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**A century of
international drug control**

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A century of international drug control



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PREFACE

The *Bulletin on Narcotics* is a United Nations journal that has been in continuous publication since 1949. It is printed in all six official languages of the United Nations—Arabic, Chinese, English, French, Russian and Spanish.

The *Bulletin* provides information on developments in drug control at the local, national, regional and international levels that can be of benefit to the international community.

The present issue of the *Bulletin* contains a historical review of the international drug control system, one of the oldest consensus-based multilateral systems in existence. It is rooted in efforts made a century ago to address the largest substance abuse problem the world had ever faced: the Chinese opium epidemic. With this as a starting point, the article outlines the development of international mechanisms to tackle issues related to illicit drugs.

A shorter version of this comprehensive article was published in the *World Drug Report 2008*.

The United Nations Office on Drugs and Crime wishes to thank Thomas Pietschmann of the Statistics and Surveys Section for conducting extensive research on the topic.

EDITORIAL POLICY AND GUIDELINES FOR PUBLICATION

Individuals and organizations are invited by the Editor to contribute articles to the *Bulletin on Narcotics* dealing with policies, approaches, measures and developments (theoretical and/or practical) relating to various aspects of the drug control effort. Of particular interest are the results of research, studies and practical experience that would provide useful information for policymakers, practitioners and experts, as well as the public at large.

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A century of international drug control

T. Pietschmann

ABSTRACT

A century ago, the Chinese opium epidemic spurred international action on drug control as policymakers realized that the problem was too complex for any one country to tackle in isolation. Starting with the International Opium Commission (Shanghai, 1909), Governments over time established an international consensus on the need for the regulation of psychoactive substances. Moreover, a set of normative instruments and multilateral bodies and systems were developed to help States implement and adjudicate such regulation. As a result, the three main drug control conventions, which form the foundation of the international drug control system, today enjoy near universal adherence, with more than 180 States parties. This volume presents an outline of the historical development of the modern drug control system: why and how it arose, its impact on drug production and consumption and its legacy for present and future international drug control efforts.

Keywords: international drug control; opium production; opium consumption; international conventions; drug trafficking; cannabis; cocaine; amphetamine-type stimulants.

Introduction

The international drug control system is one of the oldest consensus-based multilateral systems in existence. Its antecedents predate the League of Nations, and, taking the Shanghai conference of the International Opium Commission (1909) as a starting point, its key objectives and principles have been a subject of international agreement for a century.

While the use of psychoactive substances extends back many centuries, today's international drug control system is rooted in efforts made a century ago to address the largest substance abuse problem the world has ever faced: the Chinese opium epidemic. At the beginning of the twentieth century, tens of millions of Chinese were addicted to opium, which was freely traded across borders at the time. China's attempts to unilaterally address the problem failed, and it was not until the first international agreements were reached that a solution became possible. The emergent and increasingly codified multilateral system provided a vehicle for this, and in this respect the history of the development of international drug control traces and reflects the history of modern multilateralism itself.

In its early stages, in the absence of our present-day established and overarching multilateral system, the call for international drug control and eventually an international drug control system emerged from grass-roots opposition. The anti-drug movement at the end of the nineteenth century shared some characteristics with the anti-slavery movement. Both were driven by pressure emanating from civil society against large corporate, political and diplomatic interests. One of the historical characteristics of both movements was that they both eventually led to the internationally accepted principles that formed the basis of twentieth-century international agreements.

Many of these principles are now taken for granted, and it is often forgotten that, at the turn of the century, many countries relied on income from drug production and trade to cover State finances and trade shortfalls, and/or tolerated the unregulated consumption of narcotic substances. It took the best part of five decades to influence health and safety and trade regulations and for governments to begin to codify the basic principles of the international drug control system into international law. Changes were not due entirely to the parallel development of the modern multilateral system, but the system definitely helped to achieve them.

These two positive, century-long developments—the establishment of an international consensus on the regulation of psychoactive substances and the development of a set of normative instruments and multilateral bodies and systems to help countries to adjudicate and implement the regulation—had a number of unintended consequences. The most serious of those consequences, the emergence of a large and violent illicit drug industry, has spared few countries on this Earth.

The recognition of universality and multilateral consensus, and the fortunate coincidence of occurring in parallel to the development of a modern, powerful United Nations, helped to move the issue of drug control onto the international agenda; however, it also came about thanks to special windows of opportunity and dedicated individuals. The history is rich and varied enough to fill a larger volume. The present volume is not a diplomatic history; it aims only to present the basic historical development of the modern drug control system: why and how it arose, its impact on drug production and consumption and its legacy for present and future international drug control efforts.

I. THE DRUG SITUATION PRIOR TO THE ESTABLISHMENT OF AN INTERNATIONAL DRUG CONTROL SYSTEM

Psychoactive substances have been used since ancient times, and their use has been well documented as a subject of social history. There are indications that cannabis was used as early as 4000 B.C. in Central Asia and north-western China, with written evidence going back to 2700 B.C. in the pharmacopeia of emperor Chen-Nong. It then gradually spread around the globe, to India (around 1500 B.C., also mentioned in the Altharva Veda, one of four holy books, around 1400 B.C. ([1], pp. 227-233)), the Near and Middle East (around 900 B.C.), Europe (around 800 B.C.), various parts of South-East Asia (second century A.D.), Africa (eleventh century A.D.) the Americas (nineteenth century) and the rest of the world ([2], pp. 9-16).

The cultivation and use of coca leaf was historically concentrated in the Andean region, emerging as early as 3000 B.C. ([2], p. 30). By the time the Spanish conquistadors arrived in America in the sixteenth century ([3], p. 294) coca-leaf cultivation and use had spread from the northern Andean region to Central America (up to Nicaragua), the Caribbean (Hispaniola, that is, the territories of today's Dominican Republic and Haiti) and along the Atlantic coast to Venezuela and Guyana. Even in these early times coca cultivation was concentrated in Peru and Bolivia ([2], pp. 30-31).

The cultivation and use of opium seems to go even farther back in history. There is evidence for the existence of opium poppy in Europe as long ago as 4200 B.C., and even earlier.* There are also references to opium use in ancient Greece, starting around 1500 B.C., during the time of the Minoan culture, with various references in the seventh century B.C. (in *The Iliad* and *The Odyssey*) and during the reign of Alexander the Great (fourth century B.C.), whose troops and medical doctors apparently introduced opium to Central Asia and India.** In Asia, opium was already produced and used by the Sumerians earlier than 3000 B.C., in Mesopotamia (today's Iraq),*** and from there the know-how was

*Poppy seeds and poppy capsules, dated around 4200 B.C., were found in the caves of Albuñol, close to Granada (Spain). Traces of poppy seeds were identified in lake dwellings in Switzerland, Italy and Germany going back to the eleventh millennium B.C. Other traces of opium poppy were identified in various other locations across Europe dating to the Iron Age, including in England and Poland [2].

**References to opium are found in several ancient Greek myths, which can be dated back to around 800 B.C., and opium was later also mentioned as an ingredient in medicinal preparations by Hippocrates (460-377 B.C.) and Aristotle, one of the teachers of Alexander the Great, who used it for his troops [2].

***One of the earliest written references to opium, by the Sumerians, was found on a clay tablet in Mesopotamia (at Niffer), which historians date to around 3000 B.C. [2].

passed on to the Assyrians, the Babylonians, the Egyptians (1300 B.C.) and other peoples in the region ([2], pp. 17-19). China became acquainted with opium via Arab merchants, with the literature giving dates ranging from around the fourth century* to the eighth century A.D. ([2], p. 21).

Drugs (notably opium) were used for medical purposes and/or as part of religious rites (cannabis, coca and several plants with hallucinogenic properties). In general, it appears that their use was limited to specific sectors of society. For instance, during the time of the Incas, although coca was a privilege reserved for a small elite of the ruling class, priests and vital couriers, it remained a taboo for the general population, including women ([3], pp. 315-323). Cannabis use in India and other Asian countries was basically limited to religious ceremonies. In Europe during the Middle Ages, recreational drug use was often associated with witchcraft and was strongly opposed by the influential Catholic church. Where opium consumption occurred, it was mainly limited to medical use in the form of laudanum, an alcoholic tincture of opium, prepared by Paracelsus (1490-1541) to treat pain. Similarly, opium use in many Asian countries, including China, was largely limited to medical use until the eighteenth century. With some exceptions, these religious and social norms seem to have largely controlled drug use for centuries.

Cannabis

Traditional social controls apparently failed to work in the Arab countries when drugs—in this case cannabis—were used and promoted for political motives: to attract young men, after “having seen a glimpse of paradise”, to fight for the *Hashîshiyîn* or *Hashîshîyah* (1090-1272 A.D.), a militant religious sect (originating in Persia) operating in territories that are now in Iraq and the Syrian Arab Republic. The sect fought Christian crusaders and later the local Sunnite authorities, often by means of suicide attacks under the influence of cannabis and other drugs [4]. During the same period, recreational use of cannabis spread across the region.

The ongoing spread of cannabis consumption across society prompted the Sunnite authorities of Iraq at the end of the twelfth century to explicitly prohibit the use of cannabis. This had only limited success ([2], p. 12). The smoking of cannabis became even more popular in the Arab world following the Mongol invasions of the Middle East in the thirteenth and fourteenth centuries, which contributed to its further spread. The cannabis resin produced and consumed in the Arab countries during this period was more potent than the cannabis herb consumed in other parts of the world, and its habit-forming properties probably contributed to its wider and more entrenched consumption. Areas of

*www.erowid.org/chemicals/opiates/opiates_timeline.php.

present-day Egypt were particularly affected by large-scale cannabis abuse starting in the thirteenth century, prompting a number of drug control interventions to curtail production and consumption ([5], pp. 814–830). As these restrictions failed to achieve the anticipated results, they were eventually lifted, resulting in even greater growth of cannabis consumption in the fifteenth and sixteenth centuries and a subsequent spread of cannabis across the Ottoman Empire to Morocco in the sixteenth century ([6], p. 249).

As trade and commerce expanded globally, attempts to reintroduce measures to control supply and demand at the national level often failed, as foreign traders—often from Europe (notably Greek traders)—filled the gap by importing cannabis from other countries. Lebanon and India, where production was still licit, were exporters in the late nineteenth and early twentieth centuries. Owing to its long-standing domestic consumption issues, Egypt took a leadership role in putting political pressure on the main powers to add international trade in cannabis to the list of controlled activities under the 1925 Geneva Convention.* Other nations eventually agreed to this after attempts to control the cannabis trade under the Hague Convention (1912) failed.

Following the growth of trade and imperial colonies, from ancient to modern times, the habit of cannabis consumption spread to most parts of the world and was common in most of the colonies. The trade in cannabis, however, did not, and by the beginning of the twentieth century herb and resin were mainly produced and consumed locally, and international trade remained limited.

Coca/cocaine

After the end of the Inca Empire the colonial regimes in the Americas brought an end to most coca cultivation outside Bolivia and Peru. The Catholic church pressured Spanish authorities to completely eliminate coca cultivation and consumption in Bolivia and Peru in the belief that coca was closely linked to the religious beliefs of the indigenous population. At a bishop's conference held in Lima in 1569, the widely held perception of cocaine increasing the strength of the indigenous people was denounced as a pernicious delusion, and the work of the devil ([4], p. 332). The economic interests of the new colonial empires changed this thinking. The new rulers quickly found out that the performance of the indigenous peoples in the silver, gold, copper and tin mines could be

*Abuse of cannabis resin had been so widespread that it seriously affected society at large. Following a report by an Egyptian medical doctor in 1868 on the effects and accidents caused by hashish, cultivation of cannabis was forbidden in 1884. Nonetheless, Egyptian authorities reported that 30 to 60 per cent of all insanity cases in their country were related to hashish abuse. The shortfall in domestic production had been largely made up for by illegal imports from Lebanon and India, often organized by European drug traffickers. Egypt was thus strongly behind the proposal to bring trade in cannabis under international control. (League of Nations, *Records of the Second Opium Conference, Geneva, November 17th, 1924-February 19th, 1925; Volume I, Plenary Meetings; Text of the Debates*, p. 132.

significantly enhanced, and caloric requirements significantly reduced, when labourers were given coca leaf to chew ([3], p. 334).

The use of coca leaf for such purposes was particularly valued at high altitudes, where many of the mines were located. Coca helped prevent altitude sickness and enabled work under conditions of serious oxygen shortage. But perhaps equally important was the observation that coca, through its hunger-suppressant and altitude-conquering properties, prevented labour action among the indigenous people. The long-term health effects on labourers of chewing coca were not taken into consideration by commercial or government leaders. Many indigenous mine workers died at a very young age, particularly in the silver mines. Tragically, these conditions, combined with a massive increase in morbidity due to imported diseases, led to the death of almost half of the indigenous labour force between 1540 and 1620 ([3], p. 331).

During this period coca cultivation expanded in the Andean region, notably in the Yungas area (Bolivia), where specialized coca farms (*haciendas cocaleras*) emerged, often on land owned or claimed by Spanish colonists. By around 1630, contemporaries reported that coca leaves were chewed by almost all indigenous mine workers, and coca had emerged as an important agricultural plant. Cultivation was treated more or less like other agricultural production, with farmers required to pay a tithe for land used for coca.

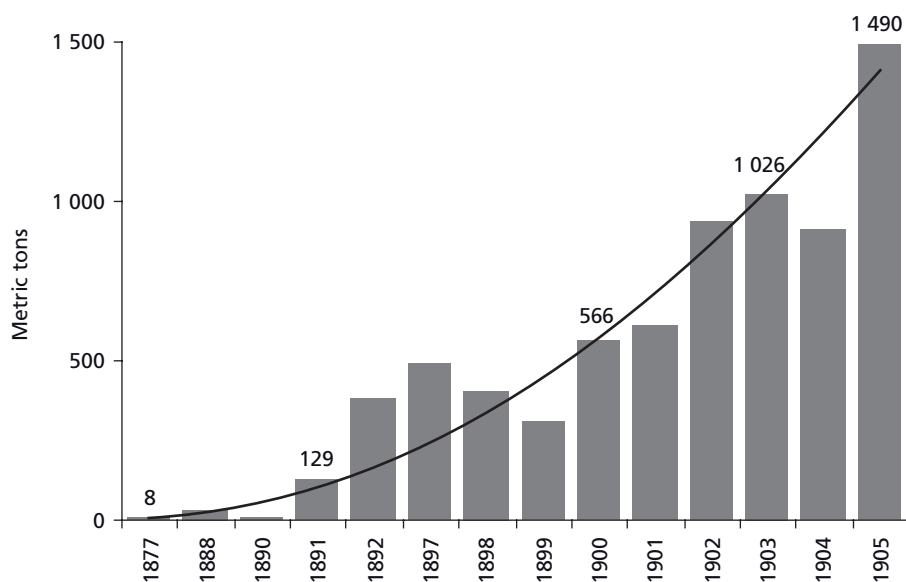
At the end of the seventeenth century, an additional tax of 5 per cent was levied on trade in coca, while the tax on trade in other agricultural products was only 2 per cent. Seasonal coca workers were paid partly in kind, while permanent workers on the big haciendas were given the right to use small parcels to grow their own coca ([2], p. 34). However entrenched coca leaf production and consumption remained in the Andean region, it made little impact outside the region for the next few centuries. The coca leaf is perishable and not amenable to long transport; therefore, as in the case of cannabis, the leaf itself did not lead to a large-scale international trade.

This situation changed dramatically following the discovery of the cocaine alkaloid by the German chemist Albert Niemann. In 1860, Niemann became the first to properly document the process of extracting pure cocaine powder from coca leaves in scientific literature ([7], p. 25). This development was decisive to the (now illicit) trade in cocaine, as it enabled its industrial manufacture. This began in earnest first in Europe (in Germany, and later in the Netherlands and Switzerland), and then in North America (particularly in the United States of America), and manufacture spread to South America (particularly in Peru, assisted by German scientists) and Japan. As the market for coca grew on the strength of this discovery, coca production itself expanded to a number of Asian territories, notably Ceylon (then a British colony), Java (then a colony of the Netherlands) and Taiwan (now Taiwan Province of China, then a Japanese colony).

The popularity of cocaine in Western societies increased dramatically following the publication of a paper by Sigmund Freud, who experimented with cocaine and wrote a widely publicized paper entitled “Über Coca” in 1884 [8]. The paper extolled the many beneficial properties of cocaine, presenting the drug as a medical panacea with practically no side effects or dangers of addiction. Shortly after, in 1885, the medical community increased its demand for cocaine after discovering its effects as a local anaesthetic ([9], p. 604).

Between the turn of the century and 1912, Peru and Java emerged as the world’s largest producers and exporters of coca leaf. Peru’s exports of coca leaf, which amounted to 8 metric tons (mt) in 1877, rose to 610 mt by 1901. More than half of this went to the United States. In addition, 160 mt were used for local production of crude cocaine for North American and European markets (10.7 mt in 1901, up from 0.9 mt in 1890). Peru’s total production of coca leaf in 1901 was estimated at about 2,100 mt [10]. By 1905 coca-leaf exports from Peru peaked at 1,490 mt, up from 566 mt in 1900, tripling in just five years.

Figure I. Coca-leaf exports from Peru, 1877-1905

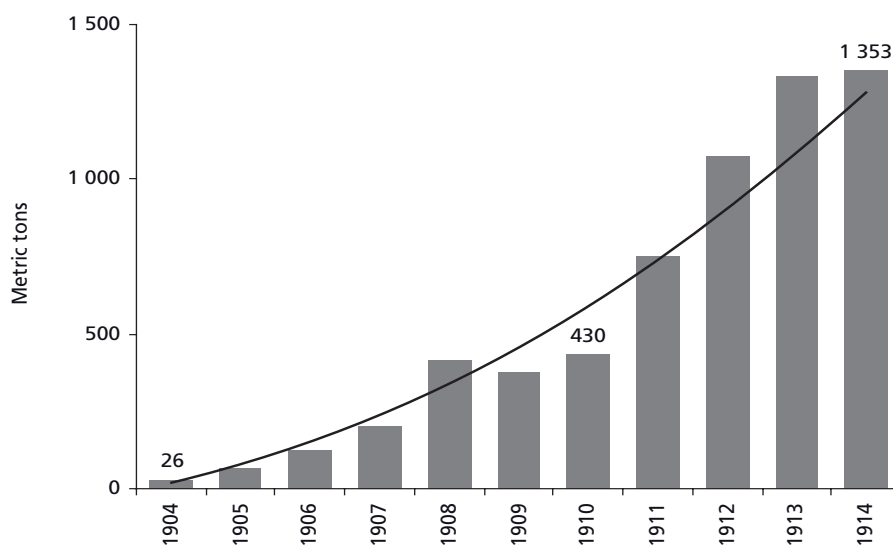


Source: David. F. Musto, “International traffic in coca through the early 20th century”, *Drug and Alcohol Dependence*, vol. 49, No. 2 (1998), table 6.

Declines in coca-leaf exports from Peru were reported for subsequent years, linked, inter alia, to the introduction of new control legislation in the United States (state laws and the federal Pure Food and Drug Act, 1906). The Pure Food and Drug Act mandated the federal Food and Drug Administration to label

and regulate potentially harmful drugs and additives in consumer medicines. Cocaine fell into the category of potentially harmful substances, and this served to mitigate some of the false claims of its beneficial effects. The reduction in coca exports from Peru was offset by rapidly growing coca-leaf exports from Java, which rose from 26 mt in 1904 to 1,353 mt in 1914. Java's exports supplied European and later Japanese cocaine manufacturers. Coca exports from Peru were destined for the United States and Europe, mainly Germany.

Figure II. Coca-leaf exports from Java, 1904-1914



Source: David. F. Musto, "International traffic in coca through the early 20th century", *Drug and Alcohol Dependence*, vol. 49, No. 2 (1998) table 6.

Exports of coca leaf from Peru, used for the production of cocaine in the United States, doubled in the 1890s. Total imports of coca leaf into the United States for the manufacture of cocaine reached a peak of about 1,300 mt in 1906. In addition to domestic manufacture, the United States also imported large quantities of cocaine from abroad, thus emerging as the world's largest cocaine market [10].

The analysis of import data by the Committee on the Acquirement of the Drug Habit revealed a 40 per cent rise in cocaine imports into the United States over just the four-year period from 1898 to 1902 ([11], p. 16). Following the rapidly growing popularity of cocaine use in the 1880s and 1890s, the United States experienced its first cocaine epidemic at the turn of the century.* Cocaine

*This was the second drug problem of the era. A morphine-addiction problem had begun during the Civil War with the provision of morphine to soldiers, and continued to the turn of the century.

achieved popularity in the United States as a palliative tonic for sinusitis and hay fever, as an alleged cure for opium, morphine and alcohol addiction and as an anaesthetic. It was also used recreationally. Bars began putting cocaine into whiskey, and it was frequently added to popular soft drinks, the best known example being Coca-Cola.*

Questionnaires sent by the Committee on the Acquisition of the Drug Habit to a thousand physicians and pharmacists in major towns suggested that the number of “habitueés” of cocaine and morphine had increased to more than 200,000 in 1902 ([11], p. 17). Other estimates put the number at close to 400,000, possibly taking the purchase of cocaine from drug peddlers into account.** Musto estimates 250,000 addicts ([11], p. 282). Whether high- or low-end estimates are used, a substantial increase in both cocaine and morphine addiction is observable during the last two decades of the nineteenth century in the United States. The number of cocaine and morphine addicts was equivalent to 0.5 per cent of the total population aged 15 and above (range: 0.4 per cent-0.8 per cent) at the beginning of the twentieth century.

The negative side effects of cocaine abuse became apparent towards the end of the nineteenth century, as its use became ever more widespread in urban areas and among the country’s impoverished African-American population. Prejudiced popular literature and fear-mongering media concentrated excessively on the threat of possible violence or even rebellion among the country’s black population under the influence of cocaine. As cocaine became increasingly associated with antisocial and louche lifestyles, gangs and prostitution, and as some negative health consequences began to be more extensively known, it became clear that the lack of regulation could endanger public health and order.

Following the action taken by Oregon in 1887, a number of other states started to introduce regulatory regimes in the 1890s and the first decade of the twentieth century. By 1914 all 48 states had adopted some sort of drug control legislation [12]. Most of these required cocaine and morphine to be ordered on a physician’s prescription, which was then subject to inspection for up to one year. These laws alone were not sufficient to control either trade or consumption, and there were many ways to get around them. For instance, the patent medicine manufacturers repeatedly obtained exemptions for certain quantities of narcotics in proprietary medicines that were then sold freely. Also, the system did not work if cocaine and morphine could be freely bought in neighbouring states. Corrupt doctors could purchase drugs in large quantities by mail from another state and then dispense them to their “patients”, thus bypassing the state laws

*In 1903 the cocaine in Coca-Cola was replaced with caffeine.

**Drugs were peddled door to door in some areas during this time. The previously mentioned survey counted pharmacy purchases, arriving at a total of “five per pharmacy”, and presumably did not count purchases from peddlers.

that relied on proper diagnosis, prescription and pharmacies to monitor drug use. Federal control of narcotics use was still considered unconstitutional in the United States at the time, so states had little recourse to close these geographical and systemic gaps in legislation and control ([11], p. 9).

The emerging cocaine epidemic in the United States and the spread of cocaine in artistic circles in European capitals, notably Paris and London, were not sufficient to move the emergent international community towards the establishment of an international drug control system at the beginning of the twentieth century. As with cannabis, cocaine abuse and its negative consequences were still limited geographically.

Opium/heroin

The main impetus for the creation of an international drug control system arose from large-scale trade of opium from India to China in the nineteenth century, rising domestic production in China and the emergence there of the world's largest drug abuse problem. Though opium had been known for several thousand years and had been traded across continents for centuries, the dimensions of this trade in the nineteenth century, and the resulting health and social problems, put it firmly on the agenda in international trade and diplomatic forums.

The use of opium for medicinal and recreational use is documented in antiquity. The Sumerians referred to it as *Gil Hul* or "joy plant", as early as 3000 B.C. ([13], p. 11). Techniques of opium production were passed to the Babylonians, from whom it spread to other countries in the Near and Middle East. Opium production shifted from Mesopotamia to Egypt around 1500 B.C., to Persia probably around 900 B.C. and to Asia Minor around 500 B.C. ([2], p. 19).

Brought by Arab merchants and doctors, opium gained importance in India around 800 to 900 A.D. There are indications that by the end of the first millennium, opium was considered a popular household remedy in India, and it was cultivated, eaten and drunk throughout the country. Opium is documented in the country's literature as being used by its rulers as an indulgence and given to soldiers to increase their courage.* Around 1200 A.D. opium entered "official" Indian medical literature.** Though expanding within the country, opium production in India remained limited and supplied only the domestic market over the next few centuries.

*www.tc.columbia.edu/centers/cifas/drugsandsociety/background/chronologydruguse.html.

**The Indian medical treatises *Shodal Gadanigrah* and *Sharangdhar Samahita* described, for instance, the use of opium to treat diarrhoea and sexual debility. The *Dhanvantri Nighantu* described the medical properties of opium (see <http://opioids.com/timeline/index.html>).

Much of the initial international trade in opium was conducted by Arab merchants. Exports to China went by sea, typically via India to Canton (Guangzhou), and by land via Central Asia to Kashgar (in western China). From Kashgar, Chinese merchants transported opium throughout mainland China. The exact date when opium was introduced into China is unknown, but there seems to have been some domestic production as early as the eleventh century A.D.

Before the nineteenth century, though, China imported most of its opium. Until the sixteenth century, opium was expensive and its use limited. This gradually started to change after opium production gained in importance in India under the Mogul empire ([13], p. 11). As use began to spread, opium production and distribution became a lucrative business in India. Given its growing importance, the Mogul Emperor Akbar the Great, who reigned from 1556 to 1605, created a State monopoly for the production and distribution of opium ([13], p. 11). This continued under his immediate successors and was resurrected by the British East India Company in Bengal and Bihar, the country's two main opium-producing states, in 1750.

The market for Indian opiate production remained largely domestic throughout the sixteenth century. There are, however, reports of exports of Indian opium to Burma as well as to Malacca (in present-day Malaysia) and other parts of South-East Asia. Significantly, there were also reports of India exporting opium to China ([14], p. 25). Transportation was undertaken by Indian, Arab and Chinese merchants. After 1500, Portuguese traders emerged as the dominant group in the international trade of merchandise from India to China ([2], p. 22). As of 1589, opium was officially listed as an item subject to tariffs in China ([15], p. 11). The main production centres of opium at the time were in western India around Malwa and in eastern India in the state of Bengal around Patna ([14], p. 25). Overall, sales of opium were low and relatively unimportant compared with the trade in other goods.

According to some sources, the smoking of opium was introduced by Portuguese traders in the area of the East China Sea [16]. According to others, after the Spanish introduced tobacco smoking to the Philippines, from where it spread to countries in East and South-East Asia, merchants from the Netherlands introduced a tobacco/opium mixture to Formosa and other Netherlands possessions in South-East Asia as a way to combat the effects of malaria. The use of tobacco/opium mixtures spread quickly among the local population. Their use became increasingly recreational in nature and, importantly, they began to contain less and less tobacco [17].

By the end of the seventeenth century, the practice of smoking opium had become widespread ([14], p. 35). With its instantaneous effects, smoking emerged as the preferred mode of consumption among recreational users across East and South-East Asia. The path to addiction was also shortened by the instantaneous

and potent nature of smoking, and this is one explanation for the extremely rapid growth of the consumer market in China and South-East Asia. Historical literature reveals also that many South-East Asians and Chinese knew that although the path to addiction was shortened by smoking, the risk of death by overdose was much lower than by eating or drinking the drug. A person smoking opium would, in general, pass out or fall asleep before overdosing and killing himself ([14], p. 37).

As of the beginning of the seventeenth century, the international opium trade in Asia was increasingly led by merchants from the Netherlands. In 1602 the newly established Dutch East India Company took over the previously Portuguese trading posts in India. The Dutch East India Company centralized opium production in Netherlands-controlled opium farms in Bengal and sold opium from these farms across South-East Asia. As of 1677, the Netherlands had a monopoly on selling opium to Java and increasingly supplied Formosa and the southern Chinese provinces of Fujian and Guangdong. The success of the Netherlands merchants in promoting their merchandise led to the gradual spread of opium abuse along the Chinese coast and the first reports of large-scale opium addiction around the port of Amoy (Xiamen) in Formosa in 1683 ([2], p. 23).

About 200 chests of opium per year, or 12.7 mt, entered China during this period ([15], p. 13). The increase in opium abuse led the Chinese Emperor Yongzheng to issue a decree in 1729 banning the import and sale of opium. Foreign companies violating the decree would have their ships confiscated. Initially, the ban was vigorously enforced and its impact on prices probably limited the spread of opium abuse for a few decades. From this period onward opiates were increasingly smuggled into China by merchants from the Netherlands and other parts of Europe.

Towards the end of the eighteenth century, illegal imports of opium into China were twice what they had been six decades earlier ([18], p. 6). This prompted Chinese Emperor Jiaqing to attempt to reinvigorate the ban and, from 1796 to 1800, to once again outlaw the smoking and importation of opium ([19], p. 33). Opium was banned in several other South-East Asian countries by the beginning of the nineteenth century, including Siam, Burma and Viet Nam, as well as in parts of Java and Sumatra ([14], p. 162). The practical impact of these bans remained limited, as European companies applied pressure on China and other countries to reopen the opium trade.

The British East India Company was instrumental in expanding the opium trade towards the end of the eighteenth century. Founded in 1600, the British East India Company was given a monopoly on trade with the East Indies by the British Crown. The English arrived in China in 1637 and in 1715 were allowed to open a trading station in Canton ([20], p. 11). The importance of the British East India Company increased as it established a growing number of trading

posts along the Indian coast. It gained further significance following the Battle of Plassey in 1757, when it gained control of the Indian state of Bengal. Subsequently, the Company developed into an almost State-like actor ([14], p. 45). The British rule over India, which began with the commercial dominance of the British East India Company, lasted until 1858. In 1859 leadership in trade and administrative matters was replaced by a mandate for direct rule under the British Crown until India's independence in 1947.

The British East India Company's trade monopoly in Bengal and Bihar was critical to the opium trade. Bengal and Bihar were already important producers of opium when the Company took over, and starting in 1773 it replicated the old Mogul monopoly on the opium trade; the aim was to maximize profits ([18], p. 6), which were to be used to finance State expenditures, specifically military operations facilitating the Company's conquest of the rest of India over the next six decades. In 1781 the British East India Company took over the purchase of all opium produced on its territories in India, with a view to putting the administration of India on a more stable financial footing. With British Government funds becoming increasingly scarce because of the country's ongoing war against its colonies in North America, opium revenues were increasingly vital.

