

**UNITED NATIONS ACTIVITIES AGAINST DRUG ABUSE  
AND ILLICIT TRAFFICKING**

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### CERTIFICATE

This is to certify that the dissertation entitled **“UNITED NATIONS ACTIVITIES AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING”** submitted by **CHANDRA JEET** in partial fulfillment of the requirements for the award of the degree of **MASTER OF PHILOSOPHY** of this university is his own work, and has not been previously submitted for the award of any other degree of this or any other university.

We, therefore, recommend that this dissertation be placed before the examiners for evaluation.

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*Chandra Jeet*  
Chandra Jeet

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## **PREFACE**

The present study seeks to examine aspects of the United Nations role in drug control. In recent years much concern has grown against alarming rise in drug abuse and illicit trafficking with attendant socio-economic and political consequences. According to information available at least 40 million people regularly abuse drugs. Drugs have infected every sphere of human life from school to home, from workplace to sports and from prison to politics. Several indicators, such as prison over crowding, family dysfunction, drug-related crimes, automobile accidents, lower productivity, spread of HIV/AIDS due to sharing of needles, suggest the evil consequences of drug abuse. A number of national, regional, international and non-governmental organizations are engaged in dealing with this problem.

The objective of this study is to analyse and critically examine the work and activities of several bodies and agencies within the UN system in the issue area of drug abuse. Their activities have been analyzed in the context of several key areas such as demand reduction, crop substitution, alternative development, treatment and rehabilitation of addicts, and technical and financial support to states.

The chapter scheme attempts to be thematic and sequential in approach. The first chapter traces the emergence of drug abuse

as an international problem. It traces the historical precedents of the problem. It highlights the impact of globalization and free market economy on illicit drug trafficking. This chapter has also dealt with recent trends in illicit drug consumption and production as well as the emergence of transnational drug syndicates. Special emphasis has been placed on the socio-economic and political consequences of drug abuse.

The second chapter examines the evolution of international cooperation in drug control especially in early part of the twentieth century till the formation of the United Nations. This chapter also describes a number of political and other factors which had contributed in shaping its evolution. Attempts at international drug control during the Haque Opium Conferences and the drug control mechanism of the League of Nations have been described in detail.

The third chapter brings out the structural and functional aspects of the United Nations. This chapter describes in detail the United Nations structural framework and the functions of several drug control bodies, such as the International Narcotics Control Board, the Commission on Narcotic Drugs and the United Nations International Drug Control Programme. This chapter also deals with the drug control efforts of the principal organs such as the General Assembly and the Economic and Social Council. In addition, it also focusses on the role of the Secretary General and

the efforts of specialized agencies of the United Nations in controlling drug abuse.

The next chapter focusses on the normative and operational activities of the United Nations. It analyzes activities of various drug control bodies and agencies within the UN system. All the five major drug control activities i.e. the informational, law-making, policy-guidance, operational and supervisory are taken up in some detail.

The fifth and final chapter attempts an overall assessment of the United Nations in the field of drug control. It highlights the achievements of the United Nations as well as the bottlenecks it faces for various reasons.

The descriptive and analytical methods characterise the present study. Pattern and problems have been described and then analysed. Much of the data and information have been collected from the UN documents and reports. The annual reports of the International Narcotics Control Board and the World Drug Report have provided a useful insight into the problem of drug abuse as a global phenomenon. In addition, secondary sources like books and articles in journals have been consulted. A list of select bibliography appears as part of the dissertation.

## CHAPTER I

### DRUG ABUSE-AN INTERNATIONAL PROBLEM

Drugs are used for multiple purposes. Drugs can be used therapeutically for the treatment of diseases or for relieving pain; for religious, cultural or ritual activities; for recreation; and for altering mood or consciousness. The knowledge of psychoactive substances is not new. People have known about opium, cannabis, coca leaf and other plant based drugs with pain-alleviating and sleep-inducing properties since antiquity. Archaeological evidences suggest that drug use was prevalent in almost every ancient civilization. Even there are references of such substances in the Rig Veda in India and the Bible in Christendom. These plants with addictive and intoxicating properties were also cultivated wherever possible. This knowledge which passed form generation to generation, played an integral and central role in medicinal, social, religious and cultural lives of people.<sup>1</sup>

These naturally-occurring substances were used to treat a wide variety of ailments. In South America coca leaf was used to treat such diverse diseases as toothache and altitude sickness. Due to the presence of nutrients and vitamins it also had a place in the daily diet. For centuries Asians used opium as a tranquilizer and a sedative for aches and pains, and during periods of

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<sup>1</sup> Michael Gossop, Living With Drugs (Aldershot, 1993) 3rd edn, p.1



insomnia. Warriors took it as a painkiller for battle wounds. It was also taken to enhance sexual potency. During teething period and to help them sleep, mothers provided it to young children. Socially, drugs played a central part in informal gatherings, ceremonial occasions, festivals, celebrations such as births, wedding, funerals as well as in creating and cementing friendships. They were regarded as gift from the Gods and had a prominent place in religious and ritual activities. In India *bhanga* (a syrup prepared from cannabis leaves) was widely used on many religious festive occasion. Similarly, coca leaves were burned or chewed by nobles for worship. Because of their stimulant and anorectic properties, plants such as coca were also used to counter hunger, thirst and fatigue, and to ease the burden of manual labour. During the colonial period the native habit of taking drugs was actively encouraged to enhance the working capacity of labourers. Use of these substances for religious cults and meditation was common. They were also taken to enter a state of trance conducive for prophetic visions, and to communicate with the spirits.<sup>2</sup>

Although people have been using organic substances with psychoactive properties since time immemorial, their use for the enhancement of pleasure and performance is a relatively new phenomenon. Earlier drugs were used within well-defined and socially integrated practices of medicine, religion and ceremony. In

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<sup>2</sup> United Nations International Drug Control Programme (UNDCP), "Traditional Use". World Drug Report (Oxford, 1997) pp. 34-35

the course of time, when these traditional patterns got broken down, drug use degenerated into abuse and addiction. A number of factors contributed to the increase in abuse of drugs. The expansion of international travel and trade in the 16<sup>th</sup> and 17<sup>th</sup> centuries provided opportunities to merchants and traders to exploit the commercial advantages of drug trade.<sup>3</sup> Further, imperial expansion of the European powers throughout Asia, Africa and South America also played a significant role. Being an important source of revenue, their exports were encouraged by the colonial powers. Moreover, the progress made in pharmacology and medicine not only helped in treating diseases, but also contributed significantly in drug abuse. While the nineteenth century saw the rapid growth of the pharmaceutical industry and the refinement of natural products, the use of fully synthetic drugs was a twentieth century development. The gradual shift from plant based drugs to highly potent, synthetic substances and the shift from an instrumental to a recreational use occurred simultaneously. Drugs were no longer used just for medication or to improve occupational performance, but were uniquely used to experience the pharmacological effects. Criminal organizations further exploited the situation. Many new drugs appeared on the illicit market

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<sup>3</sup> UNDCP, "Theories and Interpretation of Illicit Drug Use", World Drug Report, n.2, p. 45

without any therapeutic use and were exclusively designed for mood-altering purposes.<sup>4</sup>

It is important to note that in recent years changing political and economic factors have not only promoted world trade, but have also facilitated the work of drug traffickers. Porous borders and free trade agreements have eased the worldwide movement of illicit drugs. Improvements in communications and transportation have also provided opportunities for drug cartels to operate throughout the world without difficulty. In addition, the new agricultural methods to increase crop yields and chemical advances have contributed to greater availability of drugs in the illicit market.<sup>5</sup>

There has been a tremendous increase in the abuse of synthetic stimulants, popularly known as designer drugs. The major synthetic drugs available in the illicit market are the amphetamine-type stimulants (ATS) which include amphetamine, methamphetamine and methylenedioxy-methamphetamine (MDMA), known as ecstasy. Lysergic acid diethylamide (LSD) is also a synthetic drug manufactured clandestinely. Synthetic sedatives like barbiturates and benzodiazepines are mainly diverted from licit sources. In the past ATS were used only in distinct areas, but now they are consumed in every part of the world. It should be noted

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<sup>4</sup> UNDCP, "Stimulant Abuse: from Amphetamine to Ecstasy", World Drug Report, n.2, p.39

<sup>5</sup> UN Doc. E/INCB/ 1996/1, para- 3, p.1

that while other drugs of abuse have either licit or illicit source of supply, the ATS have a double supply system-licit oversupply or diversion on the one hand and illicit Synthesis on the other. More problems have arisen from the use of these drugs. synthetic drugs can be manufactured from chemicals which are widely available in almost every part of the world. Because they need not be trafficked over long distances as required in the production of natural drugs, the risk of discovery is highly reduced.<sup>6</sup>

Today, the problem of drug abuse has become much more serious than ever before. Illegal production, trafficking and consumption of drugs have reached alarming proportions. Approximately 5,000 tonnes of illicit opium were estimated to have been produced in 1997. The production of opium poppy has more than tripled since 1985. Taking into account seizures of opium (210 tonnes on average in 1995-1996), about 3,300 tonnes of opium were available for production of heroin in 1997. Applying a 10:1 conversion rate, production of heroin in 1997 amounted to 330 tonnes. Due to less seizures of heroin (some 30 tonnes on average in 1995-1996), about 300 tonnes were likely to have been available in the consumer markets. Almost 270,000 hectares worldwide were under opium poppy cultivation in 1997. Afghanistan and Myanmar were the main sources of increased

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<sup>6</sup> UNDCP," Recent trends and developments in cultivation, production, trafficking and consumption- an overview", World Drug Report, n.2, p. 17-18

cultivation and production over the last decade. Together, these two countries accounted for about 80 per cent of the global area under opium poppy cultivation and for 90 per cent of global illicit opium production in 1996-1997. The third largest producer is the Laos PDR where production fluctuated between 100 and 150 tonnes in the 1990s. Estimates of global illicit production of coca leaves suggest a doubling over the 1985 to 1994 period, although production seems to be down from the 1991/1992 peak. About 180,000 hectares are currently estimated to be under coca cultivation, producing more than 300,000 tonnes of coca-leaf. Applying conservative conversion ratios, between 800 to 1,000 tonnes of cocaine were produced out of the 1997 coca leaf harvest. With seizures of around 300 tonnes of cocaine per annum (1995-1996), 500-700 tonnes of cocaine might have been available for consumption. Nearly all of the world's illicit coca is grown in three Andean countries - Peru, Colombia and Bolivia. Coca leaf production estimates have shown Peru as the largest producer (118, 000 tonnes in 1997). Production in Bolivia and Colombia is nearly equal (93, 000 tonnes and 91, 000 tonnes, respectively).<sup>7</sup>

Estimates suggest that global production of marijuana and hashish may be close to 500, 000 tonnes per annum. The global area where cannabis is cultivated or grows wild may range anywhere from three to six times the areas under cultivation of

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<sup>7</sup> "Drug Stats", United Nations Chronicle, Vol. XXXV, No.2, 1998, p. 36

opium poppy or coca bush. Cannabis cultivation can be found in every major region of the world. The largest areas under wild growth of cannabis are found in the countries of the former Soviet Union, notably the Russian Federation and Kazakhstan, and other Central Asian countries. Morocco, Afghanistan and Pakistan have been identified as major producers of hashish. Many industrialized countries, notably the United States, Australia, Canada and a number of European countries, grow significant amounts of illicit cannabis, using the latest hydroponic technologies and indoor cultivation. There are no official estimates of the extent of clandestine manufacture of amphetamine – type stimulants (ATS). Using numbers of illicit laboratories detected as an indicator, however, suggests a strong increase in recent years. Between 1980 and 1994, the number of clandestine ATS laboratories detected increased more than sixfold.<sup>8</sup>

Global seizures of heroin increased from 1.7 tonnes in 1975 to 14.2 tonnes in 1985 and 28.2 tonnes in 1996. The peak was reached in 1995 (31.1 tonnes), following a 1994 bumper harvest of opium. Global seizures of opium are believed to account for only 10 to 15 per cent of the total destined for the manufacture of heroin. Global seizures of heroin account for only some 7 to 10 per cent of total estimated availability based on potential annual heroin and morphine production, where morphine is converted into heroin equivalent. Cocaine trafficking has shown a strongly rising trend

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<sup>8</sup> Ibid, p. 37.

over the last two decades. Global seizures of cocaine (base and salts) increased from 2.4 tonnes in 1975 to 56.3 tonnes in 1985 and peaked in 1991 (323 tonnes). In 1996, cocaine seizures amounted to 316 tonnes. In terms of volume, cannabis remains the most heavily trafficked drug in the world. In 1996, 1,367 tonnes of cannabis plants, 2, 524 tonnes of cannabis herb (marijuana) and 813 tonnes of cannabis resin (hashish) were seized, for a total of more than 4, 7000 tonnes of cannabis products. Global seizures of ATS (excluding Ecstasy) increased from 281 kilograms in 1976 to 1.4 tonnes in 1990 to 14.6 tonnes in 1996 – equivalent to an average annual growth rate of 22 per cent over the 1976-1996 period, or higher than that for heroin (13 per cent). In the 1990s average annual growth of seizures of ATS amounted to 48 per cent. No other substance except Ecstasy (an ATS) has shown such a high growth rate in the same period.<sup>9</sup>

The potentially destabilizing, multi-faceted and world-wide effects of drugs have led to violence, criminality, over burdening of criminal justice system, rise in drug-related mortality cases, serious clinical and social problems, road and on-the-job accidents, family disruption, lower productivity, rising unemployment, and economic and political dislocation. Potentially dangerous methods of drug intake, such as injection, have been developed. While new and more powerful versions of drugs have been chemically synthesized, multiple drug use is on rise. Recently, greater

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<sup>9</sup> Ibid, pp. 38-39.

involvement of women in drug-related problems has also been noticed. Further, the age of initiation into illicit drug use is falling in several parts of the world.<sup>10</sup>

The damaging consequences of illicit drug use are more pronounced in developing countries which are already overburdened with problems emanating from population explosion, poverty, illiteracy and inadequate medical facilities. Besides illicit drug use these countries also face problems from growing abuse of pharmaceutical preparations. For example, in South Asia preparations like buprenorphine, diazepam, antihistamines and cough syrups containing codeine are commonly abused. Most of these compounds are locally manufactured and can be easily obtained without medical prescription.<sup>11</sup>

### **COSTS OF DRUG ABUSE**

It is often difficult to quantify all the costs of illicit drug use. One major difficulty in assessing the costs is the clandestine nature of activities it comprises. However any attempt to do so should consider the burden of prevention, treatment and rehabilitation programmes for addicts, the burden on criminal justice system in terms of police action, court time and

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<sup>10</sup> Barry Stimmel, The facts About Drug Use: Coping with Drugs and Alcohol in Your family, at Work, in Your Community (New York, 1993) p. 247.

<sup>11</sup> UNDCP Regional Office for South Asia, Drug Demand Reduction Report (New Delhi, 1998) pp.2-3.



imprisonment, lower productivity, and loss of tax revenue on undeclared earnings.

