychological compulsion which forces the drug abuser to turn back to drug-taking, even after having been detoxified for a long period of time. Psychological dependence can be very difficult to eliminate since the socio-psychological factors giving rise to drug abuse are likely to continue unless the environment where he lives and his way of living are changed.

drugs under international control

A number of psychoactive (mind altering) drugs are subjected to international control. Cannabis, cocaine and some opiates and synthetic opiates are included in schedules of the Single Convention of 1961. The Convention on Psychotropic substances of 1971, controls a number of amphetamine type drugs, hallucinogens and sedative-hypnotics. Both terms "narcotic drugs" and "psychotropic substances" are used in a *legal* sense and do not necessarily reflect the pharmacological properties of the respective drugs.

Some of these drugs slow down mental activity (depressants of the central nervous system); thus, they are useful medicines for relieving pain (pain killers, analgesics, such as opium and mor-

phine), for inducing and/or maintaining sleep (hypnotics, such as some of the barbiturates), for suppressing nervous excitement or curbing nervous disorders (sedatives, such as barbiturates or minor tranquillizers) or for relieving anxiety (minor tranquillizers, such as meprobamate).

Other of these drugs have an opposite effect on mental activity (stimulants of the central nervous system, such as dexamphetamine), they increase activity, alertness and tension. For therapeutic purposes, they are used when mental activity has to be intensified or to suppress appetite.

There is a group of substances which, in spite of their strong effect on mental activity, have very limited, or no therapeutic use at all. These are the hallucinogens, substances that produce alteration in sensation, mood and consciousness and may cause hallucinations and delusions.

Society's defensive reaction against drug pollution has now reached the level of the international community. The United Nations and the World Health Organization are variously involved in the delicate balance-keeping policy which calls for decisions on the following problems:

- which kind of drugs have to be controlled,
- what kind of national control is required,
- how to complete this control by international action and assure the co-operation of Governments which have the responsibility of drug control.

We the peoples of the United Nations determined

... to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained,
...

Chapter I
Purposes and Principles

Article 1

The Purposes of the United Nations are:

... *To achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and ...*
...

Charter of the United Nations and Statute of the International Court of Justice.

methods and scope of international drug control

The world-wide control of narcotic drugs and psychotropic substances rests upon the multilateral treaties concluded between 1912 and 1972. The operation of the international system is based on national control by individual States within the limits of their jurisdiction. In compliance with the provisions of the treaties, the States are bound to adopt appropriate legislation, introduce necessary administrative and enforcement measures and co-operate with international control organs, as well as with other countries.

International control organs

The international control organs, functioning under the auspices of the United Nations, include the following:

- *The United Nations Commission on Narcotic Drugs*

a policy-making body succeeding the League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs, which was a general organ of control;

- *the International Narcotics Control Board*

a specialized administrative organ, which is charged particularly with the supervision of provisions of the drug treaties deating with measures relating to the control of drugs needed in the world for medical and scientific purposes.

Both the Commission and the Board report to the United Nations Economic and Social Council. The Economic and Social Council and the Commission on Narcotic Drugs formulate policies, coordinate activities and supervise the implementation of international conventions and agreements. They make particular or general recommendations to Governments on these matters, and so far as medical problems are concerned, they take advice from the World Health Organization. The scheme of international control results from the realization of the necessity of close association of nations for the accomplishment of a purpose important to each one of them. The co-operation of Governments is essential, for the system can function successfully only to the extent that Governments fulfil their obligations under international treaties — namely, "to limit exclusively to medical and scientific purposes, the production, manufacture, export, import, distribution, trade in, use and possession of drugs".

Information from Governments

Governments provide to the international control organs the information on which the operation of the system depends. They maintain an import certificate and

export authorization system in foreign trade, furnish annual reports and texts of laws and regulations enacted by them to implement the treaties, and report seizures of drugs from the illicit traffic and other relevant data. They notify the United Nations about newly developed substances with possible addiction-producing properties, and they are pledged to place under control drugs which are found by international control organs to have such properties or to be convertible into drugs having such properties. Universality has always been the goal of the control system, for until all countries are bound by the conventions and implement them, illicit traffickers may operate from the territory of non-conforming States, thus preventing the effective operation of control in other countries. *"Licit" export activity from the territory of non-conforming States can also hinder the control system of other countries which have not authorized the import of these drugs.* At present, over 100 countries are parties to one or more of the conventions, and thus are participants in the control system. In addition, certain countries and territories not bound by any of these treaties abide by them in practice. Universal application of narcotics control measures has almost been attained, however, by provisions of the 1925 and 1931 Geneva Conventions, which have been continued in the Single Convention, 1961 as amended by the 1972 Protocol.

In particular, the system of estimates introduced by the 1931 Convention, incorporated in the Single Convention and administered by the International Narcotics Control Board, provides for measures of quantitative control extending throughout the world. Every State, party or not, is required to furnish its

Composition and functions of the International Narcotics Control Board

1. The Board shall consist of *thirteen* members to be elected by the Council as follows:

(*a*) Three members with medical, pharmacological or pharmaceutical experience from a list of at least five persons nominated by the World Health Organization; and

(*b*) Ten members from a list of persons nominated by the Members of the United Nations and by Parties which are not Members of the United Nations.

2. Members of the Board shall be persons who, by their competence, impartiality and disinterestedness, will command general confidence. During their term of office they shall not hold any position or engage in any activity which would be liable to impair their impartiality in the exercise of their functions. The Council shall, in consultation with the Board, make all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions.

3. The Council, with due regard to the principle of equitable geographic

estimates of narcotics needed for the coming year. If it does not send them, the Board may make the estimates itself, on the basis of which the maximum amount is computed which the country or territory concerned may import. Shipments of drugs can be made to a State only within the limits of the estimates furnished by the importing country or made by the Board. If the Board determines that the limit of shipments to any country has been reached, it will notify the exporting States, which are then bound not to make any further shipments.

The Board has another means of controlling the quantity of a country's narcotic supplies. If it finds that a dangerous quantity of drugs is accumulating in any country, it may recommend that other States stop shipments of drugs to that country.

Further, the Board may request any State, whether party or not to the 1925 and 1931 conventions, to explain a condition which, in the view of the Board, indicates an improper accumulation of narcotic drugs. This is continued under the Single Convention. The Board must also ascertain that no country is seriously endangering the aims of the conventions both on narcotic drugs and psychotropic substances by failing to apply their provisions. Once such a situation is detected, the Board may consult with the Governments concerned and call for possible remedial measures.

Public opinion

The real power behind international drug control, however, is the power of public opinion. The most effective means of

representation, shall give consideration to the importance of including on the Board, in equitable proportion, persons possessing a knowledge of the drug situation in the producing, manufacturing, and consuming countries, and connected with such countries.

4. The Board, in co-operation with Governments, and subject to the terms of this Convention, shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, to ensure their availability for such purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs.

5. All measures taken by the Board under this Convention shall be those most consistent with the intent to further the co-operation of Governments with the Board and to provide the mechanism for a continuing dialogue between Governments and the Board which will lend assistance to and facilitate effective national action to attain the aims of this Convention.

(*Single Convention on Narcotic Drugs as amended by the 1972 Protocol*)

assuring compliance with international obligations is, therefore, the weapon of publicity. While over-dramatization by information media of drug addiction, illicit traffic and other aspects of drug control has often been found rather harmful to the efforts of national and international authorities, publicity given to the lack of co-operation on the part of a Government in this sphere generally has a salutary 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 social and humanitarian venture. Such publicity is provided by reports of the international control organs, based on information furnished by Governments (annual reports, laws, statistics, estimates, seizure reports) and by discussions in the various United Nations bodies.

the international drug control system

Its inception

Although the use and abuse of narcotic drugs was widespread in other regions besides the Far East in 1909, when the first attempt at international control was made, it was there that opium abuse had its centre of gravity. There had been the opium wars in China in the middle of the nineteenth century, to keep Chinese markets open to the trade in opium from British India, and then the great increase in the consumption of morphine during the American Civil War (1861-1865). Around the turn of the century, diacetylmorphine (heroin) appeared on the market, although its great dangers were not recognized for another decade.

In 1906, a big step forward was taken with the passing of an edict in China which prohibited the cultivation of the opium poppy. This was the first move toward the ultimate goal of a total ban on opium smoking. At first this met with some success and, in 1908, Great Britain, where public feeling ran high, agreed to a reduction in opium exports from India to China over an experimental period of three years, provided that China reduced domestic production and imports from other countries proportionately. In 1908 also, the United States Government prohibited the use of opium in the Philippines for other than medical purposes.

Shanghai Opium Commission

The stage was set for the first international conference on narcotic drugs, which led to the signing of the first treaty three years later. Upon the initiative of the United States Government under President Theodore Roosevelt, thirteen powers with interests in the Far East appointed an Opium Commission which met at Shanghai in 1909.

The Commission adopted nine resolutions dealing with various aspects of the opium problem. It urged gradual suppression of opium smoking and recommended measures intended to stop smuggling of narcotics, especially by prohibiting their export to territories which did not legally admit them. Appeal was also made to the Governments controlling foreign concessions and settlements in China to take various measures to co-operate with the Government of China. Governments were also strongly urged to take drastic steps to control the manufacture and distribution of morphine and other derivatives of opium.

Although the Commission did not establish any binding obligations, it indicated the direction for future action.

Hague Convention of 1912

The first international narcotics convention was concluded at The Hague in 1912. It established international cooperation in the control of narcotic drugs as a matter of international law, and the principles laid down in it have remained the basis of international narcotics control. The Convention stipulated that the production and distribution of raw opium were to be controlled by law; that opium smoking was to be gradually suppressed; and that the manufacture, sale and use of manufactured narcotic drugs (that is, of morphine, other opiates and cocaine) were to be limited by law exclusively to medical and "legitimate" needs; manufacturers of and traders in such drugs were also subjected to a system of permits and recording.

The League of Nations

Article 23 of the League of Nations Covenant provided that the members of the League should "entrust the League with the general supervision over agreements with regard to . . . the traffic in opium and other dangerous drugs." The first League Assembly created an Advisory Committee on Traffic in Opium and Other Dangerous Drugs to assist and advise the League's Council in these tasks.

Geneva Convention of 1925

The Geneva Convention of 19 February 1925, was a major step forward in the control of narcotic drugs. Governments were required to submit to the newly created Permanent Central Board* annual statistics concerning production of opium and coca leaves and the manufacture, consumption and stocks of narcotic drugs, and quarterly reports on the import and export of such drugs, including opium and coca leaves. It also established the system of import certificates and export authorizations requiring governmental approval of each import and export.

The Permanent Central Board was established to supervise the statistical system introduced by the Convention. It was composed of eight independent experts serving in their personal capacity and not as representatives of their Governments.