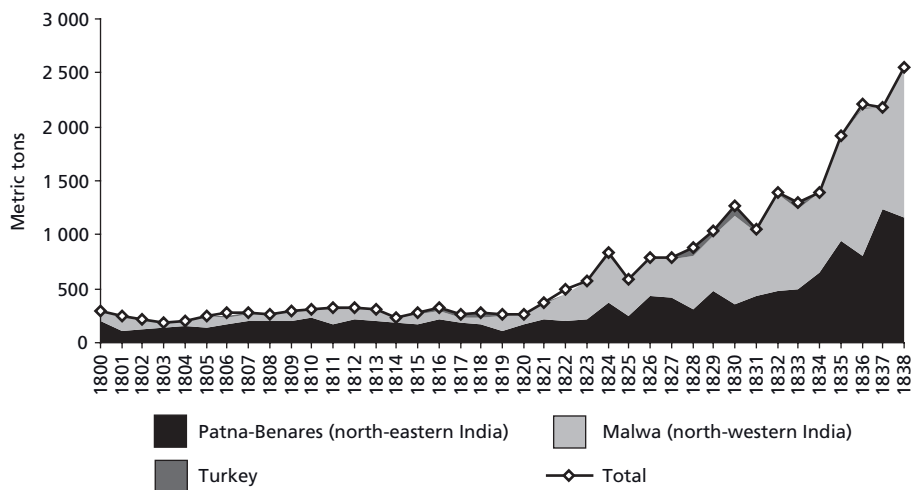
Politically, this was not without controversy. Because opium was still contraband in China, the opium trade was criticized in London for jeopardizing a rapidly expanding, legal Sino-British trade in legitimate goods. Thus, after 1784 a new *modus operandi* was invented and remained in place for decades ([19], p. 32): British East India Company opium was sold at auctions in Calcutta to private merchants licensed by the Company. The private merchants then shipped the opium to British-owned warehouses in Canton, from where it was smuggled by Chinese traders—often with the help of corrupt customs officers—outside the British zone and to the rest of the country. (In 1757 Canton was designated by the Chinese imperial Government as the only port open to European traffic ([21], p. 7).) The British East India Company was thus able to repudiate the opium trade and retain its other trading rights.*

By the beginning of the nineteenth century, India was by far the world's largest opium producer. Production was concentrated around Patna and Benares in Bengal (north-eastern India), supplying the markets of Calcutta, the Malwa area (central India) and Bombay. While the agencies at Patna and Benares were under the monopoly established in 1773, Malwa opium was grown in "native states" without any direct restrictions imposed by the British Indian Government; its control was limited to imposing the routes to the port of Bombay and the collection of a transit tax as it passed from the "native states" to British Indian territory ([22], p. 660). The East India Company originally held the monopoly over opium production and trade only in Bengal, but as of 1830 it also gained

*www.economics.harvard.edu/faculty/miron/files/opiumwars_ael.pdf.

the monopoly on opium distribution in Bombay. By the end of the eighteenth century, nearly a third of Bengal's opium production was exported to South-East Asia and China ([14], p. 56). Whereas in 1729 only about 200 chests (12.7 mt) were exported to China, in 1798 1,813 chests (115.1 mt) were exported to the country ([15], p. 13). The critical expansion of the opium trade occurred later, when, over the period from 1813 to 1834, the British East India Company slowly began to lose its monopoly position. This changed the opium trade fundamentally, causing a decline in prices and an increase in demand in China.

Figure III. Imports of opium into China (port of Canton), 1800-1838



Source: Michael Greenberg, *British Trade and the Opening of China, 1800-1842*, Cambridge 1951, p. 220-21, cited in Carl A. Trocki, *Opium, Empire and the Global Political Economy: Study of the Asian Opium Trade, 1750-1950* (London, Routledge, 1999), p. 95; original data converted into mt using 1 chest = 63.5 kg.

The monopoly meant that it made economic sense to limit production in order to keep prices high. Once the monopoly disappeared, the profits of merchants could be increased by increasing production. In order to prevent potential competition from Persia and Turkey—both of which tried to conquer the Chinese market with the help of United States merchants—the production of opium in India was drastically increased. The area under opium poppy cultivation in Bengal, for example, was increased from 90,000 acres ($\approx 36,400$ hectares) in 1830 to 500,000 acres ($\approx 200,000$ hectares) by 1900 [23]. Opium prices fell dramatically. Expressed in Spanish silver dollars, the price of a chest of opium from Patna fell from 2,500 in 1822 to 585 in 1838. This enabled a larger proportion of the Chinese population to purchase opium easily for recreational use. Opium sales increased from 2.4 million Spanish silver dollars in 1800 to 13.8 million in 1832, and grew further over subsequent decades ([14], p. 82). Adjusted for inflation, opium sales in 1832 would be worth about \$335 million in current

United States dollars, or \$3.2 billion if the adjustment were based on wage rates for unskilled labour.*

Opium exports from India to China rose from just 75 mt in 1775 to more than 2,500 mt in 1839. The opium trade became so important that the traditional ships were no longer sufficient; they were replaced in the 1830s by specially designed “opium clippers”, which were heavily armed to protect their high-value cargo. They were much faster than traditional ships, reducing the time of journeys by two thirds. Instead of one trip from India to China and return per year, the new ships would make three trips from either side of India, and were able to transport ever-larger quantities of Patna and Malwa opium to China ([14], p. 104).

The opium business turned out to be highly lucrative, and not exclusively for the British East India Company. From close to negligible amounts, the proportion of opium in total Chinese imports rose to about 50 per cent in the first decade of the nineteenth century [24] and remained at that level or higher for most of the rest of the century. The British authorities generated between one sixth and one seventh [17] of their total revenues in India from opium production and sales; in some years this increased to one third of total income (34 per cent in 1838) ([2], p. 25).

Similar or even larger proportions (though smaller absolute values) were reported for other countries or territories in South-East Asia. In the Netherlands East Indies, “opium farms” contributed to about 35 per cent of the total tax revenue from 1816 to 1925 ([25], p. 208). Similarly, opium farms in French Indochina (encompassing Laos, Viet Nam and Cambodia) contributed about 30 per cent of the total colonial revenues from 1861 to 1882. The British authorities of Singapore collected between 40 and 60 per cent of their revenue from taxes on such opium farms, the highest proportion found in any territory ([26], p. 82). In Hong Kong, opium farms accounted for between 4 and 22 per cent of total colonial revenue over the first four decades of Hong Kong’s status as a British colony, from 1842 to 1882 ([27] p. 111). Countries that were not colonies also adopted this financially lucrative system. Siamese opium farms contributed about one seventh of total Government revenues in 1901, rising to about 20 per cent by 1905/06 ([26], p. 82).

Triangular in nature, opium trade patterns were distinctive for the era. Indian opium, exported by British merchants to China, generated the funds for the

*A Spanish silver dollar was legal tender in the United States until 1857. The first dollar coins issued by the United States Mint were in fact of the same size and composition as the Spanish silver dollar, and even after the American Revolutionary War Spanish and United States silver dollars circulated side by side in the United States (www.coinace.com/Silver-Denominations-Rare-Coins.aspx). This allows direct comparison of the Spanish silver dollar with the United States dollar. The purchasing power—based on the concept of a consumer price index—of \$1 in 1832 is equivalent to \$24.3 in 2006; based on a comparison of unskilled labour costs, the payment of \$1 in 1832 would, however, be equivalent to the payment of \$238 in 2006 (www.measuringworth.com/uscompare/).

importation of tea, which was in turn sold in Europe, and British industrial goods were supplied to India. The constant stream of Asian imports into European markets from the sixteenth to the eighteenth century caused a permanent drain of gold and silver from Europe towards Asia, notably China. This new triangular trade helped to mitigate the partial deadlock resulting from the accumulation of gold and silver in China and China's mercantilist policies.

The net trade deficit of the Netherlands in Asia alone totalled some 590 million silver guilders between 1570 and 1780, (equivalent to an approximate modern amount of between \$10 billion and \$20 billion*). Similarly, Spanish shipments of silver guilders from Acapulco to Manila totalled about 400 million over three centuries ([14], p. 42) and substantial trade deficits were also suffered by Great Britain and Portugal. As a consequence, China accumulated huge amounts of silver from the sixteenth to the beginning of the nineteenth century. Although it was a rich country with a potentially lucrative market, European merchants had not really found the right mix of products for that market. Additionally, the manufacture of many luxury goods in China was still superior to production in Europe.

All of this changed with the intensified trade in opium. The opium sold illegally in China created more than sufficient flows of silver for the British traders who used it to purchase Chinese products. Tea was at the top of the list of imports, followed by a large number of luxury goods. Tea imports from China to Britain increased from 50 mt in 1700 ([4], p. 130) to 9,000 mt in the 1820s and almost 13,500 mt in the 1830s ([28], p. 17).

In order to limit the drain of silver to China, the British authorities were forced to levy high duties on tea. The British East India Company exported most of the tea from China to Britain and the British colonies in North America. But tea smuggling was common, especially in colonies of North America. Temporary privileges given by London to the British East India Company with regard to the tea duty in North America endangered the business interests of several of the tea smugglers, and the colonists objected to having to pay high tea duties in the absence of appropriate representation in the London Parliament. This formed the background to the infamous Boston tea party of 1773, a catalyst for the American Revolutionary War and the United States Declaration of Independence in 1776.

*At the time, 25 litres of wheat cost 5 to 7 sous tournois in Paris; 20 sous were equivalent to 1 livre tournois, which was similar in value to a Netherlands silver guilder. Thus, a litre of wheat cost at the time about 0.12 silver guilders. In August 2007 the price of wheat amounted to \$7.44 per bushel (35.24 litres) in the United States, equivalent to \$0.211 per litre. This would result in an exchange rate—based on the purchasing power of the two currencies in terms of wheat—of about \$17.6 for 1 silver guilder in 2007. Thus, 590 million silver guilders would be worth about \$10 billion. It goes without saying that such transformations are only indicative of likely orders of magnitude in today's currencies. (See www.phys.uu.nl/~huygens/conversion_nl.htm and <http://news.bbc.co.uk/1/hi/business/6962211.stm>.)

According to other sources, the exchange rate, based on the cost of living, would be about \$36 per guilder in the seventeenth century (<http://1632.org/1632Slush/1632money.rtf>).

The subsequent overhaul of economic policy in Britain led to a deep reduction of the tea duty in 1784. This in turn resulted in a massive increase in the demand for tea in Europe and provided the British empire with much-needed finances to recover from its unsuccessful military operations in North America. The rapid expansion in tea imports and the resulting increase in revenue to the Crown after 1784 would not have been possible without the growing income generated from the sale of opium in China. By 1789, the British East India Company still ran an annual trade deficit of about £20 million with China ([27], p. 25) (more than \$2.8 billion in 2006 dollars).^{*} The easiest and most practical solution to balance the trade deficit while benefiting from rising tea imports was the promotion of Indian opium exports to China. This enabled the levying of duties on opium and helped the operations of the British East India Company in India; it also enabled it to gain valuable income from tea imports. The duty levied on tea brought at least £3 million per year (equivalent to some \$420 million today, based on consumer prices, or \$4.6 billion based on wage rates for unskilled labour)^{**} to the exchequer in London. Moreover, by the 1830s, rising opium exports earned Britain a significant trade surplus.^{***}

As Britain's trade problems were disappearing, China's social and economic woes were increasing with each passing year. The Chinese authorities reacted by issuing ever-stricter laws banning opium imports. Following the edicts of 1729 and 1799, the Chinese Emperor decreed even stricter laws against the importation and sale of opium in both 1814 and 1831 ([29], p. 220). Unfortunately, none of these really achieved their objective. Reports that ever-larger sections of society were addicted to opium, including many of the country's decision makers and high-ranking military officers, increased. Corruption was rampant.

China attempted to prevent these opium imports by decisively going after the opium smugglers, resulting in the two "Opium Wars" (1839-1842 and 1856-1860), in which China was defeated. By the end of the second war, suffering severe humiliation and occupation by foreign forces, China lifted the remaining restrictions on opium imports ([21], p. 10).

Increasingly vexed, the Chinese authorities discussed two possible strategies to resolve the situation: the full legalization of domestic opium production as a substitute for opium imports or a far stricter policy towards the foreign merchants who did not adhere to the opium import ban. The latter approach prevailed. Thus, in 1839 the Imperial High Commissioner, Lin Tse-hsu, was sent by the Chinese Emperor to Canton, where he issued, on behalf of the Emperor, an edict that required all opium cargoes, including those held by foreign merchants, to

^{*}This is based on the value of a British pound in 1830 and subsequent changes in consumer prices, thus assuming no changes in value between 1799 and 1830 (www.measuringworth.com/uscompare/).

^{**}One British pound in 1830 was reported to be worth, using the retail price index, £70 in 2006 (\$140) or £772.8 (\$1,546) using average earnings of unskilled labour. Using per capita GDP, it would be worth £1,058.3 (\$2,117) (www.measuringworth.com/ukcompare/).

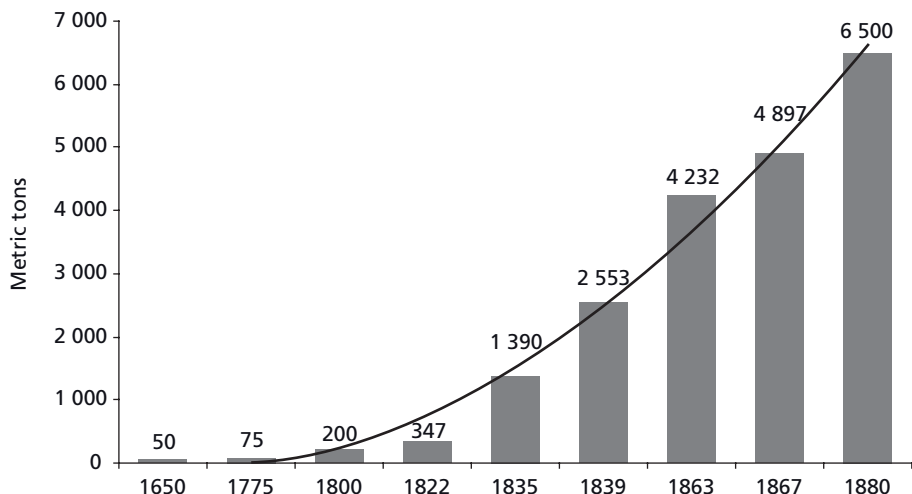
^{***}www.economics.harvard.edu/faculty/miron/files/opiumwars_ael.pdf.

be handed over to the Chinese authorities. As a direct result of this edict, the Chinese authorities seized (and subsequently emptied into the sea) 20,283 chests of opium ([28], p. 154) (about 1,300 mt) from British traders in Canton without compensation. In comparison, annual imports of opium into England amounted to less than 300 chests ([28], p. 204).

In response to what was perceived to have been a highly humiliating treatment of British citizens, London sent the British navy to China. The navy took Canton and various other towns as it sailed up the Yangtze river. This prompted the Chinese authorities to negotiate the Treaty of Nanking (1842), in which China ceded Hong Kong and agreed to open five ports and pay indemnity ([28], p. 204). Opium remained illegal and was not a subject of the treaty ([21], p. 10).

With the authorities increasingly viewing opium as a foreign poison threatening the cohesion and survival of Chinese society, Government efforts for ever-tighter controls continued. Unfortunately, their lack of success also continued, especially as Chinese smugglers discovered the loopholes inherent in having their ships registered in Hong Kong as British ships. In 1856, the Chinese crew of (the) *Arrow*, a Chinese vessel sailing under the British flag, was arrested by the Chinese authorities and the British flag was torn down. The retaliation by the British navy and French troops led to another round of Anglo-Chinese hostilities, which culminated in the seminal treaty of Tientsin (1858). The treaty was ratified by China in 1860, after Beijing had been conquered and the imperial summer palace set on fire. In this treaty China was finally forced to fully legalize the importation of opium [30]. Opium imports from India rose to 6,500 mt by 1880 ([14], p. 126).

Figure IV. Opium imports into China, 1650-1880



Sources: Thomas D. Reins, *The Opium Suppression Movement in China* (United Kingdom, 1991); Michael Greenberg, *British Trade and the Opening of China, 1800-1842* (Cambridge University Press, United Kingdom, 1969); Alfred W. McCoy, *The Politics of Heroin* (New York, 1991); original data converted into mt using 1 chest = 63.5 kg; 1 picul = 60.453 kg.

The legalization of opium imports proved devastating for China. With steeply rising imports leading to an equally steep decline in China's silver reserves, opium was impoverishing the nation. The Chinese trade account eroded quickly under the pressure of the legalization of opium imports and rising demand for opium in China. This impact was not reversed until Chinese authorities gradually allowed domestic farmers to grow opium poppy, after 1880. Provincial authorities did this despite the fact that cultivation would officially remain illegal in China until its formal legalization at the national level in 1890 ([19], p. 37).

This policy was successful in reducing China's trade deficit. After 1880, rising levels of domestic production helped to curb opium imports and thus reduced the outflow of silver. Overall opium imports were halved between 1880 and 1908 and legal opium imports by more than one third.*

As a consequence, British India's opium-related income fell from 14 per cent of aggregate income in 1880 to 7 per cent in 1905. Between 1894 and 1905, the opium-related income of British India declined from about £5 million to £3 million ([22], p. 661). These were large losses by any measure.

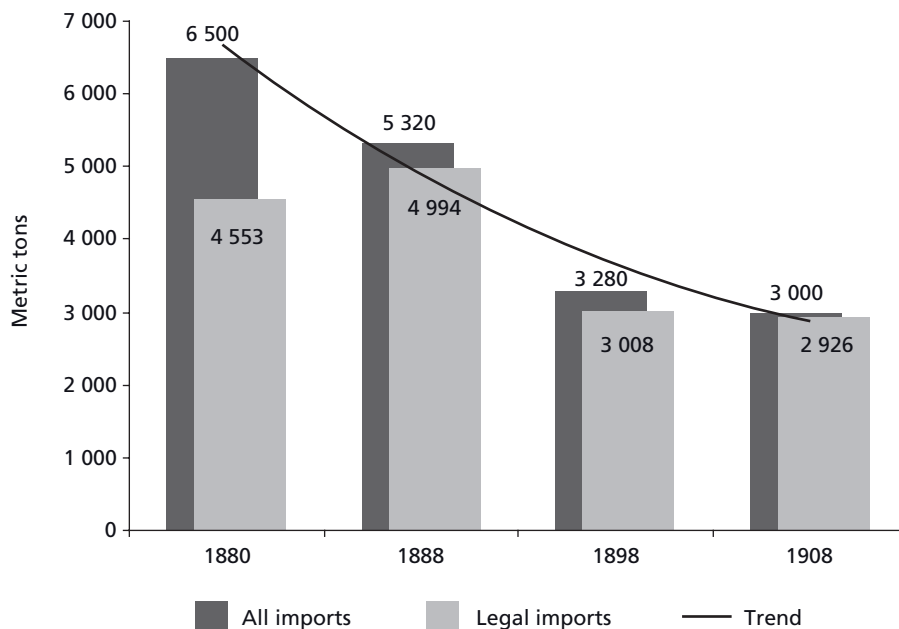
In China the opposite was happening: duties on opium imports and transit taxes on foreign opium in China amounted to at least 5.5 million taels a year from 1887 to 1905, equivalent to about 5 to 7 per cent of the central Government's total revenue ([31], pp. 101-142). After the Chinese Government levied a consolidated tax on both foreign and domestic opium in 1906, income almost tripled, to 14 million taels, some 14 per cent of the annual central Government income of about 100 million taels ([15], p. 30).

Whereas the post-1880 de facto legalization of opium poppy cultivation at the provincial level had led to a gradual increase in production, the official legalization of opium poppy cultivation in 1890 led to skyrocketing opium production. Domestic opium production had existed in China throughout the nineteenth century, but on a very small scale. Total production in the 1830s was estimated at about 5,000 chests (\approx 300 mt) ([32], pp. 128-129). By 1880 domestic production was reported to have slightly exceeded imports. Twenty-six years later, opium production in China exploded, peaking in 1906 at 584,800 piculs (more than 35,000 mt), according to information provided by the Chinese delegation to the

*According to data supplied by the Chinese delegation to the International Opium Commission in 1909, the decline between 1880 and 1908 amounted to 36 per cent (from 75,308 piculs to 48,397 piculs, i.e., from 4,553 mt to 2,921 mt) (see *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909) p. 51). Other sources, however, indicate that there was, in addition to "legal imports", a significant amount of "illegal imports" in 1880, in the sense that the import duties were not properly paid and imports were thus not registered. Such "illegal imports" however, seem to have largely disappeared by the beginning of the twentieth century, so it seems fair to say that overall opium imports into China declined by about half between 1880 and 1908.

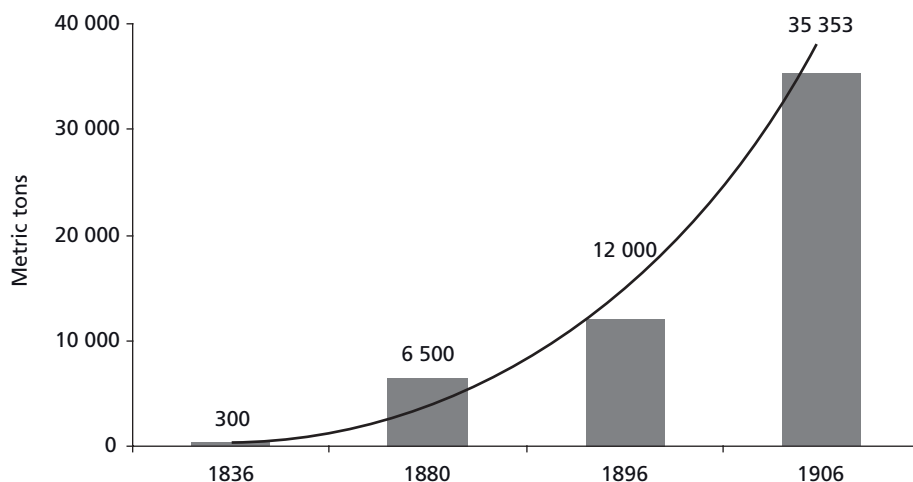
International Opium Commission of Shanghai in 1909.* These are enormous amounts by today's standards—four times the global illicit opium production in 2007. In comparison, British India produced 70,000 chests ($\approx 4,445$ mt) in 1905, of which 51,000 chests ($\approx 3,240$ mt) were exported to China ([14], p. 163).

Figure V. Opium imports into China, 1880-1908



Sources: *International Opium Commission, Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations*, (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 46-47; *Observatoire Géopolitique des Drogues, Atlas Mondial Des Drogues* (Paris, Presses Universitaires de France, 1996), p. 27; and Thomas D. Reins, "Reform, nationalism and internationalism: the opium suppression movement in China and the Anglo-American influence, 1900-1908", *Modern Asian Studies*, vol. 25 No. 1, (1991), p. 114.

*The official Chinese production estimate for 1906 (584,800 piculs) was derived from customs and levy reports. (In 1908, using a similar customs/levy-based methodology, the Chinese authorities estimated production at 367,250 piculs, a decline of 37 per cent from the 1906 level.) The United Kingdom delegation to the 1907/08 Shanghai proceedings was critical of the Chinese 1906/07 production figures. United Kingdom estimates by Morse (1905), based on a rapid assessment of the situation, suggested a total production of 376,000 piculs in 1905. United Kingdom estimates by Leech (1907), based on another rapid assessment, estimated Chinese production at 331,000 piculs in 1907 (a decline of 12 per cent). This estimate was forwarded by the British legation in Beijing to the British Foreign Office in London. (Using the lesser decline (United Kingdom figures) would have meant less of a reduction in British opium exports from India to China). The official Chinese figures have been used here because they were generally accepted and used during the proceedings by which the 1912 Hague Convention was elaborated.

Figure VI. Domestic opium production in China, 1836-1906

Sources: Carl A. Trocki, *Opium, Empire and the Global Political Economy: a Study of the Asian Opium Trade 1750-1950* (London, Routledge, 1999), p. 96; Observatoire Géopolitique des Drogues, *Atlas Mondial Des Drogues* (Paris, Presses Universitaires de France, 1996), p. 27; *Report of the International Opium Commission, Shanghai, China*, February 1 to February 26, 1909: Vol. II, *Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited), p. 119.

Production became pervasive and was reported from 20 Chinese provinces. More than 40 per cent of the total production (238,000 piculs, or 14,400 mt, almost twice the current opium production in Afghanistan) took place in the province of Szechwan. The next-largest producer was Yunnan (78,000 piculs, or 4,700 mt). Yunnan province is located in southern China, bordering Myanmar, and Szechwan province is located north of Yunnan. In other words, more than half of China's opium production took place slightly to the north of the geographical area that would become known as the Golden Triangle (Myanmar, Laos and Thailand).

Table 1. Opium production in China in 1906^a

Province	Piculs	Metric tons	Percentage
Szechwan	238 000	14 388	40.7
Yunnan	78 000	4 715	13.3
Shensi	50 000	3 023	8.5
Kweichow	48 000	2 902	8.2
Kansu	34 000	2 055	5.8
Shansi	30 000	1 814	5.1
Shantung	18 000	1 088	3.1

Table 1. Opium production in China in 1906^a (continued)

<i>Province</i>	<i>Piculs</i>	<i>Metric tons</i>	<i>Percentage</i>
Kiangsu	16 000	967	2.7
Manchuria	15 000	907	2.6
Honan	15 000	907	2.6
Chekiang	14 000	846	2.4
Chihli	12 000	725	2.1
Anhwei	6 000	363	1.0
Fukien	5 000	302	0.9
Hupen	3 000	181	0.5
Hunan	1 000	60	0.2
Kwangtung	500	30	0.1
Kwangsi	500	30	0.1
New Territory	500	30	0.1
Kiangsi	300	18	0.1
Total	584 800	35 353	100

^aBased on Chinese customs reports.

Source: *Conférence Internationale de l'Opium, La Haye, 1 décembre 1911–23 janvier 1912: actes et documents, tome II, documents* (La Haye, Ministère des affaires étrangères, Imprimerie national, 1912), p. 57.

As domestic production increased, the prevalence rate of opium consumption in China skyrocketed. The country's opium-smoking population rose from 3 million in the 1830s,* to 15 million, or 3 per cent of the total population, by 1890 ([15], p. 20). According to the Chinese delegation to the International Opium Commission conference in Shanghai (1909), the number of addicts increased to between 21.5 ([33], p. 120) and 25 million (5.4 to 6.3 per cent of the total population) by 1906 ([34], p. 68). Some estimates put the number of opium users in 1890 at 40 million, or 10 per cent of the total population ([35], pp. 143–173). All estimates suggest that China was consuming 85 to 95 per cent of the global opium supply at the beginning of the twentieth century. In every Chinese city opium dens were among the most important retail businesses, sometimes numbering in the thousands. In Shanghai alone, opium dens increased from 1,700 in 1872 to several thousand towards the end of the century, even exceeding the number of rice stores ([36], p. 170).

According to official Chinese domestic production and import-based estimates, opium addiction affected 23.3 per cent of the adult male population and 3.5 per cent of the adult female population in 1906 ([34], p. 120). Similar figures were also reported directly to central authorities by governors. Other estimates ranged from 13 per cent (United Kingdom delegation estimates) ([34], p. 29) to 27 per cent for the adult male population of the country (Chinese estimates

*<http://opioids.com/opium/history/index.html>.

based on production figures) ([33], p. 66). To put this in some sort of perspective, current global opiate (opium, heroin, morphine) consumption amounts to 0.4 per cent of the adult population (aged 15-64) or 0.25 per cent of the total population.

Figure VII. Opium production in China, India and Indochina, 1906/07



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sources: Opium production data from the International Opium Commission, 1909; historical boundaries of China from China Historical Geographic Information System, Version 4 (Harvard Yenching Institute, Cambridge, United States, 2007).

Opium use also affected Chinese populations outside China. In the United States, for instance, estimates suggested that 30 per cent of adult males of Chinese origin were addicted to opium smoking ([34], p. 33). Even higher proportions were reported for adult males of Chinese origin living in South-East Asian countries.

Table 2. Opium use in China in 1909^a

<i>Location</i>	<i>Percentage of total population</i>	<i>Percentage of adult male population</i>
Manchuria	2	10
Chihli		20-30
Shantung		33 (of which 5% smokers)
Kiangsu		
Shanghai area		20 (urban)
		4-5 (rural)
Chinkiang		10 (urban)
		1-2 (rural)
Nanking		20 (in 1906)
Chekiang		
Hangchow	5	
Ningpo	2	6-8
Wenchow and Chuchow		20 (urban)
		10 (rural)
Fukien		
Amoy	25	
Ch'uanchow	1 to 3	
Yungch'un		10
Foochow	4	20
Kwangtung		
Canton		33 (in 1906)
Kongmoon	2.5	
Sanshui	< 10	
Pakhoi		very high
Swatow	25-30 (urban)	
	5 (rural)	
Hunan		
Changsha	1.5 (addicts)	40-50 (incl. occasional users)
Yochow		20
Hupei		20
Hangkow	20	
Siangyanfu	15 (rural, small towns)	
	45-60 (big cities)	
Shashi	22	
Ichang		33
Kiangsi		
Kiukiang		40 (1906)
Anhwei		
Wuhu		50
Honan		15 (urban)

Table 2. Opium use in China in 1909^a (continued)

<i>Location</i>	<i>Percentage of total population</i>	<i>Percentage of adult male population</i>
Shensu, Kansu, Kweichow		2 (rural)
Chungking		20
Szechwan		34
Yunnan		
Mengtsz		50 (1906)
Szemao		50 (1901)
Tengyuch	30	
Kwangsi		33
Northern and western prefectures		50-60
Wuchow		20
Nanning	10	18
Unweighted average of Governors' estimates	—	24
Chinese estimate (derived from production and import data)	5.4	23.3

^aGovernors' estimates.

Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 62-66.

II. THE EMERGENCE OF AN INTERNATIONAL DRUG CONTROL CONSENSUS

The century-long opium trade was devastating for China, from both a health and a social point of view. Opium merchants, shippers, bankers, insurance agencies and governments profited greatly, but the social and economic costs of having a growing number of drug addicts in China and across East and South-East Asia became untenable relatively quickly.

The cost of addiction was experienced to a lesser extent throughout much of Asia, especially in countries where opium monopolies (“opium farms”) were created. These kept the price of opium high, thus limiting consumption, while contributing, via licence fees, to local budgets. Nonetheless, such systems were far from optimal. In Formosa, for example, opium addiction affected 13.5 per cent of the adult male population by 1906 ([34], p. 120). However, even in countries or territories where such opium monopolies existed, illegal shipments of opium from neighbouring countries forced prices down. The resultant price declines led to expansions in consumption and addiction.

The strongest voice against the rising tide of addiction came from nationalist circles in mainland China itself, which feared that the opium trade would cause a decline in the self-esteem of the Chinese people and saw the opium trade as a direct threat to China’s ability to resist foreign influence and aggression.

As news spread of the devastating impact large-scale opium addiction was having on China, religious and ethically minded groups within the United Kingdom and other Western countries (notably the United States) began calling for withdrawal from direct involvement in the trade. Christian churches protested on moral grounds; as the opium traffic also hampered missionary efforts to spread the faith in China, they were particularly vocal and active in their criticism ([31], p. 110). Groups involved in temperance movements* (who opposed substance abuse in general), anti-slavery and human rights activists,** already organized and

*Including feminist groups, a common alliance during this period.

**In fact, a number of anti-slavery activists later became strong anti-opium activists. One example was Benjamin Broomhall, secretary of the Anti-Slavery Association and subsequently an active opponent of the opium trade. He wrote two books to promote the banning of opium smoking: *Truth about Opium Smoking* and *The Chinese Opium Smoker*. In 1888, Broomhall formed and became secretary of the Christian Union for the Severance of the British Empire with the Opium Traffic and editor of its periodical, *National Righteousness*. He lobbied the British Parliament to stop the opium trade. He also appealed to the London Missionary Conference of 1888 and the Edinburgh Missionary Conference of 1910 to condemn the continuation of the trade (see Gerald H. Anderson, *Biographical Dictionary of Christian Missions* (Grand Rapids, United States, Eerdmans, 1999), p. 93).

experienced in protest, lent their voices to the pressure on governments and commerce to withdraw from what they saw as a parasitic, immoral and greedy trade. Commercial exporters of manufactured goods also protested, as they saw their import market compromised due to the outflow of silver for opium. At the same time, far-left politicians* throughout the world saw in the opium trade the worst manifestation of uncontrolled capitalism. Karl Marx, for instance, decried the “flagrant self-contradiction of the Christianity-canting and civilization-mongering British Government” for its energetic pursuit of what he called the “free trade in poison” ([18], p. 2).