The adverse effects of illicit drugs on body and mind are well known in popular literature everywhere. Depending upon the type of drug, quantity of dose, frequency of consumption and route of administration, these substances can cause impairment of the body's organs and its functions. All psychoactive substances affect the central nervous system (CNS) and change the brain's level of functioning. Drugs, as a result of intoxication, overdose, or withdrawal can produce any number of psychiatric disorders such as confusion, depression, anxiety and paranoia. These substances also interfere with the cognitive functions such as memory and concentration, shorten attention span, and modify perceptions of time and space. Moreover, the use of adulterants by drug pedlars to increase the dosage unit is also responsible for many drug-related mortality cases. These impurities do much, if not more, harm than the drug itself. As consumers are never able to verify the purity of drugs, they are always exposed to such risks.<sup>12</sup>

Furthermore, unhygienic drug injecting practices may cause hepatitis and HIV/AIDS. Not only through intravenous use, but in a number of other ways mood-altering substances facilitate HIV infection. As drugs impair judgment, safer sex techniques are

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<sup>12</sup> UNDCP, "The health and social consequences of drug abuse", World Drug Report, n.2, pp. 72-77

ignored. The need to barter sex for drugs, the association of drug use with commercial sex, and drug's adverse effect on the immune system, all contribute in the spread of HIV/AIDS.

Also, drug abuse during pregnancy can have a detrimental effect on the foetus. Foetal alcohol syndrome (FAS), sudden infant death syndrome (SIDS), due to alcohol and cocaine, other congenital abnormalities, pre-and post-natal growth retardation, risk of spontaneous abortion, still birth, miscarriage are quite common due to excessive drug abuse by women of child bearing age. The "border baby" phenomenon in which drug-addicted mothers abandon their children at birth has also been noticed.<sup>13</sup>

Drug abuse also causes family disruption resulting in child abuse, domestic violence and marital breakdown. If either or both parents are under the influence of drugs, they serve as a role model which their children may follow in the future. Children, who are exposed to drug use at an early age are more likely to experiment themselves, harming their chances to grow into successful adults.

There is very close relationship between illicit drugs and crime. Drug-related crimes cover an extremely broad and complex range of offenses. These include: offences directly violating drug laws such as illegal possession, consumption, cultivation, production and sale of drugs; offences committed under the

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<sup>13</sup> Stimmel, n.10, pp. 271-284.

pharmacological effects of drugs; and offences committed by abusers to support their habit. A range of other criminal activities are also associated with drugs such as corruption, intimidation, terrorism, gang wars and money laundering<sup>14</sup>

It is important to note that the quick and easy profits from drug trafficking have attracted criminal organizations, terrorist and insurgent groups throughout the world. There is clear nexus between terrorism, drug trafficking and arms dealing. Terrorist group maintained their subsistence and supply of arms by pushing illicit drugs into the world market. Evidences suggest that narcotics played a major role in supporting terrorism in Punjab and Kashmir. North-East insurgent groups such as the Nafa Federation Group (NFG), the Peoples Liberation Army (PLA) of Manipur and the National Socialist Council of Nagaland (NSCN) are also known to be involved in drug trafficking.

In many parts of the world it has jeopardised the political stability through threat, intimidation, corruption of public officials, election - financing and the sale of political influence. Drug Mafias have been able to penetrate the state's institutions such as government, judiciary, army and police forces. They are increasingly becoming powerful and wealthy. The vast profits derived from drug trafficking make local economies dependent on

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<sup>14</sup> UNDCP, "The health and social consequences of drug abuse", World Drug Report, n.2 pp. 78-79.

the trade, and thus mafia for its continuance. In Colombia during a period of five years (between 1985 and 1990), more than a thousand police officers, over seventy journalists, some sixty judges and four presidential candidates were killed by the drug cartels.<sup>15</sup> The recent raids and investigations in India indicate that narcotic money is even used for fixing high profile cricket matches.<sup>16</sup> Moreover, drug-related crimes have caused enormous management and policy problems for the criminal justice system.

The economic consequences of illicit drug trafficking have been devastating for many societies. Many estimates indicate that the annual turnover of international illicit drug trade is somewhere around the US \$ 400 billion, which is equivalent to approximately eight percent of total international trade.<sup>17</sup> Drug driven economic activity causes a shift of resources away from productive and legitimate enterprises towards high - risk, short - term ventures. Economies of certain developing societies cripple as dependency on drug income diminishes other productive means. Illicit drugs have a macro-economic impact on exporting as well as importing countries. Illicit exports can harm legitimate export oriented, import substituting industries. The disproportionately high foreign exchange earnings can result in stagnation of exports in non-drug-

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<sup>15</sup> John Kerry, The New War (New York, 1997) p. 31.

<sup>16</sup> The Hindustan Times, New Delhi, April 21, 2000.

<sup>17</sup> UNDCP, "The Illicit drug industry: production, trafficking and distribution", World Drug Report, n.2, p. 124.

related sectors. The relatively small portion of profits can itself be distortional. Profits are utilized to maintain the position of drug trafficking organizations or invested in the non-productive consumption as opposed to saved or productively reinvested capital created legally. Further, distortions created in consumption, investment and competition can disable a government's ability to plan and control monetary policy. As large international flows of liquidity, goods and services are unaccounted for, it reduces access to legitimate sources of finance.<sup>18</sup>

In the case of local communities dependent on drug trade, the effects can be severe. The spill over of production into abuse has a negative impact on the local workforce. Further, income generated from illicit sector is unevenly distributed. At the lower level it barely exceeds income in the legitimate sector. In the area where illicit crops are cultivated, less than three to five percent of the income generated from the final sales returns to the farmers.<sup>19</sup> The bulk of the profits are consumed by drug traffickers who control exports and distribution.

Considerable concern has arisen in recent years about the effects of drug use in the workplace. The costs of drug use include lost productivity, absenteeism, accidents, health care costs and even thefts. The consequences for society become much more

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<sup>18</sup> Ibid, pp. 142-144.

<sup>19</sup> Ibid

serious if the person is an airplane pilot, soldier or surgeon who exposes the lives of innocent citizens to risk.

The cultivation and processing of narcotic drugs also have damaging consequences for the environment. Using unsafe and illegal methods vast quantities of toxic chemical substances and waste by-products are dumped into rivers, water courses, poured into local sewage systems or buried underground by drug processors, leading to contamination of soil and water. Illicit cultivation also contributes to forest depletion. It is evident from the destruction of Amazonian forests for coca cultivation which resulted in the loss of rare plant species. In addition to this, the contaminated water used for irrigating food crops poses a serious public health hazard.<sup>20</sup>

### **NEED FOR INTERNATIONAL COOPERATION**

Illicit production, trafficking and consumption have become a truly global phenomenon. No nation is immune from this transitional threat. As it is clear that no government can stand up this problem independently, it must be addressed in a multilateral setting. Like business in all other commodities, the basic economic law of demand and supply also operates in respect of drugs. Illicit drug trafficking depends on both the ready suppliers and the

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<sup>20</sup> UNDCP, "Environmental effects of illicit crop cultivation", World Drug Report, n.2, pp. 147-149

lucrative market. The dependence of a drug addict upon a trafficking network, or the poppy grower upon a distant consumer clearly shows the interdependence of several actors.

It can be said that any effective approach towards the drug problem should include both the supply control and demand reduction measures reinforcing each other. As such international drug control effort must be based on the principle of shared responsibility. International co-operation in this field is required mainly for two reasons: first, to ensure continuing supplies of drugs for medical and scientific purposes; second, to prevent the abuse of drugs and its diversion to non-medical use.

Illicit drug trade involves a complex chain of transaction which includes planning and organizing, cultivating, purchasing raw materials, chemical processing, transportation, national and international distribution, and money laundering. Individual governments do not have necessary means and resources to handle this complex process. They just apprehend the street sellers and the individual drug abusers, leaving intact the production and distribution cycle and, above all, its management.<sup>21</sup> Further, most large scale drug trafficking operations are internationally based. Trafficking routes are often complex, involving many different transit countries, forms of transport and concealment. The organizers may be in one country, the producers in a second,

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<sup>21</sup> UN Doc. E/INCB/ 1996/1, para. 4, p.1.

distributors in a third, and proceeds of crime may be laundered in a fourth. Thus, apprehending offenders only in one country does not disrupt the entire criminal network. It is clear that greater collaboration and co-ordination is essential among states to check this vicious cycle.<sup>22</sup>

Furthermore, the illicit drug phenomenon must be viewed within the context of contemporary economic, social and political developments. With increasing global integration corruption has also become an international issue. The effect of drug trafficking on economic development and political stability in certain regions sometimes spills over to neighboring areas. There is a definite impact of corruption on the international flow of goods and capital.

Instant communications, the growth of international travel, trade and transportation, the deregulation of banking, foreign exchange and investment control and opening up of national boundaries, all make drug trafficking and money - laundering easier than ever before. Today, more information is available on Internet which also contributes to the spread of drug abuse. Many different pages on World Wide Web are devoted not only to the production and manufacture of illicit drugs, but also on how to avoid detection. Most of the controversial information can easily be accessed through Internet.<sup>23</sup>

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<sup>22</sup> Ibid, para. 7, p.2.

<sup>23</sup> UN Doc. E/INCB/ 1997/1, para. 23, p.5.



Criminal organizations also respond to the opportunities created by a globalizing market economy. The privatization of state owned businesses, distancing of official intervention from the day to day workings of the economy and the inadequacy of regulations in many countries leave these economic systems vulnerable to criminal exploitation. International organized crime has thoroughly penetrated the world financial system. In order to protect their primary interest, transnational drug cartels have diversified into other forms of criminal activities such as arms dealing, money lending, gambling, prostitution, pornography, racketeering, service sector investment and running of clandestine immigration system. In many cases, they also invest in legitimate financial operations. Growing in terms of turnover and employment, these syndicates have become more powerful in the licit sectors of the global and local economies. The ability to move money electronically, bank secrecy laws and tax havens further provide opportunities to hide ill-gotten gains. As drug trafficking and money-laundering have become so much enmeshed with everyday commerce and financial transactions that it has become difficult for law enforcement agencies to separate the illicit from the legitimate. It provides drug mafias the opportunity to invest either in criminal or legal enterprise, depending on which is the most suitable for them in terms of earnings and security.<sup>24</sup>

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<sup>24</sup> Douglas W. Payne, "Drugs into Money into Power", Freedom Review, Vol. 27, No. 4, July-August 1996, pp. 10-11.

In structure, operations, strategy, sophistication and reach these transnational drug and money laundering organizations function very much like transnational corporations. They constantly improve the technology at their disposal in terms of production, storage methods, smuggling strategies and managerial skills. They buy jet airplanes, engage the ablest lawyers to defend themselves, hire highly educated and well trained scientists to ensure quality control and apply latest equipments, high-tech gadgets and computers. They rely on the newest communication equipment and on military hardware such as radar scramblers. In Colombia the drug cartels are known to have manufactured their own submarines and semi submersible vessels to traffic drugs. They also use the GPS-Global Position Satellites-which allow them to make pinpoint drug drops to awaiting fast boats on the high seas without the fear of interception. They always keep a step ahead of law enforcement agencies. To avoid drug regulations they constantly substitute precursor chemicals used in manufacturing of illicit drugs. Similar to organizations in the licit sector, principle drug syndicates also form 'strategic alliances' to cooperate in smuggling and to reduce their exposure to risk.<sup>25</sup>

While drug trafficking has gone global law enforcement agencies can operate within their respective jurisdiction. It is well understood that increased international understanding and

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<sup>25</sup> John Kerry, n. 15, pp. 19-20.

coordination together with more resources are essential in bringing this problem under control. Unilateral isolated responses to drug trafficking have proved insufficient. The changing international environment makes multilateral cooperation necessary in combating drug menace.

International cooperation is possible in many ways. States by harmonizing their legal and institutional frameworks, and by enhancing coordination between their criminal justice, health and social systems can reduce drug abuse and related health problems. Mechanisms to verify the legitimacy of transactions, including the exchange of information on the domestic need, are required to ensure that controlled substances are used exclusively for medical and scientific purposes. Further, international agreements provide useful guidelines and legislative framework which governments can consider when formulating national drug control policies. In fact, drug control legislation is unique in the sense that it first originated at international level and was subsequently adopted by nations, rather than the converse. In certain cases, countries' common borders, specific geographical location or particular vulnerabilities call for a regional or sub-regional cooperation.<sup>26</sup>

There is a specific significance of international cooperation in crime - related matters. To prevent drug trafficking states can help

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<sup>26</sup> UNDCP, "Drugs and public policy", World Drug Report, n. 2, pp. 157-176.

each other by affording mutual legal assistance in investigations, prosecutions and judicial proceedings, extradition of fugitives to requesting states, and recognizing foreign penal judgments; coordinating police activities in the pursuit, search, seizure and arrest of vessels or individuals; and by cooperating in conducting inquiries having an international character such as the identity and activities of suspect, and the movement of controlled substances. Further, assistance can also be provided in related matters such as money -laundering, misuse of global trade and Internet.

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## **CHAPTER II**

### **INTERNATIONAL COOPERATION IN DRUG CONTROL UP TO 1945**

The international cooperation in drug control began in early part of the twentieth century. Since then the multinational drug control efforts have undergone tremendous changes. A number of factors have contributed in shaping its evolution. Most important of all, the impact of contemporary international political environment has always played a significant role. The first international attempt in this field took place in 1909 when the International Opium Commission met in Shanghai.<sup>1</sup> As the Anglo-Chinese opium trade in many ways was associated with the development of this movement, the genesis of international action in drug control should be seen in the backdrop of the Opium Wars (1840-1842).

#### **OPIUM WARS AND THE EARLIER ATTEMPTS AT INTERNATIONAL DRUG CONTROL**

For long opium was transported to China by Arab and Indian merchants, but a mass market for Indian opium was created in China first by Portuguese and then by British merchants.<sup>2</sup> The Portuguese established themselves on the west coast of India in the sixteenth century and were gradually attracted to the opium trade.