The 1931 Convention

The aim of this Convention, signed at Geneva on 13 July 1931, is to limit world manufacture of drugs to the world's medical and scientific needs. It contains provisions to restrict the quantities of drugs available in each country and territory. Countries bind themselves not to exceed in their manufacture and imports certain maxima based on estimates of their narcotics requirements. These estimates were transmitted yearly to a body especially established to examine them, the Supervisory Body, composed of four members who were entitled to establish estimates for those countries which would have failed to transmit them.

The 1936 Convention

The Convention for the Suppression of the Illicit Traffic in Dangerous Drugs, which was signed at Geneva on 26 June 1936, and came into force in October 1939, calls for severe punishment of illicit traffickers. The parties to the Convention undertook to enact measures to prevent offenders from escaping prosecution for technical reasons and to facilitate extradition for drug offences.

The 1936 Convention was the last treaty in the field of narcotics under the auspices of the League of Nations.

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* *The designation was later changed to Permanent Central Opium Board and finally to Permanent Central Narcotics Board.*

The United Nations

During the Second World War, some activities of international narcotics control continued. The League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs met for the last time in 1940 and went out of existence with the dissolution of the League. However, the two technical bodies (the Permanent Central Opium Board and the Drug Supervisory Body) were able to continue some of their work.

It was one of the urgent tasks of the United Nations, immediately after the war, to take the initiative in re-establishing full operation of the control system.

At its first session, in February 1946, the Economic and Social Council created the Commission on Narcotic Drugs as one of its functional commissions, to carry out, among other things, the functions entrusted to the League's Advisory Committee.

The Commission was originally composed of 15 members of the United Nations, but in 1961 the membership was increased to 21 States, in 1967 to 24, and in 1973 to 30, elected from among the Members of the United Nations and of the specialized agencies and the parties to the Single Convention on Narcotic Drugs, 1961. The members are elected with due regard to the adequate representation of:

- countries which are important producers of opium or coca leaves;
- countries which are important in the field of the manufacture of drugs; and
- countries in which drug abuse or the illicit traffic in drugs constitutes an important problem.

The Commission on Narcotic Drugs:

- assists the Council in exercising such powers of supervision over the application of international conventions and agreements dealing with narcotic drugs and psychotropic substances as may be assumed by or conferred on the Council;
- carries out such functions entrusted to the League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs by the international conventions on narcotic drugs and psychotropic substances as the Council has found necessary to assume and continue;
- advises the Council on all matters pertaining to the control of narcotic drugs and psychotropic substances and prepares such draft international conventions as may be necessary;
- considers what changes may be required in the existing machinery for the international control of narcotic drugs and psychotropic substances and submits proposals to the Council;

- performs such other functions relating to narcotic drugs and psychotropic substances as the Council may direct.

Protocol of 1946

A protocol signed on 11 December 1946, transferred to the United Nations the functions previously exercised by the League of Nations under the various narcotics treaties concluded before the Second World War.

Paris Protocol of 1948

When the pre-war international treaties on narcotics were being drawn up, the number of products which it was necessary to control was relatively small—all products of three plants (the opium poppy, coca bush and cannabis plant) and those belonging to chemical groups which could be defined in advance. During the past twenty-five years, however, science has created many analgesic compounds which have turned out to be dependence-producing and which, being made synthetically, are not derivatives of these plants or do not belong to the defined chemical groups under the 1931 Convention.

UN Commission on Narcotic Drugs holding session at the Palais des Nations, United Nations Office at Geneva (Switzerland).

The Commission on Narcotic Drugs, at its first session, in November-December 1946, therefore, initiated a study of the procedures necessary for bringing the new synthetic drugs under full control. This resulted in the Paris Protocol of 1948, which was signed at the Palais de Chaillot on 19 November 1948, and came into force on 1 December 1949. It

authorizes the World Health Organization to place under full international control any new drug (including synthetic drugs) which could not be placed under such control by application of the relevant provisions (article 11) of the 1931 Convention and which it finds either to be addiction-producing or convertible into an addiction-producing drug.

Opium Protocol of 1953

With the aim of limiting the production of opium to the quantities needed for medical and scientific purposes, the Commission on Narcotic Drugs endeavoured to bring about an international opium monopoly, with quotas allocated to the various opium-producing countries and with a system of international inspection. The principal opium-producing and drug-manufacturing countries, however, could not reach agreement on several important questions, such as the price of opium and international inspection. Consequently, the Economic and Social Council turned to an alternative plan which formed the basis of a protocol adopted by the United Nations Opium Conference held in New York in May-June 1953. This protocol came into force on 8 March 1963.

The 1953 Protocol — the Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium—limits the use of opium and the international trade in it to medical and scientific needs and eliminates legal overproduction of opium through the indirect method of limiting the stock of the drug maintained by individual States. Only seven countries—Bulgaria, Greece, India, Iran, Turkey, the USSR and Yugoslavia—are authorized to produce opium for export. The Protocol empowers the Permanent Central Opium Board (now the International Narcotics Control Board) to employ certain supervisory and enforcement measures which can, however, be undertaken only with the consent of the Government concerned, and, in some cases, to impose an embargo on the importation or exportation of opium, or both.

Single Convention, 1961

The international control system, developed by a succession of conventions, agreements and protocols, had become complicated. The Economic and Social Council authorized the Commission on Narcotic Drugs to draw up a new instrument which, if adopted, would:

- replace the existing nine treaties,
- extend control to the cultivation of plants from the "natural" narcotic drugs are obtained, namely, opium, cannabis and coca leaves, and
- simplify the international control machinery.

On the basis of a third draft of this instrument drawn up by the Commission, a Plenipotentiary Conference for the Adoption of a Single Convention on Narcotic Drugs met at United Nations Headquarters from 24 January to 25 March 1961.

On 30 March 1961, the Conference adopted and opened for signature the Single Convention on Narcotic Drugs, 1961. This Convention, which entered

SINGLE CONVENTION on NARCOTIC DRUGS, 1961

UNITED NATIONS

into force on 13 December 1964, marks a major milestone in the history of international narcotics control.

The first objective of the United Nations in adopting the Convention, namely, the codification of the existing multilateral treaty law in this field, has been almost completely achieved, with the exception of part of the 1936 Convention on illicit traffic.

The second main goal of the new treaty—simplification of the international control machinery—has been achieved: the Permanent Central Opium Board and the Drug Supervisory Body amalgamated into the International Narcotics Control Board and certain other administrative simplifications have also been made.

As regards the third goal—the extension of the control systems to the cultivation of plants grown as the raw material of natural narcotic drugs—the new treaty continues the controls on the production of opium and introduces the control of the production of coca leaves and cannabis including, *inter alia*, the establishment or maintenance of national monopolies and the obligation on Governments to limit production exclusively to medical and scientific purposes.

Some of the provisions of the Single Convention, such as those dealing specifically with the medical treatment and rehabilitation of addicts, are quite new as treaty obligations, while others, such as the estimates and statistics system established by the conventions of 1925 and 1931 which had worked effectively, have been continued virtually without change.

As a result of the Single Convention,

therefore, such practices as opium smoking, opium eating, coca-leaf chewing, hashish (cannabis) smoking, or the use of the cannabis plant for non-medical purposes are prohibited, after a transitional period to permit the countries concerned to overcome the difficulties arising from the abolition of these ancient customs. The Convention also puts parties under the obligation to take special measures of control in the case of particularly dangerous drugs, such as heroin and ketobemidone. Earlier treaty provisions, requiring • that exports and imports of narcotic drugs be made against express Government authorization from both sides, • that Governments make reports on the working of the treaty and • that they exchange through the Secretary-General laws and regulations passed to implement the treaty, have been retained. Provisions for controlling the manufacture of narcotic drugs and the trade and distribution of narcotic substances have also been continued, while measures for controlling new synthetic drugs laid down in the 1948 Protocol have been incorporated in the Single Convention.

The Single Convention is a flexible and generally accepted treaty representing the highest common denominator for the acceptance of international obligations by sovereign countries. It was amended by a Plenipotentiary Conference which met in Geneva from 6 to 25 March 1972.

1972 Protocol Amending the Single Convention, 1961

In many parts of the world drug abuse increased sharply during the late 1960s. In response to this growing problem, a Plenipotentiary Conference was convened in March 1972 to consider amendments to the 1961 Convention, at which more than 100 countries were represented, and which adopted the 1972 Protocol which strengthens the international drug control system. The 1972 Protocol entered into force on 8 August 1975.

The Single Convention as Amended by the 1972 Protocol underscores the necessity of continuing and increasing efforts to prevent the illicit production, traffic and use of narcotics, while at the same time highlighting the need to provide treatment and rehabilitation services to drug abusers. Special emphasis is placed on the role of the International Narcotics Control Board in the field of drug control.

The Board has the responsibility to endeavour to ensure the availability of adequate supplies of narcotic drugs for medical and scientific purposes, a matter of recent concern to the international community. The INCB, in co-operation with Governments, shall endeavour to prevent illicit drug cultivation, production, manufacture, traffic and use.

The Single Convention as Amended by the 1972 Protocol provides that the Board, with the agreement of the Government concerned, may recommend to the competent United Nations organs and specialized agencies that technical or financial assistance be provided to Governments in support of carrying out their treaty obligations. It also stresses the need for co-operative international action in addressing the problems associated with drug abuse.

Under the Single Convention as Amen-

ded by the Protocol, Parties should provide other than penal measures for the prevention of drug abuse, such as treatment, education, after-care, rehabilitation and social reintegration. The treaty asks Parties to it to provide treatment, education, after-care, rehabilitation and social reintegration as an alternative to, or in addition to, imprisonment for abusers having committed a drug offence.

This latest international agreement demonstrates the continuing concern of Governments over the misuse of drugs and the key role entrusted to the United Nations in this field.

Convention on Psychotropic Substances, 1971

During the past fifteen years, there has been increasing concern over the harmful effects of such drags as barbiturates, amphetamines and tranquillizers. The World Health Organization and the Commission on Narcotic Drugs have accordingly recommended that Governments take appropriate legislative and administrative measures for their control. In addition to problems created by these drugs not subject to international control by the Single Convention, a new problem was raised in the Commission on Narcotic Drugs in 1963—the abuse of LSD.

The resolutions adopted by the Economic and Social Council, the Commission on Narcotic Drugs and the World Health Assembly contained detailed recommendations to Governments of ways in which abuse of all these psychotropic substances may be prevented by national control measures.