From among these disparate groups, the strongest anti-opium pressure emerged from the religious circles. In 1874 a group of Quaker reformers in London formed the extremely effective United Kingdom pressure group called the Society for the Suppression of the Opium Trade ([37], p. 101). Methodists, Baptists, Presbyterians, Unitarians and members of other dissenting churches adopted the cause. Parishes and convocations held meetings and submitted numerous mass petitions in support of the so-called anti-opiumists. Between 1875 and 1890, anti-opium Members of Parliament also introduced five “society-inspired” resolutions to the House of Commons calling for the abolition of the opium trade and its prohibition in British India. Although they were defeated, the Society won a momentous victory in the House of Commons in 1891, when the British Indian Government’s reliance on revenues gained from selling opium to the Chinese was condemned as “morally indefensible” ([38], pp. 375-420).

Against this background the British Government began to study the opium problem in more detail. In 1893, the Royal Commission on Opium was formed to examine the question of whether poppy growing and the sale of opium should be, except for medical purposes, prohibited in India. The Commission was to consider three issues: the cost of prohibition for India; the effect of opium use on the moral and physical condition of the people; and the opinion of Indians about prohibition.

The Royal Commission issued its report in 1895 and concluded that prohibiting the non-medical use of opium was neither necessary nor wanted by Indians and that the British Government should not interfere with opium production and consumption in India. It also argued that India could not afford to give up opium revenues, as “the finances of India are not in a position to bear the charges or compensation, the cost of necessary preventive measures and the loss

*The far left also campaigned against slavery and opium and linked this to the fight against capitalism. In the view of Karl Marx, for instance, the East India Company deliberately encouraged opium addiction among the Chinese population purely for financial gain. The ruling class in Britain and the British Government were turning a blind eye and supporting this by promoting unconditional free trade. Similarly, the British textile industry depended heavily on American cotton, leading the British ruling class to repeatedly turn a blind eye to the conditions of slavery in the American south while preaching to the world the virtues of free trade (see Marx Tribune articles, <http://archives.econ.utah.edu/archives/marxism/2007w42/msg00127.htm>).

of revenues". Moreover, it found that the consumption of opium by the people of India did not cause "extensive moral or physical degradation" and that distinguishing medical from non-medical use was not practical [38].

The findings of the Royal Commission were heavily criticized by anti-opium reformers who claimed that the make-up of the Commission had been biased and favoured the economic interests of the Government of British India ([31], p. 111), thus whitewashing the Indian opium question ([39], p. 186) and defending the status quo ([40], p. 1299). The report was criticized again, more than a decade after its issuance, by the head of the United States delegation to the Shanghai conference for not having helped to reduce India's opium traffic to China. The head of the delegation argued that it "exalted the Indian opium revenue to a position from which it did not seem likely to be dethroned" ([22], p. 668).

Despite the bias of the composition of the Royal Commission (only two out of seven members were "anti-opium reformers"), it collected valuable information on opium from a broad range of key informants (723 "witnesses"), including medical doctors, police officials, military officers, representatives of local governments, various officials from the opium-producing states, lawyers, journalists, landowners, planters, merchants and missionaries [38]. The view expressed by the Commission, that opium consumption did not constitute a dramatic abuse problem in India, was largely supported by the data it had collected. The only dissenting views came from missionaries and circles close to the temperance societies. One Bishop of the Methodist Episcopal Church in India claimed that "at least half of the opium users took it in excess with ruinous effects on their health, their morals and their finances [38]."

The information collected from other sources showed a less dramatic picture. While use was widespread in India, individual consumption levels were low, limiting negative health and social consequences. Opium use was found to be a habit of mainly middle-aged and older men. Opium was found to be used more commonly in states where it was cheap and abundant (such as Rajput states) and less commonly in states where it was more expensive. The Commission found that daily dosages for about one fifth of users were from 2 to 5 grains (0.13-0.32 grams), for the majority of users from 5 to 40 grains (0.32-2.59 grams) [38] and for about one tenth of users more than 40 grains (> 2.59 grams). Annually, therefore, the bulk of Indian opium users (70 per cent) consumed between 188 and 945 grams a year and only a small proportion (10 per cent) consumed more than 945 grams a year. A study of 4,000 cases of opium eaters in Rajputana, presented to the Royal Commission, reported an average daily dose of 21.5 grains (1.4 grams per day or 0.5 kg per year). (Later studies from Calcutta found a daily dose of 26.5 grains, equal to 1.7 grams or 0.6 kg per year.) Average daily doses in India were thus far more moderate than consumption patterns reported from other countries. For example, official estimates by the Chinese

authorities a decade later claimed that Chinese opium users consumed between 0.84 kg* and 2.2 kg** per year, with daily consumption levels ranging from about 1 mace (3.78 grams) to 4 maces (15.1 grams) ([33], p. 66; [34], p. 68).

The overall perception arising from the report was that the consequences of opium consumption in India were not that different from (or perhaps even less severe than) the serious alcohol abuse problem faced by the United Kingdom at the time. Both the high price of opium and the mode of administration probably contributed to the relatively low per capita consumption level (half that of China) [38]. The report's implicit conclusion, that opium production was not so dangerous, also had to do with its terms of reference ([40], p. 1299), which had asked it to investigate the consequences of opium consumption in India but not the impact of Indian opium production on consumers outside the country. This was a crucial distinction, as the bulk of Indian production was destined for export markets.

Once the United States assumed control of the Philippines in 1898, the international discussion on the public impact of opium addiction was reinvigorated, in parallel with the proposal of the United States Governor of the Philippines to revive the Spanish tax farming system in 1903. Under Spanish rule, the opium trade was undertaken by state-licensed opium monopolists, and the resultant taxes constituted a substantial portion of the Government's revenues. The opium users were mainly Chinese living in the Philippines.

The Governor's proposal was within two weeks of final adoption when it was derailed by a last-minute campaign by Manila's missionaries, who contacted the International Reform Bureau, a prohibitionist missionary lobby in Washington, D.C. Two thousand telegraphic petitions, calling on President Theodore Roosevelt to block the proposal [41], were immediately dispatched to prominent supporters. President Roosevelt, impressed by this outburst of public moral indignation, ordered the Philippine Government to withdraw the legislation for further study.

In 1903 an Opium Committee was convened. It included the Episcopal Bishop of the Philippines, the Reverend Charles H. Brent, a native Canadian who had been in the Philippines since 1901. The Committee began its work by investigating the experiences of various other Asian countries, territories and cities, including Hong Kong, Shanghai, Formosa, Japan, Saigon, Burma, Java, Singapore and various Philippine islands ([31], p. 111). A number of approaches

*This estimate is derived from the amount of 491,133 piculs (29,637 mt) available for consumption in 1906 and an estimate of 25 million opium users (see *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. I, Report of the Proceedings* (Shanghai, North-China Daily News and Herald Limited, 1909), p. 68. and *Vol. II, Reports of the Delegations*, p. 66.)

**This estimate is derived from the amount of 491,133 piculs (29,637 mt) available for consumption in 1906 and an estimate of 13.46 million opium smokers in China in 1906 (see *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), p. 66).

to the regulation of opium were considered, the most prominent being regulatory regimes involving high tariffs, high licence fees, Government monopoly and/or total prohibition. The Committee argued that the first two approaches would prove ineffective in deterring trafficking and consumption, as they had failed in other Asian countries. Although such schemes might increase the cost of opium for consumers and raise government revenue, the higher prices would also serve as an incentive to smugglers. Total and immediate prohibition was rejected on the grounds that it would be unduly harsh on addicts. The Committee concluded that progressive prohibition through a government monopoly offered the best chance of bringing opium under control.

Under the Committee's proposal, the government monopoly would last three years. During this time the cultivation of opium in the Philippines would be made illegal, opium dens would be outlawed and the use of opium by persons under the age of 21 would be prohibited. The gradual detoxification of addicts would be accomplished through strict government control of the opium supply ([31], p. 112). The report was completed in 1904, and in 1905 the United States Congress adopted its recommendations, passing "An act to revise and amend the tariff laws of the Philippine Islands", empowering the Philippine colonial government to "prohibit absolutely the importation or sale of opium, or to limit or restrict its importation and sale, or adopt such other measures as may be required for the suppression of the evils resulting from the sale and use of the drug." The act also provided that after 1 March 1908 it would be unlawful for any non-governmental entity to import any form of opium into the Philippine Islands [41]. Although the United States policy was very clear, and probably well enforced, it quickly became apparent that unilateral action would not lead to success. Opium was still plentiful throughout Asia.

In fact, the futility of unilateral action had been demonstrated earlier in the century, when China's attempts to ban opium poppy failed in the face of Indian supply and merchants willing to ship to China. At that time it was recognized that the ban on cultivation in China was of only limited use as long as opium imports could not be prevented. British authorities, in particular, repeatedly pointed out that a reduction of opium production in India would have no positive impact on the situation in China as long as domestic production in China was increasing and Persia, Turkey and other countries could fill supply shortfalls if India left the market. Moreover, there were many European and Japanese merchants waiting in the wings.

Eventually, it was the simple logic of global supply and demand that pointed to the need for the establishment of a global drug control system. Unfortunately, concerned States did not know how to go about achieving an anti-opium lobby that would have strong enough support and broad enough influence to override business interests at the international level. This changed in the first decade of the twentieth century. Some key personalities within the

anti-opium lobby succeeded in influencing the authorities by means of modern mass communications. The strategic interests of a number of key players also changed, resulting in the emergence of a broad consensus in favour of drug control at the international level.

A much-needed geopolitical window of opportunity opened after 1906, following the victory of the Liberal Party over the Conservatives in the United Kingdom. Since the mid-nineteenth century, the Liberals had opposed the involvement of the United Kingdom in the opium trade on moral grounds, and having gained control of the House of Commons, they passed a resolution calling for the end of the Indo-Chinese opium trade ([15], p. 29). This was also facilitated by changes in overall British business interests. The expansion of opium production within China had already started to reduce export revenues (and tax income), while British manufacturing companies complained about limited market success because of the rising importance of opium in total expenditure by Chinese consumers.

The United States joined the control lobby at roughly the same time. Having just defeated the Spanish forces and taken over the Philippines as a colony in 1898, the United States was suddenly faced with an opium problem of its own that it needed to solve. The United States authorities found that Manila alone had some 190 opium dens retailing a total of 130 mt of opium per year. They worried that this could eventually lead to a further spread of opium use within the United States. Consequently, between 1906 and 1908, the United States banned opium smoking in the Philippines.* Moreover, the United States had a strong geopolitical interest in improving relations with China. Following some cases of racial discrimination and murders of Chinese railroad workers in the United States, China was considering a boycott of United States products. Joining efforts with China to curb opium exports actually represented an opportunity to improve strained relations. Also, United States manufacturers blamed the opium trade on declining Chinese demand for their exports.

Curbing opium exports was also important to other Asian countries. While opium imports into China were declining, there were reports of Chinese opium exports to neighbouring territories of British Burma and French Indochina. It was thought to be only a matter of time until the world's largest opium producer would also emerge as the world's largest opium exporter.

China itself had changed its political approach from confrontation to quiet diplomacy, which in the end was far more successful. In the wake of the Boxer Rebellion in 1900, Beijing slowly and cautiously worked on getting Western help to restrict foreign drug activities in China. In September 1900, the Chinese authorities requested that France take steps to monitor the smuggling of opium,

*<http://opioids.com/opium/history/index.html>.

morphine and drug paraphernalia from the French Concession at Shanghai. In a commercial treaty between China and the United Kingdom, London agreed to “the prohibition of the general importation of morphia into China”, and the United States adopted a similar prohibition in 1903. The following year, China concluded an agreement with Germany that sought to control the traffic of opium between the German Shantung leasehold and China. A nearly identical provision, aimed at halting opium smuggling between Macao and China and limiting morphine imports to those needed for medical purposes in China, was adopted in a Sino-Portuguese treaty in 1904 ([31], pp. 104-105).

Against this background, the Reverend Charles H. Brent successfully lobbied the United States State Department for an international conference to discuss the possibilities for ending the global (non-medical) opium trade ([42], p. 28). China was also convinced of the merits of such an international conference, and the United Kingdom did not want to see other nations filling the void resulting from the reduction of opium exports from British India to China. By mid-1906, the United States State Department had entered into negotiations to convene the first international conference on the opium question, which eventually took place in February 1909 in Shanghai.

III. DEVELOPMENT OF THE LEGAL FRAMEWORK AND CODIFICATION OF THE INTERNATIONAL CONTROL SYSTEM

The international conference on narcotic drugs convened in Shanghai represented the first time that the actual situation related to the main producing and consuming countries was analysed in detail. In addition, the first attempts were made to reach an agreement on limiting shipments of narcotic drugs ([43], p. 283). It can thus legitimately be considered the starting point of the international drug control system. The sections that follow detail the evolution of the central concept of this system: action by individual States, within the limits of their jurisdiction, national policies, legislation and resources, in compliance with the provisions of the international drug treaties ([44], p. 63).

International Opium Commission, Shanghai, 1909

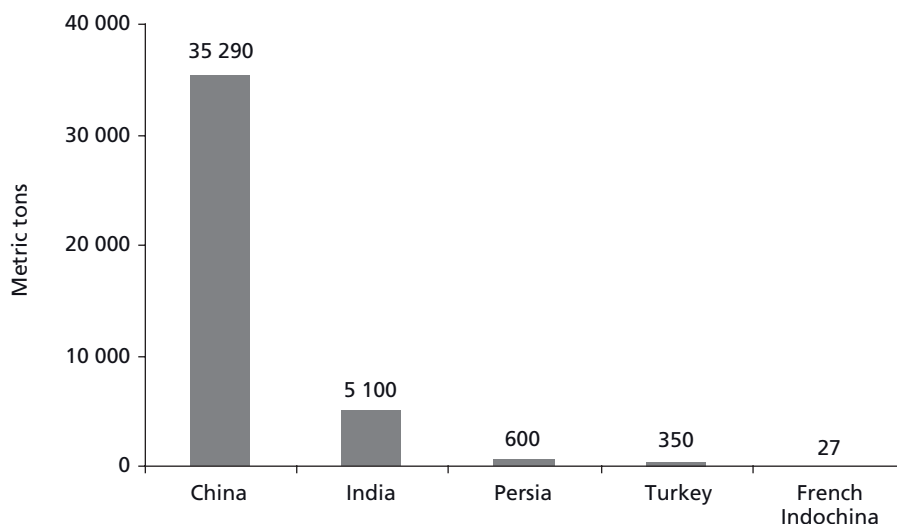
The first international conference to discuss the world's narcotics problem was convened in February 1909 in Shanghai. This forum became known as the International Opium Commission, and it laid the groundwork for the elaboration of the first international drug treaty, the International Opium Convention of The Hague (1912) ([44], p. 64). The Bishop of the Philippines, the Reverend Charles H. Brent was elected President of the Commission.

The original plan for the conference was to limit discussions to the topic of ending the opium trade in Asia, particularly in China. In the run-up to the conference, several Governments expressed interest in participating and others registered reservations. Most reservations centred on the feeling that the issue could not be properly discussed unless all major producing, manufacturing and consuming nations attended. Several Governments were opposed to giving the conference any plenipotentiary powers. In the end, feedback from States was largely taken into account, and not only was the initial invitation list expanded, it was also agreed that the invited delegates would act in an advisory capacity only ([42], p. 28). This compromise virtually guaranteed the participation of most colonial powers—Austria-Hungary, France, Germany, Great Britain, Italy, Japan, the Netherlands, Portugal, Russia and the United States—as well as China, Persia and Siam ([34], pp. 3-6). The only country that was invited but did not attend was Turkey ([42], p. 28).

The Commission was strongly dedicated to providing delegations with an evidence base for the opiates trade and collected a large amount of data on

cultivation, production and consumption. On the basis of data collected for the Shanghai conference, total opium production was found to have been about 41,600 mt in 1906/07 [34].

Figure VIII. Opium production estimates, 1906/07



Source: International Opium Commission, *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909); and Hamilton Wright, "The International Opium Commission", *The American Journal of International Law*, vol. 3, No. 3, July (1909), pp. 648-673.

The conference revealed that China was the world's largest opium producer at the beginning of the twentieth century, producing 85 per cent of global opiates: 584,800 piculs ($\approx 35,300$ mt). Chinese domestic production accounted for 88 per cent and imports for 12 per cent of total domestic demand in 1908. The bulk of opium imports came from India. Of the total imports for 1908, 43 per cent came from Patna (eastern India), 32 per cent from Malwa (central India) and 22 per cent from Benares (eastern India). The rest of the world accounted for just 3 per cent, most of which came from Persia ([33], p. 51).

The world's second largest opium producer was India, where production amounted to more than 5,100 mt, about 12 per cent of the world total ([33], pp. 173-193). Total production in Bengal was over 3,400 mt in 1906/07, with about 1.5 million farmers involved in cultivation, and total production in Malwa was over 1,700 mt. The total area under poppy cultivation in India amounted to 328,000 hectares in 1906/07 [45].

The next-largest producer was Persia, the modern-day Islamic Republic of Iran. Annual production in Persia was estimated at about 600 mt, or 1.5 per cent of the world total. Some 25 per cent was consumed domestically and 75 per cent (\approx 450 mt) was destined for export. The quality of Persian opium was second only to that of Indian opium ([33], p. 317). The head of the United States delegation reported later that production in Persia ranged from 450 to 900 mt and that domestic consumption was 90 to 140 mt ([22], p. 665).

Turkey did not attend the conference. However, the head of the United States delegation reported later that estimates available to the United States authorities suggested that Turkey produced some 2,300 “cases” of opium in 1907. Assuming that the measurement of a case was equivalent to that of a chest, the typical measure for opium at the time, Turkey would have produced about 150 mt in 1907. The United States delegation believed that this was exceptionally low and that in a normal year Turkey was more likely to produce between 5,000 and 6,000 cases (320-380 mt), and, in a very good year, up to 8,500 cases (540 mt) ([22], p. 666). Turkish opium was characterized by a high morphine content and was thus widely used for export to Europe or America for medicinal purposes.

Production in other countries was far more moderate. The French authorities reported that opium production took place at low levels in northern Laos, around Tran-Ninh (close to Viet Nam) and in northern Viet Nam, around Dong-Van in Upper Tonkin. Production from the areas known for opium in Laos amounted to about 1.2 mt and in northern Viet Nam to about 3 mt. The French authorities estimated that Indochina, in total, produced a maximum of 24 to 30 mt annually. Imports of opium amounted to 138 mt in 1907. An additional 20 to 25 mt were reported to have been smuggled from Yunnan province (China) into French Indochina ([33], pp. 123-124).

The British authorities reported opium production in the regions including the remote hills of modern-day Myanmar (Kachin villages and Shan states). While cultivation in Upper Burma (that is, the Shan states) was allowed, it was prohibited in Lower Burma. As British rule over Upper Burma was only indirect, the authorities did not provide estimates ([33], pp. 187-189). It was reported, however, that the demand for opium had increased following the country's incorporation into British India in 1824 ([46], pp. 44-55).

Opium production in Afghanistan was not investigated at the Shanghai conference. The level of production was thought to be low and restricted to the north-eastern parts of the country (Badakshan). Other countries reporting low or no production included ([33], pp. 355-375):

- United States: no opium was produced; some experimental poppy was harvested in 1908, with a weight of 4,082 kg;
- Japan: there was only small-scale production of opium for medicinal use; average annual yield was about 40 kg;

- Netherlands: poppy was cultivated only for seed and oil;
- Netherlands East Indies: cultivation of opium was prohibited;
- Siam: there was no production of opium;
- Portugal and its colonies: although Macao was an important opium-trading centre, there was no production;
- Austria-Hungary: reported insignificant cultivation;
- France: poppy was cultivated only for its seed-oil;
- Italy: there was insignificant cultivation, with poppy capsules sometimes used for medical purposes.

In addition to assessing overall amounts, the Shanghai conference also analysed flows (through trade statistics). The largest opium exporter at the time (1906/07) was India, which exported 82 per cent of its total production, primarily to China (76 per cent, either directly or via Hong Kong) and the Straits Settlements (Singapore, Malacca, Penang, Dinding) (20 per cent). The remaining 4 per cent went to Java (930 chests), French Indochina (580 chests), the United Kingdom (315 chests), Australia (249 chests), Ceylon (194 chests), Mauritius (24 chests) and East Africa (16 chests) ([33], pp. 173-193).

The second- and third-largest exporters were Hong Kong and Singapore, both of which re-exported opium imported from India. Hong Kong's exports went primarily to ports across China (86 per cent). Out of total exports of more than 2,500 mt in 1907, the largest portions went to Shanghai (29 per cent) and Canton (21 per cent). Shipments to destinations outside China accounted for 14 per cent of the total and went mainly to Macao (8 per cent). Smaller amounts went also to London, Victoria (Australia), the Straits Settlements, Vancouver (Canada), Panama and New York.

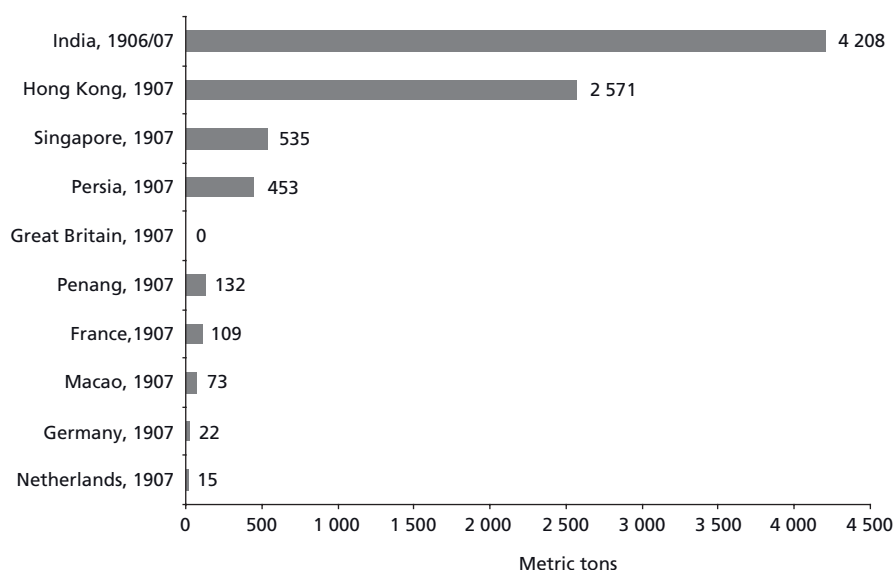
The second-largest exporter of locally produced opiates was Persia, shipping some 450 mt to markets abroad. Most of the exports went to the Straits Settlements, Hong Kong and the United Kingdom ([33], p. 317).

The next-largest exporter was Turkey. The United States delegation estimated that approximately 350 mt of opium may have been available for export, out of an estimated typical production of up to 6,000 cases (380 mt), and that domestic consumption was low. The head of the United States delegation reported, in addition, that Turkish opium exports yielded 730,000 Turkish pounds in 1905, equivalent to 608,000 British pounds.* If this revenue is compared with receipts reported by British India (7.1 million British pounds for the export of 4,246 mt

*In contrast to other currencies, no systematic exchange rates for the Turkish pound to other currencies are readily available. There were 240 pennies to a British pound; it was reported that 1 Turkish piaster was equivalent to about 2 British pennies, which means that a British pound would have been worth about 120 piasters, or 1.2 Turkish pounds (www.treasurerealm.com/coinpapers/dictionary/P.html).

of opium in 1904/05), data suggest that Turkish opium exports could have amounted to some 360 mt in 1905. Import statistics from other countries do not contradict such magnitudes. Canada, the United States and most European countries reported that the bulk of their opium imports came from Turkey [22].

Figure IX. Raw opium exports^a



^aFrom domestic production and imports.

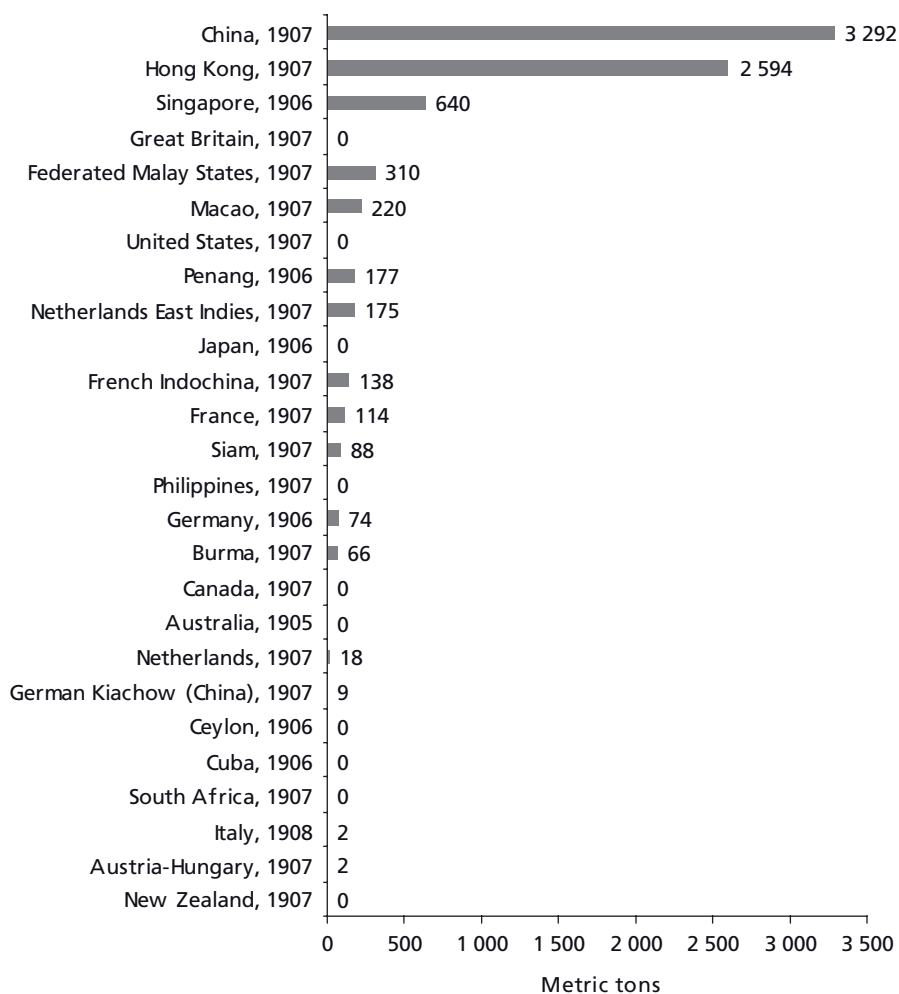
Source: International Opium Commission, *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909); original data converted into mt equivalents.

Trade statistics were more complete for imports than for exports. Of the total reported imports of 8,800 metric tons:

- China imported 3,300 mt annually, followed by Hong Kong (2,600 mt) and Singapore (640 mt);
- The largest European importer of opium was the United Kingdom (386 mt);
- Imports of between 200 and 350 mt were reported by the Federated Malay States, Macao and the United States;
- Imports of between 100 and 200 mt were reported by Penang, the Netherlands East Indies, Japan, French Indochina and France;
- Imports of between 50 and 100 mt were recorded by Siam, the Philippines, Germany and Burma;

- Imports of between 10 and 50 mt went to Canada, Australia and the Netherlands;
- Imports of less than 10 mt went to Austria-Hungary, Ceylon, Cuba, Italy, New Zealand and South Africa.

Figure X. Raw opium imports^a



^aIncluding for re-export.

Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909); original data converted into mt equivalents.

*Opium consumption estimates: statistical review by country**

The International Opium Commission needed some kind of evidence base to inform its deliberations and consequently set about to systematically collect data on the amount of opiates consumed in various countries. The amounts available for consumption were calculated as follows: domestic opium production plus imports less exports; in addition, losses in transforming raw opium into processed opium were taken into account. The Commission's data sets are fairly rich in detail and, in sum, indicate that opium consumption levels in most countries of East and South-East Asia were alarmingly high at the beginning of the twentieth century.

The largest number of opium users, by far, was found in China. Estimates of opium users in mainland China presented at the conference ranged from a very conservative 13.5 million ([33], p. 51) to 25 million, equivalent to 3.4 to 6.3 per cent of China's population of 400 million. Taking scientific data on per capita consumption in the Chinese province of Formosa into account, the original low-end estimate was revised to 21.5 million, equivalent to 5.4 per cent of the population.

The original estimate of the number of opium users was based on the amounts available for opium consumption (domestic production and imports), losses in the preparation of processed opium and an estimate of per capita consumption among users. The latter estimate was based on a plausible assumption of an ordinary Chinese opium user consuming about 1 mace a day (1.4 kg a year). However, the other assumption, provided by the Chinese delegation, that half of the opium users in China consumed 4 mace a day (5.5 kg a year) was likely an exaggeration. This does not mean that there were no opium users who may have consumed 5.5 kg per year, but it is very unlikely that half of all opium users in China consumed such huge quantities. Combining data for casual and

*The consumption data, in combination with estimates of average per capita consumption among opium users (kg per year), derived from observations from key informants, studies among opium users and opium registration systems, were used to derive estimates of the likely number of opium users and opium prevalence rates (expressed as the number of opium users in proportion to a country's total population). Two simple formulas are used for this: (a) total amount of opium available for consumption/per capita consumption = number of users; (b) number of opium users/population = prevalence rate of use among total population. (Note: prevalence rates are nowadays typically represented as a proportion of the population aged 15 to 64; however, for many countries no detailed age breakdowns were available for 1906/07, so, they are shown here as a proportion of the total population (including babies and elderly persons).) Such attempts to measure prevalence of opium use were made by the Chinese delegation for mainland China and by the Japanese delegation for Formosa. The same approach is also used in this paper to arrive at prevalence estimates for the other countries present at the Shanghai conference, based on information contained in the *Report of the International Opium Commission* (Shanghai, 1909). The advantage of using this indicator—prevalence of opium use—is that the results can be directly compared with current prevalence rates. The disadvantage is that for some of the smaller countries the prevalence estimates are based on assumptions (and not on hard scientific data) concerning average per capita consumption rates among opium users. Thus, an additional indicator is used in this report to measure the severity of the opium problem: per capita consumption of opium use among the general population (in grams per person per year). The advantage of this simple indicator is that it is readily available and does not require any additional assumptions. The disadvantage is that the results are not directly comparable with currently available data on the opiate abuse problem in the countries concerned.

heavy use, the original Chinese estimate would have shown an annual consumption of 2.2 kg per year per user, far higher than reported from any other country. This resulted in a very conservative estimate (13.5 million) of the total number of opium users in China. The original per capita estimates put forward by the Chinese delegation were based on expert opinion. They may have been influenced by the misery that Chinese medical doctors saw when dealing with severe opium addicts, who often used large quantities. But, given a clearly established figure for total opium available for consumption, an exaggerated average per capita consumption rate among opium users had to result in an underestimate of the total number of opium users.