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<sup>1</sup> "The Beginnings of International Drug Control", United Nations Chronicle, Vol. XXXV, No.2, 1998, p.8

<sup>2</sup> Paul B Stares, Global Habit: The Drug Problem In A Borderless World (Washington, D.C., 1996) p.16

During this period the British also managed to strengthen their base for opium trade in China. The Battle of Plassey of 1757 ensured British domination over northern India. The British East India Company brought the opium fields around the city of Patna under their control. They started growing poppy crops by license and selling it at regular auctions in Calcutta.<sup>3</sup>

Further, the British monopolized the opium trade in India as it was a secure source of revenue. When British monopoly started facing competition from the Malwa opium the price of the Bengal opium was lowered to end the Portuguese supremacy. The British Governor General of Bengal, Warren Hastings, contributed much to the development of opium trade between India and China in the 1770s. As he was concerned about the evil effects of opium on local inhabitants, he stopped opium use in Bengal but encouraged its export to China.<sup>4</sup> The Anglo-Dutch War of 1781 interrupted the trade for a brief period, but the East India Company managed to maintain its foothold in China.<sup>5</sup>

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<sup>3</sup> Kathryn Meyer and Terry Parssinen, Webs of Smoke: Smugglers, Warlords, Spies, And The History Of The International Drug Trade (Lanham, 1998) p.8

<sup>4</sup> United Nations International Drug Control Programme, "The Regulation-Legalization Debate", World Drug Report (Oxford, 1997) p.185

<sup>5</sup> S.K. Chatterjee, Legal Aspects of International Drug Control (The Hague, 1981) pp. 13-15

Here it is significant to note that the Europeans were importing silk and tea from China, but they were also looking for some goods to export to China. They soon discovered opium. Its price was high and occupied very small cargo space. Hence, opium became the main article of trade. The English were able to transport it easily from India.<sup>6</sup>

In China opium caused a lot of social problems and also a rapid drain of silver. To prevent this, in 1800 the import of opium was prohibited and foreign traders were asked to sign a bond guaranteeing that they would never bring opium into China. Despite the ban, opium in large quantities was smuggled into China mostly on British vessels and partly on American and other ships. The illicit traffic continued and by the late 1830s thirty thousand chests of opium were entering into China annually. Finally, the Manchu government intervened and more than 20,000 chests of opium which belonged to the British were burned.<sup>7</sup>

In retaliation, and to protect its lucrative trade the British Parliament authorized war against China in April in 1840. China suffered defeat, as a result of which it had to agree to the draft convention of Chuanbi, which required China to cede Hong Kong and pay indemnities for the destroyed opium to the British. But the

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<sup>6</sup> Wolfram Eberhard, A History of China (Berkeley, 1969) p. 286

<sup>7</sup> L. Carrington Godrich, A Short History of the Chinese People (London, 1969) pp. 222-223

Chinese concessions were regarded as inadequate and the British decided to further invade China. After suffering heavy losses China was compelled to capitulate. With this the opium war came to an end. On August 29, 1842 China signed the humiliating Treaty of Nanking with England. The treaty, among other things, again provided for the cession of Hong Kong, opening up of trading ports and an indemnity of twenty-one million silver dollars. However, the Chinese were allowed to impose tariff on opium.<sup>8</sup>

Both sides, however, evaded the terms of the Nanking Treaty. In order to facilitate the opium smuggling, the British had allowed certain Chinese smugglers to sail under their flag. On the other hand, the Chinese put every possible obstacle in their way. In 1856, the Chinese held up a ship and arrested the crew on suspicion of smuggling. After this incident, Britain again decided to wage war. Thus the Arrow war started in 1857. France also joined this war for the sake of booty. This resulted in a new Treaty of Tientsin. The commercial treaty was also revised and the opium trade was again permitted.<sup>9</sup> It should be mentioned that for China the struggle was to uproot the evil, while for Britain, it was protect her profitable trade.<sup>10</sup>

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<sup>8</sup> Bai Shouyi, ed., An Outline History of China (Beijing, 1982) pp.431-436

<sup>9</sup> Eberhad , n.6, p.13

<sup>10</sup> Chatterjee, n.5, p.13



Meanwhile poppy cultivation also started in China. Much of useful agricultural land was utilized for this purpose which resulted in a serious food shortage.<sup>11</sup> The international community was increasingly becoming aware of the drug menace not only in China and Far East but in several parts of the world. Certain non-governmental organizations inspired by humanitarian ideals launched an anti-opium movement. Religious groups and missionaries also began protesting against the trade in opium.<sup>12</sup>

Anti-opium groups within Britain also started demanding an end to opium trade. Lord Ashley raised the voice of opposition in the British Parliament. In 1906, the Liberal Party came to power which was somewhat sympathetic to the cause of China. During the same year the Chinese government started a campaign against opium smoking and opium production in China.<sup>13</sup>

Further, the United States offered help in the China's anti-opium efforts. The Americans had their own concern about opium. During the Spanish-American War in 1898, America had appropriated a number of former Spanish colonies, including the Philippines. As was the case throughout Southeast Asia, the Philippines had a significant number of opium smokers.<sup>14</sup> It

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<sup>11</sup> Goodrich, n.7 p.223

<sup>12</sup> Stares , n.2, p. 17

<sup>13</sup> David F. Musto, " International drug control: historical aspects and future challenges", World Drug Report (Oxford , 1997) p.165

<sup>14</sup> Meyer, n.3 p.21

compelled the United States to take action in this regard. The recommendations of the Philippine Opium Committee further helped in internationalizing this movement. It recommended the restrictive use of opium only for medical purposes and its monopolization by government. It also focussed on the rehabilitation of addicts by helping those who wanted to give up the habit.<sup>15</sup> For achieving a concerted international action in this field, the United States invited various governments to provide reports suggesting effective measures. This effort culminated in the Shanghai Opium Conference in which thirteen countries were represented.

The Shanghai Commission met at Shanghai on 1 February 1909. The main objective of the Commission was to stop the consumption of opium. The Commission also drew the attention of the participating countries to the dangers posed by unrestricted manufacturing, sale and distribution of morphine and other derivatives of opium. This helped in bringing representatives from more countries, who were directly or indirectly involved in this trade. The Shanghai Commission was a necessity for the world at large because the problem was not confined to China and other Asian countries, but was spreading rapidly in other parts of the world.<sup>16</sup>

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<sup>15</sup> Chatterjee, n.5, pp.20-24

<sup>16</sup> Ibid, pp.35-36

The Commission saw the differences of opinion among the participants. All the resolutions were prepared by delegates of China, Great Britain and the United States only. While the Americans and the Chinese pressed for total and immediate ban of opium smoking, the other conferees were more cautious. Many states had to take care of their trade interests and to protect their sources of revenue.<sup>17</sup> The British emphasized gradual suppression of the practice of opium smoking. Further, the Americans were in favour of concerted effort to be made in this direction. They wanted each government to assist every other government in the solution of its internal opium problem. The British delegate objected to it on the grounds that it was an interference in the internal affairs of a country. It is worthwhile to note that British showed too great a concern for the concept of national sovereignty during the colonial period in the context of opium smoking and smuggling of drugs.<sup>18</sup>

Resolutions were adopted as a result of the compromises made between the participants. Although the Commission could not adopt any convention or pass any binding resolution, it was able to create an impact upon the international community.

The English Exchequer suffered a big loss because the British lost the legitimate trade of opium between India and China. There was a delay in the implementation of the Shanghai

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<sup>17</sup> Meyer, n.3, p.22

<sup>18</sup> Chatterjee n.5, p.394

resolutions by the participants. China, Great Britain and the United States maintained their individual approach towards the problem. Nevertheless, the Shanghai Commission was the first international effort to adopt some effective measures to control the drug problem, and it paved the way to the Hague Opium Convention a few years later.<sup>19</sup>

The Hague Opium Convention of 1912 was the first international convention in this field. The provisions of this Convention, such as the control of production and distribution of raw opium, provided the genesis of many subsequent convention in international drug control. The contracting parties undertook an obligation to prevent the export of raw opium to countries which had prohibited or restricted its entry. Further, exports and imports were permissible for duly authorized persons. Although there was no effective provision against unauthorised trade in opium, an attempt was made to impose greater restrictions by giving more power to the customs officers.<sup>20</sup>

The door to illicit traffic in opium, however, remained open to the non-contracting parties, as they were not obliged to follow the provisions of the Convention. Further, this Convention failed to define the extent to which the production of raw opium should be controlled. The parties were not legally bound to adhere to various

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<sup>19</sup> Ibid, pp. 41-43

<sup>20</sup> Ibid, pp. 46-47

important provisions. They were expected to use their best endeavours only. The Convention was equally silent in the case of the failure of a party to take action. However, by enactment of pharmacy regulations, some attempts had been made to limit the manufacture, sale and use of morphine, cocaine and their respective salts. Again, it was left to the parties to determine how much of these substance should be manufactured, used or sold.<sup>21</sup>

Germany, as a large manufacturer of drug, tried to prevent the insertion of codeine into drug control in order to safeguard the interests of its drug manufacturing industry. At its insistence the Convention was made conditional on its worldwide acceptance.<sup>22</sup> A provision was made that in the event the signatures of all the states invited could not be obtained by 31 December 1912, another conference would be called for deciding the possibility of obtaining their ratification. The parties did not adhere to the Convention and kept themselves aloof from its provisions. Two more conferences were convened, first in July 1913 and second in June 1914.<sup>23</sup>

The Second Hague Opium Conference was convened with a view to expedite adherence to the 1912 Convention. A clause ruling out the necessity of convening further conference for the purpose of depositing ratifications was embodied in this conference. But it

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<sup>21</sup> Ibid, pp.46-48

<sup>22</sup> Stares, n.2, pp.17-18

<sup>23</sup> Chatterjee, n.5, pp.50-51

could not expedite ratifications. Turkey, one of the major opium producing countries, refused to sign the Convention for economic reason. Serbia did not sign on the plea that it had not been able to study the opium question properly. It became clear that nations were still not ready to enter into an agreement mainly to protect their economic interests.<sup>24</sup>

The Third Hague Opium Conference was convened at the Hague on 15 June 1914, and was attended by representatives from thirty countries. Its basic purpose was to bring the 1912 Convention into force even without the signatures of all the invited states. This Conference was also marked by differences of opinion. To bring the Convention into force without delay, the Chinese proposed an amendment to the resolution concerning ratification. But the proposal was opposed by France and Russia. A compromise was reached between different viewpoints. A clause was adopted which provided that the Convention might be brought into force by a group of nations without waiting for ratification by all the signatory parties.<sup>25</sup>

Finally, in June 1914 eleven states ratified the Convention and it was declared in force between those countries who had accepted it. The outbreak of the first world was made it difficult to implement its provisions, and it was not until 1919 that effective

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<sup>24</sup> Ibid, pp.52-53

<sup>25</sup> Ibid

steps were taken.<sup>26</sup> The success of the Hague Opium Convention was in the fact that it outlined the area of the problem and drew the attention of the nations to the necessity of making cooperative efforts. Despite its defects, the Convention influenced the world opinion against the harmful practice of smoking opium and illicit trafficking.<sup>27</sup>

### **INTERNATIONAL DRUG CONTROL UNDER THE LEAGUE OF NATIONS**

The involvement of the League of Nations marked the beginning of a new approach to international drug control. Instead of reliance on voluntary cooperation among nations, emphasis was now placed on the supervision of drug control by international bodies. When the League was created very stringent international measures were required to manage drug problem. A clause was inserted in the Treaty of Versailles whereby ratification of the Treaty automatically involved ratification of the Convention of 1912. This resulted in the acceptance of the Convention's provisions by a greatly increased number of states. Paragraph (c) of Article 23 of the League Covenant entrusted the League with "general supervision over the execution of agreements with regard to the traffic in opium and other dangerous drugs".<sup>28</sup>

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<sup>26</sup> C.K. Webster, The League of Nations in Theory and Practice (London, 1933) p. 260

<sup>27</sup> Chatterjee, n.5, pp. 50-51

<sup>28</sup> Webster, n. 26, p. 260

By a resolution adopted by the First Assembly of the League, an Advisory Committee on the Traffic in Opium and Other Dangerous Drugs was appointed by the Council in 1921 in order to secure the fullest possible cooperation among various countries, and to assist and advise the council in dealing with the control of traffic in opium and other dangerous drugs. The method employed in its formation was to invite certain states (China, France, Great Britain, India, Japan, Netherlands, Portugal and Siam) to nominate members. Either due to their own internal problems or of their interests in their overseas dominions, all these states were directly related to the drug problem. Later on, other states were asked to appoint representatives upon it, including Germany and the United States. These representatives acted in a consultative capacity only. The Opium Advisory Committee was assisted by these independent experts, having special knowledge of the subject.<sup>29</sup>

The Committee organised itself as a clearing house for the exchange of information between governments on the extent of the drug traffic and the methods pursued by them to control it. With the help of the League's Health Organization, it undertook a survey of world production of narcotics.<sup>30</sup> At its first session the Committee recommended that a report should be submitted annually by each country to the League, providing statistics

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<sup>29</sup> Ibid, pp. 260-261

<sup>30</sup> Ibid, p. 261



regarding production, manufacture and trade in drugs according to the provisions of the Hague Opium Convention, 1912. It also had the task of examining the reports submitted by various governments, and was authorized to suggest possible remedies to any country. It prepared all the drug conventions during the League period after minutely analyzing the drug problem worldwide. It did valuable work , and was largely free from any bias.<sup>31</sup>

In 1925 two separate conferences were concluded in Geneva under the League auspices. First one was to limit the sale of opium in the Far East to government monopolies, and the second one was to establish an international accounting system to which states would be obliged to submit statistics on the production, refinement and consumption of drugs.<sup>32</sup> The First (or Far-Eastern) Conference sat from November 1924 to February 1925. It led to the First Geneva Agreement on Opium, 1925. It provided that all dealings in opium would be government monopolies. The provisions of the agreement prohibited the sale of opium to minors. Further, the exportation of opium in any form from countries permitting importation for smoking purposes, and the transshipment of raw opium unless the traders held import certificates, were also prohibited. Parties undertook to cooperate against smuggling, to

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<sup>31</sup> Chatterjee, n.5, pp. 81-83

<sup>32</sup> Stares, n. 2, p. 18

exchange information, and to discourage the practice of opium smoking through education and awareness.<sup>33</sup>

By a supplementary agreement it was provided that within five years smuggling should be reduced to a minimum making it easier to control opium smoking in Far Eastern territories, such as Burma, Formosa, Malaya, Hong Kong and Macao, where the practice was temporarily authorized by the International Opium Convention, 1912. A committee would be appointed by the League Council to check whether or not this had been done. When such reduction was reached, the governments would be bound to end the use of prepared opium in fifteen years.<sup>34</sup>

This agreement was severely criticized on the grounds that instead of suppressing opium smoking, it made the practice to continue to an indefinite future. It made the suppression of opium smoking dependent on disappearance of smuggling. Thus, the chances of any real action were drastically reduced. This led to the withdrawal of China from the conference. While many states argued that unless smuggling was abolished all attempts to suppress smoking would be futile, so it would be better to proceed by practical measures than to attempt the impossible.<sup>35</sup> Nevertheless, the most important accomplishment of this

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<sup>33</sup> Webster, n. 26, p.262

<sup>34</sup> Ibid

<sup>35</sup> Ibid, pp. 262-263

agreement was to establish government monopoly in respect of cultivation, manufacture and trade in opium.<sup>36</sup>

The Second Conference also sat from November 1924 to February 1925. There were many disagreements among the participants. The Conference, however, drafted the Geneva International Opium Convention of 1925. Provisions in the Convention required states to take necessary steps to limit the manufacture and distribution of drugs to medical and scientific purposes. It also placed a number of drugs viz, Indian hemp, ecgonine, cocaine etc. under control. The acceptance of the certificate system for imports and exports of drugs was the major accomplishment of this Convention. It meant that no narcotic drug could be sold internationally unless the exporter could produce a certificate from the importer, signed by government official, confirming the drug's legitimate destination and use.<sup>37</sup>

The Convention also provided for the establishment of a Central Opium Board made up of independent experts. All the signatories were required to furnish adequate statistics regarding the manufacture and trade in drug. The Board was authorized to demand explanation if it was convinced that a country was

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<sup>36</sup> Chatterjee, n.5, pp.113-115

<sup>37</sup> Meyer, n.3, p.30

accumulating stocks in excess of legitimate needs. It could also ask other states to cut off supplies to that country.<sup>38</sup>

There was considerable delay in the acceptance and application of the convention. The Central Opium Board could not be set up until 1928. But once it was established, it did valuable work. Regarding the status of the Board and its relationship with the League states had, however different opinions. While countries like Italy, China, France, Germany and Portugal wanted independence of the Board from the League, the others, such as Britain, India, Japan and the Netherlands, were against the autonomy of the Board which might encroach upon their sovereignty. Finally a compromise was reached between two divergent views. Although the Board was not deprived of its relationship with the League, it was allowed to maintain its impartiality and functional independence.<sup>39</sup>

However, provisions of this Convention were not made compulsory for the states, nor they were applied universally. Contracting parties were not required to apply the provisions while trading with non-contracting parties. It also failed to take action in case any state indulged in illicit traffic in drugs. The contracting parties were bound to apply the provisions only in so far as the circumstances permitted. It shows that nations were still

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<sup>38</sup> Webster, n.26, p.263

<sup>39</sup> Chatterjee, n.5, pp.87-88

unprepared to be bound by treaty obligations. Because the question of limiting the manufacture and production of drug was not discussed, China and the United States withdrew from the Conference.<sup>40</sup>

Another Far-Eastern Conference on opium smoking met at Bangkok in November 1931. It had before it a report prepared by an expert commission set up by the League Council in 1929, and on this basis prepared an agreement, known as the Agreement Concerning the Suppression of Opium Smoking, 1931, supplementary to that adopted in 1925. It dwelt on the problem of opium smoking in the Far Eastern countries. It re-emphasized that gradual and effective suppression of this menace required concerted action by all governments concerned. Apart from aiming of increased regulation of the sale of opium, the Convention prohibited persons under twenty one from opium smoking.<sup>41</sup>

It is significant to note that the areas affected by the problem of opium smoking in the Far East were all colonies, and the administration and control of opium smoking were in the hands of imperial powers. Obviously, the colonial powers took the problem lightly as they were more concerned about their home countries.<sup>42</sup>

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<sup>40</sup> Ibid, pp.121-127

<sup>41</sup> Webster, n.26, p.266

<sup>42</sup> Chatterjee, n.5, p 141

Meanwhile, nations felt the need for another convention, as earlier conventions proved to be inadequate to control drug problem. To meet the situation, the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs was concluded in 1933. It was meant to limit the manufacture of narcotic drugs to the world's legitimate requirements for medical and scientific purposes, and also to regulate their distribution. It is important to note that in this convention the term "drug" was used not only for completely refined but also for partly manufactured drugs.<sup>43</sup>

Each contracting party was required to submit annually to the Permanent Central Board estimates for each of the drugs mentioned in the Convention. If an estimate had not been furnished, the Supervisory Body was empowered to make the estimate itself. No country was authorized to manufacture drugs exceeding the prescribed quantities. It was also recognized that both manufacture and consumption of narcotic drugs were essential aspects. An attempt was made to extend the scope of this Convention among the countries who were non-signatories. Further, the contracting parties undertook to keep records of persons authorized to manufacture or convert drugs which

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<sup>43</sup> Ibid, pp.143-144

facilitated the work of the law enforcement agencies in tracing the sources of illicit traffic.<sup>44</sup>

However, no attempt was made to measure the total drug requirements for the world. Moreover, the Convention oversimplified the problem. The estimates submitted by the manufacturing countries could be taken as genuine estimates, disregarding the fact that states might not submit genuine estimates to protect their economic interests. It also did not make any attempt to control the production of raw materials<sup>45</sup>.