United Nations Conference for the adoption of a Protocol on Psychotropic Substances

Vienna — 11 January - 19 February 1971

Official Records

Volume I:

Organizational documents

Texts of the revised draft Protocol and of the Convention

Record of the work of the Conference

Final Act

Convention on Psychotropic Substances and Schedules

Resolutions

UNITED NATIONS

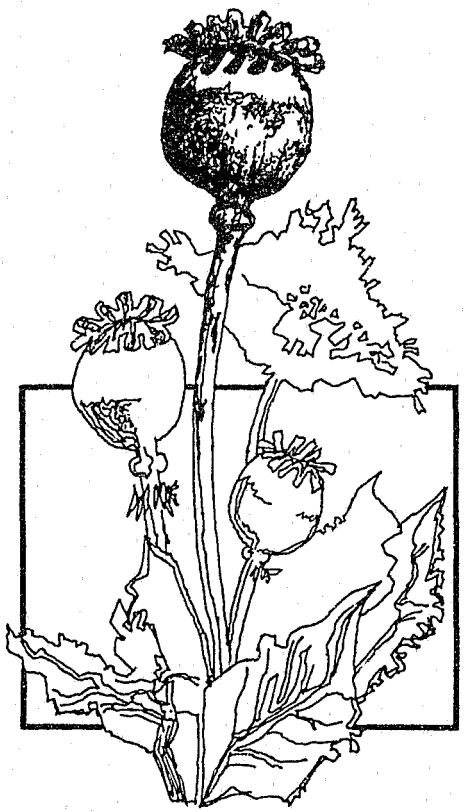
During recent years, it had become evident that Governments cannot deal with the problem of abuse of these substances without international co-operation and action. Consequently, the Economic and Social Council asked the Commission to elaborate a draft protocol for the international control of psychotropic drugs, including control measures for hallucinogenic drugs (such as LSD), amphetamines, barbiturates and minor tranquillizers.

On the basis of a draft drawn up by the Commission on Narcotic Drugs—in close collaboration with the World Health Organization—a Plenipotentiary Conference for the Adoption of a Protocol on Psychotropic Substances met in Vienna from 11 January to 21 February 1971. The Conference was attended by representatives of 71 States (and observers from 4 countries), the World Health Organization, the International Narcotics Control Board and the International Criminal Police Organization (INTERPOL). The conference also invited the Director of the Permanent Anti-Narcotics Bureau of the League of Arab States to attend in a personal capacity. On 21 February 1971, it adopted and opened for signature the Convention on Psychotropic Substances, 1971. In addition, the Conference adopted three resolutions annexed to its Final Act, including a resolution inviting Governments to apply provisionally the measures of control provided in the Convention pending its entry into force. The Convention entered into force on 16 August 1976.

The Convention on Psychotropic Substances is a major step in the extension of international drug control. The Conference had resolved the difficulties arising from the heterogeneity of the psychotropic substances. The differences in the risks connected with the abuse and drug-dependence producing properties of these substances and the substantial differences in their therapeutic validity have necessitated the introduction of greatly varying measures of control to be applied in the case of the different groups of psychotropic substances.

The Convention contains a number of prohibitive measures for hallucinogens which present a high risk of abuse and do not have therapeutic application. The special provisions regarding subtances such as LSD prescribe, among other things, the prohibition of their use, except for scientific research specifically authorized and supervised by Governments, special licence and governmental supervision of their manufacture, trade, distribution and possession, a very strict record-keeping system, and the prohibition of export and import except when both the exporter and importer are the competent governmental authorities or agencies.

types of drugs under international control



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

"Opium" means the coagulated juice of the opium poppy.

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

(Single Convention on Narcotic Drugs, 1961 p. 12)

Natural and synthetic opiates

Opium

Opium is the coagulated juice from the unripe capsule of the poppy plant scientifically known as *Papaver somniferum.* It can be grown in most areas of the world, and in a number of countries it is cultivated for its seeds or beautiful flowers rather than for its opium content. The seeds, which constitute a valuable oil-containing food, are pressed for oil or used in cakes and pastry. The poppy is an annual plant and most probably originated in the Mediterranean region and in the Middle East.

The earliest recorded knowledge of opium is to be found in the Sumerian tablets. Sumerians lived in Lower Mesopotamia (modern Iraq) around 5000 B.C. Later, knowledge of the poppy's medicinal properties was introduced to Persia and Egypt by the Babylonians. The Greeks and Arabs also used opium for medicinal purposes. The first recorded instance of poppy cultivation in India dates from the eleventh century, and production and consumption of opium in that country became extensive in the sixteenth century during Mongol rule.

Opium was probably introduced to China by the Arabs in the ninth or tenth century. The drug was also known in Europe in the Middle Ages, and the famous physician Paracelsus administered it to his patients.

Opium was medically a very important drug, but the prominent place it held in therapy has been taken over by certain of its alkaloid (morphine and codeine), and synthetic opiates (pethidine and methadone). Formerly a useful therapeutic agent, opium has now become an important raw material for the manufacture of morphine and codeine.

As a pleasure-giving drug, opium was originally eaten or taken as an infusion. The smoking of opium is a comparatively recent development, going back only a few hundred years.

The abuse of opium and its derivates (morphine and heroin) was the primary concern of the first international attempts to enforce control of narcotic drugs.

Morphine

Morphine is the main active principle of opium. The average morphine content of opium is about 10 per cent. Morphine is extracted either from opium or, directly, from the poppy straw (the dried capsules and the upper part of the stems of the opium poppy after mowing). The use of the poppy straw process eliminates the production of opium and greatly reduces all risks of abuse and illicit traffic. This process has expanded greatly and, in recent years, about one third of the world's medical requirements for morphine has been manufactured from poppy straw.

Morphine was widely used for the relief of short-term acute pain resulting from surgery, fractures and burns and in the final stages of terminal illnesses. Through the introduction of synthetic narcotics and other analgesic drugs, the extent of use and the therapeutic importance of morphine have been considerably diminished (but it is still considered to be the prototype of the narcotic drug).

Codeine and other morphine derivatives

Codeine, an effective cough suppressant, is one of the most commonly and widely employed medicaments. Codeine (methylmorphine) occurs in opium in low concentration, but for the market is manufactured principally by the conversion of morphine. This explains the apparent contradiction between the decrease in the therapeutic use of morphine and the increase in its production: more than 90 per cent of the morphine produced by the pharmaceutical industry is converted into codeine. It has properties which resemble those of morphine but its analgesic effects are milder.

Cases of codeine addiction are relatively rare, as dependence develops only after continued consumption of large quantities over a considerable period of time.

Heroin

Heroin (diacetylmorphine) is derived from morphine by acetylation. On the recom-

mendation of the World Health Organization and the Commission on Narcotic Drugs, it has been banned in most countries, and its use in medicine has been replaced by other, less dangerous, analgesics.

Heroin is perhaps the most addictive of all known drugs. The intense euphoria produced by the drug has made heroin the most popular morphine derivative among addicts.

The quality of the drug available on the black market relates to several illicit activities, and during the long process from the clandestine laboratory to the smuggler and from the smuggler to the street addict, the original heroin is diluted so many times that the white (or pink or brown) stuff in a "bag" may not contain more than 3 to 5 per cent heroin, in some countries. Adulteration of heroin is the easiest way for traffickers to increase their profit.

Synthetic opiates

The term "synthetic opiates" or "synthetic narcotics" is generally applied to a number of addictive substances which have come onto the market since the discovery of pethidine by German chemists some thirty years ago. When first marketed, pethidine was claimed to be devoid of addictive potential; experience, however, has proved otherwise. Addiction is slower to develop and is less vicious than addiction to morphine, but this potential does exist.

The mushrooming development of various new synthetic drugs and their appearance on the market, accompanied sometimes by unproven claims that they do not produce drug dependence, have led the Commission on Narcotic Drugs to repeat warnings to Governments to apply immediately provisional control measures to these substances, pending the definite evaluation of their effects by the World Health Organization. The Commission has taken the view that in such cases commercial interests must yield to overriding considerations of public health. In this connexion, it has also been stressed that, without encroaching upon the freedom of the press, a way should be sought to prohibit misleading publicity and advertising of properties of newly developed drugs.

Cannabis

The products of the plant *Cannabis sativa L.* have been used by millions of people as an intoxicant over the last four or five thousand years. It is used in various forms. People smoke it, often combined with tobacco, or mix its resin with drinks or in sweetmeats. Such use is still tolerated in certain countries.

There are few areas in the world where cannabis cannot be grown successfully. Depending on the soil, the climatic conditions and the degree of cultivation, this weed-like plant may reach a height of from one to twenty feet. The cannabis plant or the crude drug derived from it and folk preparations of cannabis are known under hundreds of different

names. The intoxicating constituents of the cannabis resin (known as hashish) are found mainly in the flowering tops, particularly of the female plant. Cannabis resin was the most potent form of cannabis, until recent years, when a new cannabis product appeared on the illicit market: liquid cannabis is a concentrate containing sometimes up to 60 per cent of THC (tetrahydrocannabinol) and is more dangerous than other forms of cannabis.

There are indications that the intoxicating effects of cannabis depend largely on the amount of THC present in the "cannabis" used.

According to the Single Convention, 1961, the term "cannabis" means, *"the flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted, by whatever name they may be designated"* but in common parlance the use of the term "cannabis" can differ from this definition, and the expressions "cannabis", "marijuana" or "hashish" embrace a range of different cannabis preparations.

Cannabis has become, from the medical point of view, an obsolete remedy. It has therefore been recommended that its use be discontinued in medical practice, but it is still used for the treatment of

"Cannabis plant" means any plant of the genus cannabis.

"Cannabis resin" means the separate resin, whether crude or purified, obtained from the cannabis plant.

(Single Convention on Narcotic Drugs, 1961, p. 11)

certain ailments by local medical practitioners in some countries in Asia.

In certain countries, the consumption of cannabis has been a traditional custom for centuries, particularly in those regions where the consumption of alcohol is prohibited.

Coca leaf and cocaine

The coca bush is an evergreen shrub *Erythroxylon coca* which grows in western South America. The leaves have been chewed for centuries in some parts of South America by highland peoples. The leaves are also the raw material for the manufacture of cocaine.

Since the habit of coca-leaf chewing is conditioned by a number of unfavourable social and economic factors, the solution of the problem involves two fundamental and parallel aspects: the need for improving the living conditions of the population among which coca-leaf chewing is a general habit and the need for initiating simultaneously a governmental policy to limit the cultivation of the coca leaf, control its distribution and eradicate the practice of chewing. The U.N. Economic and Social Council has recommended that the countries affected by the coca-leaf chewing habit be assisted in their efforts to eradicate this practice.

"Coca bush" means the plant of any species of the genus erythroxylon.

"Coca leaf" means the leaf of the coca bush except a leaf from which all ecgonine, cocaine and any other ecgonine alkaloids have been removed.

(Single Convention on Narcotic Drugs, 1961, p. 11)

Cocaine, a potent stimulant * drug, is the principal alkaloid of the coca leaf and can be extracted from coca leaves. It was first used as a local anaesthetic a century ago, but its therapeutic importance has diminished with the introduction of other anaesthetic drugs.

In the case of abuse, the stimulant effect of cocaine results in excitability, talkativeness and a diminished feeling of fatigue. Cocaine may produce euphoria and the sensation of increased muscular strength. Stimulation is followed by a period of depression. High doses of cocaine lead to suspiciousness, fear, hallucinations (characteristics of a paranoid psychosis) and aggressive and antisocial behaviour may occur. Effects of cocaine are similar to the effects produced by amphetamines.