Table 3. Original minimum estimate of opium smokers for mainland China, 1906

Total consumption of raw opium 1906 (domestic production and imports)	613 917 piculs
Less 40 per cent loss in the preparation of opium	– 368 350 piculs
Plus one third for dross and adulteration:	<u>+ 122 783 piculs</u>
Total amount of prepared opium available for consumption	491 133 piculs = 26 690.5 mt
One half of total amount divided by the daily rate of 1 mace (3.778 grams) for ordinary smokers	10 764 559
One half of total amount divided by the daily rate of 4 mace (15.113 grams) for heavy smokers	<u>2 691 140</u>
Total estimated minimum number of opium smokers	13 455 699

In contrast, the Japanese authorities who ruled Formosa had detailed consumption records from their “licensed smokers” there for the period from 1897 to 1907. These records revealed major differences between light smokers (3 or 4 “fun”, that is, 1.1 to 1.5 grams, daily) and heavy smokers (typically 7 to 10 “momme”, that is, 26.3 to 37.6 grams, daily). The Japanese records yielded an overall average daily consumption rate for all opium users in Formosa of 3.534 grams per day, or 1.29 kg per year per smoker, from 1897 to 1907 ([33], p. 282). This was in line with results found in several other countries.

After reviewing the Japanese report on the situation in Formosa, the Chinese delegation readjusted its official estimate of the number of opium smokers in China. The new Chinese estimate assumed an average consumption of 1 mace per day per user (3.778 grams, or 1.4 kg per year), which was similar to the Formosa results. This was then used to estimate the total number of users at 21.5 million, or 5.4 per cent of the total population. Males constituted 87 per cent of opium users. Per capita consumption among the total population (including non-opium users) amounted to 74 grams per person per year, much higher than in other countries.

Table 4. Revised opium consumption estimate for mainland China, 1906

Total amount of prepared opium available for consumption	491 133 piculs = 26 690.5 mt
Average daily consumption	1 mace (3.778 grams)
Total number of opium smokers in China	21 529 000
Percentage of total population	5.4
Male users	18 730 000
Female users	2 799 000
Annual per capita consumption among total population	74 grams

Very high levels of opium use were also found in the various Chinese territories administered by other countries. This showed that the opium problem went far beyond the political boundaries of imperial China, severely affecting many countries and territories with a Chinese population. Many countries feared that the high levels of opium use would spill over to the local population and/or affect the populations of the colonial Powers that controlled the territories. A number of measures were thus taken to reduce opium use.

One of the most widely discussed models was the measures taken by the Japanese authorities in Formosa, following their takeover of the island in 1895. They pursued a policy of gradual suppression of opium use, fearing that an immediate total prohibition (as in Japan) would have stirred up anti-Japanese feelings among the local population. The private importation of raw opium and private processing into opium paste were prohibited. Opium imports and the processing into paste were organized by a Monopoly Office, which also earned significant income for the Japanese authorities. In fact, opium-related revenues accounted for 27.9 per cent of total Formosan Government revenue in 1898/99, but fell to 12.6 per cent of total revenue in 1908/09. Public health considerations played a role. Licences for the private purchase of opium were granted only to opium addicts who had applied for one and who had been examined by an official physician to ascertain that the applicant was a chronic opium smoker. Thus, the number of opium smokers declined as older users underwent treatment or died while ever-smaller numbers of new users were registered. The number of licensed opium smokers in Japanese-administered Formosa amounted to 169,064 in 1900, or 6.3 per cent of the total population, a higher percentage than in mainland China, but in 1907 it fell to 113,165, or 3.7 per cent of the total population, a decline of 33 per cent over a seven-year period. The number of opium abuse-related deaths declined from a peak of 13,942 in 1902 to 7,338 in 1907 (of which 89 per cent were among males). Per capita consumption among the general population fell from 75 grams in 1900 (similar to the figure for mainland China) to 46 grams in 1907. There was also some reduction in per capita consumption among opium users, from a daily average of 4.662 grams (1.7 kg per year) in 1899/90 to 3.647 grams (1.3 kg per year) in 1907 as the

control system was tightened. Average daily consumption over the period from 1897 to 1907 amounted to 3.534 grams (1.29 kg per year) ([33], p. 282).

Table 5. Opium consumption estimates for Formosa, 1900-1907

	1900	1905	1907
Number of registered opium smokers	169 064	130 476	113 165
Percentage of total population	6.3	4.2	3.7
Annual per capita consumption	75 grams	51 grams	46 grams

British authorities reporting for Hong Kong stated that 725 chests of opium were "boiled" for domestic consumption in 1907 and 864 in 1908. Given a population of 325,000 in 1907 and 330,000 in 1908, this was equivalent to a per capita consumption of 142 grams of opium in 1907 and 166 grams in 1908, more than twice the average consumption in mainland China. No per capita consumption estimates among opium users were provided. But an assumption can be made that per capita use levels may have been similar to those found in Formosa or in neighbouring Macao.

Applying the reported use levels from Macao (2 mace a day, or 2.76 kg a year) would have resulted in an estimate of 16,700 opium users in 1907, or 5.1 per cent of the total population. Using the Formosa estimates of average consumption (3.534 grams per day, or 1.29 kg per year) would have resulted in an estimate of 35,700 opium users in 1907, or 11 per cent of the total population, about twice the prevalence rate calculated for mainland China.

Table 6. Opium consumption estimates for Hong Kong, 1907

Total amount of prepared opium available for consumption	725 chests (46 mt)
(a) Average consumption of 2 mace (7.56 grams) per day, or 2.76 kg per year (Macao estimate)	
Total number of opium smokers	16 691
Percentage of total population	5.1
(b) Average consumption of 3.534 grams per day, or 1.29 kg per year (Formosa estimate)	
Total number of opium smokers	35 690
Percentage of total population	11.0
<i>Midpoint estimates</i>	
Total number of opium smokers	26 200
Percentage of total population	8.1
Annual per capita consumption among total population	142 grams

Table 7. Opium consumption estimates for Macao, 1907

Total amount of prepared opium available for consumption	72 740 balls 29.4 mt (raw) 14.8 mt (prepared)
(a) Average consumption of 2 mace (7.556 grams) per day (Macao estimate)	
Total number of opium smokers	5 375
Percentage of total population	5.4
(b) Average consumption of 3.534 grams per day (Formosa estimate)	
Total number of opium smokers	11 494
Percentage of total population	11.5
<i>Midpoint estimates</i>	
Total number of opium smokers	8 430
Percentage of total population	8.4
Annual per capita consumption among total population	148 grams

Official estimates for Macao claimed that less than 5 per cent of the total population was smoking opium. A recalculation* based on the detailed data reported by the authorities to the Shanghai conference would have resulted in a rate of 7.7 per cent for 1906 and 5.4 per cent for 1907. The latter estimates for Macao were recalculated on the basis of the officially assumed daily per capita consumption rate of 2 mace per user per day (2.76 kg per year). If the calculation were based on the Formosa formula (1.29 kg per year), the prevalence rate of opium use would have amounted to 11.5 per cent in 1907. This suggests that overall abuse levels were roughly the same in Macao as in Hong Kong, and about twice as high as in mainland China. Per capita consumption of opium among the general population in Macao was 148 grams in 1907, about the same as in Hong Kong and twice the level in mainland China.

*The amount of raw opium prepared for consumption in Macao amounted to 26,363 opium balls in 1906, 18,509 balls in 1907 and 22,455 balls in 1908, equivalent to 41.9 mt in 1906, 29.4 mt in 1907 and 35.6 mt in 1908. After being boiled, a ball of opium was reported to produce 21 taels and 6 mace weight in pulp. In other words, a ball of opium (1.59 kg) was said to produce 0.801 kg of opium pulp in Macao, equivalent to a ratio of 0.505. Applying this ratio gives levels of opium pulp availability of 21.1 mt, 14.8 mt and 18 mt in 1906, 1907 and 1908 respectively. Using the officially reported consumption estimate of 2 mace per person results in estimates of the number of users of 7,656, 5,375 and 6,521, respectively. Given a population of around 100,000 people at the time, the prevalence rates would have been 7.7 per cent, 5.4 per cent and 6.5 per cent, respectively. Per capita consumption amounted to 211 grams in 1906, 148 grams in 1907 and 180 grams in 1908.

Levels of opium use similar to those in mainland China were reported from Kwangchow, the territory leased by France, where about 5 per cent of the total population or 20 per cent of the adult population was smoking opium ([33], p. 151). In Kiachow, which was under German administration, 2.6 per cent of the total population were opium smokers, about half the level of mainland China ([33], p. 160).

Far higher levels of opium consumption were reported among the 118,000 adult Chinese labourers working in the United States. Ninety-four per cent of United States opium imports were said to be for Chinese labourers. The United States reported that 15 per cent of them were heavy smokers, each consuming 2.72 kg per year, 20 per cent were light smokers, at 0.68 kg per year, and 10 per cent were social smokers, at 28.35 grams per year. The average annual per capita consumption rate amounted to 1.22 kg per Chinese opium user, a figure similar to that reported for opium users in Formosa ([33], p. 8). The original United States estimates of opium prevalence among male Chinese workers were, however, extremely high (45 per cent). During discussions at the conference, the United States delegation indicated that the United States estimates of the number of Chinese opium users may have been too high. The head of the delegation stated "with a fair amount of certainty that 30 per cent of the adult male Chinese population were addicted to the habit." Based on this estimate, average daily consumption would have been 1.5 mace (5.7 grams) of prepared opium a day, or about 2 kg a year ([34], p. 33).

Opium consumption estimates for Singapore

The highest per capita levels of opium consumption of any country were reported from Singapore, which was at the time a British colony. Calculations suggest that 325 grams of raw opium, or 211 grams of prepared opium were, on average, consumed per person in 1906,* almost three times the average consumption in mainland China. This reflects the dominant role that opium played in the colony, where between 1800 and 1910, 40 to 60 per cent of total state revenues were opium-related ([47], p. 2). Applying the Formosa formula for the average annual dose, approximately 16.4 per cent of the population, or 43,300 persons, used opium in 1906. The overwhelming number of opium users in the colony were of Chinese descent ([33], p. 163).

*This results from the application of the average rates of transformation from raw to prepared opium reported from China and Macao.

Table 8. Opium consumption estimates for Singapore, 1906

Total net imports of raw opium	85.9 mt
Total amount of prepared opium for consumption	
China rate (80 per cent of imported raw opium)	68.7 mt
Macao rate (50 per cent of imported raw opium)	42.9 mt
Average	55.8 mt
Average consumption of 3.534 grams per day (Formosa rate)	
Total number of opium smokers	43,300
Percentage of total population	12.6-20.2 (midpoint: 16.4)
Annual per capita consumption of raw opium among total population	325 grams
Annual per capita consumption of prepared opium among total population	211 grams

Opium consumption estimates for British India (excluding Burma)

Legal consumption of opium in the world's second-largest opium-producing country, British India (excluding Burma), was reported to have amounted to 422.3 mt in 1907/08. During the Shanghai conference, the British authorities clarified that this figure accounted only for licit opium consumption, not diversions (related to tax avoidance).

Table 9. Opium consumption estimates for India, 1907/08

Amount available for consumption	552 510 seers (422.3 mt)
Daily dose	21.5 grains (1.393 grams)
Annual amount per user	0.509 kg
Estimated number of users	830 500
Percentage of total population	0.4
Annual per capita consumption	1.9 grams

The average normal dose, as identified by the Royal Commission in 1895, amounted to 21.5 grains per person per day (about 0.5 kg per year). On the basis of this dosage, there were approximately 830,000 opium users in British India (excluding Burma) in 1907/08. With a total population of 232 million people (221.5 million excluding Burma) ([33], pp. 173-193), the overall prevalence rate of opium consumption in British India was, however, just 0.4 per cent in 1907/08, significantly lower than in China (5.4 per cent).

Per capita consumption among the general population was 1.9 grams per year, far lower than in China (74 grams). Given the large-scale opium production in India at the time, this was low. Regional disparities within India were also important. For example, consumption in southern India, where no poppy cultivation existed, was well below the national average. However, in territories around Malwa (e.g. Ajmer Merawa) and in Bombay, the main point of transit for opium from Malwa, per capita consumption rates were well above the national average.

Opium consumption estimates for Burma (Myanmar)

Licit consumption of opium had reached 74,731 seers (69.7 mt) by 1906/07. Per capita consumption among opium users in Lower Burma was reported to have amounted to one sixteenth of a tola (11.25 grains) a day. This was equivalent to 266.1 grams per year—a lower consumption rate than in India. Relatively high prices of opium were responsible for this ([33], pp. 173-193). Also, opium was still a new vice for many people in Lower Burma. Use rates for the Shan state and other growing areas, where the price was much lower, and/or where farmers produced opium for their own needs, were significantly higher: between 1 and 1.4 kg per user per year. The midpoint estimate, applying these per capita use levels, would be about 160,000 persons, or 1.5 per cent of the total population of Burma. Per capita consumption among the general population amounted to 6.6 grams of opium per year.

Table 10. Opium consumption estimates for Burma, 1906/07

Amount available for consumption	74 731 seers (69.7 mt)
(a) Daily dose	11.25 grains (0.729 grams)
Annual amount per user	0.266 kg
Estimated number of users	262 065
Percentage of total population	2.5
(b) Annual amount per user	1.2 kg
Estimated number of users	58 110
Percentage of total population	0.55
<i>Midpoint estimate</i>	
Total number of opium smokers	160 000
Percentage of total population	1.5
Annual per capita consumption among total population	6.6 grams

*Opium consumption estimates for French Indochina
(Cambodia, Laos, Viet Nam)*

No official prevalence rates for Indochina as a whole were presented at the Shanghai conference. However, data presented at the conference are sufficient for a retrospective estimate. The French authorities reported the purchase of 137.9 mt of opium for Indochina in 1907 and 167 mt in 1908. In addition, it was estimated that domestic (illegal) production could have reached 400 to 500 piculs (24-30 mt), and that illegal imports from Yunnan (China) into Indochina amounted to between 20 and 25 mt per year. Thus, the total amount available for consumption could have been about 200 mt per year. Indochina was thus the third-largest opium market in Asia, after China and India.

Per capita opium consumption estimates ranged from about 0.2 kg per year for the Vietnamese people to 1.4 kg per year for the local Chinese (a significant proportion of total consumption) and the population in northern Laos.* Using a midpoint estimate of 0.8 kg per user per year would yield an opium-using population of about 250,000 persons, or 1.7 per cent of the general population of Indochina. Such an estimate would be in line with other estimates of this era, which suggested that Viet Nam had a prevalence rate of about 2 per cent ([26], p. 93), Cambodia about 1 per cent and Laos less than 2 per cent ([33], p. 126).

Table 11. Opium consumption estimates for Indochina, 1907/08

Amount available for consumption	200 mt
Annual per capita consumption	0.2-1.4 kg (midpoint: 0.8 kg)
Estimated number of users	250 000
Percentage of general population	1.7
Annual per capita consumption among general population	14 grams

Annual per capita opium consumption among the general population amounted to about 14 grams, i.e. more than in India but less than in China. The rate of opium consumption was particularly high among the local Chinese population. In the Chinese district of Cholon (now Ho Chi Minh City), average (licit) per capita consumption was several times the national average, at 66 grams (and thus close to the estimate for mainland China). It was estimated that at least a third of the Chinese population was addicted to opium. In some parts of Indochina, 70 to 80 per cent of opium smokers were ethnic Chinese ([33],

*Based on results of studies undertaken by the French authorities, which were reconfirmed by studies undertaken by the Lao authorities a century later.

pp. 122-152). (Part of the explanation for this is that the so-called opium farms that operated throughout South-East Asia in the nineteenth century, which were created expressly to provide opium to immigrant Chinese populations, were not allowed to sell to local populations.)

Opium consumption estimates for the Netherlands East Indies

Raw opium imported into the Netherlands East Indies for the factory of the *régie* (government monopoly) for domestic consumption amounted to 90.9 mt annually. Sales of *chandu* (smokeable opium) on the islands of Java and Madura—the main islands of the Netherlands East Indies—averaged 759,928 tahils per year, or 38 mt, over the period from 1904 to 1908. Average consumption per user was reported to have been extremely low in Java (3 grains per day, equivalent to just 71 grams per year). There were approximately half a million users on the two islands, equivalent to 1.8 per cent of the total population. Outside Jakarta, per capita consumption among opium users was reported to have been four times as great, about 12 grains per day (284 grams per year). Among the Chinese population, consumption was considerably greater. In total, using the information provided at the conference, it is estimated that there were about 660,000 opium users (1.5 per cent of the population) in the Netherlands East Indies in 1906/07.

Table 12. Opium consumption estimates for the Netherlands East Indies, 1906/07

(a) Amount of raw opium imported by the <i>régie</i> for Java and Madura	90.9 mt
Amount of <i>chandu</i> (smokeable opium) sold in Java and Madura	38.0 mt
Daily dose	3 grains (0.19 grams)
Annual amount per use	0.071 kg
Estimated number of users in Java and Madura	536 600
Percentage of general population	1.8
Annual per capita consumption of <i>chandu</i> in Java and Madura	1.3 grams
(b) Amount of raw opium imported for the farm system	84.1 mt
Assumed amount of <i>chandu</i> produced and sold	35.2 mt
Daily dose	12 grains (0.78 grams)
Annual amount per user	0.284 kg
Estimated number of users outside Java and Madura	123 900
Percentage of general population	0.8

Opium consumption estimates for Siam

The authorities of Siam reported that imports of opium amounted to 1,385 chests (88 mt) in 1907, which was about the same as total consumption in the Netherlands East Indies. Applying the same rates of per capita consumption among users as reported from Indochina, Siam had an opium-using population of 110,000, or 1.5 per cent of the total population, in 1907. Annual per capita consumption was approximately 15 grams per person, that is, similar to the levels found in Indochina.

Table 13. Opium consumption estimates for Siam, 1907

Amount available for consumption	88 mt
Annual per capita consumption	0.2-1.4 kg (midpoint: 0.8 kg)
Estimated number of users	110 000
Percentage of general population	1.5
Annual per capita consumption among general population	15 grams

Opium consumption estimates for the Philippines

Following the changes in the United States Government's opium policies in the Philippines (towards gradual suppression), opium imports declined from 129 mt in 1902 to 77 mt in 1907 (-40 per cent). Thus, by 1907, the Philippine market was similar in size to that of the Netherlands East Indies or Siam. Most opium users were reported to be ethnic Chinese. Assuming an average consumption of 1.2 kg per year per user (United States Government figures for Chinese labourers in the United States), the total number of users is estimated at about 63,400, or 0.8 per cent of the total population at the time, lower than the prevalence rates in Indochina or Siam.

Table 14. Opium consumption estimates for the Philippines, 1907

Amount available for consumption	77.1 mt
Annual per capita consumption among users	1.216 kg
Estimated number of users	63 400
Percentage of general population	0.8
Annual per capita consumption among the general population	10 grams

Opium consumption estimates for Persia

Persia reported the production of about 10,000 piculs (605 mt) of opium, of which about 2,500 piculs (151 mt) was for local consumption ([33], p. 317). Persia was thus the fourth-largest opium market in Asia (after China, India and Indochina). No information on average per capita consumption was provided at the conference. Assuming average per capita consumption similar to that of India (0.5 kg per year), it is estimated that roughly 300,000 people, or 2.9 per cent of the population, consumed opium in Persia in 1907.

Table 15. Opium consumption estimates for Persia, 1907

Amount available for consumption	151 mt
Annual per capita consumption among users	0.5 kg
Estimated number of users	302 400
Percentage of general population	2.9
Annual per capita consumption among general population	15 grams

Opium consumption estimates for countries in North America

The largest opium market outside Asia was the United States of America. The amount available for consumption there was slightly more than 200 mt in 1907, less than in China and India. At the Shanghai conference, representatives of the United States Government reported that 181,000 to 213,000 persons consumed opium in the United States. Taking a midpoint of 206,000, it is estimated that 0.2 per cent of the total population were opium users. Overall per capita consumption was relatively low, at 2.3 grams, in 1907. While overall opium consumption and the proportion of users among the general population were low, the prevalence of opium use was high among the population of Chinese descent. United States authorities reported that, according to a survey of the large Chinese communities in the United States, 15 per cent of males were heavy smokers, 20 per cent light smokers and 10 per cent social or casual smokers of opium. Authorities voiced concern over a potential increase in the opium habit in the country ([33], pp. 8 and 20).

Table 16. Opium consumption estimates for the United States, 1907

Amount available for consumption	201.5 mt
Annual per capita consumption among users	0.98 kg
Estimated number of users	181 000-231 000 (midpoint: 206 000)
Percentage of general population	0.2
Annual per capita consumption among general population	2.3 grams

Data for Canada showed that some 31 mt of opium was imported in 1906. On the basis of this figure, Canada would have had a per capita consumption rate of 5.1 grams, about twice as high as in the United States. Most consumers were reported to have been of Chinese origin. Applying the Formosa formula, Canada would have had 24,000 opium users (0.4 per cent of the total population).

Table 17. Opium consumption estimates for Canada, 1906

Amount available for consumption	31.3 mt
Annual per capita consumption among users (Formosa formula)	1.29 kg
Estimated number of users	24 200
Percentage of general population	0.4
Annual per capita consumption among general population	5.1 grams

Opium consumption estimates for countries in Europe

Estimating turn-of-the-century consumption levels for Europe is difficult. Although there is information on the opium imports into various European countries, no information on per capita opium consumption emanated directly from the conference. Also, because ethnic Chinese groups were extremely small in European countries at the time, consumption rates of ethnic Chinese communities in other areas are not a meaningful proxy for those in Europe. That being said, overall per capita consumption levels of opium among the general population (users and non-users) suggest that consumption was limited, except perhaps in the United Kingdom, which had an overall consumption rate of 5.2 grams per inhabitant. This appears to have been similar to the levels reported from Canada but higher than the consumption rate in British India (1.9 grams) or in the United States (2.3 grams). Per capita consumption in Germany amounted to 0.75 grams and in France to 0.36 grams. In Italy and Austria-Hungary, where there was no pharmaceutical production of morphine or heroin, annual per capita consumption amounted to just 0.06 and 0.05 grams, respectively.

Table 18. Opium consumption estimates for European countries

United Kingdom, 1907	
Amount available for consumption	205.5 mt
Annual per capita consumption among general population	5.2 grams
Germany, 1906	
Amount available for consumption	46.5 mt
Annual per capita consumption among general population	0.75 grams
France, 1906	
Amount available for consumption	14.7 mt
Annual per capita consumption among general population	0.36 grams
Italy, 1908	
Amount available for consumption	2.1 mt
Annual per capita consumption among general population	0.06 grams
Austria-Hungary	
Amount available for consumption	1.4-2 mt
Annual per capita consumption among general population	0.05 grams

Estimates of government and administrative revenue generated by opium

In addition to investigating the extent of opium consumption, the International Opium Commission also looked in detail at revenue from opium accruing to governments. The latter inquiry revealed strikingly high values in several Asian countries. This became extremely important at the conference, highlighting the severe difficulties that would be faced by many Asian countries if the (licit) opium sector were eliminated from their national economies.

After the Chinese Government levied a consolidated tax on both foreign and domestic opium in 1906, income from opium was reported to have almost tripled, to about 14 million taels (2.1 million British pounds in 1906), or 14 per cent of annual Government income (100 million taels) ([15], p. 30). (This included about £1 million in duties collected by the Imperial Maritime Customs.)

This, however, was only a portion of total national income from opium. According to information provided in the 1909 International Opium Commission report, taxes and licences levied by the provincial authorities generated about £3 million a year ([33], p. 359). Mr. Leech, the counsellor of the British legation at Beijing, and one of the main experts on these issues at the time, estimated that the Chinese authorities derived a total income of £6.5 million (\$0.7 billion

in 2006 dollars)* from opium in 1906 (£4 million was the figure officially reported to the International Opium Commission) ([22], p. 653).

The reported income from opium production and trade in British India, excluding the “native states” where significant opium-related income was generated, was £4.7 million in the fiscal year (April to March), or 6.3 per cent of total State income by 1906/07 ([33], p. 361). The income was basically generated from the difference between the production price and the auction price (more than 75 per cent), as well as from fees (less than 25 per cent). About 80 per cent of the total export income was generated through trade with China. Expressed in current currency units, the overall income from opium taxes, levies and licence fees in British India (excluding the “native states”) would have been \$0.5 billion in 2006 dollars.* Total opium exports from British India amounted to £6.2 million in 1906/07, equivalent to \$0.7 billion in 2006 dollars. Local sales of opium amounted to £3.75 million in 1906/07, equivalent to \$0.4 billion in current dollars.

The highest proportion of State revenues from opium was reported from Singapore and the other Straits Settlements, Penang and Malacca (both today in Malaysia). The revenue derived from opium in these Straits Settlements amounted to £0.6 million, or 53.3 per cent of total revenue in 1906. In 1904, the proportion stood at £0.7 million, or 59.1 per cent of the total ([33], p. 362). Singapore’s farm system was considered a model for other colonies because it generated the highest total revenue from the opium trade of any authority.

Figure 11 illustrates that:

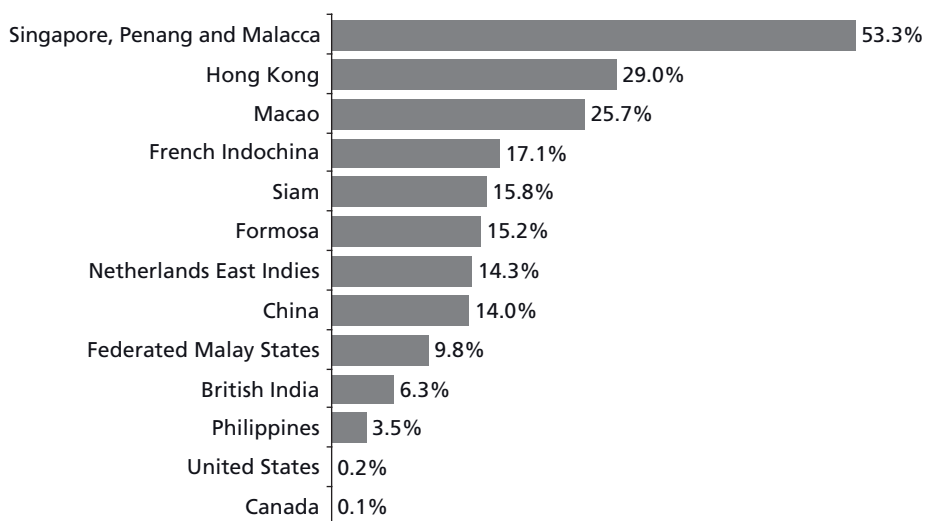
- Revenues derived from opium in the British colony of Hong Kong were £0.2 million, or 29 per cent of total revenues, in 1906 ([33], p. 361).
- Opium revenues in the Portuguese colony of Macao were £130,000, or 25.7 per cent of total revenues, in fiscal year 1908/09 ([33], p. 364).
- Revenues derived from opium in the French colonies of Indochina amounted to £0.6 million, or 17.1 per cent of total revenues, in 1907 ([33], p. 360).
- Revenues derived from opium in Siam also amounted to £0.6 million, or 15.8 per cent of total revenues, in 1907 ([33], p. 364).
- Revenues derived from opium in the then Japanese colony of Formosa amounted to £0.45 million, or 15.2 per cent of total revenues, in 1907 ([33], p. 363).
- Revenues derived from opium in the Netherlands East Indies were the highest in absolute terms, amounting to £1.8 million in 1907. Expressed as a proportion of total revenues they were, however, lower than in the countries and territories mentioned above: 14.3 per cent of total revenues

*www.measuringworth.com/uscompare.

in 1907 ([33], p. 363). Similar proportions of about 14 per cent were reported for mainland China, though there were quite substantial differences in the estimates (see discussion above).

- The Federated Malay States, which now form part of Malaysia, reported revenues of £0.3 million from opium in 1907, or 9.8 per cent of total revenue ([33], p. 362).
- The proportion of opium-related income for India was reported to be only 6.3 per cent of total revenues in 1906/07, though this may be misleading, as opium income generated in the “native states” was not included in these statistics.
- The United States authorities governing the Philippines generated revenue of about £123,500 (\$0.6 million) from opium in 1907, equivalent to 3.5 per cent of total revenue ([33], p. 25).

Figure XI. Opium-related revenues as a percentage of total State revenues, 1906/07



Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909: Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909).

Opium-related income in North America and Europe, derived mainly from import duties, was far less than in Asia and hardly noticeable as a source of income in the overall State budgets. Opium-related State income in the United States (excluding colonies) amounted to \$1.4 million, or £0.3 million, on average,

over the period from 1900 to 1907, equivalent to just 0.2 per cent of all State revenue during this period ([33], p. 20). Opium-related income in Canada amounted to just \$88,000 in 1907, or 0.1 per cent of total State revenue ([33], p. 172). In Europe revenues were negligible.

Apart from an in-depth analysis of the various dimensions of the opium problem, the International Opium Commission also adopted a number of recommendations urging the gradual suppression of opium smoking and the control of smuggling. A strong appeal was made to Governments controlling foreign concessions and settlements in China to (a) cooperate with the Chinese Government's directives to close opium dens and (b) apply domestic pharmacy laws in concessions and settlements. Further, the Commission strongly urged Governments to take decisive measures to control the manufacture and distribution of morphine and other opium derivatives.

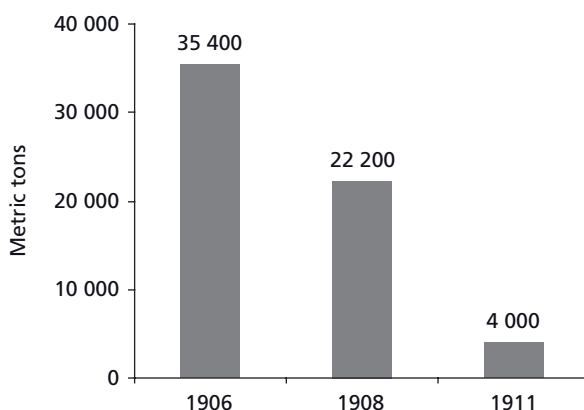
Although the Commission was not intended to establish binding obligations, it accelerated the efforts that led to the conclusion of The Hague Opium Convention of 1912 [48]. This "preparatory phase", from 1906 to 1909, created strong momentum, and, as Governments did not want to be seen as responsible for any aggravation of the drug problem in the interim, a number of initiatives were taken prior to the conference. The initiatives ranged from changes in control regimes to total bans on opium poppy cultivation. For example, by the end of 1909, a Commission on Opium (appointed in 1907) had suspended the operations of the opium farms in Singapore, Penang and Malacca, British-controlled territories of Malaya. The Government Monopolies Department then entered into possession of the premises and reopened them with a view to gradually suppressing opium smoking in these territories ([49], p. 275).

The most important initiative during this three-year period, however, was the agreement between Great Britain and China that obliged Great Britain to gradually eliminate its opium sales to China over a ten-year period through the end of 1917. China, in return, was obliged to eliminate opium poppy cultivation within a 10-year period ([50], p. 239). The agreement foresaw a 10 per cent annual reduction of British exports to China. British officials were given the right to undertake independent verifications of Chinese cultivation, beginning three years after the start of the implementation of the agreement. The inspector was to be given unlimited access to the interior of China ([42], p. 24).

In order to demonstrate its seriousness, the Chinese Government began a major anti-drug campaign ([15], p. 25) later described as "the most successful of all the Manchu reforms" ([51], p. 136). In 1906 the Chinese authorities also issued an edict that, while not banning opium outright, set out a clear plan for reducing both

production and consumption over the next decade.* Because of this preparatory work, by the time international delegations convened at the conference in Shanghai, they were already reporting major successes in reducing the opium problem. The Chinese delegation reported a strong decline in domestic opium production (–37 per cent), from 584,800 piculs (≈35,400 mt) in 1906 to 367,250 piculs (≈22,200 mt) in 1908.**

Figure XII. Opium production in China, 1906-1911***



Source: *Conférence internationale de l'opium, La Haye, 1 décembre 1911–23 janvier 1912: actes et documents, tome II, documents* (La Haye, Ministère des affaires étrangères, Imprimerie nationale, 1912), p. 57.