At the invitation of the League Council, another conference for the adoption of Convention for the Suppression of Illicit Traffic in Dangerous Drugs was held at Geneva from June 8 to 26 , 1936. This Convention came into force on 26 October 1939. This was the first direct attempt to suppress the illicit traffic in dangerous drugs, and to make the offence punishable. The contracting parties, possessing extra-territorial jurisdiction in the territory of another party, were to enact legislation for punishing their nationals who were found guilty within that territory. This provision was devised keeping in view the prevailing conditions in China and Egypt.<sup>46</sup>

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<sup>44</sup> Ibid, pp.143-144

<sup>45</sup> Ibid, pp.150-159

<sup>46</sup> Ibid, pp.171-173

Provision was also made to prevent offenders from escaping punishment on technical ground, and to confiscate the materials intended to put into illicit traffic. But the provisions for the prosecution and punishment of offenders for extra-territorial crimes failed to get the support from many countries. Since, according to treaty practice, extradition was possible in serious offences, the parties were apprehensive to include such offences under extradition. Moreover, the power to determine grave offences was left to the government concerned.<sup>47</sup> Out of the forty two governments that participated in the conference only twenty six signed the Convention.<sup>48</sup> The 1936 Convention was the last convention concluded during the League period. International drug control efforts during the League period was shaped by the interplay by divergent interest and also the prevailing political conditions.<sup>49</sup>

Two important factors contributed much to the non-participation of states: first, fear of loss of control over the drug trade resulting in loss of revenue; and second, lack of alternative opportunity to those countries who were dependent upon the revenue from the production manufacture of drugs.<sup>50</sup> Another

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<sup>47</sup> Ibid, pp.175-176

<sup>48</sup> Stares,n.2, p.20

<sup>49</sup> Webster, n.26, pp. 266-267

<sup>50</sup> Chatterjee, n.5, p.200



drawback was that the United States could not join the League, and a nation so enthusiastically sought international agreements in this field got far removed from the central position which it occupied earlier.<sup>51</sup>

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<sup>51</sup> Musto, n.13, p.166

## **CHAPTER III**

### **UNITED NATIONS STRUCTURAL AND FUNCTIONAL ASPECTS**

While the preceding chapter addresses the ramifications of historical development of international cooperation to control drug abuse up to the establishment of the United Nations, the present chapter provides a continuum to this effect. It seeks to deal with the numerous bodies the United Nations system created to exclusively address the drug abuse problem and also various organs whose activities have a bearing on the goal of controlling drugs. While few bodies within the UN system have been specifically created to deal with the problem of drug abuse and illicit trafficking, others with their broader involvement in social, economic and development issues are also, in many ways, associated with this problem. In this regard the General Assembly and the Economic and Social Council deserve special mention. Since the inception of the United Nations, the two principal organs have been in the forefront of all drug control efforts. Also, in the overall management of international drug control, the Secretary-General plays a very important role.

#### **GENERAL ASSEMBLY**

Composed of representatives of each member states, the General Assembly adopts drug control resolutions, conventions and protocols. At present three major treaties: the Single Convention on Narcotic Drugs, 1961; the 1972 Protocol amending the Single

Convention on Narcotic Drugs, 1961; the Convention on Psychotropic Substances, 1971; and the UN Convention on Illicit Drug Traffic in Narcotic Drugs and Psychotropic Substances, 1988 have been adopted by the General Assembly. Its normative activities play a very important role in mobilizing international support. Its political declarations help in drawing the attention of nations towards the problems posed by drugs. Being the main deliberative body in the UN, member states express their concern, discuss the problems they confront in preventing drug abuse and highlight the key areas which need to be focussed. Further, it provides guidelines and framework to other UN bodies and agencies engaged in this field. Its recommendations provide the basis for formulating drug control programmes and strategies of agencies, such as the Commission on Narcotic Drugs, the United Nations International Drug Control Programme and the International Narcotics Control Board. It also supervises and critically examines the functioning of such agencies.

The General Assembly has also convened special sessions and conferences to activate a wider civil society and to form a comprehensive, multidimensional and concerted strategy for dealing with this problem. In February 1990, at its seventeenth special session, it adopted the Global Programme of Action which provides a framework for operational cooperation between investigative units in different states.<sup>1</sup> Further, in June 1998, at its

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<sup>1</sup> G.A. Res. S-17/2

twentieth special session devoted to countering the world drug problem together, the Assembly adopted a Declaration on the Guiding Principles of Drug Demand Reduction. It also adopted an Action Plan Against Illicit Manufacture, Trafficking and Abuse of Amphetamine-Type Stimulants and Their Precursors. In addition to this, an Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development was also formulated.<sup>2</sup> These political declarations and action plans provide valuable guidelines for states to formulate their national drug control policies.

Moreover, in order to intensify concerted efforts by governments, intergovernmental and non-governmental organizations against all forms of drug abuse, illicit trafficking and related criminal activities, the International Conference on Drug Abuse and Illicit Trafficking was convened in June 1987. It was attended by 138 states as well as by representatives of a wide range of intergovernmental and regional organizations, nearly 200 NGOs and various entities and programmes of the UN system. The Conference formulated a Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control. The Outline is a repertory of recommendations addressed to governments and other organizations setting forth practical measures in combating drug abuse and illicit trafficking. The Outline comprises four chapters:

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<sup>2</sup> GAOR Supplement No. 3 (A/S-20/14)

the prevention and reduction of illicit demand; the control of supply; action against illicit trafficking; and treatment and rehabilitation. Each chapter indicates specific targets, emphasizing the objective to be attained and the action to be taken at the national level (by governments, professional associations, academic institutions, NGOs, communities, parents and individuals); at the regional level (by regional intergovernmental and non-governmental organizations and bodies); and at the international level (by international organizations, especially those of the UN system). It is significant to note that the Outline was not designed to be a legally binding instrument but rather a working guide. It would be for each state to determine its priorities within the socio-economic context.<sup>3</sup>

Despite these political declarations, resolutions and conferences, the General Assembly has its own limitations. Its problems emanate from its very diverse membership. States have their own priorities and reservations. While it has become customary for each member state to show its grave concern about drug problem and reaffirm its commitment and determination to fight this menace, any real action on practical level remains a distant possibility Nations often keep themselves aloof from these resolutions and political declarations.

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<sup>3</sup> UN Doc. A/CONF. 13/12.

## **ECONOMIC AND SOCIAL COUNCIL**

The Economic and Social Council (ECOSOC), a fifty-four member body, is responsible for formulating overall UN policies in the field of drug control. It works in coordination with other specialized agencies of the UN and make relevant recommendations to the General Assembly and member states of the UN. In this work, it is assisted and advised by one of its functional commissions, the Commission on Narcotic Drugs, for which it acts as the parent body. Regional UN Commissions also play an active role in drug abuse control. A meeting of senior officials on drug abuse issues in Asia and the Pacific was hosted in Tokyo by the Economic and Social Commission for Asia and the Pacific (ESCAP) in February 1991. It led to a Declaration on Enhanced Regional Cooperation for Drug Abuse Control in Asia and the Pacific. This Declaration called for coordinated and comprehensive supply and demand control measures, encouraged development of regional and sub-regional programmes, and proposed to form a coordinating centre within the framework of the United Nations International Drug Control Programme (UNDCP).<sup>4</sup>

Articles 60, 62 and 63 of the UN charter define the Council's involvement in these matters. Article 60 of the UN charter vests responsibility for the discharge of the functions of the organization relating to international economic and social cooperation to

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<sup>4</sup> UNDCP, World Drug Report (Oxford, 1997) p. 178.

ECOSOC, under the authority of the General Assembly. Further, Article 62 provides that the Council may make or initiate studies concerning economic and social matters and may make recommendations with respect to such matters to the General Assembly, to the members of the UN, and to the specialized agencies concerned. Article 63 states that the Council may enter into agreements with the various specialized agencies engaged in economic, social, educational, health and related fields. However, the UN charter does not confer any legislative power upon the ECOSOC which can bind the member states. It can only make recommendations. Nevertheless, Article 9 (1) of the Single Convention authorizes the Council to elect the members of the International Narcotics Control Board.

### **SECRETARY-GENERAL**

The role of the Secretary-General is also crucial in international drug control. He coordinates the activities of the UN bodies working in this field and keeps records of the proceedings. He serves as a connecting link between the General Assembly and other bodies, Treaties entrust certain functions on him. For instance, Article 16 of the Single Convention provides the secretariat services of the Commission on Narcotic Drugs and the International Narcotics Control Board to be furnished by the Secretary-General. The Secretary of INCB is appointed by the Secretary General in consultation with the Board. He collects and

compiles the comments and suggestions received from government and other relevant bodies. According to the guidelines provided by the Commission, government and other relevant bodies, he also prepares preliminary draft of conventions. For ensuring a more uniform interpretation of drug control treaties, upon request from ECOSOC, he also prepares commentaries on conventions.<sup>5</sup>

The conventions provide for reports from the parties, formally to the Secretary-General but for analysis by the Commission, on the working of the conventions and the illicit drug activities within their borders, Further, the conventions provide for a number of notifications to be sent to the Secretary-General for information and distribution to the parties and to the UN organs which have been assigned functions in the conventions. These notifications concern changes in scope of control, special prohibitions of international trade, amendments to the conventions, ratification of and accession to the conventions, denunciation of the conventions, and reservations in respect of provisions of the conventions. All the reports pass through the Secretary-General. The text of all laws and regulations promulgated by parties in order to give effect to the provisions of the conventions are reported to him.

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<sup>5</sup> Commentary on the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (UN Sales No. E.98. XI.5)



## **COMMISSION ON NARCOTIC DRUGS**

The fifty-three member Commission on Narcotic Drugs is the central policy-making body within the UN system for dealing in depth with all questions related to drug abuse control. The Commission reviews the global drug control situation, making recommendations to strengthen international instruments. It monitors the applications of international conventions and agreements dealing with narcotic drugs and psychotropic substances, and takes decision, on the recommendations of the World Health Organizations (WHO) and INCB, with regard to which substances should be placed under international control.

The Commission was established by ECOSOC at its first session in February 1946. It was meant to advise ECOSOC on all matters pertaining to the control of narcotic drugs, and to draft international conventions in this field. In fact, it was the successor of the Opium Advisory Committee of the League of Nations.

Article 8 of the Single Convention defines the functions of the Commission in detail. Article 8 (a) authorizes the Commission to amend the schedules. It means that the Commission can add, delete or transfer any substance from one schedule to another. By doing this it can remove or bring any substance under international control. Further Article 8 (c) has a special significance.

It authorizes the Commission to make recommendations for the implementation of the aims and provisions of the convention, including the programmes of scientific research and exchange of information of a scientific and technical nature. Furthermore, paragraph (d) of the same article empowers it to draw the attention of non-parties to decision and recommendations which it adopts under the Single Convention so that they can consider taking action in this regard.

Other important functions of the Commission emanate from Articles 15 (1), 18, 31 (5) and 32 (2) of the Single Convention. Paragraph 1 of Article 15 empowers the Commission to make comments on the annual reports of the INCB on its work as well as additional reports which the Board submits to the Council. Article 18 requires the parties to furnish an annual report on the working of the Convention in their territories, the text of all drug control laws and regulations, particulars concerning cases of illicit traffic, and addresses of the governmental authorities empowered to issue export and import authorizations or certificates to the Commission through the Secretary-General . It also requires states to furnish any other information as the Commission may request for the performance of its functions. Further, Article 31(5) provides states to closely follow the form of import certificates as approved by the Commission. In addition to this, article 32 (2) authorizes the Commission to recommend safeguards regarding the international carriage of drugs by ships or aircraft.

Article 17 of the 1971 Convention on Psychotropic Substances and Article 21 of the 1988 Convention on Illicit Drug Trafficking in Narcotic Drugs and Psychotropic Substances also define the functions of the Commission which are quite similar to those mentioned in Article 8 of the Single Convention. Other provisions dealing with information to be furnished by states and reports of the Board are also similar in all the three conventions.

The Commission was made responsible for reviewing, monitoring and coordinating the implementation of the International Drug Abuse Control Strategy adopted by the General Assembly in 1981. It also acted as the preparatory body for the International Conference on Drug Abuse and Illicit Trafficking convened in 1987. Furthermore, the Commission acted as a preparatory body for the twentieth special session of the General Assembly. It held ten meetings and a number of informal working meetings. The deliberations were attended by member states of the UN, as well as members of specialized agencies and observers. NGOs with consultative status also attended the meetings. It adopted the agenda and proposed new strategies and specific measures to strengthen international cooperation in addressing the problem of drug abuse and illicit trafficking, and recommended resolutions and decisions for adoption by the General Assembly.<sup>6</sup>

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<sup>6</sup> GAOR Supplement No. 1 (A/S - 20/4)

Subsidiary bodies of the Commission coordinate the mechanisms for drug law enforcement at the regional level. The meetings of the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East, and the regional meetings of the operational Heads of National Drug Law Enforcement Agencies (HONLEA) for Asia and the Pacific, for Africa, for Latin America and the Caribbean and for Europe, are very important in making regional strategies. Their meetings also bring together observers from regional intergovernmental organizations active in support of drug law enforcement.<sup>7</sup> At its thirty-fourth session in Lucknow, the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East, prepared a draft resolution regarding measures to control international trade in precursors. This draft resolution, known as the Lucknow Accord, contained recommendations to the Commission for adoption by the Economic and Social Council. The accord recognized the growing problem of substitute chemicals and urged countries to monitor these in international trade, keeping in view the action plan for precursors which was adopted at the special session of the General Assembly. In its third recommendation, the resolution urged that the precursors, acetic anhydride and potassium permanganate to be transferred from Table II to Table I of the 1988 Convention since

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<sup>7</sup> UNDCP, The United Nations and Drug Abuse Control (New York, 1992) p. 81.

the control measures for substances in Table I are more stringent than for those in Table II.<sup>8</sup>

To perform its functions the Commission is also assisted by specialized agencies like WHO and ILO. It is important to mention that in order to make conventions truly universal the Commission has been authorized to issue recommendations and decisions to non-parties. Although these recommendations and decisions are subject to approval by ECOSOC and General Assembly, these are usually accepted without modifications. The Commission does not enjoy law making powers, but it plays a significant role in initiating law making in the field of international drug control. In the proper functioning of the Commission, much depends upon the willingness of the states to cooperate, as it has no judicial power or function but exercises only administrative and executive powers.