Hallucinogens

The great civilizations offer numerous examples of the use of substances producing hallucinations. The ritual consumption of hallucinogenic mushrooms in America, the use of other intoxicating mushrooms by sorcerers in Asia and the use of certain plants for witchcraft in Europe are only a few example of the diversity of the "traditional" hallucinogens, but recently the term "hallucinogenic" has been more associated with Lysergic acid diethylamide (LSD), (STP), (DMT) and other new substances.

Hallucinogens constitute a heterogeneous class of substances, belonging to a wide variety of chemical and pharmacological groups. The propagation of their abuse and its resultant effects have led to the international control of a number of hallucinogens. The guiding principle of the Convention of Psychotropic Substances, 1971, in the selection of hallucinogenic substances to be controlled is expressed in Article 2 of that Convention. A substance should by subject to control "if the World Health Organization finds: that the substance has the capacity to produce . . . central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function or thinking or behaviour or perception or mood . . . and that there is sufficient evidence that the substance is being or is likely to be abused so as to constitute a public health and social problem."

LSD

LSD (LSD-25, lysergide) is an abbreviation of the German expression for lysergic acid diethylamide *(Lysergsäure Diäthylamid)*. LSD is a synthetic or, more precisely, a semi-synthetic compound, since it is not found as such in any natural material, but is produced from lysergic acid, a natural substance found in ergot of rye.

For a "psychedelic trip", 100-250 microgrammes (1 microgramme = 0.000001 Gm) of LSD are used in the form of a diluted solution or mixed with other substances in capsule form. Drops of the

** Pharmacologically speaking coaine is a stimulant of the central nervous system, legally it is controlled by the Single Convention on Narcotic Drugs.*

solution are usually taken on a lump of sugar or on blotting paper.

The ingestion of LSD produces changes in mood, alteration in sense of time, distortion in visual and auditory perception, depersonalization, derealization, auditory and optical hallucinations.

The most common reactions during a trip are as follows:

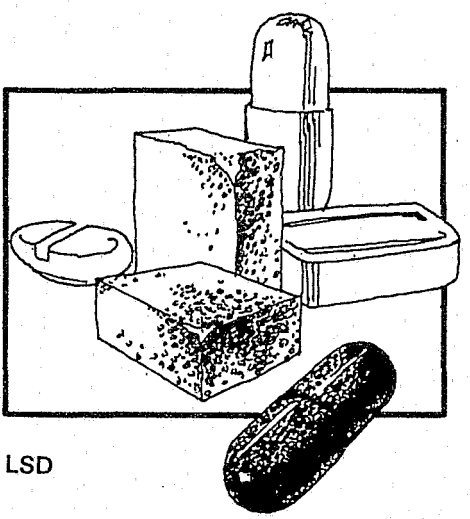
Panic reaction: this appears when the "traveller" becomes aware that he cannot control the effects of LSD; he cannot bear them and tries in vain to end them.

Paranoid reaction: under the effect of LSD, he has the impression that someone wants to imprison him or "control his mind".

Mescaline

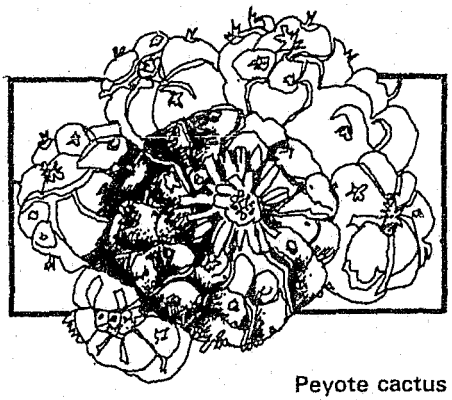
Mescaline is the active principle of the peyote cactus. The scientific name of this cactus is *Lophophora Williamsii*; its popular name, peyote, appears to be of Aztec origin. This small, fleshy, spineless cactus grows wild on the Mexican plateau and in the south-western part of the United States in dry places, on cliffs or on rocky slopes.

Peyote was used and revered as a panacea, an amulet and a hallucinogen in the mountainous regions of northern Mexico centuries before the European arrived, in the XVth century. Peyote has long been taken by the Indians Huicholes, as a medicine, to induce visions leading to prophetic utterances and, collectively, to obtain the desired state of trance for ritual activities.



LSD

Mescaline is a less potent hallucinogen than LSD, but its effects are very similar, with personality disturbances and symptoms similar to those of schizophrenia.

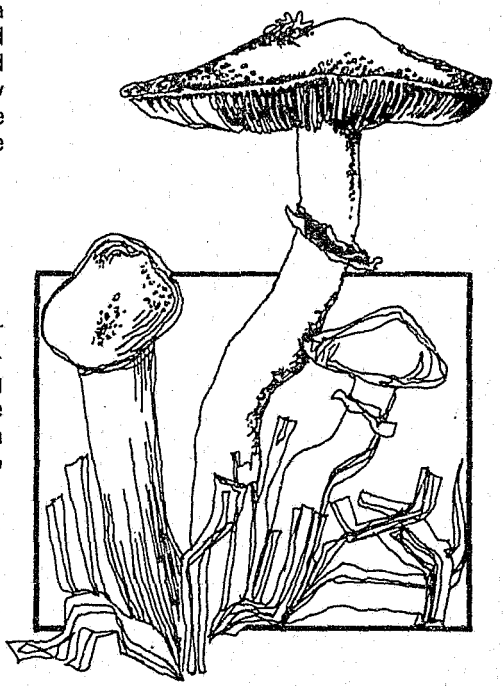


Peyote cactus

Psilocybine, psilocine

Psilocybine and psilocine are the active principles of the hallucinogenic mushroom *Psilocybe mexicana.* This fungus is the most important of the sacred mushrooms worshipped by the Indians of Mexico, who have long used "teonanacatl" (flesh of the gods) in Aztec religious rites.

Due to the care used by the Indians in withholding information, it was only a few years ago that some of the sacred mushrooms, including *Psilocybe*, could be identified. The pharmacological study of these compounds have confirmed the strong hallucinogenic properties of the drug.



Hallucinogenic mushrooms

DMT, DET

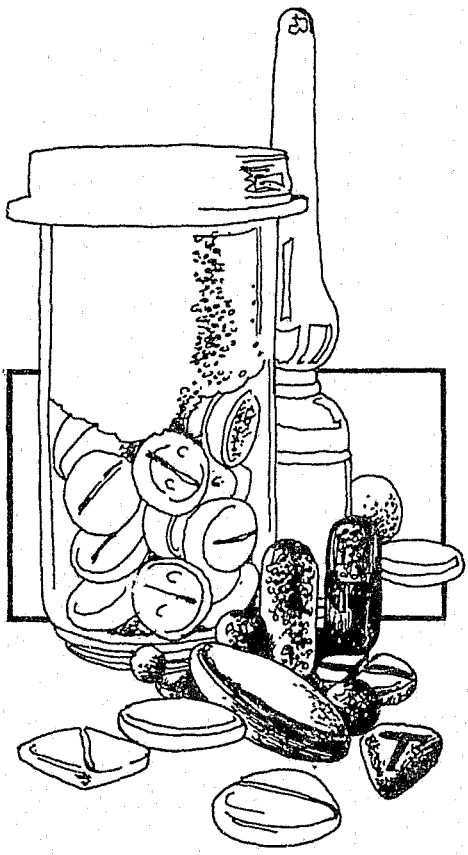
DMT and DET are abbreviations for dimethyltryptamine and diethyltryptamine, respectively. Both produce strong hallucinogenic effects. DMT is also the active principle of a number of South American snuffs, which are snuffed into the nasal cavity.

Such chemical substances are used by the Indians in religious ceremonies to produce mystical states of mind which are said to enable them to communicate with their gods.

Psilocine and psilocybine are chemically closely related to DMT.

STP

The letters "STP" (dimethoxymetham phetamine) designate a synthetic compound produced in "underground" laboratories. STP is chemically related to mescaline and the amphetamines; its action is of longer duration than that of LSD.



Amphetamine-type stimulants and sedative-hypnotics.

THC

THC designates tetrahydrocannabinol, one of the active principles of cannabis. THC is a very potent hallucinogenic drug, with pharmacological effects showing several similarities to those of LSD; these are changes in mood, alteration in sense of time, distortion in visual and auditory perception, depersonalization, derealization, auditory and optical modifications. However, there are indications that the two drugs probably act through different biochemical mechanisms, and their effects on brain function are somewhat different.

Stimulants

The most important stimulants are the amphetamines. The term "amphetamines" includes synthetic amines which are similar in many respects to the human body's hormone adrenalin. Amphetamines, like cocaine, suppress appetite, increase activity, alertness and arouse the central nervous system. These drugs were synthesized at the beginning of the XXth century and used

therapeutically in the 1930s. Because of their stimulating effects amphetamines were widely used by soldiers, particularly airplane pilots during the Second World War (1939-45). Amphetamine, dexamphetamine, methamphetamine are the most common substances of this group. Other substances such as phenmetrazine and methylphenidate have very similar pharmacological effects. Stimulants are widely used and abused by truck drivers on long trips, by students when preparing exams, and by athletes (doping) in efforts to increase performance etc.

Widespread abuse of amphetamines has occurred during the last thirty years in urban areas of many countries. In some countries the abuse reached epidemic proportions which compelled the authorities to put these substances under strict control.

The therapeutic value of such medicines is rather limited, being confined, in practice, in some countries to two types of cases in which they are used: (i) as stimulants in selected conditions and (ii) for the treatment of obesity. Since these substances have a strong suppressive effect on appetite this action disappears after a few weeks as well as their stimulating effect, unless the dose is increased. In the opinion of some experts, the prescription of amphetamines is justified only for the treatment of narcolepsy (a very rare illness).

In contrast with the limited medicinal use of amphetamines, there is a large-scale illicit traffic and abuse of these drugs in certain countries.

Amphetamines, as medicine, are generally taken in the form of tablets and capsules. The most harmful form of amphetamine abuse produced by the administration of excessive doses of methamphetamine ("speed") intravenously. This new phenomenon of injecting stimulants may last several days and is characterized at the end of the "run" by a state of hostility, aggression and paranoia produced by the continued administration intravenously of massive doses of "speed". Heavy abusers of stimulants are not able to work regularly because of their drug dependence.

Amphetamines and other stimulants are very often abused in combination or in alternation with other drugs such as barbiturates or opiates. It is worth noting that STP (dimethoxymethamphetamine) and MDA (methylenedioxyamphetamine), two potent hallucinogens are chemically closely related to the amphetamines.

Sedatives-hypnotics

Barbiturates

The most employed sedatives-hypnotics belong to the group of barbiturates. They have been used in medicine for over half a century, and in a number of countries they account for about 10 per cent of the medical prescriptions. Barbiturates may be considered "safe" if they are used

under appropriate medical supervision as hypnotics (sleeping pills) or sedatives in small doses or in larger doses as anesthetics. Their therapeutic usefulness is in marked contrast with that of the amphetamines which is very limited. Regular use of barbiturates produce profound physical dependence.