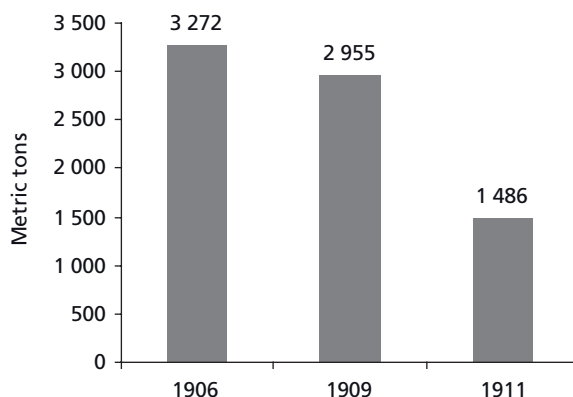
*Measures taken included the following: (a) land not being used for poppy planting was henceforth closed to poppy growing; land where opium was under cultivation had to be registered and reduced by one ninth annually. Punishment for non-compliance required confiscation of the land in question. Special rewards were granted to those who ended poppy cultivation before the obligatory time limit; (b) a licensing system was introduced to register opium addicts and prevent new smokers from joining their ranks. Magistrates were charged with compiling lists of persons who smoked opium in their district. Those buying opium without a certificate were liable to punishment; (c) also required was a certificate that compelled those under the age of 60 to reduce the amount of smoking annually, by either two tenths or three tenths, and to determine a date of final cessation. The names of smokers not reducing intake would be placed on record in the street and no honorary positions would be given to them; (d) restaurants and bars selling opium were notified that they would have to stop selling within six months. Shops were allowed to continue selling opium but had to register and provide detailed statistics to the authorities (see Thomas D. Reins, "Reform, nationalism and internationalism: the opium suppression movement in China and the Anglo-American influence, 1900-1908", *Modern Asian Studies*, vol. 25, No. 1 (1991), pp. 124-125).

**If this trend had continued, China could have eliminated opium production even before the end of the planned 10-year period. The overthrow of the imperial Government by a nationalist revolt in 1912, however, brought a reversal of this downward trend, as the new nationalist Government in Beijing turned out to be rather weak vis-à-vis the provinces where local warlords promoted the cultivation of opium poppy to strengthen their position.

***The official Chinese production estimate for 1906 (584,800 piculs) was derived from customs and levy reports. (In 1908, using a similar customs/levy-based methodology, the Chinese authorities estimated production at 367,250 piculs, a decline of 37 per cent from the 1906 level.) The United Kingdom delegation to the 1907/08 Shanghai proceedings was critical of the Chinese 1906/07 production figures. United Kingdom estimates by Morse (1905), based on a rapid assessment of the situation, suggested a total production of 376,000 piculs in 1905. United Kingdom estimates by Leech (1907), based on another rapid assessment, estimated Chinese production at 331,000 piculs in 1907 (a decline of 12 per cent). This estimate was forwarded by the British legation in Beijing to the British Foreign Office in London. (Using the lesser decline (United Kingdom figures) would have meant less of a reduction in British opium exports from India to China.) The official Chinese figures have been used here because they were generally accepted and used during the proceedings by which the 1912 Hague Convention was elaborated.

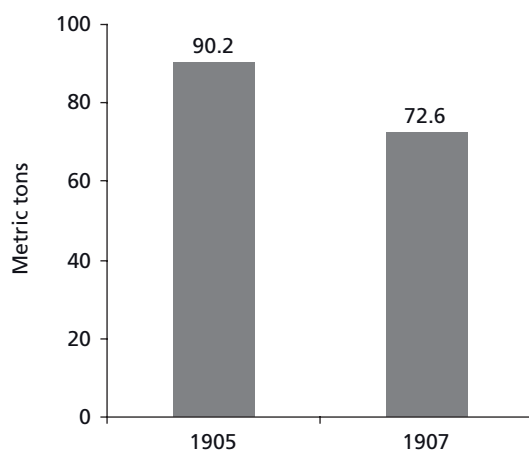
The Government of China was not the only one to make headway during this period. A large number of countries and territories reported significant declines in opium imports and sales, including Formosa, French Indochina, Siam, Burma and the Philippines.

Figure XIII. Opium imports of China, 1906-1911

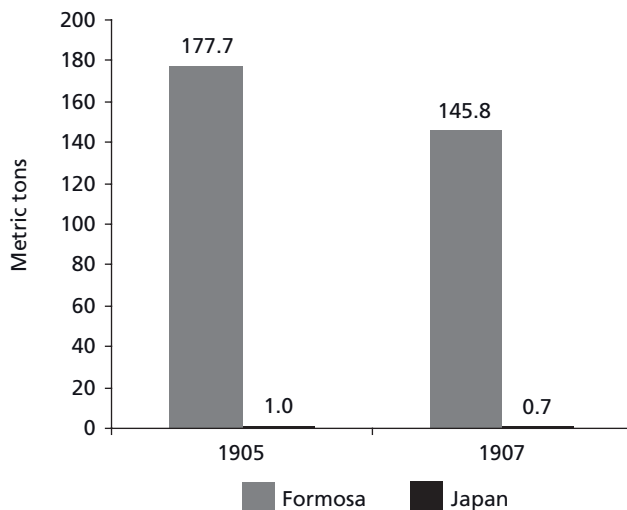


Source: *Conférence internationale de l'opium, La Haye, 1 décembre 1911–23 janvier 1912: actes et documents, tome II, documents* (La Haye, Ministère des affaires étrangères, Imprimerie nationale, 1912), p. 67.

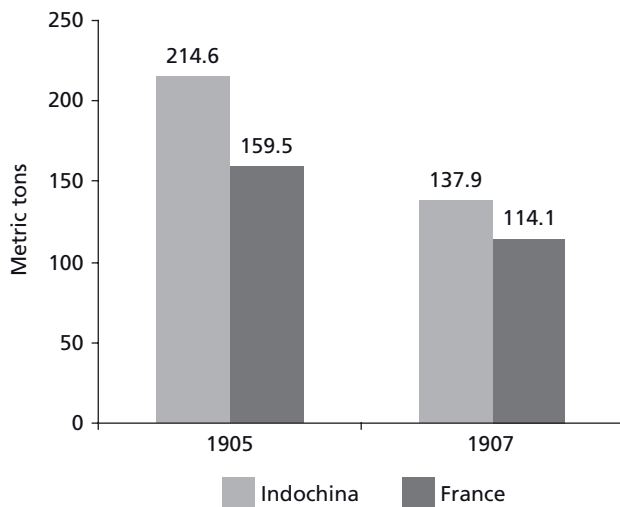
Figure XIV. Opium re-exports of Macao, 1905-1907



Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909; Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 373 ff.

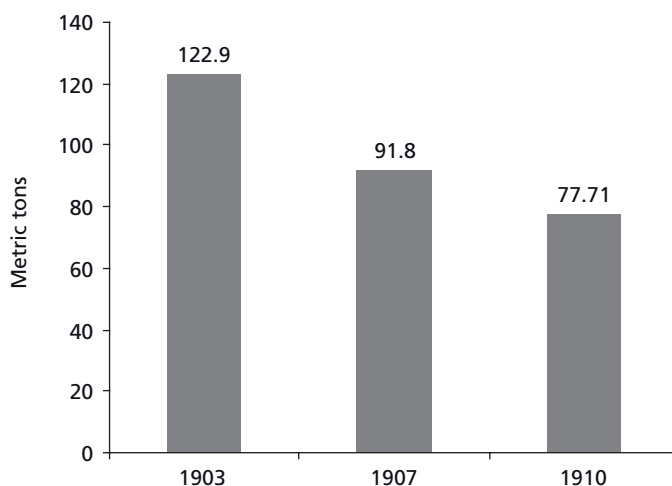
Figure XV. Opium imports of Formosa and Japan, 1905-1907

Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909; Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 373 ff.

Figure XVI. Opium imports of France and Indochina, 1905-1907

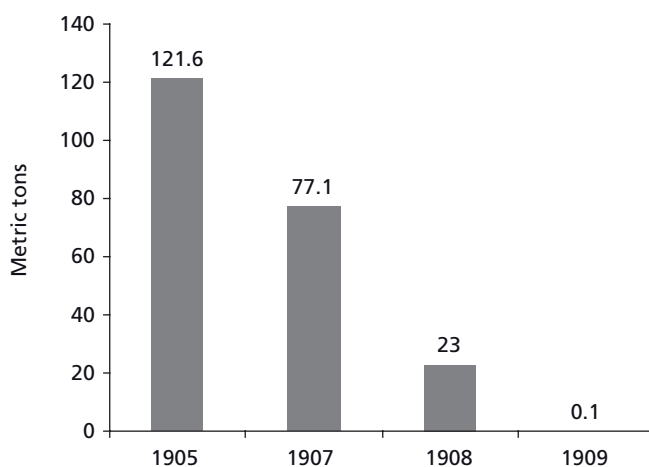
Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909; Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 373 ff.

Figure XVII. Sales of *chandu* (prepared opium) in Indochina, 1903-1910

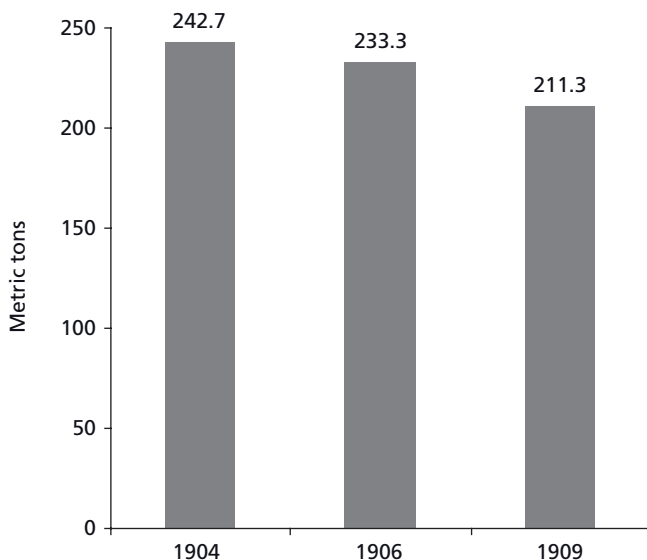


Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909; Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 373 ff, and *Conference internationale de l'opium, La Haye, 1 décembre 1911–23 janvier 1912: actes et documents, tome II, documents* (La Haye, Ministère des affaires étrangères, Imprimerie nationale, 1912), p. 81.

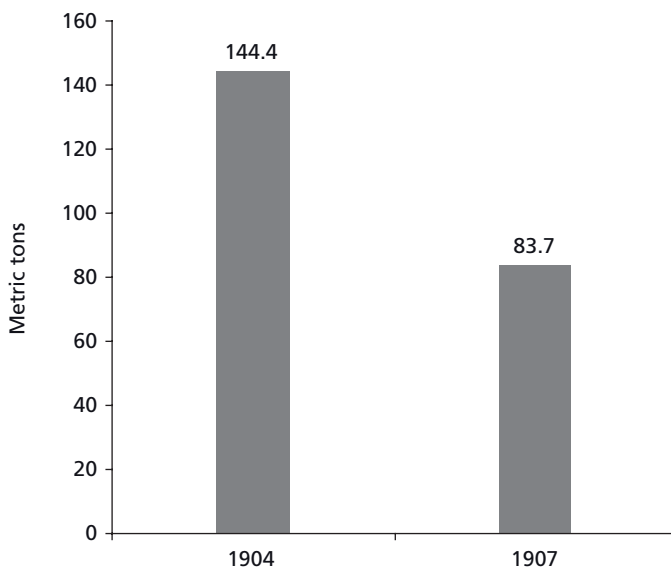
Figure XVIII. Opium imports of the Philippines, 1905-1909



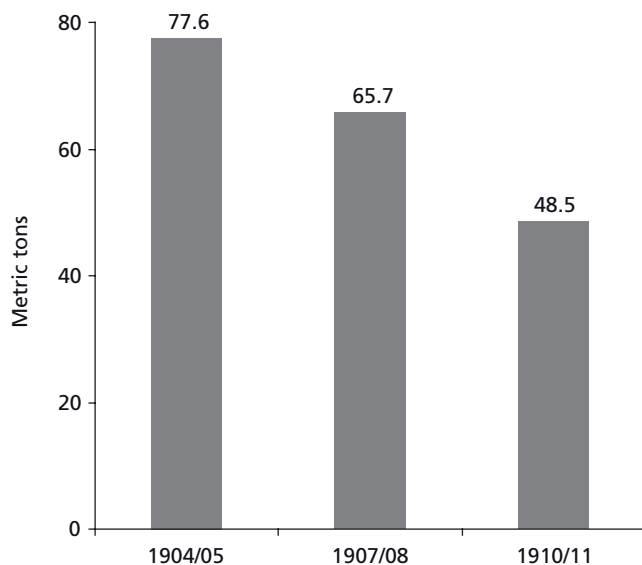
Source: *Conférence Internationale de l'Opium, La Haye, 1 décembre 1911–23 janvier 1912: actes et documents, tome II, documents* (La Haye, Ministère des affaires étrangères, Imprimerie nationale, 1912), p. 6.

Figure XIX. Opium imports of the United States, 1904-1909

Source: *Conférence Internationale de l'Opium, La Haye, 1 décembre 1911-23 janvier 1912: actes et documents, tome II, documents* (La Haye, Ministère des affaires étrangères, Imprimerie nationale, 1912), p. 34.

Figure XX. Opium imports of Siam, 1904-1907

Source: *Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909; Vol. II, Reports of the Delegations* (Shanghai, North-China Daily News and Herald Limited, 1909), pp. 373 ff.

Figure XXI. Opium sales in Burma, 1904-1911

Source: Report of the International Opium Commission, Shanghai, China, February 1 to February 26, 1909; Vol. II, Reports of the Delegations (Shanghai, North-China Daily News and Herald Limited, 1909), p 187 and Conference internationale de l'opium, La Haye, 1 décembre 1911–23 janvier 1912: actes et documents, tome II, documents (La Haye, Ministère des affaires étrangères, Imprimerie nationale, 1912), p. 93.

While the momentum and results mentioned above were positive, the conference also revealed ongoing difficulties in achieving international agreement. A number of fundamental questions arose, the first of which was, should the aim of drug control be the prohibition of any drug use outside of scientific and medical purposes, or should it be to reduce the health and social consequences of drug use and drug production?

The United States delegation attempted to set the foundation for an unambiguous prohibitionist global drug regime, but this did not meet with the approval of most other colonial Powers. These countries pursued more pragmatic approaches, such as deterring experimentation by increasing drug prices. The typical line of argument used by pragmatists was that drug abuse could not be eliminated, and therefore efforts should focus on limiting the consequences of drug abuse. These colonial Powers felt that results would be best achieved through high taxes and licence fees.

Because of this divergence of opinion, no agreement was reached on a definition of “legitimate use”. For the United States delegation, legitimate use was exclusively for medical or scientific purposes. The other colonial Powers, however, felt that eating, smoking and other applications of opium in traditional

preparations could also qualify as legitimate use. They took the position that a “quasi-medical” use of opium should be legal. The other colonial Powers also objected to United States proposals to follow up the Shanghai conference with a plenipotentiary conference. United States attempts to further accelerate the cessation of Indian exports to China also failed ([42], p. 29).

Differences aside, the Shanghai conference revealed the value of approaching drug control multilaterally. India, which was still the world’s largest opium exporter, agreed to end all opium exports to jurisdictions that prohibited its import, thus ending the trade to Philippine ports. Of particular importance was the agreement between the United Kingdom and China negotiated during the preparatory phase of the Shanghai conference, on the basis of which the last chest of Indian opium was publicly burned in Shanghai in January 1919—ending the 300-year Indian-Chinese opium trade.*

The Hague Convention, 1912

The path from the non-binding recommendations of the Shanghai conference to the establishment of legally binding international instruments kept pace with the development of multilateralism throughout the twentieth century.

After 1909, the Reverend Charles H. Brent continued to lobby for a follow-up conference with plenipotentiary powers and the establishment of an international drug control treaty. Having gained United States support, he generated support among church circles close to the British anti-opium lobby. Eventually, the other governments agreed to the conference. The formal initiative came from the United States State Department, and the Government of the Netherlands agreed to host the conference and act as secretariat. The conference took place in The Hague from 1 December 1911 to 23 January 1912, with the participation of China, France, Germany, Italy, Japan, the Netherlands, Persia, Portugal, Russia, Siam, the United Kingdom and its overseas territories (including British India), and the United States.

Following intensive discussions, the conference agreed on the first international drug control treaty, the International Opium Convention, consisting of six chapters and 25 articles. In addition to the opium and morphine already discussed extensively at the Shanghai conference, the Convention agreed at The Hague included heroin and cocaine on the list of substances to be controlled.

Cocaine had been known since 1860 but started to create problems in North America and Europe towards the end of the nineteenth century. Heroin, originally known under its chemical name, diacetylmorphine, was first synthesized in 1874

*www.opioids.com/opium/history/index.html.

by an English chemist, C. R. Alder Wright, who was experimentally combining morphine with various acids. The drug was rediscovered by the German pharmaceutical company Bayer in 1895 and marketed as a cough suppressant under the name of heroin as from 1898 [11], quickly gaining market shares around the globe and emerging as the world's most dangerous drug in the twentieth century.

The preamble to the Convention made reference to the work done by the International Opium Commission in Shanghai and stated a desire to work towards a progressive suppression of the abuse of opium, morphine and cocaine (and the preparation and derivatives of these substances) and to come to a mutual international understanding ([52], pp. 253-262).

Articles of the Hague Convention, 1912

Chapter I of the International Opium Convention dealt with raw opium. In article 1, all contracting Powers committed themselves to controlling the production and distribution of raw opium. In article 2, signatories limited the number of towns, ports and other locations through which the export or import of raw opium was permitted. In article 3, countries committed themselves to preventing the export of raw opium to countries prohibiting importation. In article 4, countries required that every package containing raw opium intended for export (and exceeding 5 kg) had to be properly marked.

Chapter II dealt with prepared opium. In article 6, the contracting Powers committed themselves to take measures for the gradual and effective suppression of the manufacture, internal trade and use of prepared opium. In article 7, the import and export of prepared opium were prohibited "as soon as possible". In article 8, countries prohibited the export of prepared opium immediately to countries that prohibited its import. All remaining exports had to be properly marked.

Chapter III dealt with medicinal opium, morphine, heroin and cocaine. Article 9 called on the contracting Powers to enact pharmaceutical laws or regulations to confine the use of morphine, cocaine and their respective salts to medical use only. Article 10 called on the contracting parties to control all persons manufacturing, importing, selling, distributing and exporting morphine, cocaine and their respective salts, as well as the buildings in which such industry or trade was carried out. In addition, the manufacture of morphine and cocaine was to be permitted only for specially licensed establishments and persons, which/who were required to provide details on the quantities manufactured, imports, sales and all other distributions and export of these substances. Article 11 provided that any sale to unauthorized persons had to be prohibited. Article 12 stipulated that only specially authorized persons were allowed to import such substances. Article 13 stipulated that only licensed persons were allowed to effect exports. Article 14 stipulated that the rules and regulations regarding manufacture, import, sale and export had to be applied to (a) medicinal opium, (b) preparations containing more than 0.2 per cent morphine or more than 0.1 per cent cocaine, (c) heroin or its preparations containing more than 0.1 per cent heroin and (d) all new derivatives of morphine, cocaine or their respective salts, as well as every other alkaloid of opium that might result in similar abuse and ill effects.

Chapter IV dealt primarily with the opium situation in China. Article 15 called on the contracting Powers to take all necessary measures to prevent the smuggling of opium (raw and prepared), morphine, heroin and cocaine into China or the Far Eastern colonies and leased territories of China. The Chinese Government, on its part, was to

take similar measures for the suppression of smuggling from China to the foreign colonies and leased territories. In article 17, parties having treaties with China committed themselves to restrict and control the habit of smoking opium in these territories and, in article 18, to gradually reduce the number of shops selling raw and prepared opium.

Chapter V dealt with national legislation. In article 21, the contracting Powers were asked to make the possession of opium, morphine, cocaine and their respective salts illegal. Article 22 obliged parties (a) to communicate to each other, through the Ministry of Foreign Affairs of the Netherlands, the texts of existing laws and administrative regulations with regard to narcotics and (b) to provide statistical information regarding the trade in raw and prepared opium, morphine, heroin and cocaine.

Chapter VI dealt with the signing and ratification procedures. In article 22 all countries were invited to sign the Convention, including those not present at its creation; a number of the latter were specifically mentioned, including Bolivia, Colombia, Peru, Serbia, Switzerland and Turkey. Article 23 stipulated that all the Powers had to sign the Convention before they would be invited to ratify it. According to article 24, the Convention would enter into force three months after all ratifications had been received. In the event that it had not received all signatures by the end of 1912, the Government of the Netherlands was instructed (article 23) to invite the Powers that had signed the Convention to deposit their ratifications.

The 1912 Convention invigorated drug control efforts in several countries. In the United States in 1913 it prompted the Congress to pass the Harrison Act, which is generally viewed as the foundation of twentieth-century United States drug policy ([53], p. 26).

The Harrison Act arose as a direct result of the Convention and the international obligations that underpinned its establishment. At the beginning of the twentieth century, federal control over narcotics use and prescription practices was thought to be unconstitutional in the United States. The 1906 Pure Food and Drug Act, which contained some weak controls over the United States pharmacy trade, was considered the farthest the federal authorities could go without infringing the rights of individual states. At the Hague conference, however, the United States delegation was criticized for its lack of appropriate national legislation. This weakened the country's negotiating position and prompted its State Department to campaign for a federal anti-narcotics law based on the Government's tax authority. This law was challenged many times within the United States ([11], p. 10) and likely survived only because of the country's international obligations.

Despite its vast influence, there were limits to how far the Hague Convention actually went. Most producer countries, notably Persia, Russia and the United Kingdom objected to proposals to reduce cultivation. Thus, article 1 obliged the contracting Powers only to "control" opium production, not to limit it to medical and scientific use. Also, although States agreed to gradually suppress opium smoking, they did not agree on any timetable. This enabled most countries to

continue status quo through the subsequent decade. In addition, two controversial United States proposals for systems of reciprocal notification and vessel searches failed to gain support. Italy, affected by the marijuana and hashish trade in its African possessions, was unsuccessful in gaining support for measures to reduce the trade in cannabis herb and resin.

Given the wealth that had been generated by the opium trade throughout this period, it is unsurprising that chapter III, dealing with the manufacture of drugs, proved to be the most controversial one. After long negotiations, the German delegation succeeded in removing codeine from the list of substances under control. In addition, Germany argued that until States not represented at the conference (such as Bolivia and Peru, significant for coca production; Serbia, Turkey and other Balkan countries, significant for opium production; and Switzerland, significant for pharmaceutical manufacturing) adhered to the treaty's provisions, the drug business would simply migrate to the least restrictive regulatory regimes. Thus, the German delegation, supported by France and Portugal, insisted that the governments of all 34 producing, manufacturing and consuming countries would have to ratify the treaty before it entered into force.

While the argument was rational, in the short run it made ratification almost impossible ([42], p. 34). In fact, over the next two and a half years only eight countries ratified the treaty. Against this background, and with the outbreak of the First World War, full implementation of the first international drug control treaty had little chance. Cognizant of this, in 1915 China, Honduras, the Netherlands (as the secretariat of the treaty), Norway and the United States announced that they would implement the treaty among themselves. The real impact of this was almost nil, but it prevented the burial of the first International Opium Convention before it saw the light of day.

The First World War led to rapidly rising levels of drug use in several countries and among Allied troops in France in 1915. Some limitations on alcohol consumption also prompted people to turn to cocaine and opiates as alternatives. Curfews drove nightlife underground and exacerbated related illicit activities. In many countries, unscrupulous physicians and pharmacists dispensed larger and larger quantities of addictive substances with impunity, and shippers still operated under no import or export restrictions.

Perceived increases in use led European countries formerly reluctant to ratify the International Opium Convention to change their attitude. Great Britain, for instance, used the Defence of the Realm Act to tighten domestic controls, focusing on punitive measures for trafficking in or possession of cocaine or opium. Canada, Germany and other States instituted similar acts to restrict access to drugs and to deter smuggling while preserving the supply of vital analgesic medications. These ad hoc wartime administrative arrangements solidified after 1918 ([42], p. 36).

Previous wars had given most countries some knowledge of the consequences of large-scale morphine epidemics ([11], p. 2). Wartime smuggling also demonstrated that laxity in one jurisdiction could easily imperil efficacy elsewhere. Thus, the United Kingdom Home Office introduced a system of import/export authorizations designed to ensure that all drug shipments into and out of the country had a legitimate destination. This system was increasingly adopted by other countries ([42], p. 36).

The situation was different in China. The period from 1906 to 1911 had brought significant progress in reducing opium poppy cultivation and curbing opium smoking [50, 54, 55]. Though opium suppression continued in the new Republic, the 1911 revolution weakened the momentum of the anti-opium campaign. Anti-opium conferences were held in 1913, and stringent regulations on prohibiting poppy planting were proclaimed in 1914. In 1915, the leader of the new Republic, Yuan Shikai, approved Government-managed opium monopolies in several provinces (Guangdong, Jiangxi and Jiangsu), effectively legalizing opium again. After his death in 1916, the country fell into complete chaos amid the struggle for control among various warlords. During this time, opium revenue became a major financial resource for many warlords, mainly through so-called fines (i.e., taxes) on cultivation, trafficking, selling and smoking ([15], p. 30). Even though production came nowhere near 1906 levels, much of the progress made in reducing opium production and consumption was lost.

With opium still a major global issue and with universal ratification of the Convention still a problem, British, Chinese and United States authorities developed the idea of adding a stipulation to the peace treaties with Germany and the other Central powers: countries signing and ratifying the peace treaties would also automatically sign and ratify the International Opium Convention.

Article 295 of the Treaty of Versailles (28 June, 1919) stated:

Those of the High Contracting Parties who have not yet signed, or who have signed but not yet ratified, the Opium Convention signed at The Hague on January 23, 1912, agree to bring the said Convention into force, and for this purpose to enact the necessary legislation without delay and in any case within a period of twelve months from the coming into force of the present Treaty.

Furthermore, they agree that ratification of the present Treaty should in the case of Powers which have not yet ratified the Opium Convention be deemed in all respects equivalent to the ratification of that Convention and to the signature of the Special Protocol which was opened at The Hague in accordance with the resolutions adopted by the Third Opium Conference in 1914 for bringing the said Convention into force.

For this purpose the Government of the French Republic will communicate to the Government of the Netherlands a certified copy of the protocol

of the deposit of ratifications of the present Treaty, and will invite the Government of the Netherlands to accept and deposit the said certified copy as if it were a deposit of ratifications of the Opium Convention and a signature of the Additional Protocol of 1914.

An almost identical text is found in article 247 of the Treaty of Peace Between the Allied and Associated Powers and Austria (Saint Germain-en-Laye, 10 September 1919), which entered into force in 1920. The corresponding text is also found in article 230 of the Treaty of Trianon with Hungary, in article 174 of the Treaty of Neuilly with Bulgaria and in article 280 of the Treaty of Sévres with Turkey.

Thus, with the stroke of a pen, the requirements of the 1912 Hague treaty were satisfied and the first International Opium Convention gained near-universal adherence after 1919. Owing to its incorporation into the peace treaties, more than 60 countries and territories ratified the Hague treaty, and by 1949 the number had risen to 67 ([56], p. 171).

Drug control under the League of Nations, 1920-1945

The peace treaties of 1919 also laid the foundation for the League of Nations, and, by a resolution of the League of Nations on 15 December 1920, the Opium Advisory Committee (OAC)* was established to oversee the implementation of the Hague Opium Convention of 1912 ([57], p. 80). In addition, the League designated an Opium and Social Questions Section within its secretariat to provide OAC with administrative and executive support. The League Health Committee** took responsibility for advising on medical matters.

The League's new international drug control organs focused considerable effort on gauging the extent of the international drug problem. OAC requested information about imports, exports, re-exports, consumption, reserve stocks, etc. Conservative estimates based on this information suggested that world production of opium and coca exceeded medical and scientific needs by a factor of 10. In addition, a substantial proportion of manufactured drugs were still sold for non-medicinal purposes in many countries. Against this background, OAC urged States to adopt an import/export certification scheme modelled after the British system introduced during the First World War ([42], p. 47).

The involvement of several key countries in OAC, including Russia and the United States, was extremely limited, as they were not members of the League of Nations. This had a detrimental impact on the efficacy of OAC, and a number

*Forerunner of the Commission on Narcotic Drugs.

**Forerunner of the World Health Organization.

of complex institutional solutions were devised to facilitate at least partial collaboration on international drug control issues.

Several attempts were made to enable the United States to participate directly in OAC, and, as from 1923, the United States State Department did send observers to OAC meetings. These meetings revealed, however, ongoing differences in opinion among the participating States. While the United States delegation advocated strict supply control, the other colonial Powers defended the traditional forms of opium use in Asia. They rejected any substantive restrictions on poppy cultivation, arguing that this would only foster illegal cultivation and trade in China. The South American States defended their coca interests and declared that, at most, they would agree to keep levels of production stable ([42], pp. 53-59).

The position of the United States vis-à-vis the League of Nations meant that it could no longer play the leading role in promoting international drug control efforts; this role was taken over by the United Kingdom. Sir Malcolm Delevingne, Deputy Under-Secretary of State in the United Kingdom Home Office (1922-1931) became the prime architect of Britain's narcotics policy after 1913 and a key figure in international drug control during the era of the League of Nations. He took a pragmatic, step-by-step approach in strengthening the control regime without alienating the affected countries.

The 1925 Convention

In 1925, two further international drug control agreements were concluded. The first, the Agreement concerning the Suppression of the Manufacture of, Internal Trade in, and Use of Prepared Opium, was signed on 11 February 1925 and entered into force on 28 July 1926 [58]. It focused on opium-producing nations and stated that the signatory nations were "fully determined to bring about the gradual and effective suppression of the manufacture of, internal trade in and use of prepared opium." Article I required that, with the exception of retail sales, the importation, sale and distribution of opium would be a government monopoly. Leasing, according or delegating this right was specifically prohibited. Article II prohibited the sale of opium to minors, and article III prohibited minors from entering smoking dens. Article IV required governments to limit the number of opium retail shops and smoking dens as much as possible. Articles V and VI regulated the export and transport of opium. Article VII required governments to discourage the use of opium through instruction in schools, literature and other methods. This treaty had seven signatories and ratifiers: the British Empire, France, India, Japan, the Netherlands (including the Netherlands East Indies, Surinam and Curaçao), Portugal and Thailand [58].

The second agreement, the new International Opium Convention, also called the 1925 Convention [59], entered into force in 1928. It was eventually signed

and ratified by 56 countries ([56], p. 772). It was not signed by China, Peru or the United States; Persia signed but did not ratify the treaty [59]. This Convention detailed the content of the Hague Convention, institutionalized the international control system and extended the scope of control to cannabis.

With these two agreements, the British import/export authorization model was adopted as the main international trade control mechanism (chapter V), a mechanism that is still in place today. The system of import certificates and export authorizations ensures that international trade in narcotic substances is controlled by the competent authorities of both the importing and exporting countries [60]. The system requires a separate authorization (article 12) to import any controlled substance. The authorization is required to include the amount to be imported, the name and address of the importer and the name and address of the exporter. An exporter “shall require a separate export authorization to be obtained for each exportation ... The Contracting Party, before issuing such export authorization, shall require an import certificate, issued by the Government of the importing country and certifying that the importation is approved” (art. 13).