### **INTERNATIONAL NARCOTICS CONTROL BOARD**

The International Narcotics Control Board (INCB) is the main supervisory body for monitoring the international drug control. Its responsibility is to promote government compliance with the provisions of the drug control treaties and to assist them in this effort. It also has the responsibility to ensure that adequate supplies of drugs are available for medical and scientific purposes,

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<sup>8</sup> UNDCP Precursor Control Project for the SAARC Region, Precursor News, No. 2, 1999, p. 12.

and that leakages from licit activity do not occur. It identifies where areas of snags in the national and international control of drugs exist and contributes to correct the situation. INCB publishes an annual report as well as other special and technical reports. International treaties have given it the responsibility of administering a statistical control system for narcotic drugs and psychotropic substances, and a mandatory estimates system, whereby it monitors international legal trade in drugs.

Article 9 and 10 of the Single Convention describe the composition and functions of the Board. These provisions provide the Board to consist of thirteen members elected in their individual capacity by the ECOSOC. Three members with medical, pharmacological or pharmaceutical experience are nominated by WHO and the other ten members are nominated by the members of the UN and by parties which are not members of the UN. The persons nominated should have knowledge of the drug situation in the producing, manufacturing and consuming countries. ECOSOC is required to give due consideration to the principle of equitable geographic representation while electing members.

Article 1(2) provides the ECOSOC to make necessary arrangements for ensuring the full technical independence of the Board in carrying out its functions. Technical independence of the Board is further enhanced by Article 11 which states that it shall

elect its own president and such other officers as it may consider necessary and adopt its own rules of procedure.

Further, article 12 of the Single Convention entrusts the task of administration of the estimate system to the Board. Article 19 requires the parties to furnish the estimates regarding the quantities of drugs to be consumed for medical and scientific purposes each year to the Board. Paragraph 1 of article 12 authorizes the Board to fix the date and manner in which the estimate of drugs has to be furnished. Article 12(2) empowers the Board to request even the non parties to furnish estimates in accordance with the provisions of the Convention.

If any state fails to furnish the estimate by the required time the Board is authorized by Article 12 (3) to establish the estimate itself. While doing so the Board is required to cooperate with the government concerned. Article 12 also empowers the Board to amend such estimates with consent of the government concerned. In case of a disagreement between the government and the Board, the Board has the right to establish, communicate and publish its own estimates. Article 20 of the Single Convention as amended by the 1972 Protocol deals with the statistical returns to be furnish by the states to the Board. It provides the parties to furnish to the Board statistical returns on forms supplied by it in respect of production or manufacture of drugs, consumption of drugs,

imports and exports of drugs, stocks of drugs and ascertainable area of cultivation.

Furthermore, Article 14 of the Single Convention as amended authorises the Board to take measures to ensure the execution of provisions of the convention. The Board is required to take action not only when the government of a country has failed to carry out provisions of the Convention, but also if there exists a serious risk that it may become an important centre of illicit cultivation, production, consumption or traffic in drugs. It also states that Board may provide expertise and other services to any government for the purpose of taking remedial measures to meet any unsatisfactory situation. In terms of Article 14, paragraph 1, subparagraph (d), if the Board finds that any country has failed to take any remedial measures or the aims of the Convention are seriously endangered, and the situation demands cooperative action at the international level, it may call the attention of the parties, the ECOSOC and the Commission to the matter. In the case of failure of a country to take appropriate measures or to furnish adequate information, paragraph (2) of the same Article authorizes the Board to recommend the parties to stop import and export with that country. Article 15 requires the Board to prepare an annual report on its work and also additional reports containing analysis of the estimates and statistical information at its disposal.



Article 19 of the 1971 Convention and Article 22 of the 1988 Convention also deal with the functions of the Board. These functions are similar to those performed by it under Article 14 of the Single Convention as amended by the 1972 protocol. However regarding precursors and chemicals frequently used in the illicit manufacture of drugs, Article 12 of the 1988 Convention has authorized the Board to add, delete or transfer any substance from one table to another. However, the decision of the Commission is final in the this regard. While in earlier conventions this function was given to WHO, the 1988 Convention assigns this role to the Board.

It is clear that the conventions have assigned many important functions to the board. To achieve full cooperation among states, membership of the Board has not been linked to that of the UN. The Board's functions extend even to international trade. The exporting and importing countries are required to submit to the Board details about every kind of drugs. Such details enable the Board to determine any discrepancy in the export or import of drugs. In the case of any discrepancy it can advise a government to investigate the possibility of illicit trafficking.

#### **UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME**

The United Nations International Drug Control Programme (UNDCP) was established in 1991 pursuant to General Assembly

resolution 45/179 of 21 December 1990. By that resolution the General Assembly requested the Secretary-General to create a single programme by integrating the structures and functions of the three former United Nations drug control units, i.e. the Division of Narcotic Drugs (DND), the United Nations Fund for Drug Abuse Control (UNFDAC), and the INCB secretariat. It was entrusted with the exclusive responsibility for coordinating and providing effective leadership for all United Nations drug control activities. The basic purpose for its creation is to maximize output and to avoid duplication of efforts. It addresses all aspects of the drug problem, including such wide-ranging activities as integrated rural development and crop substitution, drug law enforcement, prevention, treatment and rehabilitation of drug addicts, and legislative and institutional reforms to enhance states' capacity to control drug abuse.

Here it is essential to mention the activities of the Division of Narcotic Drugs and the United Nations Fund for Drug Abuse Control, as these activities are now performed by UNDCP. The Division was part of the UN secretariat under the direct authority of the Secretary-General and acted as a secretariat to the Commission on Narcotic Drugs. It assisted the Secretary-General in fulfilling the treaty functions entrusted to him. It prepared reports to the Secretary-General, the Commission and the Council, putting together all the special documentation needed. Its central activity was in the areas of drug control laws and administration.

The Division produced summaries and reports for the Commission on the global situation and trends in illicit traffic and drug abuse. It also provided professional and technical expertise in drug control. The text of all laws and regulations promulgated by parties in order to give effect to the provisions of the conventions were reported to it. The text provided a basis for the Division's advisory role to government on drug control. The Division also helped governments in maintaining narcotics laboratory. It also took an active part in the dissemination and exchange of information on drug-related matters, including audiovisual and film documentation. It published the Information letter and the Bulletin on narcotics.<sup>9</sup> The Division also conducted a study on extradition practices with particular reference to their application in drug-related offences. It was published in 1985 and was designed to assist government officials and jurists for dealing with extradition cases. It was also to assist in drafting new domestic legislation in matters concerning extradition and mutual assistance in drug-related offences.<sup>10</sup>

UNFDAC was created in 1971, when awareness of the growing worldwide drug abuse problem made it necessary to find means to strengthen the technical and financial resources in

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<sup>9</sup> Bror Rexed and others, Guidelines for the Control of Narcotic Drugs and Psychotropic Substances: In the context of international treaties (Geneva, 1984) pp. 20-21.

<sup>10</sup> Division of Narcotic Drugs, Extradition for Drug-related Offences (New York, 1985, UN Sales No. 85, XI. 6)

dealing with this problem. Its activities were not funded by the regular United Nations budget. It was wholly dependent on voluntary contributions. UNFDAC was headed by an Executive Director and reported directly to the Secretary-General. The annual report of the Fund was discussed by the Commission on Narcotic Drugs, and its comments and recommendations provided the Fund with policy guidelines. It was involved in a range of activities which included crop substitution, rehabilitation of addicts, regional cooperation in critical drug control areas, and international research on drugs and the epidemiology of drug abuse. In the implementation of programmes it collaborated with many UN bodies such as the UN Development programme (UNDP,) the Division of Narcotic Drugs, the Food and Agricultural Organization (FAO), WHO, ILO and UNESCO, They served as executing agencies in the programme sectors related to their own fields of competence.<sup>11</sup>

The functions of these two bodies are now performed by UNDCP. UNDCP is funded from the regular budget of the United as well as from extra budgetary resources under the Fund of UNDCP. The regular budget of UNDCP, which represents approximately 10% of UNDCP's resources, essentially covers normative activities in the areas of treaty implementation and legal affairs as well as some advisory services. The regular budget is approved by the General Assembly on a biennial basis. The Fund budget,

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<sup>11</sup> Rexed, n. 9, p. 29

representing approximately 90% of the resources, is financed by voluntary contributions given by governments and other sources such as NGOs, and is geared towards assisting developing countries in implementing provisions of the international drug control treaties. The Fund budget is approved by the Commission on Narcotic Drugs.<sup>12</sup>

The first set of activities of UNDCP relates to treaty implementation and legal affairs. The Treaty Implementation and Legal Affairs Division monitors and ensures the implementation of functions assigned to the Secretary-General by the conventions and of decisions and resolutions addressed to the Secretary-General or the Executive Director of UNDCP by the General Assembly, ECOSOC, and the Commission on Narcotic Drugs. It provides secretariat and other services to INCB, ECOSOC, the General Assembly the Commission and its subsidiary bodies. It provides advice to governments on drug control laws and regulations and analyzes their legal instruments<sup>13</sup>

The Division for Operational Activities manages UNDCP technical cooperation programmes worldwide. It assists governments and other institutions in the development and implementation of national, sub-regional programmes aimed at

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<sup>12</sup> UNDCP, World Drug Report, n. 4, pp.169-173

<sup>13</sup> UNDCP, The United Nations and Drug Abuse Control, n. 7, pp. 85-86

reducing illicit cultivation, production, manufacture, traffic and abuse of drugs and improving the effectiveness of controls over the licit supply of drugs. The four regional bureau of the Division deal with Asia and the Pacific; Europe, North America and the Middle East; Africa; and Latin America and the Caribbean. The sixteen national and sub-regional field offices of UNDCP form an integral part of the Division, since most of their work relates to the planning and management of technical cooperation projects. Field offices, however, also act as representatives of the entire Programme and its different interests and activities. They may also act on behalf of INCB as appropriate. In the performance of these expanded functions, field offices interact directly with other offices of the Programme under a matrix system, which is meant to ensure flexibility and speed of action while preserving the Division's overall view of the activities on the ground.<sup>14</sup>

UNDCP's Technical and Advisory Services Branch is the repository of specialized expertise. It advises on technical matters related to UNDCP's work and to drug control issues in general. It also provides substantive inputs to the Commission and its subsidiary bodies and to INCB. It assists in the identification, formulation and execution of technical cooperation projects

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<sup>14</sup> Ibid, pp. 86-87

managed by the Division for Operational Activities. It also keeps contacts with outside research institutions and universities to secure information on latest findings. The Branch consists of a training coordination unit and five technical services, as follows: Demand Reduction, Suppression of Illicit traffic, Supply Reduction, Laboratory/Scientific support, and Legal Assistance.<sup>15</sup>

### **WORLD HEALTH ORGANIZATION**

The WHO, one of the specialized agencies of the UN, has a central role in international collaboration in the treatment and rehabilitation of drug-dependent persons. It also plays an integral role in determining which substances should be placed under international control. Article 3 of the 1961 Convention and Article 2 of the 1971 Convention authorize WHO to recommend addition, deletion or transfer of a substance from one schedule to another keeping in view the addictive or dependence producing properties of the substance. The WHO Expert Committee on Drug Dependence has been established in order to give WHO expert information on the pharmacological effects of drugs covered by the treaties, and on the question of extending control to new drugs or exempting drugs from control.

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<sup>15</sup> Ibid, pp. 87-88

Numerous resolutions of the Executive Board, World Health Assembly and regional committees provide guidelines to states in the field of both alcohol and drug dependence. The main objective of the WHO Global Programme on Drug Dependence is cooperation with member states for the prevention, treatment and management of drug dependence problems. The three-pronged approach used in the Global Programme includes cooperation with countries to assess the nature of their problems and to formulate policies and programmes for their resolution; development of technology necessary for programme implementation; and the application of such technology accompanied by appropriate evaluation so that it can be further developed when necessary.

WHO also has a role in providing controlled drugs for necessary medical needs. As morphine and other strong narcotic analgesics are essential for treatment of severe cancer pain, WHO and its Expert Committee on Cancer Pain Relief and Active Supportive Care recommended governments to ensure the adequate availability of such drug. It also advises governments to ensure that annual estimates submitted to the Board reflect actual needs, and that drug control legislation allows sufficient manufacture, import, stocking and prescribing of narcotic drugs. Further, it asks governments to ensure that appropriate health professionals are legally authorized to handle opiates.<sup>16</sup> WHO has published

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<sup>16</sup> UN Doc. E/INCB/1995/1/Supp.1, para. 6, p. 2



guidelines for health professionals who prescribe narcotic drugs. The guidelines recommend that narcotic drugs should be made available for patients in hospital, as well as for those who live in community. The guidelines also provide that physicians should be able to decide the dose and duration of treatment based on the individual needs of each patient.<sup>17</sup> Other WHO drug-related activities include the compilation of a list of essential drugs for basic health needs, the holding of interregional training courses for physicians on prevention and treatment of drug-dependent persons and the preparation of educational materials.

#### **OTHER AGENCIES**

Many other agencies of the UN are also involved in drug control efforts. In collaboration with main drug control bodies, they deal with this problem in their respective areas of competence. The International Labour Organization focuses on drug-related problems in the workplace and on the vocational rehabilitation and social reintegration of drug-dependent persons. The International Labour Conference at the 58th Session in 1973 urged member states, workers' and employers' organizations to elaborate and implement programmes of treatment and rehabilitation for drug abusers.<sup>18</sup> The United Nations Interregional Crime and Justice Research Institute (UNICRI), formerly the United Nations Social

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<sup>17</sup> Ibid, para. 32

<sup>18</sup> Rexed, n. 9, p. 110

Defence Research Institute, deals with the interaction between crime and drug abuse. It undertook a comparative research in 1984 on the effectiveness of socio-legal preventive and control measures in different countries of the world. The research dealt with the problem of drugs and crime, the relevant legislation, and the informal control mechanisms in the different countries represented.<sup>19</sup> in 1988 it conducted an interregional survey on drug related offences. An earlier research project in 1986 served as a background to the International Conference on Drug Abuse and Illicit Trafficking in 1987. The purpose of the study was to offer an up to date picture of penal provisions for drug-related offences and to present information on trends in sentencing practice. A total of thirty-one countries were surveyed.<sup>20</sup> Further, in 1991 UNICRI in collaboration with WHO organized an international seminar to study the effects of cocaine on individual and society. The seminar dealt with various clinical, psychiatric and epidemiological aspects of cocaine abuse.<sup>21</sup>

The United Nations Educational, Scientific and Cultural Organization (UNESCO) focuses on the prevention of drug abuse through public education and awareness. It integrates preventive education into school curricula as well as in out-of-school

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<sup>19</sup> UNSDRI, Pub. No. 21, 1984.