In a number of countries, the use of barbiturates is not subject to control. This has serious consequences, such as the danger of dependence; in addition, the uncontrolled use of barbiturates may lead to combined abuse—that is, to the use of barbiturates in conjunction with other substances. The three most widespread and dangerous associations are barbiturates when used in combination with heroin, with alcohol or with stimulants.

Minor tranquillizers

There are a large number of medicaments known as minor tranquillizers which are mainly prescribed for patients suffering from an anxiety or tension. Many of these substances are widely used and abused. In many countries, the production of, trade in and distribution of these substances are not subject to effective control (where there is any form of control) and cases of addiction to minor tranquillizers have been observed. Overdose fatalities due to minor tranquillizers have been observed but with less frequency than with the barbiturates. Minor tranquillizers (such as methaqualone, etc. ...) are often taken in combination with other drugs to obtain either longer lasting effects or enhance the effects of other drugs.

prevention of drug abuse, treatment and rehabilitation of addicts

Many personal and environmental factors (socio-cultural and economic) intervene in producing a drug dependence state. The pharmacological properties of the drugs as well as the amount, the method of administration and the frequency of abuse also determine drug dependence.

Drug dependence is the final stage of a process that often starts with the "experimental" abuse of drugs, continues with the "occasional" abuse and ends with "regular" abuse. Initial abuse of drugs does not lead inevitably to drug dependence but nobody other than the drug abuser has ever become dependent on

drugs. The reduction of the number of potential addicts, "experimenters", is consequently one of the best preventive methods. The most recent international treaties on drugs adopted at United Nations conferences include preventive, treatment and rehabilitation measures against the abuse of psychotropic substances and narcotic drugs.

In 1970, UNESCO's General Conference urged the Director-General of this specialized agency to develop a long-term programme of study and action "aimed at promoting the contribution of social science research, education and the media of mass communication to the solution of the problem of drug abuse".

In the field of education, UNESCO helps member States to analyse the problems involved in the abuse of drugs, taking into account the specific features of each situation, and contributes to the formulation of the general principles of an educational policy envisaged to facilitate the solution of those problems. In social science, UNESCO analyses and evaluates the information in the field of sociological research.

The World Health Organization has made an important contribution to the understanding and differentiation of the various stages of drug dependence. It is impossible to develop "general" methods which could be appropriate to the treatment of heroin addicts as well as to the cure of individuals dependent on barbiturates.

The treatment, rehabilitation and social reintegration of addicts are among the most important elements in drug abuse control, since they help reduce the drug "demand".

Article 20

Measures against the abuse of psychotropic substances

1. The Parties shall take all practicable measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved, and shall co-ordinate their efforts to these ends.

2. The Parties shall as far as possible promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of abusers of psychotropic substances.

3. The Parties shall assist persons whose work so requires to gain an understanding of the problems of abuse of psychotropic substances and of its prevention, and shall also promote such understanding among the general public if there is a risk that abuse of such substances will become widespread.

Convention on Psychotropic Substances, 1971

Article 38

Measures against the abuse of drugs

1. The parties shall 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 and shall coordinate their efforts to these ends.

2. The Parties shall as far as possible promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of abusers of drugs.

3. The Parties shall take all practicable measures to assist persons whose work so requires to gain an understanding of the problems of abuse of drugs and of its prevention, and shall also promote such understanding among the general public if there is a risk that abuse of drugs will become widespread.

Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol

Treatment, rehabilitation and social reintegration are different phases of one process which represents the implementation of a policy developed by society to deal with those who abuse drugs. It is a complex process which includes medical, legal, social, economic and educational measures.

In tackling the question of preventing drug abuse and treating drug addicts, it is first necessary to study the conditions under which abuse develops — the economic and socio-cultural conditions, the traditions, the educational situation, the current social structures and attitudes, and any particular local environmental factors. The relative extent, pattern and characteristics of abuse in the area must also be studied. Differences in these factors will call for differences in approach and methods.

The International Labour Organization plays an important role in dealing with the vocational rehabilitation of addicts. The UN Division of Social Affairs, within the framework of the European Social Development Programme, has conducted research on society's perception of, and community involvement in, programmes for drugs users. The UN Social Defence Research Institute has conducted projects with a view to guide policy planners and operators of social control systems.

There are a number of countries and regions where the taking of a specific drug has been accepted by society. This was the case of opium use in several countries in Asia, coca chewing in South America and cannabis consumption in various countries. In societies where opium consumption has been traditionally tolerated, the number of individuals dependent on opium may be high. In such situations, action should be integrated in concerted programmes through a number of curative, preventive and educational measures, of which the remoulding of society's attitude towards drug-taking is of primary importance.

suppression of illicit traffic in drugs

The illicit traffic in drugs may be defined as the link between the illicit demand for drugs and their supply. In most cases, the organizers of such traffic do not themselves handle the drugs but instigate, finance and direct the operations. Their activities are of concern to international society as a whole.

The international nature of the offences ideally requires the application in this field of the principle of universality in national criminal legislation.

The 1936 Convention for the Suppression of the Illicit Traffic in Dangerous Drugs tried to introduce this principle into national penal legislation and to ensure by other means that illicit traffickers would not escape prosecution because of lack of criminal jurisdiction. The adoption of uniform penal sanctions and principles of criminal law, however, is a difficult task because of the different cultural traditions to which such a law needs to be applied.

The 1936 Convention is the only treaty which is not replaced by the Single Convention. It has been left in force among the relatively limited number of countries which are willing to apply its provisions. However, the Single Convention and the Convention on Psychotropic Substances, besides expressing the desirability of making drug crimes subject to extradition, require Governments to take action against the illicit traffic and to provide for the punishment of drug offences.

The 1972 Protocol goes one step further by making it obligatory to subject drug crimes to extradition. The Conventions require that parties should make arrangements at the national level for the coordination of preventive and repressive action against the illicit traffic, setting up if possible a special agency for such coordination; that they assist each other in fighting the illicit traffic, exchange information and legal papers for the purpose of prosecuting an offence, and ensure that there is expeditious international cooperation in this field. They must furnish to the Secretary-General details of each important case of illicit traffic which may serve to throw light on the source from which drugs are obtained for the illicit traffic and the methods employed by illicit traffickers.

The UN Commission on Narcotic Drugs reviews regularly the general problem of illicit trade in individual drugs, as well as the situation of the traffic, country by country. This review is based on information supplied by Governments and such other sources as the International Criminal Police Organization/Interpol. The Commission's review is assisted by the presence of observers from certain countries important within the international pattern of illicit trafficking.

The recent surveys of the Commission indicate that the international illicit traffic is well organized and in recent years has increased considerably.

There has also developed a traffic in psychotropic substances. The first group of such substances to appear on the market were the barbiturates, when they became popular with people addicted to heroin and other opiates; but, later, amphetamines became of greater importance, as many young people took to the use of "pep pills" and in some countries to the practice of injecting "speed" and of taking LSD.

At one time, it was common for the crews of merchant ships to be involved in the smuggling of narcotic drugs. Later, the crews of civil aircraft were utilized as couriers. In accordance with a 1952 recommendation of the UN Economic and Social Council, the Secretary-General regularly compiles lists of merchant seamen and members of civil air crews convicted of offences against drug laws; such persons are not to be employed again on board ships or aircraft.

In more recent years, other means of carrying drugs have become of more importance. Private aircraft, yachts and small vessels, postal services, air freight, and couriers on commercial air and sea lines are all used, but the most common method of transport is almost certainly the motor vehicle.

The fight against international trafficking in drugs requires an organization through which national law enforcement authorities can exchange information and act in concert and which can serve as an international records office. Useful help in combating the criminal activities of traffickers is provided by the International Criminal Police Organization/Interpol, whose headquarters are near Paris. ICPO/Interpol provides valuable information on the illicit traffic to governments and national control organs and participates as an observer in meetings of the UN Commission on Narcotic Drugs.

new methods in drug abuse control

International efforts have been focused for half a century on the development of a universal treaty system based on national control of drugs by individual States. International co-operation consists, first of all, of the fulfilment of treaty obligations. In order to assist developing countries in this task and help them meet special problems that they might face, the United Nations has been

giving increasing attention to technical co-operation in this field. The introduction of a special technical assistance programme was the first step in widening United Nations activity beyond the treaty system. The establishment of the UN Fund for Drug Abuse Control (UNFDAC) in 1971 has provided the United Nations with the necessary extra budgetary resources to cope effectively with the new trends of abuse and to fight the illicit traffic. The adoption and coming into force of the 1971 Convention on Psychotropic Substances and the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961, have considerably strengthened the treaty system.

Technical assistance

In 1954, the Economic and Social Council recommended that the United Nations and the 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 fighting their narcotics problems, which, in some cases, involved the introduction of crop substitution. In 1959, the General Assembly decided, under its resolution 1395 (XIV), to establish a special programme of technical assistance in the narcotics field.

The assistance has taken various forms: the provision of experts; training for national officials concerned with narcotics problems; seminars and regional meetings; consultative and training missions to selected groups of countries; and fellowships for the study of regional problems.

In recent years, fellowships have been awarded: for training in the prevention of drug abuse, treatment and rehabilitation of addicts; to officials concerned with law enforcement; and to chemists and pharmacists for training in chemical methods for the identification and analysis of drugs of abuse.

United Nations Fund for Drug Abuse Control

The technical assistance programme of the United Nations has contributed greatly to the improvement of the international drug control system, but the spreading of drug abuse, the new trends and patterns of abuse, the appearance of new drugs and the increased activity of illicit traffickers necessitated a new and more comprehensive form of international action. There was also a need of extra budgetary resources in order to cope effectively with the abuse of drugs on an international scale.

Thus, on 26 March 1971, the Secretary-General of the United Nations announced the establishment of the United Nations Fund for Drug Abuse Control (UNFDAC).

Aide-mémoire of the Secretary-General of the United Nations to Governments, describing the principles of action

"... drug abuse and drug addiction have taken on increasingly dangerous proportions in many parts of the world. The situation is aggravated by the continuous introduction of new psychotropic substances which are liable to be misused. This trend has affected not only developed countries but also developing countries, and is especially dangerous in the latter because they have limited resources to deal with the situation. The reasons for the spread of drug abuse are complex and are different in different countries, and some of them are very difficult to remove; nevertheless, effective remedial action can and must be taken. It is clear that the problem requires international measures to deal with it. . . . Concerned and simultaneous action must be taken on the supply of drugs for purposes of abuse, on the demand for such purposes and on the illicit traffic which serves as a channel connecting production with demand."

In doing so he was initiating action that had been called for by the General Assembly of the United Nations in its resolution 2719 (XXV), the Economic and Social Council (resolution 1559 (XLIX)) and the Commission on Narcotic Drugs.