According to article 21 of the 1925 Convention, countries were required to forecast their medical and scientific drug needs (the amount needed for medical and scientific purposes) on an annual basis. Article 22, paragraph 1, continues: “The Contracting Parties agree to send annually ... within three ... months after the end of the year, as complete and accurate production statistics as possible relative to the preceding year as well as amounts of each of the substances covered by the present Convention which have been confiscated on account of illicit import or export; the manner in which the confiscated substances have been disposed of ... together with ... other information as may be useful in regard to such confiscation and disposal.”

Chapter II of the Convention dealt with internal control of raw opium and coca leaf. In this context, article 2 stated: “The Contracting Parties undertake to enact laws and regulations to ensure the effective control of the production, distribution and export of raw opium”. While States were compelled to “control” production, they were still under no obligation to limit production to medical and scientific needs. Thus, the President of the conference, Sir Malcolm Delevingne, concluded: “The American principle for a limitation of production to medical and scientific purposes, though accepted as a principle both by the Advisory Committee on the Traffic in Opium and the Assembly, has not been included in the Convention as a contractual obligation. While, again, no one disputed the rightness of this principle, the objections raised by the producing countries to its immediate acceptance as a binding obligation made it obvious that years will be required before the principle will become effective in fact” ([61], pp. 360-362).

The refusal to limit production of opium and coca caused both the Chinese and United States delegations to withdraw from the conference. Neither signed the 1925 Convention.

Chapter III, however, did limit the production of manufactured drugs: "The Contracting Parties shall enact effective laws or regulations to limit exclusively to medical and scientific purposes the manufacture, import, sale, distribution, export and use of the substances to which this Chapter applies".

The 1925 Convention established the Permanent Central Board* (chap. VI, art. 19-27), as an impartial body whose members were experts not holding any office that would put them in a position of direct dependence on their Governments [60]. The main task of the Permanent Central Board, also referred to as Permanent Central Opium Board (PCOB), was to administer the statistical information sent by member States to Geneva and, according to article 24, to "watch the course of the international trade. If the information at its disposal leads the Board to conclude that excessive quantities of any substance covered by the present Convention are accumulating in any country, or that there is a danger of that country becoming a centre for the illicit traffic, the Board shall have the right to ask, through the Secretary-General of the League, for explanations from the country in question." PCOB also established the system of import certificates and export authorizations for the licit international trade in narcotic drugs [62].

The non-governmental expert-level membership of PCOB effectively expanded the control system beyond the still-limited membership of countries belonging to the League of Nations. Thus, article 19 of the Convention stated that "The members of the Central Board shall be appointed by the Council of the League of Nations" and that "The United States of America and Germany shall be invited each to nominate one person to participate in these appointments."

The establishment of the Board as a semi-independent body, therefore, amended the exclusion of both Germany and the United States. It was based on a proposal put forward by the United States delegation during the preparations for the 1925 Convention, asking for the creation of a new entity, with the status of an independent evaluator and quasi-judicial body, to oversee the fulfilment of the treaty's provisions ([42], p. 60).

Governments had to come to a compromise on the degree to which the Board could or should control the production, manufacture and trade of drugs: would the markets remain free, determined by supply and demand, or controlled, based on production quotas centrally determined in Geneva? The original proposal of 1924 envisioned a Board with powers to determine the amounts of drugs manufactured each year. Imports and exports would be limited to the quantities

*Forerunner of the International Narcotics Control Board.

specified in the estimates. The Board would have the power to set estimates for countries that failed to submit their own and to question estimates that seemed excessive. Finally, the Board would have had the power to impose sanctions on States that exceeded their allotment by prohibiting other governments from exporting raw material or manufactured drugs to the offending country. Eventually, these powers were seen to be too far-reaching by several States, and the proposal failed ([42], p. 72).

In the final version of the Convention, the Board had lost its right to question several of the statistics submitted by governments. Article 22, paragraph 3, stated: "It shall not be within the competence of the Central Board to question or to express any opinion on the amounts imported or purchased for Government purposes or the use thereof." Article 23 states, with regard to statistics on the manufacture of prepared opium and the use of raw and prepared opium: "It is understood that it shall not be within the competence of the Board to question or to express any opinion upon these statistics and that the provisions of Article 24 are not applicable ... except in cases where the Board may find that illicit international transactions are taking place on an appreciable scale." Only when the Board received sufficient evidence that a country acted as a centre of illicit traffic of drugs (art. 24, para. 1), could it request an explanation through the Secretary-General of the League of Nations. The Board could not advise on sanctions; according to article 24, paragraph 2, it could only bring the issue to the attention of the Governments of all the contracting parties and the Council of the League of Nations, and recommend an embargo [59].

Even with the compromise on reduced powers, PCOB proved to be a successful instrument in reducing the licit manufacture and trade of psychoactive substances in subsequent years. Most countries did not want to run the risk of being singled out by the Board as centres of illicit drug traffic and strengthened their rules and regulations.

PCOB also had a positive impact on producers of raw materials. By 1925, the Government of India concluded that the political costs linked to continued (albeit limited) opium export outweighed the economic advantages. It announced that it would end opium exports to any State or colony acting as a centre for illicit traffic, even if the relevant government were to produce valid import certification. In 1926, the Government of India declared a gradual reduction of all non-medicinal opium exports. Indian exports dropped significantly in subsequent years ([42], p. 81).

Another new element of the 1925 Convention was the application of the international drug control system to cannabis. This followed a pressing call by the head of the delegation of Egypt, Mohamed El Guindy, for countries to "give this question their best attention," following a detailed description of the negative effects of cannabis ([61], pp. 132-135).

The 1925 Convention included the following provisions in a separate chapter on Indian hemp (chap. IV). Article 11, paragraph 1, stated: "In addition to the provisions of Chapter V [control of international trade] which shall apply to Indian hemp and the resin prepared from it, the Contracting Parties undertake ... to prohibit the export of the resin obtained from Indian hemp and the ordinary preparations of which the resin forms the base ... to countries which have prohibited their use, and in cases where export is permitted, to require the production of a special import certificate issued by the Government of the importing country stating that the importation is approved for the purposes specified in the certificate and that the resin or preparations will not be re-exported".

Article 11, paragraph 2, established the general rule: "The Contracting Parties shall exercise an effective control of such a nature as to prevent the illicit international traffic in Indian hemp and especially in the resin".

Control of cannabis was far less comprehensive than control of opium/morphine/heroin or coca/cocaine. Although the 1925 Convention brought cannabis under international control for the first time, control was limited. The Convention dealt only with the international dimension of the cannabis trade. It did not prohibit the production of cannabis as such; it did not ask that domestic traffic in cannabis be controlled; it did not prescribe measures to reduce domestic consumption; and it did not ask governments to provide cannabis production estimates to the Board ([63], p. 38).

The 1931 Convention

By the end of the 1920s, drug control efforts had achieved several objectives. The 1925 International Opium Convention enjoyed growing acceptance, and even countries that had not signed and ratified it, such as the United States, cooperated with the Permanent Central Opium Board. More and more government statistical returns were received and provided a clearer picture of the supply-and-demand situation. In addition, many States had strengthened their domestic enforcement efforts, and India, the world's main opium exporter, started to reduce its exports.

The lack of universality in the agreements, however, ensured that these approaches would never be fully successful. Persia and other States started to fill the void created by the Indian withdrawal from the quasi-medicinal market. In addition, the overproduction of opium inside China continued. Statistical returns from China indicated that imports of manufactured drugs into China had started to skyrocket. And, as European governments pressured pharmaceutical companies to conform to more stringent control standards, a number of unscrupulous operators moved their activities to states that had not ratified the International Opium Convention.

The global economic depression of the 1920s severely hampered attempts at limitation, with producer countries refusing to forgo existing export opportunities. Similarly, countries importing psychoactive substances feared that lower production would increase import prices, and so they opposed any global production cuts.

Member States favouring limitation began to look into other control options. The Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs [64] was signed on 13 July 1931 and entered into force in July 1933, following its ratification by 40 States ([65], p. 477). Eventually 67 countries ([56], p. 772) ratified the convention, including all key drug manufacturers such as Australia, Canada, France, Germany, the Netherlands, the Soviet Union, Switzerland, the United Kingdom and the United States.

The 1931 Convention introduced a system of compulsory estimates aimed at limiting the global manufacture of drugs to the amounts needed for medical and scientific purposes and established a Drug Supervisory Body to monitor the operations of the system [62]. The new control system consisted of six chapters and 34 articles, the main elements of which were as follows: signatories were to submit, according to article 5, paragraph 2, estimates on the quantities needed for (a) medical and scientific needs, (b) conversion, (c) reserve stocks and (d) Government stocks. Provisions were included so that States could revise the estimates upward for unforeseen medical requirements. In order not to limit free trade, signatories did not have to designate where they would buy their supplies—allowing them to shop for the lowest price. The core of the Convention is contained in chapter III, “Limitation of Manufacture”, article 6, paragraph 1:

There shall not be manufactured in any country or territory in any one year a quantity of any of the drugs greater than the total of the following quantities:

- (a) The quantity required within the limits of the estimates for that country for that year for use as such for its medical and scientific needs ...;
- (b) The quantity required ... for conversion, whether for domestic consumption or for exports;
- (c) Such quantity as may be required ... for the executing during the year of orders for export in accordance with the provisions of this Convention;
- (d) The quantity ... required ... for maintaining the reserve stocks ...;
- (e) The quantity ... required for ... maintaining the Government stocks.

In paragraph 2, it is stated that if “at the end of any year, any High Contracting Party finds that the amount manufactured exceeds the total of the

amounts specified above, ... such excess shall be deducted from the amount to be manufactured during the following year ...”.

In addition, article 17 obliged countries to carefully monitor all manufacturing activities, stating that:

Each High Contracting Party shall require each manufacturer within his territories to submit quarterly reports stating:

(a) The amount of raw materials and of each of the drugs received into the factory and the quantities of the drugs ... produced from ... these substances ...;

(b) The quantities of either the raw material or the products manufactured therefrom which were disposed of during the quarter;

(c) The quantities remaining in stock at the end of quarter.

Responsibility for monitoring the estimate system was given to the newly founded Drug Supervisory Body ([57], p. 95); it was in charge of a comprehensive assessment of global drug requirements (art. 5, para. 6). States had to report imports and exports to the Drug Supervisory Body after execution of the orders, thus giving it indirect control over the global trade in manufactured drugs ([42], p. 96).

By creating this new body (the tasks could have been fulfilled by PCOB) the United States was able to avoid acknowledging the leading role of the League of Nations in the area of international drug control. This meant that the United States delegation was not put into the awkward position of validating *ex post facto* the 1925 International Opium Convention that created the Board ([42], p. 98).

The 1931 Convention also introduced the principle now known as drug scheduling, that is, applying three different control levels to drugs on the basis of: (a) the degree of danger presented by a particular drug and (b) the extent to which a drug was used by the medical profession [66]. Drugs in group II, codeine and dionine, were subjected to the least stringent measures, in that their manufacture was limited less strictly and their distribution was somewhat freer than in the case of other drugs. The main body of drugs was subjected to the general scheme of limitation of manufacture and regulation of distribution. Diacetylmorphine (heroin), on the other hand, while treated like the main body of drugs as regards the limitation of manufacture, was prohibited for export except under special conditions. Article 10, paragraph 1, states, “The High Contracting Parties shall prohibit the export from their territories of diacetylmorphine, its salts, and preparations containing diacetylmorphine, or its salts.” Paragraph 2 says, “Nevertheless, on the receipt of a request from the Government of any other country in which diacetylmorphine is not manufactured, any High Contracting Party may authorise the export to that country of such quantities of diacetylmorphine, its salts, and preparations ... as are necessary for

the medical and scientific needs of that country, provided that the request is accompanied by an import certificate and is consigned to the Government Department indicated in the certificate.”

The 1936 Convention

The Hague Convention of 1912, which entered into force only in the early 1920s, the International Opium Convention of 1925 and the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs proved highly successful in limiting the licit trade in psychoactive substances. The Permanent Central Opium Board concluded that by 1934 or 1935, the legal manufacture of opiates and cocaine had dropped to the level of legitimate demand ([42], p. 112).

Unfortunately, progress made on the licit side prompted the emergence of illicit activities [21]. Following the end of alcohol prohibition in the United States in 1933, a number of organized crime groups were looking for new business opportunities and found heroin trafficking and prostitution lucrative. They set up networks with hubs in Marseille, Tangier and Beirut. In collaboration with European organized crime groups, heroin was purchased from small pharmaceutical manufacturers in various European countries, notably France and Switzerland, and smuggled to the Near and Middle East (often Alexandria or Beirut), the Far East (typically Shanghai) and, in cooperation with United States organized crime groups, New York and Chicago. Heroin distribution centres in Europe were fronted by legal business activities located in Paris, Zurich, Hamburg, Prague and Vienna. After 1930, stricter controls in Europe, resulting from implementation of the Conventions, led to the shifting of business centres to Istanbul ([2], pp. 51-55). Opium produced in Turkey was also frequently used as raw material for clandestine heroin production activities. Persian opium was also involved, facilitated by the fact that Persia did not participate in the import/export certification system. In addition, significant amounts of this opium were shipped by Japanese groups to China, prompting complaints by the Chinese authorities ([42], pp. 108 and 114).

Concerned over the expansion of drug markets, the League of Nations convened a conference in 1936, the main outcome of which was the 1936 Convention for the Suppression of the Illicit Traffic in Dangerous Drugs [67]. This was the first treaty to focus explicitly on drug trafficking and the first to make certain drug offences international crimes. Article 2 of the Convention stated:

Each of the High Contracting Parties agrees to make the necessary legislative provisions for severely punishing, particularly by imprisonment or other penalties of deprivation of liberty, the following acts—namely:

(a) The manufacture, conversion, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms

whatsoever, brokage, despatch, despatch in transit, transport, importation and exportation of narcotic drugs, contrary to the provisions of the said Conventions;

- (b) Intentional participation in the offences specified in this Article;
- (c) Conspiracy to commit any of the above-mentioned offences;
- (d) Attempts and, subject to the conditions prescribed by national law, preparatory acts.

Also for the first time, the Convention dealt explicitly with drug-related crime committed abroad and extradition: According to article 6, "In countries where the principle of the international recognition of previous convictions is recognised, foreign convictions for the offences referred to in Article 2 shall, subject to the conditions prescribed by the domestic law, be recognised for the purpose of establishing habitual criminality." Similarly, article 7 clarifies: "In countries where the principle of the extradition of nationals is not recognised, nationals who have returned to the territory of their own country, after the commission abroad of any of the offences referred to in Article 2, shall be prosecuted and punished in the same manner as if the offence had been committed in the said territory, even in a case where the offender has acquired his nationality after the commission of the offence." Article 9 calls explicitly for extradition:

1. The offences set out in Article 2 shall be deemed to be included as extradition crimes in any extradition treaty which has been or may hereafter be concluded between any of the High Contracting Parties.
2. The High Contracting Parties who do not make extradition conditional on the existence of a treaty or on reciprocity shall as between themselves recognize the offences referred to above as extradition crimes.
3. Extradition shall be granted in conformity with the law of the country to which application is made.

The practical importance of this Convention remained limited, as a number of key countries refused to sign and ratify it. This included the United States, for which the Convention was not sufficiently far-reaching [68]. Other countries, such as Germany and Japan, were no longer participating in international conferences. In total only 13 countries signed and ratified the convention.* Moreover, it became effective only in October 1939, that is, after the Second World War had started, and drug control priorities had been supplanted by more immediate foreign policy imperatives. In fact, it was another five decades before these topics were dealt with again in detail at the multilateral level.

*Belgium, Brazil, Canada, China, Colombia, Egypt, France, Greece, Guatemala, Haiti, India, Romania and Turkey.

International drug control in the final years of the League of Nations

Increasing political tensions in the late 1930s weakened international cooperation. Germany, which had entered the League of Nations in 1926, left after the National Socialists came to power. Japan left the League of Nations in 1933 after the League had voiced opposition to the invasion of the Chinese territory of Manchuria. Italy withdrew in 1937, following the League's condemnation of its invasion of Ethiopia. The Soviet Union, which had joined the League only in 1934, had to leave it in 1939 following its aggression against Finland. Despite this unfavourable political environment in the late 1930s, most countries adhered to the conventions and even supplied statistics until 1939.

As discussed previously, the rather complex institutional structure, which included bodies such as the Permanent Central Opium Board and the Drug Supervisory Body, facilitated cooperation with countries that were not members of the League of Nations. This not only enabled the United States to cooperate closely with the international drug organs, but—after 1933—it enabled cooperation with countries such as Germany and, to some degree, Japan, although allegations of dubious business practices by Japan, notably with regard to China, were frequently on the agenda ([42], pp. 128-155).

During the Second World War, violations of the international drug control treaties were limited to significant shipments of opium and other opiates to China. After the Second World War, this was addressed in several war tribunal cases against Chinese and Japanese officials where references were made to the international drug control treaties [69, 70].

As from 1940, most of the offices of the international drug control system were gradually transferred to the United States (the Opium Advisory Committee to Princeton and PCOB and the Drug Supervisory Body to Washington, D.C.), though their official seat (and some staff) remained in Geneva.

IV. INTERNATIONAL DRUG CONTROL UNDER THE AUSPICES OF THE UNITED NATIONS

From 1946 on, the United Nations assumed the drug control functions and responsibilities formerly carried out by the League of Nations. In the years around the Second World War a number of new synthetic narcotics were developed, the most important of which were methadone, developed by German scientists in 1937, and pethidine (Demerol). Both substances, produced and marketed by German companies, were in great demand by both soldiers and civilians affected by the war.

Following the war, companies from many nations applied for manufacturing licences, and the newly formed Commission on Narcotic Drugs soon concluded that there was a real danger that a large trade in these new dependence-producing substances could develop if manufacture and trade remained unchecked. The first idea was to add these substances to the existing conventions. However, the Commission on Narcotic Drugs secretariat felt that the 1925 and 1931 Conventions could not be amended without complications. The Commission therefore drafted a separate agreement (protocol) that required States to submit the new substances to the same estimates-of-need and statistical reporting provisions that applied to opium-based narcotics. The 1948 Synthetic Narcotics Protocol came into force only one year later, on 1 December 1949 ([44], p. 65). The application of the 1948 Protocol meant that 14 new substances were placed under international control by 1951 and a further 6 by 1954 [71].

The 1953 Opium Protocol

Following the Second World War, international relations changed dramatically, and the development of multilateralism in drug control meant that it relied more than ever on diplomacy and consensus-building. The Soviet Union and the United States emerged as the two new super-Powers. Germany and Japan were reconstructing, as were the European colonial Powers, which were also in the process of divesting colonial empires.

As early as 1943, the United States Administration had curtailed all opium smoking in the areas liberated from Japan, including previous colonies and European territories ([72], p. 82). A few years later, the United States undertook new initiatives to prohibit the production and use of opium other than for medical and scientific needs [73]. The original plan, launched in 1948 by the head of the

United States delegation, Harry Anslinger,* was to have this principle incorporated into a new single convention. The complexity of international relations at the time, however, precluded any quick elaboration of an international convention.

In the meantime, the elimination of opium production and consumption in China in 1949 meant that previous arguments by opium-producing countries that their reductions would simply be replaced by Chinese production were no longer valid. Between 1949 and 1952, the Government of Mao Zedong eliminated opium production, trade and consumption from China [74].

In June 1953, countries agreed on the Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in and Use of Opium, known more simply as the 1953 Opium Protocol. The Protocol was intended to limit opium production and use to medical and scientific needs. According to its article 6, only seven countries—Bulgaria, Greece, India, Iran, Turkey, the Union of Soviet Socialist Republics and Yugoslavia—were authorized to produce opium for export [62]. The Protocol also asked countries to implement comprehensive control systems at the national level. In article 3 it stipulated six measures to be taken:

With a view to controlling the production and use of opium, and trade in opium:

1. Every producing State shall establish, if it has not already done so, and maintain one or more government agencies (hereafter in this article referred to as the Agency) to perform the functions assigned to it ...;
2. Production shall be limited to areas designated by the Agency or other competent government authorities;
3. Only cultivators licensed by the Agency or other competent government authorities shall be permitted to engage in production;
4. Each licence shall specify the extent of the area on which the cultivation of the poppy is permitted;
5. All cultivators of the poppy shall be required to deliver their total opium crops to the Agency. The Agency shall purchase and take physical possession of such opium crops as soon as possible;
6. The Agency or other competent government authorities shall have the exclusive right of importing, exporting and wholesale trading in opium and of maintaining opium stocks other than those held by manufacturers licensed to manufacture alkaloids from opium [75].

*Mr. Anslinger was head of the Federal Bureau of Narcotics and a key player in domestic and international drug control as from the early 1930s.

The Permanent Central Opium Board was empowered with specific supervisory and enforcement responsibilities. Article 11, paragraph 1 (*d*), stipulated: "If the Board considers that a local inquiry would contribute to the elucidation of the situation, it may propose to the government concerned that a ... committee of inquiry designated by the Board be sent to the country or territory in question. If the government fails to reply within four months to the Board's proposal such failure shall be considered a refusal of consent". Article 12 then dealt with various enforcement efforts, including recommendations for an embargo (para. 2) and a mandatory embargo (para. 3). Legal overproduction was to be eliminated through control of the amount of opium that could be stocked by individual States ([44], pp. 65-66).

The 1953 Opium Protocol contained the most stringent drug control provisions that had ever been embodied in international law [73]. The agreement extended the reporting provision placed on manufactured drugs under the 1931 Convention to raw opium. Aimed primarily at producing States, signatories would submit estimates to the Drug Supervisory Body concerning the amount of opium planted, harvested, consumed domestically, exported and stockpiled. Year-end statistics would have to be reported to PCOB. The Protocol also gave the Board responsibility for making inquiries into discrepancies, conducting inspections and imposing embargoes. The Board was empowered to set estimates, and could take investigatory and punitive action, even in the case of States that were not parties to the Protocol. In exchange for accepting the new burdens and limitations, producer countries received a monopoly on licit sales of opium and were given a 15-year grace period in which to cease all production. Parties to the treaty agreed to buy opium only from the seven States named in the text ([42], pp. 181-182).

Article 21 of the Protocol stipulated that 25 States, including three of the seven producing States, had to ratify the treaty. This stipulation emerged as its main stumbling block. In its resolution 505 (XVI), section G, on the universal and early application of the 1953 Opium Protocol, the Economic and Social Council urged all Members of the United Nations to sign, ratify and accede to the Protocol as soon as possible. In total, 61 countries signed and ratified the Protocol. However, of the seven identified opium-producing and -exporting States, only India and, later, Iran ratified the Protocol during the 1950s. This was not sufficient for the Protocol to enter into force.

The Soviet Union opposed some of the inspection regulations. Greece and Yugoslavia declared that they would be ready to ratify it only when Turkey had done so. Greece eventually ratified the Protocol in February 1963 and Turkey, following increasing pressure from the United States, in July 1963. However, by that time, the 1961 Single Convention had already been established. It entered into force in December 1964, superseding the 1953 Opium Protocol. In reality, the 1953 Opium Protocol was in force for only a year and a half.

The 1961 Single Convention

By 1961, there were nine international legal agreements on narcotic drugs. Their overlapping provisions were complex, and this was compounded by the fact that several countries had not signed and ratified all the treaties [62].

In an attempt to correct this, and after 13 years of negotiation, the Single Convention on Narcotic Drugs was adopted in 1961 and entered into force on 13 December 1964. It superseded all but one of the previous international conventions, protocols and treaties ([44], p. 66). As of March 2009, there were 184 parties to the Single Convention on Narcotic Drugs as amended by the 1972 Protocol, by virtue of ratification, accession or succession [76]. Accession is almost universal: far more countries have acceded to the Single Convention than to any other drug control treaty ([77], p. 36).

The Single Convention consists of 51 articles, covering definitions of the substances under control, the framework for the operations of the international drug control bodies, reporting obligations for Member States, controls on production, manufacture, trade and consumption, and penal provisions. The key provision of the Single Convention is to be found in article 4: "The Parties shall take such legislative and administrative measures ... (c) ... to limit exclusively to medical and scientific purposes the production, manufacture, export, import distribution of, trade in, use and possession of drugs".

The objectives sought in drafting the Single Convention were threefold: codification of existing multilateral treaty laws into a single document, streamlining of the international drug control machinery and extension of controls to new areas.

The first objective, to codify all existing multilateral treaty laws into a single document, was largely achieved. Provisions established by the 1925 and the 1931 Conventions, such as those on the estimates and statistics system, were retained. Similarly, the system of import and export authorizations remained intact. The same applied to the provisions for controlling the manufacture of narcotic drugs established by the 1931 Convention. These were continued with the inclusion of the synthetic drugs introduced under the 1948 Protocol. The Single Convention retained the concept of schedules, first introduced in the 1931 Convention, but expanded them from two to four. Some of the far-reaching inspection provisions contained in the 1953 Opium Protocol (which by 1961 had not yet entered into force) were weakened to render the Single Convention more acceptable to several producer countries, most notably the Union of Soviet Socialist Republics and its allies. The Single Convention did not include a closed list of seven recognized producers, as under the 1953 Opium Protocol. The Soviet Union, in particular, lobbied for the rights of several developing countries to be given an opportunity to participate in this lucrative business.

All but one of the previous drug control conventions and treaties were superseded by the Single Convention. The poorly subscribed 1936 Convention for the Suppression of the Illicit Traffic in Dangerous Drugs remained in force, except for its article 9, which was replaced by the new penal provisions contained in article 36 of the Single Convention. This occurred because the delegations could not agree on which of the provisions to finally incorporate into the Single Convention ([42], pp. 208-211). The 1936 Convention was de facto superseded by the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Penal provisions more or less taken from the 1936 Convention refer to the obligation to take into account foreign convictions for the purpose of establishing recidivism (art. 36, para. 2 (a) (iii)); the obligation to prosecute serious offences in the country where the offence was committed or in the country where the offender is found if extradition is not possible (art. 36, para. 2 (a) (iv)); and the provision that the production- and trafficking-related offences enumerated in article 36 should be considered extraditable offences and included in extradition treaties (art. 36, para. 2 (b) (i)), or be automatically considered extraditable offences for countries where extraditions without specific extradition treaties are possible (art. 36, para. 2 (b) (iii)). In addition, the Single Convention detailed a previously more general rule of the 1936 Convention, stating in article 36, paragraph 2, (a) (ii), that “intentional participation in ... and attempts to commit any of such offences, and preparatory acts and financial operations in connexion with the offences referred to in this article, shall be punishable offences”, obliging Member States to make money-laundering operations punishable offences.

The second objective of the Single Convention was to simplify and streamline the control machinery in order to increase the efficiency of international drug control efforts. This led to the establishment of the International Narcotics Control Board. In addition, a number of administrative duties were consolidated and simplified. No consensus, however, was found on proposals to merge the Division of Narcotic Drugs with the secretariat of the International Narcotics Control Board. Such a merger was effected only three decades later with the creation of the United Nations International Drug Control Programme (UNDCP) in 1991 [44], p. 83). While the main task of the Board was to monitor and control the licit production, manufacture, trade and consumption of narcotics, the Secretary-General (i.e., now UNODC) was to oversee the illicit side. Thus, in article 18, the parties were required “to furnish to the Secretary-General such information as the Commission may request as being necessary for the performance of its functions, and in particular ... such particulars as the Commission shall determine concerning cases of illicit traffic, including particulars of each case of illicit traffic discovered which may be of importance, because of the light thrown on the source from which drugs are obtained for the illicit traffic, or because of quantities involved or the method employed by illicit traffickers”.

The third objective of the Convention was the extension of the existing controls to include the cultivation of the plants grown as raw material for the production of natural narcotic drugs, as well as the prevention of non-medical drug consumption. Thus, the 1961 treaty continued to keep a tight rein on the production of opium and extended international controls to the production of poppy straw, coca leaf and cannabis. These controls included the obligation to create national agencies for opium (art. 23), coca (art. 26) and, if applicable, cannabis (art. 26) for countries deciding to maintain such production to cover their medical and scientific needs. Such agencies—according to Article 23—had to designate the areas in which the cultivation could take place; allow only licensed cultivators to engage in such cultivation; demand that the total crop be delivered by them to the agency; and give the agency the exclusive right of importing, exporting, wholesale trading and maintaining stocks. Such provisions effectively barred private enterprises, which might have been interested in an expansion of the market, from participating in this lucrative business.

The Single Convention did not contain a general prohibition on drug production (as had been demanded by some member States, notably with regard to cannabis), but clear requirements that production, for whatever substance, could take place only under certain conditions and only for medical or scientific purposes.

The commentary to the 1961 Convention points out that the term “for medical purposes” (art. 4, (c)) was not uniformly interpreted by governments. Some prohibited the consumption of narcotic drugs by all addicts, while others permitted consumption by persons whose addiction proved to be incurable to prevent painful withdrawal symptoms. The commentary also highlights that the term “for medical purposes” did not have the same meaning at all times and in all circumstances. Its interpretation depended, *inter alia*, on the type of medical practice and science. Established and nationally recognized systems of indigenous medicine, for example, had to be taken into account ([78], p. 111).

The Single Convention prohibited the recreational practices of opium smoking, opium eating, coca-leaf chewing and the smoking and other uses of cannabis resin and cannabis herb. Countries were allowed some transition periods (art. 49) to abolish these practices. Countries also committed to abolishing the quasi-medical use of opium within a 15-year period and the practices of coca-leaf chewing and the use of cannabis within a 25-year period.

The Single Convention took an interesting approach to penal requirements. The penal provisions laid down in article 36, paragraph 1 (a), state: “Subject to its constitutional limitations each Party shall adopt such measures as will ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, ... distribution, purchase, sale, delivery ..., brokerage, dispatch, ... transport, importation and exportation of drugs contrary to the provisions of this

Convention ... shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty". The commentary to the 1961 Convention points out that article 36 is intended to fight illicit drug trafficking, obliging parties to make such violations of the law clearly punishable offences, including imprisonment. The use of drugs, however, is not mentioned in article 36.

When article 36 mentions possession it refers to the possession of drugs intended for distribution.* Possession for personal consumption is dealt with in article 33, where the Convention states that "The Parties shall not permit the possession of drugs except under legal authority." Governments have some flexibility in implementing this provision. The commentary to the 1961 Convention clarifies that Governments are not required to punish unauthorized possession as a serious offence; they can choose to impose administrative penalties, such as fines or censure instead. They can, in fact, choose not to impose any penalties as long as they "use their best endeavours to prevent this possession by all those administrative controls of production, manufacture, trade and distribution which are required by the Single Convention" ([78], p. 402).

In short, the Single Convention, while tough on illegal production and trafficking, gives governments a high degree of flexibility in dealing with local drug abuse problems. States are compliant with the Convention as long as they remain committed to the general obligation that "legislative and administrative measures have to be taken to limit to medical and scientific purposes ... the use and possession of drugs" (art. 4, (c)).

The Single Convention also obliges Member States to assist their drug addicts with medical treatment and rehabilitation ([44], p. 66). The original wording of article 38, paragraph 1, prior to its amendment in 1972, was: "The Parties shall give special attention to the provision of facilities for the medical treatment, care and rehabilitation of drug addicts". Earlier international narcotics treaties had contained no such obligation, despite the long-held view that victims of addiction needed to be assisted by treatment, aftercare and rehabilitation ([78], p. 446).