<sup>20</sup> UNSDRI, Pub. No. 30, 1988

<sup>21</sup> UNICRI, Pub. No. 44, 1991

educational activities. The United Nations Children' Fund (UNICEF) concentrates on abandoned and street children who are often drug abusers or sellers. The Food and Agricultural Organization of the United Nations (FAO) aims at raising income levels of farmers and substituting illicit crops. It also assists states in use of remote sensing techniques and satellite imagery to detect illicit crops. The United Nations Development Programme (UNDP) incorporates drug abuse control programmes in its developmental activities. The United Nations Joint Programme on AIDS (UNAIDS) deals with linkages between intravenous drug use and the spread of the HIV infection.

## **CHAPTER IV**

### **NORMATIVE AND OPERATIONAL ACTIVITIES OF THE UNITED NATIONS**

The previous chapter has focussed on the structural and functional aspects of the United Nations in controlling drug abuse and illicit trafficking. It has described a number of bodies and agencies within the UN system engaged in this field. The present chapter describes in detail the normative and operational activities of the United Nations. The multidimensional activities of the United Nations deal with several aspects of the drug problem ranging from drug enforcement to crop substitution, from law-making to treatment and rehabilitation, and from providing assistance to states to formulation of drug control guidelines.

#### **INFORMATIONAL ACTIVITIES**

Drug control agencies within the UN system perform a very important role in providing essential information regarding several aspects of illicit drug use and trafficking. They collect, analyse, exchange and disseminate data concerning trends in illicit drug consumption, production and trade. These agencies also conduct surveys and studies on different aspects of drug abuse and its linkages with other social and health hazards.

Particularly important are the annual and technical reports of the International Narcotics Control Board. They contain an analysis of the drug control situation worldwide. They show the trends in licit as well as illicit movement of drugs and the estimated amount required for medical and scientific purposes. These reports also draw the attention of the governments to gaps and weaknesses in national control and in treaty compliance. In these reports the Board makes suggestions and recommendations to governments and other international organizations for improvements in drug control at both the national and international level. In addition to this, pursuant to Article 12 of the 1988 Convention, the Board also prepares special reports on precursors and chemicals frequently used in the illicit manufacture of drugs.<sup>1</sup> In 1989, the Board in cooperation with WHO issued a special report entitled Demand for and Supply of Opiates for Medical and Scientific Needs. It provided an updated account of the situation regarding demand and supply of opiates.<sup>2</sup> The report also contained measures to reduce excessive stocks of opium and poppy straw. Again on the request of the Economic and Social Council, it conducted a study in 1995 and published a report entitled Availability of Opiates for Medical Needs to assess legitimate needs for opiates in various regions of the world.<sup>3</sup> In

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<sup>1</sup> E/INCB/ 1993/4

<sup>2</sup> E/INCB/ 1985/1/ Supp.

<sup>3</sup> E/INCB/ 1995/1/Supp. 1

order to estimate all medical needs accurately, the Board considers a number of factors, including recent consumption trends, governments' estimates of future medical needs, trends in health problems that could affect the amount needed in the future, as well as actions planned by governments to address those problems.<sup>4</sup>

For the purpose of preparing reports, the Board maintains a continuous dialogue with governments. The statistical data and other information provided by the governments are used by the Board in analysis of the illicit manufacture and trade in narcotic drugs and psychotropic substances worldwide. However, many governments face difficulties in assessing their drug requirements or do not give such assessments the necessary attention. Many developing or least developed countries often lack the resources to carry out such a task. Their poor reporting performances impede the work of the Board in assessing the world drug requirements.<sup>5</sup>

Regarding the supply and demand of illicit drugs the UNDCP gathers information from the states through the UNDCP Annual Report Questionnaires (ARQ). The ARQ is a comprehensive survey designed to provide information on a country's drug problems and the steps taken to address them. However, as the consistency, regularity and comprehensiveness of the countries' responses to the ARQs vary considerably from year to year, there are significant

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<sup>4</sup> Ibid, para. 3, p. 1

<sup>5</sup> E/INCB/1999/1, para. 30, p.5

gaps in the database. These constraints vastly complicate efforts to identify and estimate global trends in illicit drug production and consumption.<sup>6</sup>

To provide up to date and factual information regarding drugs and drug abuse, the UNDCP published the first ever World Drug Report in 1997. It contains a multidimensional and authoritative analysis of various aspects of drug control. The report begins with basic definitions of drugs, dependence and abuse, and the types of drugs subject to international control. One part of the report provides a global overview of recent patterns and trends in illicit drug production, trafficking and consumption. In another part it defines the theories of causes of drug addiction and the circumstances under which a person becomes addict. Also it explains the socio-economic consequences of drug abuse and its adverse health effects on individuals. In yet another part it discusses the impact of illicit drug economy at national and international level. In two separate parts, it defines the role and responsibilities of national and international bodies engaged in this field and the methods and strategies employed by them to reduce the illicit demand and supply of drugs. A separate part provides the profiles of eight countries, explaining the extent of drug problem in those countries and how these problems have been tackled in recent years. In addition, the report also focuses on

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<sup>6</sup> UNDCP, World Drug Report (Oxford, 1977) p. 33

gender issues, environmental effects of illicit crop cultivation, relationship between corruption and organized crime and debate over the regulation and legalization of drugs.<sup>7</sup>

Further, a Drug Demand Reduction Report for South Asia was published by the UNDCP Regional Office for South Asia in February 1999. This report presents a comprehensive analysis of drug abuse and drug demand reduction issues in the South Asia sub-region, specifically in Bangladesh, Bhutan, Maldives, India, Nepal and Sri Lanka. The report highlights the extent, patterns, trends and situational analysis of drug abuse; health, social and economic consequences; and the response at local, national and regional levels.<sup>8</sup> A report entitled Chemical Control in the Fight Against Illicit Drug Production was published by the Regional Project on Precursor Control, UNDCP's Regional Office for South Asia in September 1998. This report examines the drug situation in South and South West Asia and provides information regarding commonly abused drugs, trafficking routes, and seizures of chemicals and cultivation of opium. It also provides information regarding the chemicals, such as acetic anhydride and ephedrine, needed to manufacture illegal drugs.<sup>9</sup>

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<sup>7</sup> UNDCP, World Drug Report n.6

<sup>8</sup> UNDCP Regional Office for South Asia, Drug Demand Reduction Report (New Delhi. 1998)

<sup>9</sup> UNDCP Precursor Control Project for the SAARC Region, Precursor News, No.2, 1999, p.10



Different agencies within the UN system also conduct interdisciplinary studies on various aspects of drug abuse. WHO's Multi - City study is the largest international comparative study on injecting drug use and HIV infection. It was undertaken between October 1989 and March 1992. The comparison was based on the recruitment of 6390 drug injectors. The study was conducted in twelve different cities of the world.<sup>10</sup>

UNDCP also publishes the Bulletin on Narcotics and information letters in order to provide accurate and current information, and to raise public awareness against drug abuse. However, these anti-drug efforts have been countered by campaigns that present favourable images of drug use and abuse. Many television companies in some countries in Western Europe have been broadcasting many programmes in support of legalization of drugs. Furthermore, for the sake of sensationalism and the need for higher ratings, many journals, magazines and newspapers have run features and editorials favouring the "medical" use of cannabis or suggesting the outright legalization of drugs. More information regarding illicit drug use has been made available to more people than ever before through the Internet. There are many different pages on the World Wide Web devoted to the production and manufacture of illicit drugs and there are news groups for exchanging information not only on making drugs, but

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<sup>10</sup> World Drug Report, n.6, p.90

also on how to avoid detection, for sharing experiences and for providing support to persons arrested for illegal possession of controlled drugs.<sup>11</sup>

Election campaigns have been conducted with candidates standing for parliament on a drug legalization platform. Some of the candidates for the European Parliament stood on such a platform and were successful. Some campaigns, such as the campaign for the “medical” use of cannabis in Arizona and California in the United States have sought to change the law. Although the vast majority of such campaigns centre on the legalization, decriminalization or use of cannabis for “medical” purposes, there are organisations promoting the legalization or the non-medical use of other drugs. Many are even promoting the legalization of all drugs.<sup>12</sup>

## **LAW-MAKING ACTIVITIES**

One of the most important activities of the United Nations in international drug control is the formulation of legal instruments. It adopts drug control conventions and protocols. The three major treaties currently in force are the 1961 Single Convention of Narcotic Drugs (amended by the 1972 Protocol), 1971 Convention on Psychotropic Substances and the 1988 UN Convention against

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<sup>11</sup> E/INCB/1997/1, paras. 16-23, pp.4-5

<sup>12</sup> Ibid, para. 25, pp.5-6

Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These treaties are mutually supportive and complementary. Each of them reinforces the provisions of others.

The 1961 Single Convention on Narcotic Drugs was adopted to collect and coherently codify regulations contained in all existing multilateral treaties on this subject. However, certain early provisions, such as the estimates and statistical systems established by the previous conventions and the requirement for import and export authorizations were retained, as these were working effectively.<sup>13</sup> To simplify the existing international drug control mechanisms, the International Narcotics Control Board (INCB) was created by amalgamating the Permanent Central Opium Board and the Drug Supervisory Body. The control system of cultivation of the opium poppy was extended to the coca bush and the cannabis plant. The 1961 Single Convention established certain national monopolies. It also provided a special national administration for the purpose of applying the Convention's provisions.<sup>14</sup> Further, such practices as opium smoking, opium eating, coca leaf chewing and cannabis (hashish) smoking were prohibited, after a transitional period to permit the parties to overcome the difficulties arising from the abolition of these ancient

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<sup>13</sup> Bror Rexed and others, Guidelines for the Control of Narcotic Drugs and Psychotropic Substances: In the context of international treaties (Geneva, 1984) p.16

<sup>14</sup> UNDCP, The United Nations and Drug Abuse Control (New York, 1992) pp. 67-68

traditions. The Convention also provided for medical treatment and rehabilitation of abusers. Furthermore, the parties undertook an obligation to submit annual reports on the state of implementation of the Convention to the Secretary General. Upon request they were also required to present all relevant laws and information regarding important cases of illicit drug trafficking to the Commission on Narcotic Drugs.<sup>15</sup>

The scope of Single Convention was further widened and strengthened by the 1972 Protocol, mending the Single Convention on Narcotic Drugs, 1961. The Protocol highlights the necessity for increasing efforts to prevent illicit production, traffic and use of narcotic drugs. It also emphasizes on the treatment and rehabilitation of drug abusers through education, after care and social reintegration. Rehabilitative measures are underlined as preferred alternative to imprisonment for abusers who have committed a drug offence.<sup>16</sup> Furthermore, the Protocol places greater responsibility on the International Narcotics Control Board for ensuring a balance between supply and demand of narcotic drugs, and for preventing illicit drug cultivation, production, manufacture, traffic and use. The board is also authorised to make recommendations to the relevant organs and specialized

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<sup>15</sup> Rudiger Wolfrum and Christane Philipp, eds., United Nations: Law, Policies and Practice, (Dordrecht, 1995) vol 2, revd. ed., pp. 920-921.

<sup>16</sup> The United Nations and Drug Abuse Control, n. 14, pp. 68-69

agencies of the United Nations to provide technical and financial assistance with the consent of the governments to enable them to fulfil their treaty obligations.<sup>17</sup>

Meanwhile, concern was growing against the harmful effects of psychotropic substances, such as amphetamine type stimulants, sedative - hypnotic agents and hallucinogens. All these substances are artificially created and capable of producing dependency. The Convention on Psychotropic substances, 1971 brought these psychoactive substances under the purview of international law. This convention was adopted by a Plenipotentiary Conference held in Vienna in January - February 1971. It entered into force on 16 August 1976. It considerably enlarged the international drug control system by including such substances as LSD (Lysergic Acid Diethylamide), mescaline and barbiturates.<sup>18</sup>

The control system provided by the 1971 Convention is largely based on the regulations of the Single Convention. Since the psychotropic substances are numerous and the differences in their addictive and therapeutic properties vary widely, such substances are categorized in four separate schedules. These schedules are annexed to the Convention. Schedule 1 lists those substances for which very strict provisions have been made. These

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<sup>17</sup> Rexed, n.13, p.16

<sup>18</sup> The United Nations and Drug Abuse Control, n.14, pp. 68-69

substances can only be produced for scientific and very limited medical purposes. The export or import of these substances is prohibited. The substances listed in the other three schedules are subject to governmental licensing. These substances can be exported, imported, manufactured or distributed only through licenses granted by the governments. The World Health Organization (WHO) is authorized to determine on a medical basis whether a new substance should be included in one of the schedules. However, the Commission on Narcotic Drugs has the final authority to decide the inclusion of any new substance. The 1971 Convention also seeks to ensure that medical prescriptions are issued only in accordance with sound medical practice. Like the 1972 Protocol the Convention contains provisions for treatment, rehabilitation and social reintegration of abusers. The convention envisages that as an alternative or in addition to punishment, abusers should be made to undergo treatment.<sup>19</sup>

Further, the General Assembly convened in 1988 a Conference of Plenipotentiaries which led to the adoption of the United Nations Convention against illicit Traffic in Narcotic Drugs and Psychotropic Substances. While previous treaties were primarily directed at the control of licit activities, it was formulated specifically to deal with the growing problem of international trafficking. Further, the Convention includes money laundering

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<sup>19</sup> Wolfrum, n.15, p. 921

and illicit traffic in precursors within the ambit of drug trafficking. The International Narcotics Control Board is empowered to supervise control measures on precursor chemicals. Moreover, the Convention provides for strengthened mechanisms for extradition of major drug traffickers, mutual legal assistance among states in drug-related investigations and prosecutions, and transfer of criminal proceedings.<sup>20</sup> The 1988 Convention is the last convention concluded under the United Nations auspices.

It is important to note that for ensuring more uniform interpretations of the drug control treaties, the United Nations also publishes commentaries on these conventions. These serve as a valuable guide to states in framing legislative and administrative measures for the application of these conventions.<sup>21</sup>

However, the drug control mechanism created by the international treaties depends almost entirely on voluntary international cooperation. Governments are required to enact domestic legislation according to the provisions of the international drug control treaties. But several states have not incorporated these provisions in their domestic legislation. Tax and fiscal offences have been excluded from the coverage of some extradition

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<sup>20</sup> UNDCP, "UN Drug Control Conventions", World Drug Report, n.6, p.169

<sup>21</sup> Commentary on the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (UN sales No. E.98. XI.5)

treaties against the provisions of the 1988 Convention which provide for penalizing persons engaged in laundering money derived from drug trafficking.<sup>22</sup> Moreover, the government of Lebanon has made reservation on the provisions against money-laundering in the 1988 convention on the grounds that bank secrecy is needed for the development of the national economy.<sup>23</sup>

It is said that international structures established to control drugs are designed only as administrative support, funding or as monitoring organizations, without any effective enforcement powers.<sup>24</sup> For instance, some states parties to the 1971 Convention have not yet reflected in their national legislation the decisions of the Commission on Narcotic Drugs at its thirty-eight session, held in 1995, to add to schedules of the Convention six additional substances and to transfer one substance from schedule IV to Schedule III. Several states have implemented those decisions with considerable delay, instead of implementing them within the time frame required by that Convention.<sup>25</sup>

Further, the international drug control treaties have often been criticized on the grounds that they mainly focus on law –

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<sup>22</sup> E/INCB/1996/1, para. 11, p.3

<sup>23</sup> E/INCB/1999/1, para. 40

<sup>24</sup> M. Chief Bassiouni, "Critical Reflections on International and National Control of Drugs", Denver Journal of International Law and Policy, vol. 18, no. 3, Spring 1990, p.317.