The objectives of UNFDAC, which is supported by voluntary contributions, is to furnish assistance to governments and international organizations, including in particular specialized agencies of the United Nations in their efforts to:

- limit the supply of drugs to legitimate requirements by putting an end to illegal or uncontrolled production, processing and manufacture, making use of enforcement, crop substitution and other methods as appropriate;
- improve the administrative and technical capabilities of existing bodies concerned with the elimination of the illicit traffic in drugs;
- develop measures to prevent drug abuse through programmes of education and special campaigns including the use of mass media;
- provide facilities and develop methods for the treatment, rehabilitation and social integration of drug-dependent persons;
- conduct chemical, pharmacological, medical, sociological and operational research on drug abuse and its control.

The Executive Director of UNFDAC has the responsibility for the maintenance and development of the Fund, including the approval of projects financed by the Fund. The Director of the Division of Narcotic Drugs is responsible for the formulation, planning and, as appropriate, execution of programmes and projects; this work is carried out in co-operation with other competent United Nations bodies, specialized agencies and other international organs.

Since its inception UNFDAC has provided resources for:

- planning and implementing programmes of technical assistance in pilot projects for crop substitution purposes;
- the improvement of national drug-control administrations and enforcement machinery;

- the training of national law enforcement and customs personnel;
- assistance in developing programmes for the treatment, rehabilitation and social reintegration of drug-dependent persons;
- the support for regional co-operation in critical drug control areas;
- international research on drugs of abuse, drug production for medical requirements, epidemiology of drug abuse, and drug abuse prevention and management;
- the strengthening of United Nations drug control bodies and their secretariats.

Activities of the UN Division of Narcotic Drugs

The UN Division of Narcotic Drugs, a division of the United Nations Secretariat, transferred from New York to Geneva in 1955, is in charge of administrative and research duties in the field of drugs such as the implementation of international treaties. It also serves as the secretariat of the UN Commission on Narcotic Drugs.

The Division of Narcotic Drugs, in consultation with the specialized agencies and international organizations, is instrumental in developing the over-all plan for drug abuse control and in formulating those projects and programmes for which it is the executing agency. In addition to implementing some 45 current projects of its own, the Division has a co-ordinating role in certain of the projects and programmes executed in co-operation with specialized agencies and international organizations.

The operations executed or co-ordinated by the Division cover the entire spectrum of international drug abuse control, including:

- international co-operation;
- promotion of national legislation, law enforcement and scientific research;
- reduction of the supply of illicit drugs;
- reduction of the demand for illicit drugs;
- suppression of international illicit traffic.

Thailand

The UN-Thai Programme began in September 1972 and aims to show by a pilot project, the feasiblity of replacing this production by other crops and activities. It also aims to help expand countrywide treatment and rehabilitation facilities and the Government's information services on the dangers of drug abuse. Government operations against the illicit traffic are undertaken with bilateral assistance.

Thirty typical villages, traditionally producing opium, form a crop replacement and community development pilot demonstration project in Chiang Mai province. A residential agricultural extension training centre and field crop development station have been constructed. Local and international staff organise seminars for agricultural extension agents and village-recruited extension workers. Intensive crop trials are undertaken and co-ordinated.

There are promising results from a wide range of potential replacement crops. Animal pasture is being improved, village handicrafts developed and schools and water provided.

Former opium fields in Northern Thailand now producing vegetable and seed crops under joint UN/Thai programme.

Burma and Laos

The success of the UN Thai programme has already borne fruit in other countries as well. On 14 May 1976 an agreement was signed by the Government of Burma and the UNFDAC and the Division of Narcotic Drugs calling for a five-year multi-disciplinary programme, the objectives of which are to curb simultaneously illicit opium production and the abuse of drugs in Burma. The UN programme in Burma will provide assistance in *agricultural development* through opium crop substitution; *law enforcement; education and information;* and *treatment and rehabilitation.* A nation-wide campaign in primary and secondary schools is planned to prevent drug abuse. A network of treatment centres and social welfare measures are also planned to deal with Burma's rapidly growing number of addicts. This multidisciplinary project of assistance follows the pattern adopted by the Fund and Division already in operation in Thailand and foreseen in Laos; the two other countries which with Burma form the "Golden Triangle", an illicit opium production and transit area in the world.

Turkish farmers delivering unlanced poppy capsules to the Government's Soil Products Office.

Turkey

Turkey for many years supplied opium for codeine and other alkaloids for

medical use. A problem has been the diversion of opium into the illicit traffic. Turkey stopped opium poppy cultivation and opium production in 1971/72.

In 1974, because of the increasing world demand of codeine for therapeutical purposes and the economic hardship for the Turkish cultivators, the Government of Turkey decided to resume opium poppy cultivation without the production of opium. Turkey asked the United Nations for assistance in establishing effective control over opium poppy cultivation on limited acreage in specific provinces. Under this programme the poppy capsules are not lanced and opium is not extracted. Instead they are delivered to a government monopoly for industrial processing into alkaloids. The UN Fund supported the Government's decision to prohibit opium production and to concentrate exclusively on the "poppy straw" process. The objectives of these assistance activities are: to prevent illicit diversion at source by control of poppy fields, using better methods of surveillance, with improved transport, radio communications and training. The first production of unlanced opium poppies that ended in the 1975 autumn was successfully controlled.

Two training courses have also been held in Ankara and several pharmacists have been trained in the United Nations Narcotics Laboratory in Geneva.

Pakistan

In 1973, the Government of Pakistan, which is Party to the 1961 Single Convention on Narcotic Drugs, strengthened its Narcotic Control Board and opened negotiations with the United Nations. A multi-disciplinary programme to assist the Government to control drug abuse has been negotiated and operations began in 1976. The programme will cover three years, with an option to extend to five years. Its objectives include, *inter alia*, to: • help to stengthen the Government's countrywide enforcement activity against illicit drug traffic • assist the Government to assess the extent of the cultivation of the opium poppy in the North West Frontier of Pakistan • determine, on a pilot basis in the Buner location, the best techniques of income and crop substitution to overcome farmers' reliance on opium production.

Lebanon

The Food and Agriculture Organization (FAO) executes a three-year programme of assistance to the Lebanon to eradicate cannabis cultivation and production of cannabis resin and oil. This programme complements the Government's own Green Plan, which envisages heavy provincial and rural development input.

The FAO programme has identified cannabis-growing areas. These are fertile, well-watered farms within 10 kilometres of Baalbeck, a major urban centre. About two to three thousand families are engaged in cannabis cultivation and production of cannabis resin and oil for illicit export.

The programme has shown that if payment for alternative crops is properly administered, it is possible for farmers to make a better living from alternative crops, such as sunflower and lucerne, than from cannabis.

Afghanistan

In 1972 Afghanistan was estimated to produce large quantities of illicit opium and of cannabis products every year. The amount of both has since fallen through more effective application of the law.

In 1973 with United Nations assistance the Government established a Police Narcotics Section which is seizing illicit opium at the rate of about 3/4 ton per month as well as other drugs of abuse. Illicit traffic has been disrupted. This has reduced production of opium. Prosecutions and convictions of citizens and foreigners take place at about 100 cases a year. A police narcotics laboratory has been equipped. Three training courses have been held in Kabul and an Afghan pharmacist has been trained in the United Nations Narcotics Laboratory in Geneva. The Government is examining improved drug control laws.

In June 1975 an expanded project was agreed. Three new branches of the Narcotics Section have been set up. This has helped reduce the production of opium and cannabis.

South America

Programmes have been initiated in Bolivia and Peru to help those Governments to implement their policies in controlling the production and illicit traffic of coca leaves, the source of cocaine.

Regional Drug Control Officers

Two Regional Drug Control Officers have been appointed, one in the Middle East

Camel caravan carrying smuggled opium intercepted by Afghan Narcotics Section in mountainous area.

and another in South-East Asia, to provide advice and assistance to governments in these Regions.

The United Nations Narcotics Laboratory

The United Nations Narcotics Laboratory in Geneva, is engaged in basic research on drugs of abuse.

Because of the present shortage of codeine for medical purposes, priority is now being given to the international research programme designed to increase the output of phenanthrene alkaloids (morphine, codeine and thebaine) per unit of cultivated area. The research, which is carried out in eighteen different countries, is co-ordinated by the UN Narcotics Laboratory. This programme involves research on *Papaver Somniferum* (the opium poppy) and *Papaver Bracteatum* (a perennial species producing no morphine but thebaine, which can be converted into codeine). The investigations conducted on Papaver Bracteatum include studies on the agronomy, chemistry and utilization of this poppy. Priority is also given to the research on: the chemical composition of cannabis and of cannabis smoke; the chemical composition of khat (a shrub growing in East Africa and the southern part of the Arabian Peninsula), the leaves of which are chewed for their stimulating properties and the development of suitable tests for the identification, by enforcement officers, of drugs of abuse. The United Nations Narcotics Laboratory also co-ordinates the work of national scientists participating in United Nations scientific research programmes and supplies the samples needed for this re-

A staff member and a trainee from Ghana at work in UN Narcotics Laboratory at Geneva.

search. Special series of documents are devoted to the findings of the Laboratory and of its collaborating scientists. Technical assistance in the form of training is provided for scientists from developing countries.

Assistance is also given in connexion with the development of national narcotics laboratories in areas directly affected by the illicit traffic.

The Laboratory also maintains a collection of literature on narcotic and psychotropic substances and provides scientific and technical advisory services.

The Central Training Unit

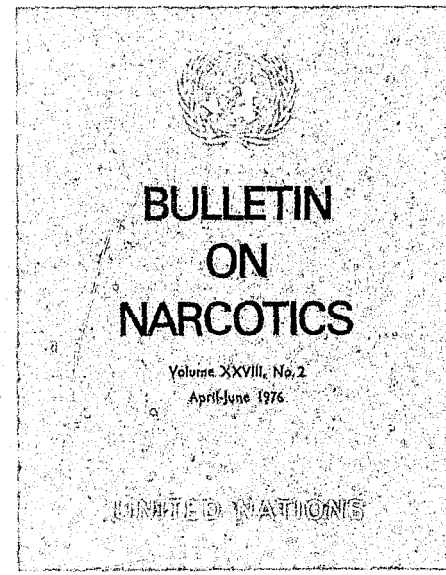
The Central Training Unit of the Division of Narcotic Drugs has trained over 900 enforcement officers from over eighty countries in thirty courses since 1972. Sixteen courses were held in Geneva and Paris. Fourteen special regional and national courses were provided in the areas concerned on request from Member States.

Participants of the Central Training Unit attending a seminar at United Nations Office in Geneva.

The Unit uses a blend of the most effective educational techniques available including lectures, conferences, seminars, role-playing and practical exercises. Guest speakers and principal lecturers represent not only the Division of Narcotic Drugs but other organizations such as WHO, INCB and Interpol. Courses are also given by guest lecturers and experts of national enforcement agencies from various regions of the world.