*In fact, article 36 of the Single Convention is based on a previous article 45 of the third draft, which served as the working document for the plenipotentiary conference. This draft enumerated in its paragraph 1, possession among the actions for which punishment would be required. This article 45 of the third draft was included in chapter IX, headed "Measures against illicit traffickers". Eventually, the Draft's division into chapters was not followed in the Single Convention, which is the only reason why the chapter heading was deleted, as were all other chapter headings. Article 36 is still in the part of the Single Convention dealing with illicit traffic. It is preceded by article 35, on action against illicit traffic, and followed by article 37, on seizure and confiscation. Against this background, the authors of the *Commentary* tended to support the opinion that only possession for distribution, and not that for personal consumption, was a punishable offence under article 36 of the Single Convention. (*Commentary on the Single Convention on Narcotic Drugs, 1961*, United Nations publication, Sales No. E.73.XI.1.)

The 1972 Protocol amending the Single Convention

Drug use increased dramatically with the social and cultural changes of the 1960s, first in North America and then in Europe. Recreational drug use was a central feature of some of these changes. In the United States alone, the number of arrests at the state level for marijuana possession rose tenfold between 1965 and 1970. A national survey in 1971 revealed that 24 million people in the United States had used cannabis. The number of heroin addicts in the country was estimated to have risen from about 50,000 in 1960 to roughly half a million by 1970 ([11], p. 254). In addition to ongoing diversions from licit producers, notably Turkey (estimated by the United States authorities to have accounted for close to 80 per cent of the opiates found in the United States in the late 1960s) ([2], p. 75), illegal production increased greatly in South-East Asia, notably in Burma. By the 1970s, Burma had become the world's largest supplier of illicit opiates. Much of the transformation of Burmese opium into heroin took place in neighbouring Thailand ([17], pp. 8 and 242-354). During the Viet Nam war, heroin use spread among United States soldiers based in South-East Asia ([11], p. 258).

When the President of the United States, Richard Nixon, declared a "war on drugs" in the early 1970s, heroin was particularly targeted [79]. In the war on drugs, federal resources went to supply-reduction and law enforcement efforts, as well as to research, treatment and education. The United States proposed to hold a new conference to agree on a number of additional drug control measures. Thus, a conference was convened in March 1972 in Geneva to amend the 1961 Single Convention, with a view to strengthening efforts to reduce both supply and demand ([42], p. 236).

By fine-tuning the existing Single Convention, the Protocol underscores the necessity of strengthening the current control system, increasing efforts to prevent illicit production, strengthening the efforts to fight the illegal traffic in narcotics, prevent the use of drugs and deal with the consequences of drug abuse. The Protocol consists of 22 amendments to the Single Convention. Most countries that ratified the Single Convention also signed and ratified the Protocol. As of April 2009, there are just two countries—Afghanistan and Chad—that have signed and ratified the Single Convention but not acceded to the 1972 Protocol amending it ([77], p. 35).

According to the amended article 19, governments had to supply to the Board information on "the area (in hectares) of the geographical location of land to be used for the cultivation of the opium poppy" and the "approximate quantity of opium to be produced". This was intended to improve international controls over licit opium production. Such reporting requirements had been foreseen by the 1953 Opium Protocol, but they had been superseded by the entry into force of the 1961 Single Convention ([80], p. 39).

Article 21 bis, "Limitation of Production of Opium", was intended to create economic incentives for licit opium-exporting countries to keep controls up to standard. When countries did not meet their obligations, the International Narcotics Control Board was entrusted with deducting from the country's licit opium production quota for the next year any amounts that the Board considered to have been introduced into the illicit traffic in that country. Such a situation could occur as a result of insufficient measures to prevent illicit production or insufficient controls over licit production. In this way, the Board was supposed to punish a nation that did not implement sufficient controls by imposing an economic sanction on the medicinal opium industry.

In an added paragraph 2 of article 22, countries prohibiting the cultivation of the opium poppy or the cannabis plant also had to commit themselves "to seize any plants illicitly cultivated and to destroy them". Article 14 deals with technical and financial assistance to be provided by competent United Nations organs and specialized agencies to implement the Convention. The background to this was a decades-long struggle between developing countries producing plant-based drugs and developed countries consuming them. The producer countries regularly asked for external assistance in exchange for reductions in drug production, which the consumer countries initially considered to be an unacceptable form of blackmail. By the early 1970s, however, positions started to shift, and the United States itself emerged as a strong promoter of a United Nations Fund for Drug Abuse Control, one of the goals of which was to provide crop substitution and alternative development assistance to developing countries [79].

The Protocol also expanded the scope of article 38 from "Treatment of Drug Addicts", to "Measures against the Abuse of Drugs". Thus, countries not only had a legal obligation to treat and rehabilitate drug addicts, they also had, for the first time, a legal obligation to "take all practicable measures for the prevention of abuse of drugs and for the early identification ... of the persons involved", as well as a legal obligation for the "social reintegration" of such persons ([80], p. 84).

The Protocol provided possible alternatives to incarceration for drug addicts in article 36, paragraph 1 (b): "Notwithstanding the preceding subparagraph, when abusers of drugs have committed such offences, the Parties may provide, either as an alternative to conviction or punishment, or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration". According to this text, parties could substitute treatment for conviction or punishment of abusers who intentionally committed any offence listed in subparagraph (a): "cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of the Convention". The commentary points out that parties would normally do so

only in the case of relatively minor offences, such as the illicit sale of comparatively small quantities of narcotic drugs. It was also submitted that such alternatives could be applied only to offenders who were dependent on narcotics ([80], pp. 76-77). Finally, the Protocol included a number of stipulations designed to improve the effectiveness of the International Narcotics Control Board ([44], p. 68).

It is possible that some of the provisions outlined above, combined with the decision by Turkey to prohibit the cultivation of opium poppy after 30 June 1972 [81], led to the temporary reversal of the growth of global heroin consumption. Illicit opium production also declined during this period, particularly in Thailand. In addition, Turkey informed the United Nations in September 1974 that it would again permit the licensed cultivation of poppies for medical purposes ([82], pp. 35-36), and this time controls worked very well. Turkey had switched to the poppy straw method because it was less prone to diversion.

The 1971 Convention on Psychotropic Substances

Following the Second World War, Japan experienced a methamphetamine abuse epidemic of fairly large proportions, supplied by the huge stocks of methamphetamine hoarded during the war. Eventually, the epidemic was ended by a major government crackdown in 1954. At roughly the same time, amphetamine use began to expand in Scandinavia and the United Kingdom, and methamphetamine abuse began to widen in the United States. The use and cultural influence of psychedelic drugs, including LSD, was in its heyday. Poly-drug abuse was increasingly common, with users becoming addicted to multiple substances.

In the mid-1960s, most countries imposed only minimal limitations on the distribution of amphetamines, barbiturates, tranquilizers and other synthetic, non-plant based drugs. As the problems described above gained in intensity, restrictions were introduced in several of the developed countries, prompting pharmaceutical companies to market their products more aggressively in Latin America, Africa and Asia. The misuse of psychotropic substances thus became a truly global phenomenon, and several developing countries started to speak out against the double standards applied to drugs ([42], pp. 219-226). These epidemics initially appeared to be isolated phenomena. By the mid-1960s, however, the general upward trend in the abuse of psychotropic substances seemed to qualify as a global phenomenon.

In 1967 the International Narcotics Control Board, the United Nations Legal Office and the World Health Organization (WHO) expressed the view that in order to control these psychotropic substances a new treaty would have to be negotiated. Pharmaceutical lobbies were wary of this and, ironically, used many of the same arguments against control that had been used years earlier by

developing countries producing plant-based drugs. A “strict control” coalition emerged among the Scandinavian countries, the Soviet-bloc countries and several plant-based drug producer States (which did not understand why they should be subjected to greater controls than the rich countries where psychotropic substances were produced). The United States, which had both a large pharmaceutical industry and a large abuse problem, took a middle position. Some pharmaceutical-industry representatives supported the creation of a treaty, realizing that it would determine a *de facto* level of control that most countries would not exceed. This would allow industry to proceed with research and development and the marketing of new substances worldwide, while the minimum barriers provided by such a treaty would keep unscrupulous competitors at bay. Nevertheless, the overwhelming interest of the pharmaceutical companies was to keep new controls to a minimum ([42], pp. 228-231).

The resulting compromise was a major step forward for international drug control and continues to form the basis for the control of psychotropic substances today. The Convention on Psychotropic Substances, also known as the 1971 Vienna Convention, placed a number of amphetamine-type stimulants, hallucinogens (such as LSD), sedative hypnotics and anxiolytics (benzodiazepines and barbiturates), analgesics and antidepressants under international control. A significant number of other substances, forming part of these groups, were added in subsequent decades ([83], pp. 33-58). Seventy-one States, WHO and the International Criminal Police Organization (INTERPOL) [84] attended the plenipotentiary conference. A number of representatives of various pharmaceutical companies attended as well. The Convention entered into force in August 1976. As of March 2009, 183 countries were parties to it, equivalent to 95 per cent of all United Nations Member States and more than 99 per cent of their combined population ([83], pp. 5-11).

The 1971 Convention consists of 33 articles. Its control system was based on the 1961 Convention, though it also contained some innovations. There were general prescription requirements: all substances could be supplied or dispensed only with a medical prescription (art. 9, para. 1). The advertising of such substances to the general public was to be prohibited (art. 10, para. 2), and appropriate cautions and warnings had to be indicated on the labels and the accompanying leaflets (art. 10, para. 1). Parties to the Convention must also take, according to article 20, paragraph 1, “measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved”. According to article 8, paragraph 2 (a), a general system of licensing should be introduced for the manufacture, the domestic and international trade and the distribution of psychotropic substances.

Article 15 deals with inspection requirements. Parties have to maintain a system of inspection of manufacturers, exporters, importers, wholesale and retail

distributors and medical and scientific institutions. A party may also notify all other parties through the Secretary-General (i.e. UNODC) that it prohibits the importation of one or more of the psychotropic substances. Notified countries must then take measures to ensure that none of the substances specified in the notification are exported to that country (art. 3). Article 21 foresees a number of measures to fight the illicit traffic in these substances, including mutual assistance in the area of law enforcement (art. 21 (b)-(d)) and in the area of judicial cooperation (art. 21 (e)).

In addition to the general rules and regulations detailed above that apply to all psychotropic substances, the Convention established four different schedules for controlled psychotropic substances, based on two criteria: the potential therapeutic value of a substance and the potential risks related to its consumption ([44], p. 69). The risks warranting scheduling are the capability of a substance to create a state of dependence (art. 2, para. 4 (a) (i) (1)); the abuse potential, that is, the ability to create central nervous system stimulation or depression resulting in hallucinations or disturbances in motor function, thinking, behaviour, perception or mood (art. 2, para. 4 (a) (i) (2)); and the potential for creating a public health and social problem (art. 2, para. 4 (b)). The scheduling of substances under the 1971 Convention is therefore potentially more restrictive than the scheduling of opiates or cocaine-related substances under the 1961 Convention.

Schedule I lists those substances that are prohibited, except for scientific and very limited medicinal purposes. The very strict provisions of schedule I (art. 7) allow only for the manufacture, trade, distribution or possession of these substances subject to special licences and prior authorizations, always under close government supervision, and restrict the amounts to be supplied. Exports and imports are restricted to trade between the competent authorities or agencies of the exporting and importing country, or persons or enterprises specifically authorized by the competent authorities (art. 7, (f)). Substances currently found under schedule I include MDA and MDMA (ecstasy), for which there is only very limited recognized therapeutic use. Normal commercial transactions for such schedule I substances are, in general, very difficult.

Schedule II substances may have a strong abuse potential or be widely abused, but they also have properties suitable for generally recognized therapeutic use. Several of the amphetamine-type stimulants, including methamphetamine, amphetamine, methylphenidate and fenetylline, fall into this category, as well as one hallucinogen (phencyclidine) and a few sedative-hypnotics (methaqualone and secobarbital) ([83], pp. 35-40). Commercial transactions for such substances are possible, though these substances remain strictly controlled. Manufacturers, wholesale distributors, exporters and importers have to keep records showing in detail the quantities manufactured, each acquisition and disposal, the date, supplier and the recipient (art. 11, para. 2). They also require separate import and

export authorizations (art 12, para. 1 (a)). The national authorities must provide the International Narcotics Control Board with annual statistics relating to the quantities manufactured and exported to and imported from each country, and on the stocks held by manufacturers for schedule I and schedule II substances (art. 16, para. 4 (a)).

Control of schedule III and schedule IV substances is less strict. Substances under schedule III include cathine, a central nervous system stimulant, some barbiturates (amobarbital, cyclobarbital, pentobarbital), flunitrazepam, the most frequently abused benzodiazepine, buprenorphine, an opioid used in several countries in substitution treatment, and pentazocine, an opioid analgesic that is reported to be widely abused in some African countries.

For schedule III substances, no separate import or export authorizations are required. Record-keeping requirements are less strict. National authorities must provide the Board only with aggregate information on the quantities manufactured, exported and imported (art. 16, para. 4 (b)).

Most of the substances in schedule IV are benzodiazepines, including diazepam, and barbiturates, such as phenobarbital. No separate import or export authorizations are required for these schedule IV substances. Record-keeping requirements are only rudimentary, limited to the requirement to show the total quantities of the specific drugs manufactured, exported and imported. Similarly, national authorities must provide the Board only with aggregate (that is, not detailed) information on the quantities manufactured, exported and imported of the individual substances (art. 16, para. 4 (b)).

If the Board has reason to believe that the aims of the Convention are being seriously endangered by the failure of a country to carry out the provisions, the Board can recommend to the parties, the Economic and Social Council and the Commission on Narcotic Drugs that they stop the export, import or both of particular psychotropic substances from or to the country concerned (art. 19, paras. 1 and 2). This gives the Board a powerful sanction mechanism.

Like the Single Convention, the 1971 Convention also delineated the roles of the International Drug Control Board and the Secretary-General (now UNODC). While the role of the Board is primarily the monitoring of the licit manufacture and trade in psychotropic substances, the role of the Secretary-General (UNODC) is primarily illicit control. Governments must furnish the Secretary-General with information on "Significant developments in the abuse of and the illicit traffic in psychotropic substances" (art. 16, para. 1 (b)), notably "in respect of any case of illicit traffic in psychotropic substances or seizure from such illicit traffic which they consider important because of (a) new trends disclosed, (b) the quantities involved, (c) the light thrown on the sources from which the substances are obtained or (d) the methods employed by the illicit traffickers" (art. 16, para. 3).

The 1981 International Drug Abuse Control Strategy

Despite efforts made over the previous decades, sharp increases in drug abuse occurred in many countries towards the end of the 1970s. Initial progress made in curbing the global heroin problem stalled, as the supply void created by Turkey in the early 1970s was filled by rising opium production in Mexico and the Golden Triangle. There was also an increase in opium production and diversion from Iran. This ceased after the Islamic Revolution declared opium production illegal in 1979 and resulted, inadvertently, in a shift in opium production to neighbouring Pakistan, and eventually to Afghanistan.

Cannabis production and consumption increased worldwide, with production increasing in Latin America and consumption increasing in North America and Europe. Experiments with *de facto* decriminalization of cannabis use in many states across the United States in the 1970s further contributed to a general climate of tolerance towards drug consumption and rapidly rising drug use prevalence rates [85] in the United States in the second half of the 1970s.* In parallel, illegal cocaine production from the Andean region had increased since the early 1970s. Cocaine started to emerge as a serious problem in North America beginning in the 1980s.

Taking this into consideration, the Commission on Narcotic Drugs studied the possibilities of launching a comprehensive strategy to reduce international drug abuse. This resulted, in 1981, in the formulation of the International Drug Abuse Control Strategy ([44], pp. 70-71). The Strategy called for international cooperation to combat drug abuse and trafficking, with the following objectives: (a) improvements to the drug control system, (b) maintenance of a balance between legitimate drug supply and demand, (c) eradication of illicit drug supply, (d) reduction of illicit traffic, (e) reduction of illicit demand and prevention of drug abuse and (f) commitment to the treatment, rehabilitation and social reintegration of drug abusers. The Strategy also called for various organizations and agencies operating within the United Nations system to provide increased support to assist governments in activities such as crop substitution, drug law enforcement and preventive drug education.

The status of the implementation of the Strategy was reviewed each year through reports of the Economic and Social Council. Though these reports suggested that the world community was strengthening its efforts in the ongoing battle against illegal drug production, trafficking and abuse, the same reports also suggested that there was, in fact, an ongoing increase in the levels of drug production and consumption globally. This was attributed to the rapid increase in the sophistication of the global drug-trafficking networks.

*Annual prevalence of cannabis use among 12th-graders in the United States increased, according to the annual high school surveys, from an already extremely high level of 40 per cent in 1975 to 50.8 per cent in 1979. By 2007, the rate had fallen to 31.7 per cent (Source: National Institute on Drug Abuse, *Monitoring the Future*, 1975-2007.)

In December 1984, the General Assembly adopted the Declaration on the Control of Drug Trafficking and Drug Abuse ([44], p. 72). The Assembly declared that the “illegal production of, illicit demand for, abuse of and illicit trafficking in drugs impede economic and social progress, constitute a grave threat to the security and development of many countries and people and should be combated by all moral, legal and institutional means, at the national, regional and international levels”. Its eradication, the Assembly said, was the collective responsibility of all States. The Declaration went on to state that Member States “undertake to intensify efforts and to coordinate strategies aimed at the control and eradication of the complex problem of drug trafficking and drug abuse through programmes including economic social and cultural alternatives”. The importance of these statements was their elucidation of the links between the drug problem and social and economic development and their emphasis on the collective responsibility of all States.

The 1987 declaration of the International Conference on Drug Abuse and Illicit Trafficking and Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control

Levels of drug production, trafficking and abuse remained high into the 1980s. Illicit opium production in Burma continued at high levels, and Afghanistan emerged as an important illicit opium-producing country. Drugs provided financial resources to the mujahedeen in their fight against the Russian-supported communist Government in Kabul at the time. Illegal coca-leaf production and resulting cocaine manufacture in the Andean region set a new record each year. Cannabis production and consumption remained high, though some significant eradication had taken place in several countries of Latin America. In parallel, the traditional divide between producer and consumer countries started to lose importance, as ever more countries were affected by drug trafficking and abuse. The situation was summarized as follows: “The upsurge of drug addiction since the 1960s represents a previously unknown phenomenon, at least so far as its dimensions are concerned. Addiction has spread over the entire planet, sparing almost no nation, no social class and no age, regardless of sex and race. The damage caused to the physical, psychological and social health of individuals and of communities has made of drug addiction a public hazard on the world scale. Addiction has become a matter of serious concern to many Governments, for it affects public and social health and economic resources” [86].

These overall increases led to a renewed effort to address the drug problem at the global level in 1987. A ministerial-level conference was convened in Vienna from 17 to 26 June and was attended by representatives from 138 States ([44], p. 72). The political declaration adopted at the 1987 Conference [87] reaffirmed the political will to take vigorous action against drug abuse and trafficking and set benchmarks for progress. The declaration reconfirmed the

collective responsibility of governments to provide appropriate resources for the elimination of illicit production, trafficking and drug abuse: "In evolving effective action against drug abuse, illicit production and trafficking, we emphasize the need for the international community to adopt measures to treat all aspects and causes of the problem" [87].

During the conference, guidelines entitled Comprehensive Multidisciplinary Outline for Future Activities were adopted for dealing with the reduction of the supply and trafficking of illicit drugs and the demand for them. The Comprehensive Multidisciplinary Outline was divided into four chapters (on prevention and reduction of illicit demand, control of supply, suppression of illicit trafficking, treatment and rehabilitation) and contained 35 targets defining problems and suggested courses of action. (The Comprehensive Multidisciplinary Outline is specifically referred to in article 14, paragraph 4, of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, which stipulates that "The Parties shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances ... These measures may be based, inter alia, ... on the Comprehensive Multidisciplinary Outline adopted by the International Conference on Drug Abuse and Illicit Traffic, held in 1987, as it pertains to ... prevention, treatment and rehabilitation" [88].)

One of the main achievements of the Comprehensive Multidisciplinary Outline was the introduction of a "balanced approach" in dealing with the drug problem ([44], p. 74). In chapter I, it discussed the supply control model (para. 18), versus the demand control model (para. 20). It concluded (para. 21): "For the purpose of dealing with the totality of the problems posed by drug abuse and illicit trafficking, both the supply of and the demand for drugs should be reduced and action should be taken to break the link between demand and supply, that is, the illicit traffic" [87].

The Comprehensive Multidisciplinary Outline recommended the implementation of an early warning system that would identify shifts in preferences among drug users. It promoted the development of national education programmes (paras. 56-73) and the inclusion of drug abuse prevention curricula in all educational institutions, as well as curricula for teachers, parents, the clergy, medical doctors and pharmacists (para. 60). In addition, it addressed the dangers of drug abuse at the workplace (paras. 74-96), asking employers' and workers' organizations to develop joint action programmes with a view to discouraging drug abuse (para. 80). It also highlighted the role of cultural and sport activities as alternatives to drug abuse (paras. 97-104).

Chapter II of the Comprehensive Multidisciplinary Outline advocated the reinforcement and extension of measures to control the supply of drugs. It promoted transitional economic and financial assistance to farmers and encouraged

the United Nations system to seek contributions from international financial institutions and Governments for integrated rural development projects (para. 218). However, it also made it clear that such assistance had to be contingent on the complete abandonment of illicit cultivation (para. 206). Another key area for action was the control of precursor chemicals (paras. 173-187).

Chapter III dealt with illicit trafficking, controlled deliveries, extraditions and money-laundering.

Chapter IV of the Comprehensive Multidisciplinary Outline discussed treatment and rehabilitation, stressing again the importance of evaluations to improve the effectiveness of treatment outcome (para. 351). It saw drug addiction as a chronic, recurring disorder that responds to treatment. It argued, however, that several treatment episodes may be necessary before long-term abstinence is realized (para. 408). The Comprehensive Multidisciplinary Outline stressed the importance of seeking out drug addicts in their environment with a view to guiding them towards treatment (para. 368) and that treatment centres should carry out individualized treatment programmes (para. 372). In regard to diseases transmitted through drug habits, such as HIV/AIDS and hepatitis, it recommended that, when drug use could not be stopped immediately, experts should study possible prophylactic measures, as long as such measures would not promote or facilitate drug abuse (para. 391).

In commemoration of the outcome of that conference, the General Assembly decided, in paragraph 5 of its resolution 42/112, "to observe 26 June each year as the International Day against Drug Abuse and Illicit Trafficking".

The 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

By the late 1980s, the controls on licit drugs were working well. Some diversions from licit channels still occurred, but they had ceased to be a problem at the global level. The same applied to most schedule I and schedule II substances controlled under the 1971 Convention on Psychotropic Substances. The situation was less positive for several of the schedule III and schedule IV substances. On the other hand, illicit production, trafficking and abuse of opium/heroin and of cocaine rose throughout the 1980s. In addition, the clandestine manufacture of psychotropic substances, notably the amphetamine-type stimulants, was increasing in North America, Europe and South-East Asia.

The global influence of organized crime groups increased throughout the 1980s. The most notorious of these, the Medellín and Cali cartels, controlled the majority of the trade in Colombian cocaine. The cartels were not only trafficking ever-larger amounts of cocaine to North America and Europe, they were also

becoming a serious threat to local and national governance ([2], pp. 91-96), making use of the huge criminal proceeds derived from the cocaine business to corrupt local and national authorities. When this was not effective, they engaged in horrendous acts of violence to intimidate decision makers. In 1988, the Colombian Minister of Justice, Guillermo Plazas Alcid, proclaimed that no country in the world had paid as high a price as Colombia in the fight against drug abuse and illicit trafficking. He recalled that, one by one, ministers of State, judges of the Supreme Court, officers of the armed forces and police, members of intelligence units, soldiers and journalists had fallen as an intimidated nation cried out for protection from the scourge. He asked whether the world had forgotten the burning of Colombia's Palace of Justice, which housed senior judges and law officials. Colombia's difficult experience in fighting the problem had torn the political and social fabric of the country. He said that timely and adequate treatment of the problem of drug abuse and illicit trafficking should be given maximum priority at the national and international levels.

Against that background, in its resolution 39/141, the General Assembly—through the Economic and Social Council—requested the Commission on Narcotic Drugs “to initiate, as a matter of priority, the preparation of a draft convention against illicit traffic in narcotic drugs which considers the various aspects of the problem as a whole and, in particular, those not envisaged in existing international instruments.” The United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances subsequently met in Vienna from 25 November to 20 December 1988. Delegations from 106 States participated and eventually adopted the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The 1988 Convention, consisting of 34 articles, entered into force just two years later, on 11 November 1990, and has proved to be a powerful instrument in the international fight against drug trafficking. As of March 2009, 184 countries were parties to the Convention, or 95 per cent of all United Nations Member States, representing more than 99 per cent of the world's total population. Non-parties to the Convention are just two countries in Africa (Equatorial Guinea and Somalia), one country in Asia (Timor-Leste), one country in Europe (Holy See), and seven island countries in the Oceania region ([89], annex I) (Kiribati, Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands, Tuvalu).*

The preamble of the 1988 Convention refers to the “rising trend in the illicit production of, demand for and trafficking in narcotic drugs and psychotropic substances”, the “increasing inroads into various social groups made by illicit traffic”, the “links between illicit traffic and other related organized criminal activities which undermine the legitimate economies and threaten the stability,

*Not all the small island countries in the Oceania region are United Nations Member States.

security and sovereignty of States”, the fact that “illicit traffic generates large financial profits and wealth enabling transnational criminal organizations to penetrate, contaminate and corrupt the structure of government, legitimate commercial and financial business, and society at all its levels”, and the desire “to eliminate the root causes of the problem ... including the illicit demand ... and the enormous profits”. The preamble underlines the seriousness of the problem and thus sets the scene for the rather strict and far-reaching obligations arising from this Convention.

Following a set of definitions in article 1, the Convention then lays down the key objective in article 2, paragraph 1: “The purpose of this Convention is to promote cooperation among the Parties so that they may address more effectively the various aspects of illicit traffic in narcotic drugs and psychotropic substances having an international dimension.” Some of the obligations of the Convention are far-reaching, clearly going beyond those contained in earlier conventions. This raised fears that they could be misused by some countries for other political objectives: in order to dissipate such fears, article 2, paragraph 2, makes it clear that “The Parties shall carry out their obligations under this Convention in a manner consistent with the principles of sovereign equality and territorial integrity of States and that of non-intervention in the domestic affairs of other States.”

The Convention comprehensively addresses most aspects of the illicit drug industry ([44], p. 75). In article 3, paragraph 1 (a) (i), it provides that the following activities, when committed intentionally, are to be established as a criminal offence: “The production, manufacture, extraction, preparation, offering, ... distribution, sale, ... delivery ..., brokerage, dispatch, ... importation or exportation of any narcotic drug or any psychotropic substance contrary to the provisions of ... the 1961 Convention as amended [by the 1972 Protocol] or the 1971 Convention.” To this list are added, in article 3, paragraph 1 (a) (ii), “The cultivation of opium poppy, coca bush or cannabis plant for the purpose of the production of narcotic drugs contrary to the provision of the 1961 Convention”. This list is basically the same as that found in the 1961 and 1971 conventions. However, the 1961 Convention obliged parties only to make such activities punishable offences. The 1988 Convention goes an important step further and compels parties to make them criminal offences.

In Article 3, paragraph 5, the Convention states that:

The parties shall ensure that their courts ... can take into account factual circumstances which make the commission of the offences ... particularly serious:

(a) The involvement in the offence of an organized criminal group to which the offender belongs;

- (b) The involvement of the offender in other international organized criminal activities;
- (c) The involvement of the offender in other illegal activities facilitated by commission of the offence;
- (d) The use of violence or arms by the offender;
- (e) The fact that the offender holds a public office and that the offence is connected with the office in question;
- (f) The victimization or use of minors;
- (g) The fact that the offence is committed in a penal institution or in an educational institution or social service facility or in their immediate vicinity or in other place to which schoolchildren and students resort for educational sport and social activities;
- (h) Prior conviction, particularly for similar offences, whether foreign or domestic.

Most countries use this as a guideline for their national definitions of “aggravating circumstances” for sentencing drug traffickers.

Article 3, paragraph 2, stipulates that, “the possession, purchase or cultivation of ... drugs ... for personal consumption” has to be established as a criminal offence. This goes beyond the requirements of the previous conventions. It has been, and continues to be, a controversial stipulation for some countries. The commentary to the 1988 Convention reveals a number of legal interpretations of this article and points to legal loopholes that could be used by countries that oppose making the possession of drugs for personal use a criminal offence ([90], pp. 78-83). In any case, according to paragraph 4 (c), parties can provide, “in cases of a minor nature ... alternatives to conviction or punishment such as education, rehabilitation or social reintegration, as well as ... treatment and aftercare”.

One of the main characteristics of the 1988 Convention was the emphasis it placed on the prevention of money-laundering. “Financial operations in connexion with the offences referred to in this article” were referred to in the 1961 Convention (art. 36, para. 2 (a) (ii)). But this obligation, hidden in the text of the 1961 Convention, was not effectively implemented by most countries. In the 1988 Convention, these obligations are referred to much more explicitly. In article 3, paragraph 1 (b), drug-related money-laundering (“conversion or transfer of property, knowing that such property is derived from an offence established in subparagraph (a)”) is established as a criminal offence, and article 3, paragraph 1 (a) (v), establishes that the organization, management or financing of any of the drug-trafficking related offences must also be a criminal offence.

Another money-related issue is the confiscation of proceeds derived from drug-related offences: “Each Party shall ... adopt ... measures ... to identify, trace,

and freeze or seize proceeds, property, instrumentalities ... for the purpose of eventual confiscation" (art. 5, para. 2). Thus, the 1988 Convention is clearly designed to hit drug traffickers where it hurts them most, by depriving them of ill-gotten financial gains ([44], p. 75). Moreover, the courts have to be empowered to seize bank, financial or commercial records. Bank secrecy cannot be invoked in such cases (art. 5, para. 3), and mutual legal assistance cannot be declined on the grounds of bank secrecy (art. 7, para. 5). Though the Convention does not require any party to abolish its bank secrecy laws, it does require appropriate exception to the principle of bank secrecy or confidentiality to enable action in cases involving illicit drug traffic ([90], p. 122).

The 1988 Convention emphasized the importance of precursor control at the international level. Trade in precursor chemicals for the manufacture of illicit drugs was established as a punishable offence under the 1961 Convention if considered a "preparatory act" under article 36, paragraph 2 (a) (ii). Very few countries had implemented precursor legislation prior to the 1988 Convention. The 1988 Convention establishes, in article 3, paragraph 1 (a) (iv), that the manufacture, transport or distribution of equipment used in the manufacture of illicit drugs, as well as the manufacture, transport or distribution of precursor chemicals, in the knowledge that they are used for the illicit manufacture of drugs, have to be made criminal offences (art. 3, para. 1 (a) (iv)).

In article 12, the Convention went several steps further, establishing an international precursor control regime to be monitored by the International Narcotics Control Board. Substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances were identified and listed in two tables. The general obligation of parties with regard to precursor control is laid down in article 12, paragraph 8, which stipulates that parties have to:

- (a) Take the measures they deem appropriate to monitor the manufacture and distribution of substances in Table I and Table II which are carried out within their territory.
- (b) To this end, the Parties may:
 - (i) Control all persons and enterprises engaged in the manufacture and distribution of such substances;
 - (ii) Control under licence the establishment and premises in which such manufacture or distribution may take place;
 - (iii) Require that licensees obtain a permit for conducting the aforesaid operations;
 - (iv) Prevent the accumulation of such substances in the possession of manufacturers and distributors, in excess of the quantities required for the normal conduct of business.