<sup>25</sup> E/INCB/1999/1, para.121,p.19



enforcement issues and neglect health issues. The health aspects such as prevention, treatment and cure of drug dependence are substantively different from drug production or drug trafficking and require different legal regulation. The priority attached to suppression of trafficking and production not only outweighs health issues, but also imposes a prohibitory and repressive legal approach to health problem. These treaties even make drug abuse a criminal offence and treat drug abuser as a criminal.<sup>26</sup> Another criticism is that these treaties exclude alcohol and tobacco from international drug control. Alcohol and tobacco are the main drugs involved in the progression from non-use to illegal drug use. Moreover, tobacco is the main cause of premature adult death in the world.

### **POLICY-GUIDANCE ACTIVITIES**

The United Nations also has very important policy guidance activities. The political declarations, General Assembly resolutions, special sessions and conferences provide basis for formulating national drug control policies. Although these are not legally binding, they provide important guidelines and framework not only to states but also to a wide variety of agencies engaged in this field.

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<sup>26</sup> Oscar Schachter and Christopher C. Joyner, eds., United Nations Legal Order (Cambridge, 1995) vol. 2, pp. 890-894

The Global Programme of Action was adopted by the General Assembly at its seventeenth special session in 1990. It offers a wide range of guidelines to governments facing drug-related problems, and recommends concrete measures to address issues such as illicit cultivation and processing, money laundering and illicit demand. It can be said that the Global Programme of Action represents the most comprehensive statement of action that needs to be taken by individual countries and collectively through the system of international organizations. It also provides a framework for operational cooperation between investigative units in different states<sup>27</sup>

Special sessions also play an important role in providing policy guidelines. In June 1998, at its twentieth special session devoted to countering the world drug problem together, the Assembly adopted a Declaration on the Guiding Principles of Drug Demand Reduction. It also adopted an Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-Type Stimulants and their Precursors. In addition to this, an Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development was also formulated.<sup>28</sup> These political declarations and action plans provide valuable guidance to states to enhance their drug control efforts.

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<sup>27</sup> G.A. Res. S-17/2

<sup>28</sup> GAOR Supplement No. 3 (A/S -20/14)

Moreover, in order to intensify concerted efforts by governmental, intergovernmental and non-governmental organizations to all forms of drug abuse, illicit trafficking and related criminal activities, the International Conference on Drug Abuse and Illicit Trafficking was convened in June 1987. It was attended by 138 states as well as by representatives of a wide range of intergovernmental and regional organizations, nearly 200 NGOs and various entities and programmes of the UN system. The Conference formulated a comprehensive Multidisciplinary outline of Future Activities in Drug Abuse Control. The outline is a repertory of recommendations addressed to governments and other organizations setting for the practical measures in combating drug abuse and illicit trafficking. The outline comprises four chapters: The prevention and reduction of illicit demand; the control of supply; action against illicit trafficking; and treatment and rehabilitation. Each chapter indicates specific targets, emphasizing the objective to be attained and the action to be taken at the national level (by governments, professional associations, academic institutions, NGOs, Communities, parents and individuals); at the regional level (by regional inter-governmental and non-governmental organizations and bodies); and at the international level (by international organizations, especially those of the UN system). It is significant to note that the outline was not to be a legally binding instrument but rather a working guide. It

would be for each state to determine its priorities within the socio-economic context.<sup>29</sup>

In addition to the General Assembly resolutions, special sessions and conferences, numerous recommendations of the Economic and Social Council and the Commission on Narcotic Drugs also provide guidelines to governments to prevent drug abuse and illicit trafficking. For example, the ECOSOC, in its resolution 1999/32, expressing its concern about trade in seeds obtained from opium poppy, called upon member states to take measures to prevent the international trade in poppy seeds from countries where no licit cultivation of opium poppy is permitted . The ECOSOC advised states to import seeds only from those countries where opium poppy is grown licitly in accordance with the provisions of the 1961 convention. It also asked governments to use appropriate certificates, to the extent possible, for importation and exportation of seeds; further, it asked governments to share information regarding suspicious transactions of poppy seeds with other governments concerned and with the Board.<sup>30</sup>

The United Nations is also involved in providing policy guidelines to states for promoting international cooperation to combat drug abuse. One of the primary functions of the UNDCP is to act as a facilitator of international cooperation in the area of

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<sup>29</sup> A/CONF.13/12

<sup>30</sup> E/INCB /1999/1, para.106, p.17

drug control. Cooperation ranges from simple bilateral agreements on a specific problem to multi-faceted, sub-regional and regional cooperative arrangements. UNDCP has facilitated several MoUs (Memorandum of Understanding) for sub-regional cooperation in several parts of the world. These MoUs enable states to share scarce resources and upgrade training standards. They also help in exchange of information, preventing cross border trafficking and harmonizing legal and institutional frameworks.

Myanmar signed a MoU on drug control cooperation with India in 1993 and with Bangladesh in 1994. Both agreements provided for the exchange of information and cooperation in drug control. Several Eastern European countries such as Poland, the Czech Republic, Slovenia, Hungary, and the Slovak Republic, together with UNDCP signed a MoU in 1995 for harmonizing legal and institutional frameworks, joint enforcement operations and demand reduction efforts. Also in May 1996, UNDCP convened the Regional Meeting on Drug Control Cooperation and Coordination in the Caribbean, when 29 countries of the region and all relevant inter-governmental, non-governmental and regional organizations adopted the Barbados Plan of Action containing 87 recommendations to improve the effectiveness of national drug control councils, drug control legislation, law enforcement, maritime cooperation, and demand reduction <sup>31</sup>.

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<sup>31</sup> World Drug Report, n. 6, pp. 174-177

In many regions of the world, multilateral cooperation in drug control comprises three components : UNDCP, a regional or sub-regional economic development organization and some or all the member states of the same organization. In September 1994 UNDCP and the Organization of African Unity (OAU) signed a MoU to increase cooperation between the two organization through exchange of information, dissemination of drug control reference materials, joint participation in drug control events, and sharing of expertise. Other cooperation projects have been developed with Economic Community of Central African States (ECCAS), with the Economic Community of West African States ( ECOWAS) and with SADC, the Southern African Development Community. UNDCP also became a signatory to a MoU with the Economic Cooperation Organization (comprising Iran, Afghanistan, Pakistan, Turkey, Azerbaijan, Tajikistan, Kyrgyzstan, Uzbekistan, Turkmenistan, Kazakhstan) and with SAARC in 1995. Furthermore, together with the 34 member inter American Drug Abuse Commission (CICOD) of the Organization of American States , UNDCP is providing help to seven republics in Central America to update and harmonize their drug control legislation. Both organizations periodically exchange information in their programmes in Latin America and the Caribbean.<sup>32</sup> Moreover a MoU was also signed between the UNDCP and the International Olympic Committee in February 1995 highlighting the importance of the theme " sport against drugs" and

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<sup>32</sup> Ibid, pp.177-178

the role of athletes in joining the campaign against drug abuse. Pursuant to that collaborative arrangement, UNDCP organized its first exhibit on this theme at Vienna in June 1996, followed by similar events in New York and Atlanta , where the centennial Olympic Games were held in July- August 1996.<sup>33</sup>

To assist countries in formulating policies regarding prevention and reduction of the psychoactive substances abuse, the WHO established its Programme on Substance Abuse (PSA) in 1990. PSA's activities include epidemiological surveillance, dissemination of information, strengthening health promotion techniques, development of cost-effective treatment and rehabilitation approaches. In November 1996 WHO hosted the first ever global scientific meeting on the health and social implications of the widespread use of amphetamine -type stimulants in both developed and developing countries. The Tobacco or Health programme was incorporated into the PSA in May 1994. It aims to reduce the use of tobacco by educating tobacco users and preventing young people from adopting the habit. In 1996 WHO published its first report on worldwide tobacco situation . In 1998 the 'Tobacco Free Initiative' an anti-smoking campaign was established by WHO. <sup>34</sup>

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<sup>33</sup> Annual Report on the Work of the Organization, 1996 (UN Sales No. E. 96.I.19) para. 523, p.152

<sup>34</sup> The Europa World Year Book, 1999 (London, 1999) vol.1, p.101

Despite these numerous resolutions, political declarations, conferences, special sessions and cooperative arrangements states, who are even reluctant to follow the provisions of treaties, do not pay necessary attention to these recommendations. The implementation of these guidelines on the practical level depends upon the genuine and effective political will of states. How nations perceive this problem is also crucial in this regard. In many societies of countries such as Myanmar and Laos these traditional practices continue unabated. Furthermore, in contravention of these guidelines, drug injection rooms where addicts may inject themselves with illicit substances have been established in a number of developed countries, often with the approval of national or local authorities.<sup>35</sup> Some countries like the Netherlands, Switzerland and Germany, have allowed certain areas of some cities to be free from law enforcement activities. In Zurich's main park there is even free distribution of needles to heroin addicts as a way of reducing AIDS and other health hazards. While in Frankfurt an area of the city operates free of police interference with sale and use of drugs.<sup>36</sup>

Furthermore, in October 1995, in a report on the implementation of the Global Programme of Action, the Secretary General noted that the most common activities implemented by

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<sup>35</sup> E/INCB / 199/4, para. 176, pp.26-27

<sup>36</sup> Bassiouni, n. 24, p. 334



governments for reducing demand were only preventive campaigns seeking to increase awareness about the dangers of drug abuse. These campaigns were not targeted and in only few long-term sustained efforts were made within a comprehensive national demand -reduction strategy . The report also noted that in many cases treatment was confined to detoxification under medical supervision without any adequate rehabilitative measure. Further, the report stated that despite successes achieved in some countries in certain aspects of illicit cultivation and production, the overall situation showed little improvement<sup>37</sup>

### **OPERATIONAL ACTIVITIES**

Various bodies and agencies within the UN system are involved in such diverse activities as alternative development, crop, substitution, treatment and rehabilitation of drug addicts, institution building, and providing legal, technical and financial assistance to states. All these operational activities are meant to reduce drug supply as well as demand, and to assist states in doing the same.

The UNDCP has formed its drug control activities on the basis of a three tiered strategy carried out at national, regional and global levels. At the national level, emphasis is placed on reducing

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<sup>37</sup> Year Book of the United Nations, 1994 (The Hague, 1995) vol. 49, p.91

demand, supply and production with development oriented strategies, and strengthening drug-control institutions. The UNDCP's regional and sub regional programmes aim at bringing governments together in addressing shared drug -related problems. At the global level, its work is geared to assist states in the ratification and implementation of international drug control conventions and to coordinate the drug control efforts of the UN system.<sup>38</sup>

Total expenditure for the UNDCP in 1992-93 amounted to \$153 million of which approximately 92 per cent was funded by voluntary contributions. The UNDCP spent \$ 120 million of that amount for over 300 operational activities in 50 countries.<sup>39</sup> During 1994, a total of \$ 4.5 million was allocated to Africa for country-level activities. Some \$ 29.8 million to Asia and the Pacific, \$ 6.7 million to countries in Europe and the Middle East, and \$36 million was allocated to countries in Latin America and the Caribbean. These funds were meant to tackle illicit supply and production with development -oriented strategies.<sup>40</sup>

The UNDCP's investments in alternative development have yielded significant results. In Pakistan's North -West Frontier

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<sup>38</sup> Year Book of the United Nations, 1994 (The Hague, 1994) vol. 48, p.1236

<sup>39</sup> Annual Report on the Work of the Organization, 1994 (UN Sales No. E.95. I. 2) para. 251, p.91

<sup>40</sup> Year Book of the United Nations, 1994, n. 38, p.1236

Province, with the help of government law enforcement authorities, the area under illicit cultivation of the opium poppy has been reduced from 7,329 hectares in 1992/93 to 5,215 hectares in 1994/95. In Laos People's Democratic Republic, a UNDCP supported project in the Xai Sam Boum special region led to a significant drop in opium production, from 3.5 tons in 1989 to less than 100 kilograms in 1994/95, and a 50 per cent decrease in the number of opium abusers. In Bolivia, Colombia and Peru, the UNDCP's efforts led to the eradication of approximately 10,000 hectares of illicit coca-bush cultivation and alternative income generating activities for about 33,000 peasant families. Programmes were also launched in major opium -producing areas of Vietnam and Myanmar, the latter being the principal producer of illicit opiates in the Golden Triangle of South -East Asia <sup>41</sup>

In 1995 the UNDCP provided assistance in training to 105 drug law enforcement officers from eastern and southern Africa, as well as 132 senior national officials from west African states, covering drug law enforcement techniques and demand reduction issues. Some 500 law enforcement officials, including police, customs, air and seaport security administrations, from several states in Latin America and the Caribbean were trained in precursor control, investigation techniques and intelligence

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<sup>41</sup> Annual Report on the Work of the Organization, 1996 (UN Sales No. E.96.I 19) para. 514 , p. 150

gathering and analysis.<sup>42</sup> Regional law enforcement assistance provided by UNDCP has contributed to the establishment of Regional Intelligence Liaison Offices ( RILOs). The RILOs set up with the collaboration of Interpol and the World Customs Organization help law enforcement agencies in their respective regions to enhance their communications and analysis capabilities. Their Projects provide equipment's staff and training for national customs intelligence units. In 1995, UNDCP provided training in analytical methods for identifying and analysing seized drugs and biological specimens for 21 analysts from 16 countries. Specialized technical manuals were produced and distributed. The UNDCP also convened two consultative meetings for the Baltic states and the five members of the Commonwealth of Independent states in Central Asia, to improve cooperation between laboratories in the preparation of forensic evidence.<sup>43</sup>

The UNDCP's laboratory has started a Quality Assurance programme which aims to assist laboratories to develop effective practices in the analysis of drug -related matters. Eighty laboratories worldwide are participating in the International Proficiency Testing Scheme, which assesses the performance of laboratories and enhances output accuracy.<sup>44</sup>

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<sup>42</sup> Ibid, para. 510, p.149

<sup>43</sup> World Drug Report , n.6, p.233

<sup>44</sup> Annual Report on the Work of the Organization, 1995 (UN Sales No. E. I. 47) para. 371, p. 139

In 1999, large-scale diversions of precursors from international trade were prevented when governments took the action recommended by the International Narcotics Control Board relating to the exchange of information prior to shipment for verifying the legitimacy of those shipments. In addition, in 1999, a number of governments focussed for the first time on the monitoring of potassium permanganate (a key chemical for the illicit manufacture of cocaine). The competent authorities of Germany and the United States during the International Operational Meeting on Potassium Permanganate hosted by the Government of Spain in Madrid in February 1999, proposed the tracking of all individual transactions involving potassium permanganate from the manufacturing country to the country of final destination. This led to "Operational Purple" which started on 15 April 1999. The operation was being undertaken jointly by regulatory and law enforcement authorities in order to identify suspicious shipments and prevent their diversion. Governments of major manufacturing, exporting and importing countries in all regions had participated in "Operation Purple". Between 15 April and 1 November 1999, governments identified and stopped over 20 suspicious shipments of potassium permanganate, totaling about 1,200 tons. <sup>45</sup>

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<sup>45</sup> E / INCB /1999/1, paras. 99-103, p.16