This training has stimulated interest in control of drug abuse and has improved the effectiveness of national enforce-

ment agencies as well as international co-operation between these bodies.

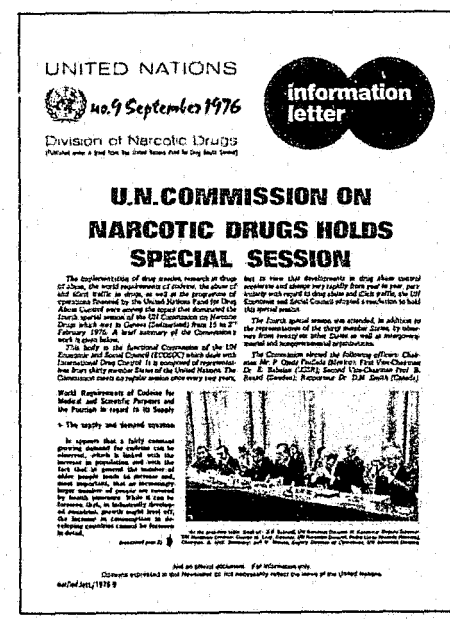


Information and publications

The Division supplies information to the specialist and the general public. It publishes a quarterly *Bulletin on Narcotics*, which contains specialized articles in the drug field, and a monthly *Information Letter*, which carries short items of general interest on different aspects of drug abuse control. The Division also maintains a collection of films and audio-visual material which are lent to Governments and interested institutions.

Reduction of illicit demand for drugs

In the demand area the Division is responsible for several projects. In 1976 the Division initiated a study on measures to reduce the illicit demand for drugs with the participation of concerned specialized agencies and experts. The study will attempt to identify and characterize the nature and effectiveness of various programmes (including prevention, treatment, rehabilitation and research). It is hoped that the experience gained from these studies will provide a framework for policy for international organizations as well as for developing and developed countries. The Division has also prepared a manual on drug abuse assessment to assist Governments in evaluating the magnitude, patterns and other characteristics of drug abuse in their countries. Technical assistance in drug abuse assessment is provided to those Governments requesting it.


UNITED NATIONS

no. 9 September 1976

information letter

Division of Narcotic Drugs

U.N. COMMISSION ON NARCOTIC DRUGS HOLDS SPECIAL SESSION

The Division prepares annually a report on the extent, trends and other characteristics of drug abuse by regions of the world for consideration by the Commission on Narcotic Drugs.

In the area of treatment and rehabilitation of drug dependent persons, the Division co-ordinates activities with WHO and ILO. Activities in drug education and social science are co-ordinated with UNESCO.

Future developments

The dramatic increase in volume and scope of operations during recent years will, if the available resources allow it, continue in the immediate future. Multi-disciplinary country programmes are expected to develop in the near future from the core projects already underway in Burma, Afghanistan, Laos, Pakistan and Turkey. Training activities are likely to continue their steady growth as the training facilities offered by the Division become better known. Scientific research on drugs of abuse co-ordinated and carried out by the UN Narcotics Laboratory is in full development. During 1974 and 1975 the operations of the Division have solidified, following the period of initial expansion after the creation of the United Nations Fund for Drug Abuse Control. The Division fully realizes the complexity and breadth of the responsibilities assigned to it and is prepared to cope with a continued expansion of its operations.

Strengthening of the treaty system

With the adoption of the 1971 Convention on Psychotropic Substances and the 1972 Protocol amending the 1961 Single Convention on Narcotic Drugs, the treaty system, whose origins date back to the beginning of the 20th century, has been appreciably strengthened. These agreements reflect the continuing belief of States that it is only through concerted international action that the problems associated with drug abuse can be effectively addressed. The creation of UNFDAC and the increased resources now available through it have played a key role in fostering this necessary co-operative action. The drafters of the 1972 Protocol specifically recognized the importance of furnishing technical and financial assistance. One provision of this treaty, which entered into force in 1975, states that the International Narcotics Control Board, with the agreement of the Government concerned, may recommend to competent United Nations organs, such as UNFDAC, or to the specialized agencies that technical or financial assistance, or both, be provided to the Government in support of its efforts to carry out its obligations under the 1961 Convention. The work of the Fund and that of the other agencies which are aiding countries in establishing stronger drug control systems will further improve Governments' ability to implement the provisions of the treaties and consequently reduce drug abuse within their borders and throughout the world.

annex I

List of institutions providing information on drugs of abuse

United Nations Organization

UN Division of Narcotic Drugs
United Nations Office at
Geneva,
Palais des Nations
1211 Geneva (Switzerland)

UN Social Defence Research
Institute
Via Giulia 52,
00186 Rome, (Italy)

UN Division of Social Affairs
United Nations Office at
Geneva
Palais des Nations
1211 Geneva (Switzerland)

International Narcotics Control
Board
United Nations Office at
Geneva
Palais des Nations
1211 Geneva (Switzerland)

Specialized agencies of the United Nations system

International Labour Office
4, Rue de Morillon
1218 Grand Saconnex
Geneva

UNESCO
7, Place de Fontenoy
75-Paris (France)

World Health Organization
Regional Office for Europe,
8, Scherfigsvej,
DK-2100 Copenhagen (Denmark)

World Health Organization
Av. Appia, 20
1211 Geneva (Switzerland)

World Health Organization
Regional Office
for the Western Pacific,
P.O. Box 2932,
12115 Manila (Philippines)

Other international organizations

International Criminal Police
Organization
(ICPO/Interpol)
26, Rue Armengaud
92-Saint Cloud (France)

Customs Co-operation
Council
Rue Washington, 40
1050 Bruxelles
(Belgium)

Regional intergovernmental organizations

International Arab Narcotics
Bureau of the League of Arab
States
Place Tahrir
Cairo, Egypt
U.A.R.

Council of Europe
Strasbourg (France)

Colombo Plan Bureau
12, Melbourne Ave.,
Colombo,
(Sri Lanka)

Non-governmental organizations

International Council on
Alcohol and Addictions
Case Postale 140,
1001 Lausanne
(Switzerland)

Internationa Union for Child
Welfare
1, Rue de Varembì
1211 Geneva
(Switzerland)

Institutions in different countries *

Argentina

Comisión Nacional de
Toxicomanías y Narcóticos
Ministerio de Bienestar Social
de la Nación
Defensa 120, 1° piso
BUENOS AIRES

CE.NA.RE.SO.
Centro Nacional de
Reeducación Social
Combate de los Pozos 2133
BUENOS AIRES

Australia

Department of Health
Drug Information Centre
Box 3944 V, G.P.O.
SYDNEY N.S.W. 2001

National Drug Information
Service
Commonwealth Department
of Health
P.O. Box 100
WODEN A.C.T. 2606

Brazil

Instituto Oscar Freire
Caixa Postal 22215
SAO PAULO

Bulgaria

Centre de névrologie,
psychiatrie et neurochirurgie
Secteur pour la lutte contre
l'alcoolisme et les
narcomanies
SOFIA 62
Souhodol

Canada

Addiction Research
Foundation
33, Russell Street
TORONTO 4, Ontario

Addiction Foundation of
Prince Edward Island
University Avenue
CHARLOTTETOWN, PEI

Alberta Alcoholism and Drug
Abuse Commission
9929 - 103 Street
EDMONTON, Alberta

Alcohol and Drug Abuse
Foundation of Newfoundland
282 Le Marchant Road
ST. JOHN'S, NFLD

Alcohol and Drug Program
Department of Social
Development
YELLOWKNIFE, NWT

** This list of institutions does not claim to be exhaustive, it includes only the names and addresses of those institutions known to the Secretariat when the present booklet was published.*

Alcohol and Drug Programs
Div. of Inter-Regional Ops.
Department of Health and Social Development
139 Tuxedo Blvd., Bldg. 21-Box 17
WINNIPEG, Manitoba

Alcohol and Drug Services
Department of Health, Welfare and Rehabilitation
WHITEHORSE, Y.T.

Alcoholism Commission of Saskatchewan
2134 Hamilton Street
REGINA, Saskatchewan

Alcoholism Program
Department of Health
P.O. Box 6000
348 King Street
FREDERICTON, N.B.

British Columbia Alcohol and Drug Commission
Parliament Buildings
VICTORIA, B.C.

Council on Drug Abuse
TORONTO, Ontario

Drug Adivsory Bureau
Deparment of National Health and Welfare
Tunney's Pasture
OTTAWA, Ontario

Narcotics Addiction Foundation of British Columbia
VANCOUVER, British Columbia

Non-Medical Use of Drug Directorate
Dept. of National Health and Welfare
Journal Building
365 Laurier Avenue, West
OTTAWA, Ont.

Nova Scotia Commission on Drug Dependency
5871 Spring Garden Road
HALIFAX, N.S.

The Canadian Foundation of Alcohol and Drug Dependencies
602 Main Street
MOOSOMIN, Saskatchewan

Colombia

Coordinador de la Oficina de Control y Prevención del Alcoholismo y las Drogas Heroícas
Calle 13, No. 9-33, Oficina 605-606
Apartado Aereo 13891
BOGOTA

Sección de Control de Drogas Laboratorios y Farmacias del Servicio Seccional de Salud del Risaralda
PEREIRA

Denmark

Commission on Drug Abuse in Youth
Sundhedsstyrelsen
Store Kongensgade, 1
KOBENHAVN K

France

Action Sociale des Yvelines
14, rue Mgr Gibier
VERSAILLES

Association régionale contre la toxicomanie chez les jeunes
39, bd. Carnot
TOULOUSE

Centre DIDRO
277, rue Saint Jacques
75005 PARIS

Centre de formation et de recherche de l'éducation surveillée
54, rue de Carches
VAUCRESSON

Centre d'information et d'aide psychologique et sociale
Tour 33
Cité des Sables
POITIERS

Comité de lutte contre l'aggression de la drogue et aide aux jeunes drogués
31, rue Dieudé
MARSEILLE

Club Social "Drug Information"
4, rue Edith Cavell
RENNES

Service Hospitalo-Universitaire de Santé mentale et de thérapeutique
Centre Hospitalier Ste Anne
100, 102, rue de la Santé
PARIS

Germany, Federal Republic of

Landesarbeitsgemeinschaft für Erziehungsberatung, *
Bismarckstr. 33
741 REUTLINGEN

Goethestrasse, 53
8000 MUENCHEN

Am Karlsbad, 8-10
1000 BERLIN 30

Ludolfstrasse, 29
2000 HAMBURG 20

Reuterweg, 74
6000 FRANKFURT/MAIN

** There are some 25 Federally operated Drug Information Centres throughout the Federal Republic of Germany. Only the centres in five of the main cities are given above.*

Hong Kong (U.K.)