To control drug abuse the UNDCP also cooperates with NGOs in a number of ways. NGOs have acted as project executing agencies and consultants. At the start of 1996, various NGOs were implementing projects with budgets totaling almost US\$ 11 million. While the majority of NGO executed projects have been in the field of demand reduction, the implementation of large -scale rural development activities, designed to lessen the economic dependence of farmers on illicit crops, has also been carried out by NGOs.<sup>46</sup> In the context of the United Nations Decade against Drug Abuse, a World Forum on the Role of Non-Governmental Organizations in Drug Demand Reduction was held in Bangkok in December 1994 with participants from 115 countries. The Forum resulted in a declaration that reinforces the partnership between the UN and NGOs in demand reduction.<sup>47</sup> To provide help in alternative development and crop substitution the Highland Integrated Rural Development Project was launched in Lao PDR in 1989 with support from UNDCP. It sought to gradually eliminate the cultivation of opium poppies on the basis of viable socio-economic alternatives. Further, in May 1999 the UNDCP reached an agreement with the government of the Lao PDR on a six year

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<sup>46</sup> World Drug Report, n.6, pp. 181-182

<sup>47</sup> Annual Report on the Work of the Organization, 1995, n.44, para. 368, p.138

programme to eliminate illicit opium crops in that country . The total value of the programme is estimated at US \$ 80 million.<sup>48</sup>

To prevent drug abuse in the workplace a project funded by UNDCP and implemented by ILO and WHO has been operating since 1992 in Egypt, Sri Lanka, Namibia, Poland and Mexico. It involves 250,000 participants in 43 companies in different sectors including government, transportation media, hospitals and industries.<sup>49</sup> It is clear that the operational activities of the United Nations deal with a wide variety of issues to control drug abuse and illicit trafficking. Although significant achievements have been made by the different agencies of the UN and particularly by the UNDCP, the overall progress has been slow. Keeping in view the magnitude of the problem, the technical, financial or other kinds of support provided by the United Nations have proved to be insufficient. Moreover there has been a continuous decrease in resources available for drug control. The Fund of the UNDCP depends on voluntary contributions. The Commission on Narcotic Drugs, in December 1995, approved the budget proposals for the biennium 1996-1997 for the Fund of the UNDCP, which amounted to \$152 million. While it was \$162 million for 1994-1995. The proposal reflected a reduction in the field office network and project activities. This happened because

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<sup>48</sup> E /INCB /1999/1 para. 368, p. 44

<sup>49</sup> World Drug Report, n.6, p.209

major contributors i.e. seven government and the European Commission reduced their contributions.<sup>50</sup> The inability of the United Nations to prevent illicit cultivation of opium poppy in the major drug producing areas is also clearly evident. Although UNDCP observed a increase in illicit production of opiates in Afghanistan, it could not initiate any action. The fragile and uncertain political situation in Afghanistan, one of the major producers of illicit opiates in the Golden Crescent of South-West Asia was not conducive to implementing drug control activities which prevented it from participating in sub-regional cooperation initiatives. In fact , the area under illicit cultivation of opium poppy in Afghanistan seems to have exceeded 90,000 hectares in the 1998-1999 growing season. The increase has been over 40 per cent compared with the 1997-1998 growing season. <sup>51</sup>

Myanmar, also a major producer of opiates in the Golden Triangle of South-East Asia , has become a major partner in sub regional drug control programmes . However, the unstable political situation on the border between Myanmar and Thailand and in other opium -producing areas has interrupted many UNDCP project activities.<sup>52</sup> Moreover, different agencies of the UN have been unable to offer economic development assistance in a

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<sup>50</sup> Annual Report on the Work of the Organization 1996, n.33, para. 522, p.152

<sup>51</sup> E/INCB /1999/1, para. 404, p. 52

<sup>52</sup> Year Book of the United Nations, 1995, n.37, p.1280



significant and comprehensive manner to these drug producing developing countries.

## **SUPERVISORY ACTIVITIES**

The United Nations supervises the international drug control and states' compliance with international drug control treaties through the administration of estimates system and statistical returns system. The International Narcotics Control Board is the main supervisory body for monitoring these systems.

Article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention enable the Board to take measures to ensure the execution by governments of the provisions of those conventions. The procedures consist of three increasingly severe steps. The first step involves communicating to the government concerned the Boards' decision to invoke those articles, to make clear the grounds under which the articles are being invoked and to request from that government explanations or the opening of consultations . The 1961 and 1971 Conventions specify the criteria that must met in order to invoke the provisions. The Board must have objective reasons to believe that the aims of those conventions are being seriously endangered by the failure of any country to carry out the provisions or if these exists evidence of a serious risk that it may become a important centre of illicit cultivation , production, manufacture or traffic in narcotic drugs.

In the second step, if the Government concerned fails to give satisfactory explanations or fails to adopt any remedial measures recommended by the Board, or there is a serious situation that requires cooperative action at the international level, the Board may call the matter to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs. In the third step, if all these actions have failed, the Board may recommend to the parties that they stop the import or export of drugs to that country. However, several procedural safeguards exist for countries that are the object of action. Communications with the government in question must remain confidential until the Board decides to go public and call the matter to the attention of the parties, the ECOSOC and the Commission. All decisions of the Board are taken by a two -third majority of the entire membership of the Board. A state that is subject of action must be invited to be represented at a meeting of the Board. The views of the government concerned must be published in reports of the Board directed to the Council, if the government so requests.

In its Annual Report for 1998 the Board noted that it had invoked article 14 of the 1961 Convention and article 19 of the 1971 Convention in respect of seven states, However it did not disclose the names of countries. These states had repeatedly failed to furnish information as required under the international treaties. In all cases governments agreed to initiate a dialogue with the

Board. However it is not clear whether those states had taken any concrete measures.<sup>53</sup>

The annual reports of the Board clearly reveal that states do not cooperate with the board in providing necessary information. As at 1 November 1999, 137 states had furnished annual statistics on narcotic drugs for 1998. All the states that are major drug producers, manufactures and consumers of narcotic drugs, only Belgium and the Netherlands furnished before the deadline set by the 1961 Convention. In addition, 72 states had not furnished any annual statistics, thus limiting the monitoring capacity of the Board. Regarding psychotropic substances 159 states had submitted to the Board annual statistics for 1998 pursuant to the 1971 Convention. This figure represents 76 per cent of the 209 states requested to furnish such reports. A total of 106 states and the European Community ( on behalf of 13 of its member states) had submitted information regarding precursors pursuant to article 12 of the 1998 Convention. This figure represents about 50 per cent of the countries that had been requested to provide that information. In its Annual Report for 99 the Board noted that several states including the former Yugoslav Republic of Macedonia, Venezuela and Yugoslavia, had not provided such data for at least the last three years <sup>54</sup>

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<sup>53</sup> E/INCB/1998/1, paras. 166-168, p.26

<sup>54</sup> E/INCB/1999/1, paras. 61-67, p.11

Late submission of estimates continues to pose a problem in administering the estimates system and has led to numerous revisions of estimates. In spite of reminders being repeatedly sent to governments no annual estimates of narcotic drug requirements are received from an average 50 states every year.<sup>55</sup> Further, many states parties to the 1971 Convention have not been complying with their obligations to report to the Secretary-General important cases involving illicit trafficking in psychotropic substances or the seizure of such substances from the illicit traffic. Some governments have failed for several years to submit reports on very large seizures of psychotropic substances contained in pharmaceutical products diverted from licit distribution channels.<sup>56</sup> An increasing number of importing countries have failed to return the endorsed copies of export authorizations for narcotic drugs and psychotropic substances to the governments of the exporting countries or have done so with significant delay.<sup>57</sup>

The main problem of the estimates system continues to be the inadequate evaluation by governments of the real medical needs of the population. Few countries in the world have an adequate drug supply management system and working mechanism that ensure reliable need-based assessment,

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<sup>55</sup> E/INCB/1998/1, para. 60, p.11

<sup>56</sup> E/INCB/1999/1, para. 94, p.15

<sup>57</sup> E/INCB/1997/1, para. 101, p.19

equitable availability and cost effectiveness. Deficiencies in drug supply management are often attributable to lack of financial resources, inadequate infrastructure, the low priority given to health care and inadequate professional training.<sup>58</sup> Although the Board is main supervisory organ for monitoring international drug control, in reality it can only appeal to governments to establish and institutionalize working mechanism and operating procedures with their trade partners in verifying the legitimacy of transactions in drugs.

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<sup>58</sup> E/INCB /1999/11, para.40, p.7

## **CHAPTER V**

### **OVERALL ASSESSMENT**

Confronting drug abuse and trafficking remains a major challenge for the international community. The ability of drugs to cross national borders and to corrupt societies was recognized even in the early part of the twentieth century. The problems which opium-smoking caused in China and Far Eastern countries led to first international drug control effort. While opium was a cause of social problems for China, it was a source of income for the British. This aspect of the problem formed the background of the Shanghai Opium Conference in 1909. This was the beginning of the international drug control efforts. In its nearly hundred years of evolution, the drug control efforts at the international level have undergone notable changes. Many political and other factors, such as world public opinion, greater awareness of the drug menace, have contributed in shaping its course of action. The first such change was institutionalization of international concern to carry forward cooperation among sovereign states in various forms.

Significant advances were made during the period of the League of Nations to control drug abuse. However, the League had to face the consequences of the clash of divergent interests among member states mainly due to economic and political reasons. Member states were not ready to cooperate in controlling drug

trade, as they had to protect their pharmaceutical companies and lucrative sources of income. Despite these obstacles, the League of Nations was able to achieve considerable success. Three drug control treaties were adopted and two agreements were reached among member states to outlaw opium smoking and to limit cultivation and production of drugs. Further, the League created the Permanent Central Opium Board to supervise international drug control. Although it was deprived of enforcement powers, it was able to perform valuable work in checking the international flow of drugs because of the technical nature of its work and functional independence.

After its formation in 1945, the United Nations took over the drug control activities of the League of Nations. The functions of the League's Advisory Committee on Traffic in Opium and Other Dangerous Drugs were transferred to the Commission on Narcotic Drugs, established in 1946 as a functional commission of the Economic and Social Council. The United Nations with its near universal membership has been able to engage a wider international community than was possible under the League. Also it has the support of its specialized agencies and a number of other bodies which play a significant role in dealing with different aspects of the drug problem. While in the past the major emphasis was on prevention of illicit drug trade, the United Nations has been able to shift the focus towards new aspects of the problem, such as treatment and rehabilitation of addicts, crop substitution and

alternative development. Also it has been able to involve the non-governmental organizations and other non-state actors for dealing with this problem.

The drug control activities of the United Nations can be grouped into five categories: law-making, policy-guidance, operational, supervisory and informational. Three major international drug control treaties have been adopted under the auspices of the United Nations. These treaties are the 1961 Single Convention on the Narcotic Drugs, the 1971 convention on the Psychotropic Substances, and the 1988 U.N. convention on the Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These treaties deal with several aspects of the problem. While the 1961 Single Convention is primarily concerned with natural drugs such as opium, cannabis and coca leaves, the 1971 Convention deals with synthetic substances i.e. the artificially created drugs. The 1988 Convention is particularly important as it, in addition to narcotic drugs and psychotropic substances, also controls the international trade in precursors and chemicals frequently used in the illicit manufacture of drugs. This Convention also makes money laundering an international crime. The provisions of these treaties also provide for treatment and rehabilitation of addicts. In addition to these drug control treaties, several conferences, special sessions of the General Assembly and political declarations provide valuable guidelines not only to governments, but also to a number of regional, international and non-governmental organizations. For



instance, the Comprehensive Multidisciplinary Outline (CMO) which was adopted at the International Conference on Drug Abuse and Illicit Trafficking in 1987. It provided a set of recommendations directed to governments, regional, international as well as non-governmental organizations for coordinating and enhancing their drug control activities. These recommendations provide a basis for formulating national drug control policies.

A number of drug control bodies such as the Commission on Narcotic Drugs, the International Narcotics Control Board and the United Nations International Drug Control Programme are engaged in a wide variety of activities. The International Narcotics Control Board is the main supervisory body which controls the international trade in drugs and ensures states' compliance with drug control treaties through the administration of estimates system and statistical returns system. The Board consists of thirteen members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives. The United Nations International Drug Control Programme which was established by the General Assembly in 1991 performs very important operational activities. It has been able to establish its long range of network throughout the world. It provides technical, legal and financial assistance to states for controlling drug abuse and related problems. To facilitate international cooperation in this field the UNDCP has brokered several MOUs (Memorandum of Understanding) between states at

the regional and sub-regional level. In contrast to treaties and conventions, the MOUs are not legally binding instruments and therefore provides greater flexibility to states. These MOUs aim at preventing cross-border trafficking, sharing of scarce resources, and exchange of information and expertise. The UNDCP collaborates not only with governments but also with a number of NGOs. NGOs, with their ability to activate a wider civil society, have a unique contribution to make in tackling drug-related problems. Most of the NGOs work with the UNDCP in demand-reduction and large-scale rural development projects to lessen the economic dependence of farmers on illicit crops. In addition to this, many specialized agencies such as the World Health Organisation and the International Labour Organization in collaboration with drug control bodies are engaged in controlling drug-related harm, treatment, rehabilitation and vocational training to addicts, and other related activities like the prevention of AIDS through intravenous drug use.

It is clear that the United Nations has made significant achievements in the field of drug control. However, it has been unable to keep a check on growing abuse of drugs and illicit drug trafficking. New and potentially dangerous drugs are continuously entering into the market. Its inability to control illicit cultivation and production of drugs in the major drug producing areas is clearly evident. Also, it has been unable to provide economic assistance to drug producing third world

countries in a significant and comprehensive manner. But any attempt to evaluate the performance of the United Nations should be seen in the context of cooperation from member states. In reality international drug control mostly depends on voluntary cooperation from member states. The international structures established by the United Nations lack necessary enforcement powers. In many cases the lack of a genuine and effective political will on the part of the governments to cooperate is clearly evident. For instance, for assessing the world drug requirements and for making drugs available in adequate quantities for medical and scientific purposes, the Board requires annual assessments of drugs from member states. Member states are required to furnish estimates of drugs. While many states do not furnish such estimates on time, others do not provide such information at all. This greatly impedes the functioning of the Board and increases the possibility of diversion of drugs in international trade. Further, the states do not follow the essential provisions of export and import authorizations making it difficult for the Board to verify the legitimacy of transactions. Moreover, there has been a constant decrease in the voluntary contribution to the Fund of the UNDCP. States have reduced their share of contribution to the Fund, as a result of which UNDCP has to curtail its many programmes and projects. However, lack of coordination among different drug control bodies within the UN system also poses problems in

implementing effective and well-integrated drug control programmes.

Cooperation from member states itself depends upon two important factors: first, how nations perceive the drug problem; and second, what priority they give to it. Cultural norms of several societies also play an important role. In many societies such traditional practices of drug use continue unabated, and many liberal societies in West favour legalization of drugs. Many developing countries, already overburdened with population explosion, illiteracy and unemployment, do not pay necessary attention to drug problem. Political instability in some countries such as Afghanistan, as well as hold of drug mafias over governmental machinery as is evident in Latin American countries also play a crucial role in determining drug control policies. Economies dependent on illicit drug trade find it hard to take drug control measures. Further, external factors, such as changes in world economy also play an important role. When main sources of income diminish due to falling prices of certain crops and minerals in the international market, illicit cultivation or drug trade may provide an easy answer to farmers and labourers. Certain issues such as poverty alleviation, literacy, employment are inextricably linked with the problem of drug abuse. Although these issues are beyond the scope of international drug control but depends upon the United Nations' larger involvement in promoting economic and social prosperity everywhere.

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