Action Committee against Narcotics
HONG KONG

Caritas Lok Heep Club
P.O. Box K2089
KOWLOON

Commissioner of Prisons
Prisons Department HQ
Arbuthnot Road
HONG KONG

The Lutheran World Federation
Social Service Centre
33 Granville Road
KOWLOON

The Society for the Aid and Rehabilitation of Drug Addicts
Tak Wah Building - 290-296
Hennessy Road
HONG KONG

Iraq

Drug Combating Bureau
Directorate - General of Police
Operation Branch
BAGHDAD

Ireland

Eastern Health Board Day Centre
9 Usher's Island
DUBLIN, 8.

Public Relations Unit
Department of Health, Room 36A
Custom House
DUBLIN, 1.

The Drug Treatment and Advisory Centre
Jervis Street Hospital
DUBLIN, 1.

Luxembourg

Centre de Santé Mentale
30, avenue Marie Thérèse
LUXEMBOURG

Service multidisciplinaire de la lutte contre la toxicomanie
Ministère de la Santé Publique
1, rue Aug. Lumière
LUXEMBOURG

Malaysia

Central Narcotics Bureau
P.O. Box 85
PETALING JAYA, Selangor

Mexico

Centro Mexicano de Estudios en Farmacodependencia (CEMEF)
Insurgentes Sur 1991-B,
7° piso
MEXICO 20, D.F.

Consejo Nacional de Salud Mental
Secretaría de Salubridad y Asistencia
Reforma y Lieja
MEXICO 5, D.F.

Patronato Nacional de Centros de Integración Juvenil, A.C.
Dakota No. 114
MEXICO 18, D.F.

The Netherlands

Information and Education Department
Medisch Consultatie —
Bureau voor Alcoholisme
Jellinek Kliniek
Keizersgracht 674
AMSTERDAM

Philippines

Dangerous Drugs Board
P.O. Box 3682
MANILA

The Narcotics Foundation of the Philippines
P.O. Box 3849
MANILA

Prevent and Rehabilitate Drug Abusers
(PREDA) Foundation Inc.
Upper Kalaklan, OLONGAPO CITY

Poland

Research Center on Alcoholism
Department of Information on Alcoholism and Drug Addiction
ul Narbutta 54
WARSAW 02-541

Puerto Rico (U.S.A.)

Comisión Permanente para el Control de la Narcomanía
Apartado 1276
HATO REY

The Commonwealth of Puerto Rico
Department of Addiction Services
P.O. Box 1276
HATO REY

South Africa

South African National Council on Alcoholism and Drug Dependence (Durban)
Indian Branch
W.O. 1997 Indian Information Office:
84 C.N.R. House
22 Cross Street
DURBAN

Sweden

Drug Dependence Bureau
(SN 4)
National Board of Health and Welfare
STOCKHOLM

Alkohol och narkotika
Centralfoòrbundet foòr
Alkohol-och
narkotikanpplysning
Fach 102 50
STOCKHOLM

Switzerland

Centre d'accueil et
d'information du Levant
Chemin du Levant, 159
1005 LAUSANNE

World Scout Bureau
P.O. Box 78
1211 GENEVE

United Kingdom

Association for the Prevention of Addiction (A.P.A.)
32-33 Long Acre
LONDON, WC2

Drug Information Centre
Pharmacy Department,
City Hospital
Hucknall Road
NOTTINGHAM

Health Education Council
78 New Oxford Street
LONDON, WC1A 1AH

The Institute for the Study of Drug Dependence
Kingsbury House
3 Blackburn Road
LONDON, NW6 1XA

Mental Health
c/o National Association for Mental Health
39 Queen Anne Street
LONDON, W.1

Narcotics Anonymous
37, Albert Square
LONDON, SW8

The Society for the Study of Addiction to Alcohol and Other Drugs
Tooting Bec Hospital
LONDON, SW17

United States of America

Alcholic Information and Rehabilitation Center, Inc.
37 Capital Ave., N.E.
BATTLE CREEK, Michigan
49017

Association for Federal and State Relations
Narcotic Addiction Control Commission
Executive Park South
ALBANY, New York 12203

Deparment of Defense
General Frank B. Clay
The Pentagon
WASHINGTON, D.C.

Do It Now Foundation
National Media Center
P.O. Box 5115
PHOENIX, Arizona 85010

Drug Abuse Council
1828 L Street, N.W.
WASHINGTON, D.C. 20036

Drug Education Center
Public Education Association
20 West 40 Street
NEW YORK, N.Y. 10018

Drug Education and Information
Resource Center (DEIRC)
106 West Wells
MILWAUKEE, Wisconsin
53203

Drug Enforcement Administration
1405 Eye Street, N.W.
WASHINGTON, D.C.

H R S
Drug Abuse Program
320 Blount Street
TALLAHASSEE, Florida 32304

Law Enforcement Assistance Administration
Main Justice Building
Constitution Avenue, N.W.
WASHINGTON, D.C.

National Clearinghouse for Drug Abuse Information
5600 Fisher Lane
ROCKVILLE, Maryland 20852

National Clearinghouse for Mental Health Information
National Institute of Mental Health
5454 Wisconsin Avenue,
CHEVY CHASE, Maryland
20203

National Institute on Drug Abuse
Rockwall Building
11400 Rockville Pike
ROCKVILLE, Maryland 20852

National Institute of Mental Health
Addiction Research Center
Leestown Pike
P.O. Box 2000
LEXINGTON, Kentucky 40507

Office of Drug Abuse and Alcoholism
Cass Building, 6th Floor
LANSING, Michigan 48913

Program in Drug Dependence and Abuse
American Social Health Association
1740 Broadway
NEW YORK, N.Y. 10019

STASH Library
118 South Bedford Street
MADISON, Wisconsin 53703

US Office of Education
H and N Programs
400 Maryland Avenue, S.W.
WASHINGTON, D.C. 20202

Veterans Administration
810 Vermont Avenue, N.W.
WASHINGTON, D.C. 20420

Thailand

Central Bureau of Narcotics
Parusakawan Palace
BANGKOK

Police Narcotics Suppression Centre
Police Department
Pathumwan
BANGKOK

Venezuela

Comisión contra el uso indebido de las drogas
Fiscalia General de la República
Despacho del Fiscal General de la República
Ministerio Público
CARACAS

Yugoslavia

Institute for Study and Prevention of Alcoholism and Drug Dependence
Clinical Hospital "Mladen Stojanović"
ZAGREB

Institute of Mental Health
Palmotićeva 37
BELGRADE

Institute on Alcoholism and Drug Dependence
Gornjačka 21
BELGRADE

annex II

List of publications relating to drugs issued by the United Nations and specialized agencies

United Nations [a]

- Bulletin on Narcotics: articles dealing with various aspects of drugs written by experts. (Quarterly.)
- Commentary on the Convention on Psychotropic Substances, 1971.
- Commentary on the Single Convention on Narcotic Drugs, 1961.
- Convention on Psychotropic Substances, 1971.
- Fourth UN Congress on the Prevention of Crime and the Treatment of Offenders, 1971.
- Fifth UN Congress on the Prevention of Crime and the Treatment of Offenders, 1975.
- Multilingual List of Narcotic Drugs under International Control.
- National Laws and Regulations Relating to the Control of Narcotic Drugs: Cumulative Index 1947-1965 and 1966-1971.
- Reports of the Commission on Narcotic Drugs.
- Reports of the International Narcotics Control Board.
- Single Convention on Narcotic Drugs, 1961.
- Single Convention on Narcotic Drugs, 1961, as amended by the Protocol Amending the Single Convention on Narcotic Drugs, 1961.
- The United Nations and Drug Abuse Control : a comprehensive booklet tracing the history of international control.
- United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs, 1961. (Vol. I-II.)
- United Nations Conference for the Adoption of a Protocol on Psychotropic Substances, 1971. (Vol. I-II.)
- United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961. (Vol. I-II.)
- Animal Driven Power Gear: a new source of energy for rural development in opium growing areas. [b]
- A Programme for Drug Use Research, Publication No. 6 1973. [c]
- Drug Abuse: pamphlet containing basic information on drugs and their abuse. [b]

[a] *Available from: United Nations, Sales Section, New York or Geneva.*

[b] *Available from: Division of Narcotic Drugs, United Nations Office at Geneva (Switzerland).*

[c] *Available from: United Nations Social Defence Research Institute, Rome (Italy).*

- Drugs in Modern Society: Community Reactions to Drug Use by Young People. Report of an Expert Group, 1972. [d]
- Information Letter of the UN Division of Narcotic Drugs. [b]

Two publications strictly reserved for law enforcement officers:[b]

- Police Organizations and Methods to Prevent and Investigate Illicit Trafficking in Narcotic Drugs and other Psychotropic Substances.
- The Recognition of Narcotic Drugs, Psychotropic Substances and Drug Abusers.

International Labour Organisation

- Basic principles of Vocational Rehabilitation of the disabled, 1973.
- Manual of Selective Placement of the disabled, 1965.
- Vocational Assessment of Work Preparation Centres for the disabled, 1974.

UNESCO [e]

- "Courier" magazine: issues of May 1968 and May 1973.
- Drugs Demystified, 1975.
- Report on a Meeting on Methodologies for Evaluation of Mass Media Programmes for Prevention of Drug Abuse, 1973.
- Report on a Meeting on Education in More-Developed Countries to Prevent Drug Abuse, 1972.
- Report on a Seminar on Youth and the Use of Drugs in Industrialized Countries, 1973.
- Report on a Meeting on Problems and Rewards of Evaluation of European Drug Education.
- Report of a Meeting on Drug Education in Latin America and the Caribbean.

World Health Organization [f]

- Abuse of Alcohol and Drugs: Concepts and Planning, "WHO Chronicle", Vol. 25, No 1.
- A Manual on Drug Dependence, 1975.
- Codein and its Alternates for Pain and Cough Relief, 1970.
- Comparison and Evaluation of Methods of Treatment and Rehabilitation for Drug Dependence and Abuse, 1973. [g]
- Dependence Liability of "Non-Narcotic Drugs", 1970.
- Detection of Dependence-Producing Drugs in Body Fluids. Report of a WHO meeting of investigators, 1974
- Drug Dependence: its Significance and Characteristics, "Bulletin World Health Organization", 1965, 32.
- Drug Dependence: some Research Issues, "Bulletin World Health Organization", 1970, 43.
- Evaluation of Dependence Producing Drugs: Report of a WHO Scientific Group, 1963.
- Evaluation of Dependence Liability and Dependence Potential of Drugs, 1975.
- Existing Patterns of Services for Alcoholism and Drug Dependence, 1974. [g]

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[d] *Available from: Division of Social Affairs, United Nations Office at Geneva (Switzerland).*

[e] *Available from: UNESCO, Sales Section, Paris (France).*

[f] *Available from: American Public Health Association, 1740 Broadway, New York, N.Y. 10019, or Distribution and Sales Unit, WHO, Geneva (Switzerland).*

[g] *Available from: WHO Regional Office for Europe, Copenhagen (Denmark)*

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