Parties are also obliged, according to article 12, paragraph 9 to:

(a) Establish and maintain a system to monitor international trade in substances in Table I and Table II in order to facilitate the identification of suspicious transactions. Such monitoring system shall be applied in close cooperation with manufacturers, importers, exporters, wholesale and retailers, who shall inform the competent authorities of suspicious orders and transactions;

(b) Provide for the seizure of any substance in Table I or Table II if ... it is for use in the illicit manufacture of a narcotic drug or psychotropic substance;

(c) Notify the competent authorities ... of the Parties concerned if there is reason to believe that the import, export or transit ... is destined for ... illicit manufacture ...;

(d) Require that imports and exports be properly labelled and documented.

For substances controlled in Table I, article 12, paragraph 10 provides for a system of pre-export notifications. This means that prior to the export of a substance, the competent authority in the importing country has to validate the legal needs for such imports and inform the competent authority in the exporting country of the importer, the name of the substance, the quantities, the expected point of entry and the expected date of dispatch.

The 1998 Convention also attempts to bar all havens to drug traffickers, particularly through its extradition provisions ([44], p. 75). While special provisions in the 1961 and the 1971 conventions dealt with extradition, their scope was widened to take into account the increase in criminal offences in the 1988 Convention. Acts such as money-laundering, or the manufacture, transport or distribution of equipment and substances listed in Tables I and II (precursor chemicals) became extraditable offences ([90], pp. 152-153). With the exception of this widening of scope, the extradition rules (art. 6) do not deviate substantially from what was already laid down in the previous drug conventions. They are largely based on the concept of incorporating drug-related offences into extradition treaties between States (art. 6, para. 2).

The 1988 Convention makes extraditions "subject to the conditions provided for by the law of the requested Party" (art. 6, para. 5). In fact, a number of national laws do not allow for the extradition of nationals to foreign countries ([90], p. 157). In such a case, article 4, paragraph 2, stipulates that a party that refuses to extradite a person to another country must then "take such measure as may be necessary to establish its jurisdiction over the offences". In general, however, the national laws of many countries have become more favourable towards extraditions over the last two decades.

The 1988 Convention covers “controlled delivery”, defined as “the technique of allowing illicit or suspect consignments of narcotic drugs, psychotropic substances [and] substances in Table I and Table II ... to pass out of, through or into the territory of one or more countries, with the knowledge and under the supervision of the competent authorities” (art. 1 (g)), “with a view to identifying the persons involved” in drug trafficking offences and “taking legal action against them” (art. 11, para. 1). Article 11 was, in fact, the first endorsement of the practice of controlled delivery by an international convention; previous conventions had emphasized only the seizure of drugs. The most obvious attraction of this law enforcement strategy is that it facilitates the identification, arrest and prosecution of the organizers and financiers of a criminal venture, instead of merely arresting those involved at a lower level of the hierarchy. Such actions can significantly contribute to the general goal of disrupting and dismantling drug-trafficking organizations ([90], pp. 235-236).

Though the 1988 Convention was aimed at reducing illicit traffic in drugs, it does not address only drug trafficking: it also obligates parties to prevent or reduce the supply of drugs. Each party has to “take appropriate measures to prevent illicit cultivation of and to eradicate plants containing narcotic or psychotropic substances, such as opium poppy, coca bush and cannabis plants, cultivated illicitly in its territory” (art. 14, para. 2).

The subsequent sentence in article 14, paragraph 2, created some misunderstandings: “The measures adopted shall respect fundamental human rights and take due account of traditional licit uses, where there is historic evidence of such use, as well as the protection of the environment”. The reference to “traditional licit uses” was interpreted by some countries in the Andean region as an acknowledgement by the international community that taking “due account of traditional licit uses” would mean ensuring both production for traditional consumption and the legality of traditional consumption (coca chewing, *mate de coca* tea). In contrast, the 1961 Convention had already outlawed the habit of coca-leaf chewing, opium smoking, the quasi-medical use of opium and the non-medical use of cannabis. Under the 1961 Convention countries could ask for special transitional periods to enable people registered by 1964 to continue with their habits. However, the maximum transitional periods granted by the 1961 Convention ended in 1979 for opium and on 12 December 1989 for cannabis and coca leaf ([90], pp. 299-300). Article 14, paragraph 1, of the 1988 Convention states that “Any measures taken pursuant to this Convention by Parties shall not be less stringent than the provisions applicable to the eradication of illicit cultivation of plants containing narcotic and psychotropic substances ... under the provisions of the 1961 Convention” ([90], p. 295).

In Article 14, paragraph 3, the 1988 Convention addresses alternative livelihoods: “Such cooperation may, inter alia, include support, when appropriate for integrated rural development leading to economically viable alternatives to illicit

cultivation. Factors such as access to markets, the availability of resources and prevailing socio-economic conditions should be taken into account". While not obligating parties to take any specific action, paragraph 3 draws attention to the need in some countries for alternative development programmes designed to wean communities off their dependence on illicit cultivation ([90], p. 302).

The 1988 Convention does oblige parties to take measures to reduce the demand for drugs—reflecting the principle of a balanced approach, first established in the Comprehensive Multidisciplinary Outline a year earlier. Thus, parties to the 1988 Convention must adopt, according to article 14, paragraph 4, "appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances". The Convention then goes on to state that "These measures may be based, inter alia, ... on the Comprehensive Multidisciplinary Outline adopted by the International Conference on Drug Abuse and Illicit Traffic, held in 1987, as it pertains to ... prevention, treatment and rehabilitation". As the elaboration of the 1988 Convention began with goals related primarily to preventing drug trafficking, this holistic approach to the problem (that is, with a focus on both supply and demand), was particularly prescient. It has been a guiding principle of international drug control ever since. The original draft text of this paragraph actually went a bit further, requiring parties to adopt appropriate measures to eliminate illicit demand for narcotic drugs and psychotropic substances, "with a view to removing the financial incentives for illicit traffic."

Special session of the General Assembly devoted to countering the world drug problem together, June 1998

The measures taken in compliance with the 1988 Convention were successful in dismantling some of the world's largest criminal networks in the first half of the 1990s. Extraditions for drug-related offences became more common. Progress was made in drug-related money-laundering, notably after the Financial Action Task Force on Money Laundering (FATF) developed an initiative, based on the 1988 Convention, to combat the misuse of financial systems by persons laundering drug money. In 1990, FATF drew up *The Forty Recommendations*, which now form the basis of all standards for anti-money-laundering policy. Substantial progress was also made in the field of precursor control. Controlled deliveries were increasingly used to interdict drug trafficking and are now a central operational strategy of customs, police and intelligence units around the world. In fact, most of the provisions of the 1988 Convention were implemented by those countries that had the resources to do so.

At the same time, by the late 1990s the prospects for a drug-free world appeared to be more distant than ever before. Although some of the large drug networks had been neutralized, drug trafficking continued at a high level,

facilitated by a myriad of smaller, seemingly dispersed groups. The downward trend in drug abuse seen in the second half of the 1980s did not continue in the United States after 1992, and Europe also experienced major increases in drug abuse. The changes following the end of communism in Central and Eastern Europe, such as the opening of trade, media and travel, also included increased drug consumption, especially among youth. Drug abuse also emerged as a serious social problem in many developing countries, particularly in countries along the main transit routes. Abuse of amphetamine-type stimulants, notably methamphetamine, was a serious problem in many countries of East and South-East Asia. Countries in Latin America started to become increasingly affected by cocaine abuse. Countries in Africa experienced ever-greater cannabis production and consumption, as well as diversions of licit psychotropics into parallel markets. By the mid-1990s, the international community felt that the levels of illicit drug production and consumption required an immediate and significant response.

This response came in the form of the declarations and action plans agreed by Member States at a special session of the United Nations General Assembly in June 1998. In his opening statement the Secretary-General made reference to the drastic proliferation of drugs over the previous 30 years and expressed his hope that “when historians study the work of humankind in the field of drug control they will write about the next few days as the point where this trend was reversed [91].”

The General Assembly unanimously adopted a Political Declaration and linked to it the Guiding Principles on Demand Reduction, as well as a number of measures to enhance international cooperation to counter the world drug problem, notably (a) the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and their Precursors; (b) the control of precursors; (c) measures to promote judicial cooperation; (d) countering money-laundering; and (e) the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development.

Political Declaration

In the preamble of the Political Declaration adopted by the General Assembly at its twentieth special session (resolution S-20/2, annex), the societal and human damage caused by drugs is highlighted: “Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries ... Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity ... of millions of people and their families.”

In operative paragraph 1 of the Political Declaration, Member States reaffirm the “unwavering determination and commitment to overcoming the world drug problem through domestic and international strategies to reduce both the illicit supply of and the demand for drugs”.

In paragraph 2, Member States “Recognize that action against the world drug problem is a common and shared responsibility requiring an integrated and balanced approach in full conformity with the purposes and principles of the Charter of the United Nations and international law, and particularly with full respect for the sovereignty and territorial integrity of States, non-intervention in the internal affairs of States and all human rights and fundamental freedoms”. Four items are important here: the concept of shared responsibility (previously referred to as collective responsibility in the 1984 Declaration on the Control of Drug Trafficking and Drug Abuse), the balanced approach, the respect for sovereignty and territorial integrity and, for the first time, the references to the Charter of the United Nations and to human rights.*

The Political Declaration deals with the international drug control institutions (para. 3), ensuring that women and men benefit equally from programmes against the drug problem (para. 4), building on progress already achieved by States (para. 5), assisting people working in various fields against drug abuse and the need for drug prevention (para. 6) and the need for treatment, rehabilitation and social reintegration and adequate financial resources for such activities (para. 7). In paragraph 8, the United Nations system is called upon to invite the international financial institutions, such as the World Bank and regional

*The latter point is of particular importance and has potentially far-reaching implications. This was brought to the attention of the Commission on Narcotic Drugs by some non-governmental organizations and a number of Member States during the fifty-first session of the Commission (10-14 March 2008) in the context of discussions on the appropriateness of the death penalty for drug-related crimes. The 1961 Convention states, in article 36, paragraph 4, that “Nothing contained in this article shall affect the principle that the offences to which it refers shall be ... prosecuted and punished in conformity with the domestic law of a Party”. Similarly, the 1988 Convention states, in article 3, paragraph 11, that “Nothing contained in this article shall affect the principle that the description of the offences to which it refers and of legal defences thereto is reserved to the domestic law of a Party and that such offences shall be prosecuted and punished in conformity with that law”. Article 39 of the 1961 Convention goes even a step further, stating, “Notwithstanding anything contained in the Convention, a Party shall not be, or be deemed to be precluded from adopting measures of control more strict or severe than those provided by this Convention”. None of these articles would stop Member States from using the death penalty for serious drug offences. This may, however, have changed with the adoption of the Political Declaration and its explicit reference to the United Nations Charter, international law and human rights. The International Harm Reduction Association (a non-governmental organization), supported by a number of Member States, argued at the fifty-first session of the Commission on Narcotic Drugs that drug-related offences would not meet the legal requirements for capital punishment (cases where the crime is intentional and results in lethal or extremely grave consequences; art. 6, para. 2, of the International Covenant on Civil and Political Rights), a position that is apparently shared by the United Nations Human Rights Committee. Reviewing national compliance with obligations under the International Covenant, the Human Rights Committee has consistently been very critical of countries that applied capital punishment for drug offences, arguing that drug offences do not meet the necessary threshold of “most serious crimes” needed to carry out the death penalty (Rick Lines, *The Death Penalty for Drug Offences—A Violation of International Human Rights Law* (International Harm Reduction Association, London, 2007)).

development banks, to include actions against drugs in their programmes. In paragraph 10, Member States express their concern about the links between illicit drug production, trafficking and transnational organized crime and terrorist groups. In paragraph 11, a link is identified between illicit drug production and illicit trafficking in drugs and arms. In paragraph 12 the Assembly calls upon communities, families and religious, educational, cultural, sports, business and union leaders, as well as non-governmental organizations and the media, to promote a society free of drug abuse.

Following these rather general calls for cooperation, paragraphs 13 to 19 represent the core of the Political Declaration. They make reference to the various action plans (relating to amphetamine-type stimulants in paras. 13-14, precursors in para. 14, money-laundering in para. 15, judicial cooperation in para. 16, demand reduction in para. 17 and elimination of narcotic crops in paras. 18-19) and set 2003 as the target year for the introduction of measures foreseen in the action plans, and 2008 as the target for significant and measurable results to have been achieved. Areas where progress was to be measured were demand reduction (para. 17), illicit cultivation of the coca bush, the cannabis plant and the opium poppy (para. 19) and the illicit manufacture, marketing and trafficking of psychotropic substances and the diversion of precursors (para. 14).

In paragraph 20, States are called upon to "report biennially to the Commission on Narcotic Drugs on their efforts to meet the above-mentioned goals and targets for the years 2003 and 2008, and the Commission is requested to analyse these reports in order to enhance the cooperative effort to combat the world drug problem." For the international reporting of the measures taken, a biennial reports questionnaire was developed. Member States were to be regularly reminded of the obligations they had entered into, and the progress reports helped identify areas where resources were needed to help Member States meet the goals of the Political Declaration and of the accompanying action plans.

In contrast to the international drug conventions, in the Political Declaration no procedures are put forward for an independent, third-party evaluation of its implementation and that of the accompanying action plans. Paragraph 20 provides only that the Commission on Narcotic Drugs should analyse the reports obtained from Member States and use this information to enhance the cooperative efforts to fight the drug problem. Although, according to the conventions, the International Narcotics Control Board can impose international sanctions against a non-complying country, there are no formal sanction mechanisms in the Political Declaration or the action plans.

The self-evaluations by Member States obtained through the biennial reports questionnaire suggest, nonetheless, that the overall implementation of the Political Declaration, the action plans and the proposed measures improved from 51 per cent in the period from 1998 to 2000 to 60 per cent over

the period 2006-2007.* An implementation rate of about 60 per cent is impressive given that there were no mechanisms for sanctions in case of non-compliance. Although this likely reflects the fact that many of the measures contained in the action plans were already legal obligations in the conventions, it may also—and perhaps more importantly—reflect the fact that these instruments were based on a broad international consensus on the perceived severity of the drug problem.

Far more difficult than the “process evaluation” (that is, reporting on the efforts made) foreseen in the Political Declaration would have been an actual “outcome evaluation”. This was originally also considered but then rejected. One of the most serious problems with such an approach would have been that, for the majority of countries, the baseline data were not available in 1998, and are still often missing a decade later. Nonetheless, the Political Declaration proved to be a valuable tool, as it encouraged a number of countries to renew their efforts in the area of drug control and strengthened international cooperation.

Major successes in reducing the area under coca cultivation, for instance, were achieved by Bolivia and Peru in the 1990s and by Colombia in 2000. Morocco reduced its cannabis resin production significantly from 2003 to 2005. Major successes were also achieved in South-East Asia, notably by the Lao People’s Democratic Republic and Myanmar, where opium production was drastically reduced. These successes were, however, overshadowed by the rapid expansion of opium production in Afghanistan. Demand data, where available, suggest that drug use stabilized or decreased in the United States and Europe (except for cocaine) in recent years. Demand for drugs in a large number of transit countries in developing countries continued rising.

Declaration on the Guiding Principles of Drug Demand Reduction

One of the main achievements of the special session of the General Assembly in 1998 was the elaboration of the Declaration on the Guiding Principles of Drug

*This is the unweighted average of replies by Member States to questions on drug control infrastructure, demand reduction (average of prevention, treatment and reducing negative consequences of drug use), eradication and alternative development (average of “existence of national plans including alternative development” and “existence of national plans including eradication and other law enforcement measures” and “proportion of States reporting international cooperation for alternative development and eradication”), judicial cooperation, amphetamine-type stimulants, precursors and money-laundering (average of “criminalization of the laundering of the proceeds of drug trafficking and other serious crimes”, “freezing/confiscation of proceeds”, “money-laundering as an extraditable offence”, “declarations in cross-border transportation of cash and negotiable bearer instruments”, “measures to prevent and detect money-laundering in the financial system”). The information was based on replies by 106 countries over the period 1998-2000 (representing 91 per cent of the world population) and 108 countries over the 2006-2007 period, representing 89 per cent of the world population (fifth report of the Executive Director on the world drug problem and detailed individual reports on the topics mentioned above (E/CN.7/2008/2 and Add.1-6)).

Demand Reduction (General Assembly resolution S-20/3, annex). The international drug conventions offer surprisingly limited guidance on demand reduction measures. The 1987 Comprehensive Multidisciplinary Outline contained some, but they are formulated only as recommendations. The 1988 Convention suggests that countries refer to the Comprehensive Multidisciplinary Outline in developing their demand reduction measures, but it does not make their use compulsory. In contrast, the Declaration on the Guiding Principles of Drug Demand Reduction provides States with detailed principles on how to design their national strategies for demand reduction.

Section I ("The Challenge"), paragraph 4, states that "The most effective approach to the drug problem consists of a comprehensive, balanced and coordinated approach, by which supply control and demand reduction reinforce each other ... There is now a need to intensify our efforts at demand reduction and to provide adequate resources towards that end".

Paragraph 5 stipulates that "Programmes to reduce the demand for drugs should be part of a comprehensive strategy to reduce the demand for all substances of abuse. Such programmes should be integrated to promote cooperation among all concerned, should include a wide variety of appropriate interventions, should promote health and social well-being among individuals, families and communities and should reduce the adverse consequences of drug abuse of the individual and for society as a whole." Apart from the demand for all-encompassing programmes for all substances of abuse (that is, for illegal drugs as well as for alcohol), this paragraph makes—for the first time in a legal United Nations document—reference to harm reduction.

In Section II ("The Commitment"), paragraph 7, Member States "Pledge a sustained political, social, health and educational commitment to investing in demand reduction programmes that will contribute towards reducing public health problems, improving individual health and well-being, promoting social and economic integration, reinforcing family systems and making communities safer".

Section III ("Guiding Principles") is to guide the formulation of the demand reduction component of national and international drug control strategies. The Guiding Principles are as follows:

- (a) There shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem;
- (b) Demand reduction policies shall:
 - (i) Aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse;

- (ii) Provide for and encourage active and coordinated participation of individuals at the community level, both generally and in situations of particular risk, by virtue, for example, of their geographical location, economic conditions or relatively large addict populations;
- (iii) Be sensitive to both culture and gender;
- (iv) Contribute towards developing and sustaining supportive environments.

The main innovation of the Guiding Principles was that demand reduction policies should not be aimed only at preventing the use of drugs (which was already an obligation under the 1988 Convention, as well as under the 1971 Convention and the 1961 Convention as amended by the 1972 Protocol), but also at “reducing the adverse consequences of drug abuse”. It was very difficult for Member States to reach an agreement on the final draft of this clause. The degree to which classical drug prevention has to be given priority over harm reduction, or vice versa, is still subject to heated debates among Member States today. While China, Japan, the Russian Federation, the United States and several other countries are in favour of traditional demand reduction efforts (prevention) in order to reduce demand, most European countries, as well as Australia and Canada, tend to support policies that also contain elements of harm reduction (such as needle-exchange programmes) so as to reduce drug use-related HIV/AIDS rates and/or keep them low.

The 1998 Declaration on the Guiding Principles makes it clear that both elements—the prevention of drug use and the reduction of adverse consequences—should be present in demand reduction policies.* The International Narcotics Control Board acknowledged in 1993 that harm reduction had a role to play in a tertiary prevention strategy; however, the Board pointed out that such harm reduction programmes should not be carried out at the expense of, or be considered substitutes for, activities designed to reduce the demand for illicit drugs, and that they should not promote and/or facilitate drug abuse ([92], para. 29).

Section IV (“Call for action”) highlights six areas of particular importance. The first area is a need for assessing the problem: “Demand reduction programmes should be based on a regular assessment of the nature and magnitude of drug use and abuse and drug-related problems in the population” (para. 9). Countries are urged, in this context, to take into account the recommendations made in the Comprehensive Multidisciplinary Outline. Though some progress has been made, regular assessments of the magnitude of drug abuse are, unfortunately, still the exception rather than the rule for most countries.

*For more detail, see the discussion paper entitled “Reducing the adverse health and social consequences of drug abuse: a comprehensive approach”, published by UNODC in 2008.

For the second area, “Tackling the problem”, it is stated that “Demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse. They should embrace information, education, public awareness, early intervention, counselling, treatment, rehabilitation, relapse prevention, aftercare and social reintegration” (para. 10).

The third area is the need for forging partnerships, and it is stressed that “Demand reduction efforts should be integrated into broader social welfare and health promotion policies and preventive education programmes” (para. 12).

The fourth area is the focus on special needs: “Demand reduction programmes should be designed to address the needs of the population in general, as well as those of specific population groups” (para. 13). In order to promote social reintegration, “Governments should consider providing that either as an alternative ... or in addition to punishment, abusers of drugs should undergo treatment, education, aftercare, rehabilitation and social reintegration”. Indirect reference is then made to the drug court system: “Member States should develop within the criminal justice system ... capacities for assisting drug abusers with education, treatment and rehabilitation services. Close cooperation between criminal justice, health and social systems is a necessity and should be encouraged” (para. 14).

In the fifth area, “Sending the right message”, governments are called on to provide “clear, scientifically accurate and reliable” information. “Every attempt should be made to ensure credibility, avoid sensationalism, promote trust and enhance effectiveness” (para. 15). States should, in cooperation with the media, seek to raise public consciousness about the hazards of drug use.

In the sixth area, “Building on experience”, it is asked that demand reduction strategies be thoroughly evaluated to improve their effectiveness.

Self-evaluations by Member States suggest that the Guiding Principles of Drug Demand Reduction influenced measures taken at the national level. The self-evaluation of the measures taken in response to the Guiding Principles showed—on the basis of replies received in the biennial reports questionnaire—an improvement in the average overall implementation rate from 23 per cent in the 1998-2000 period to 29 per cent over the 2006-2007 period (average of composite indices for prevention, treatment and reducing negative consequences). Nonetheless, data also show that the overall implementation of comprehensive demand reduction activities, as detailed in the questionnaire, remained low.

There were improvements in the implementation of proposed demand reduction activities with regard to prevention-related activities (rising from 26 to 33 per cent), treatment-related interventions (from 21 to 26 per cent) and

interventions aiming at reducing the negative consequences of drug use (from 21 to 28 per cent). In certain geographical regions, implementation rates were found to have been significantly higher. High rates for implementation of the proposed prevention measures in 2006-2007 were found in North America (81 per cent) and in the Oceania region (70 per cent). Low rates were still found in sub-Saharan Africa (25 per cent). Similarly, in terms of treatment and rehabilitation, high implementation rates were reported from the Oceania region (69 per cent) and North America (59 per cent), while in sub-Saharan Africa the implementation rate was just 10 per cent. In the case of measures aimed at reducing the negative consequences of drug use, the highest implementation rates were found in the Oceania region (76 per cent), followed by Western and Central Europe (50 per cent) and North America (50 per cent).

There were also significant differences in the implementation rates for specific activities. For example, the provision of information and education as part of prevention programmes was shown to have risen from 34 per cent in 1998-2000 to 42 per cent in 2006-2007 at the global level; the availability of prevention programmes operating at schools and the provision of drug-related information and education—which is and should be at the core of all prevention activities—rose as high as 90 per cent. In the area of reducing negative consequences, measures such as the availability of needle and exchange programmes rose from 39 to 52 per cent; the rate of availability of outreach improved from 54 to 67 per cent [93].

Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development

The preamble to the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (General Assembly resolution S-20/4E) refers to a number of principles to be taken into account in the fight against drugs (shared responsibility, integrated balanced approach, full respect for sovereignty, territorial integrity, non-intervention in internal affairs, human rights, fundamental freedoms, sustainable human development) and defines “alternative development” as a process “to prevent and eliminate the illicit cultivation of plants containing narcotic drugs ... through specifically designed rural development measures in the context of ... sustainable development efforts ..., recognizing the particular socio-cultural characteristics of the target communities and groups”.

This is followed by six sections with a total of 33 operative paragraphs. Section I is entitled “The need for a balanced approach to confront high levels of illicit cultivation”, giving an additional meaning to the concept of “balanced approach”. In this case, the balanced approach refers to the prevention of illicit cultivation (para. 3), as well as to the use of alternative development, law

enforcement and eradication as part of national strategies, characterized by concrete, measurable goals and objectives, to reduce the areas under illicit cultivation (para. 4).

At the same time, paragraph 7 formulates—for the first time in the context of international drug control—a general rule stating that “In cases of low-income production structures among peasants, alternative development is more sustainable and socially and economically more appropriate than forced eradication.”

Section II proposes actions aimed at the strengthening of international cooperation for alternative development. Paragraph 9 states the elements for the success of alternative development programmes, including a long-term political and financial commitment of governments and the international community, the involvement of local communities, effective enforcement of drug control measures and the promotion of awareness among the local population of the negative consequences of drug abuse. In paragraph 10, the United Nations International Drug Control Programme is requested to provide technical assistance for alternative development; this assistance must be linked to a clear political will to reduce and eliminate the cultivation of narcotic plants. In paragraph 11, the United Nations International Drug Control Programme is requested to cooperate with relevant financial institutions, and paragraph 12 states that the international financial institutions and regional development banks should be encouraged to provide financial assistance for alternative development programmes.

Section III deals with improved and innovative approaches to alternative development. Paragraph 18 lists a number of characteristics that alternative development programmes should have:

- (a) Be adapted to the specific legal, social, economic, ecological and cultural conditions ...;
- (b) Contribute to the creation of sustainable social and economic opportunities through integrated rural development, including infrastructure development;
- (c) Contribute to the promotion of democratic values to encourage community participation, and promote social responsibility to develop a civic culture that rejects the illicit cultivation of crops;
- (d) Include ... demand reduction measures ...;
- (e) Incorporate the gender dimension ...;
- (f) Observe environmental sustainability criteria.

Paragraph 19 deals with the importance of participatory approaches and community-based agreements to reduce illicit crops, and paragraph 20 highlights the importance of institution-building at the regional and local levels.

Section IV focuses on enhancing monitoring, evaluation and information-sharing. Key here is the establishment of a functioning crop-monitoring system. This is made explicit in paragraph 23, which stipulates that "Governments in the producing areas should design efficient and accurate monitoring and verification mechanisms using the most efficient, cost-effective and accessible data collection methods available". Similarly, paragraph 26 stipulates that "States in which the cultivation and production of illicit drug crops has developed in recent years should prepare estimates of the extent of the problem and exchange this information". In paragraph 25, governments are requested to share information on illicit drug crop assessments with the United Nations International Drug Control Programme and reciprocally with other governments. Moreover, in paragraph 24, governments are asked to monitor the qualitative and quantitative impact of alternative development programmes.

Section V deals with the need for law enforcement in controlling illicit crops. It argues for the importance of law enforcement measures to accompany alternative development, and provides guidelines on the appropriate use of eradication.

Paragraph 28 says that States should ensure that alternative development programmes are complemented by law enforcement measures, particularly in order to tackle other illicit activities such as the operation of illicit drug laboratories, the diversion of precursors, trafficking, money-laundering and related forms of organized crime. In addition, the text points out that comprehensive law enforcement programmes can affect the profitability of illicitly cultivated drug crops and thus make alternative sources of legal income more competitive.

While paragraph 7 makes the case for alternative development (see above), paragraph 29 makes it clear that "When there is organized criminal involvement in the illicit drug crop cultivation and drug production, measures such as eradication ... and arrest ... are particularly appropriate."

Another case is addressed in paragraph 27. Even when alternative development projects are successful, some growers and processors are not likely to abandon production voluntarily, simply because more lucrative opportunities may still exist in the illicit sector. Such growers must see that there is a risk associated with staying in the illicit cultivation of drug crops. Thus, paragraph 30 of the Action Plan stipulates: "In areas where viable alternative sources of income already exist, law enforcement measures are required against persistent illicit cultivation of narcotic crops." Applying the very same logic for the opposite case, paragraph 31 states that "In areas where alternative development programmes have not yet created viable alternative income opportunities, the application of forced eradication might endanger the success of alternative development programmes."

The self-evaluations by Member States suggested that there were some improvements in the areas covered by the Action Plan. Over the 1998-2000 period, 30 per cent of the countries had a national plan that included alternative development to reduce or eliminate the cultivation of illicit crops; this proportion rose to 42 per cent in 2006-2007. For national plans including eradication and other law enforcement measures, the corresponding increase was from 37 to 46 per cent. In terms of international cooperation for alternative development, the rates were still lower and the improvement was only very moderate. The proportion of States reporting international cooperation in the area of alternative development and eradication programmes increased from 17 to 21 per cent. Monitoring and evaluation of alternative development and eradication programmes improved from 16 to 22 per cent [94]. The average implementation rate of these reported measures (national plans, international cooperation, monitoring) improved from 22 per cent in 1998-2000 to 29 per cent in 2006-2007.

Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors

Given the massive increase in the manufacture, trafficking and abuse of amphetamine-type stimulants in the 1990s, a special Action Plan was drawn up and adopted in 1998 by the General Assembly at its special session (resolution S-20/4A). The Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors contained more innovative elements than several other action plans.

The ATS Action Plan consists of five sections. The first two of which deal with demand-related issues, the third with information technology (affecting both the demand and supply sides) and the last two with supply-related issues. The sections dealing with the supply side contain a number of very concrete obligations. The sections dealing with the demand side, in contrast, are rather general.

Section I calls for raising the awareness of the problem of amphetamine-type stimulants and contains a number of obligations for Member States, UNDCP, the International Narcotics Control Board and WHO to do this. One of the means called for to increase the priority given to amphetamine-type stimulants is to make them a regular item on the agenda of the Commission on Narcotic Drugs (para. 2).

Section II focuses on reducing demand for illicit amphetamine-type stimulants. The main objective here is to study the problem and use the results for demand reduction campaigns—which is also in line with the procedures under the Guiding Principles of Drug Demand Reduction. International bodies (para. 9), notably UNDCP and WHO, are asked to (a) collate current information on the

health effects of amphetamine-type stimulants, (b) study the social, economic and cultural forces driving the demand for them, (c) identify, document and disseminate good practices in the prevention and treatment of their abuse and (d) coordinate work with non-governmental organizations in these areas. Similarly, Member States should (a) continuously monitor changing patterns of abuse, (b) investigate social, economic, health and cultural dimensions of abuse, (c) give priority to research on longer-term health effects and (d) use and disseminate the results (including those of the international bodies) for targeted prevention and treatment efforts and public awareness campaigns.

In section III, all parties are called on to provide accurate information on amphetamine-type stimulants. Two approaches are to be followed simultaneously: reducing the flow of harmful information while strengthening the distribution of "positive" information. The emergence of the Internet, where information on recipes for clandestine manufacture, sources from which to obtain precursor chemicals, methods for evading existing controls and techniques for abuse, as well as reports glamorizing the consumption of amphetamine-type stimulants, are all easily available, challenged this. The ATS Action Plan was thus one of the first United Nations documents to address emerging problems related to the Internet. Paragraph 12 stipulates: "Consultations should be initiated at the national, regional and international levels ... with representatives of the traditional media and the telecommunication and software industries to promote and encourage self-restraint and to develop frameworks ... for the removal of illegal drug-related information. Frameworks could be developed from industry-managed open- complaint mechanisms such as reporting hotlines ... States should also encourage the development and use of rating and filtering software." In paragraph 13 States are asked "to ensure that their legal frameworks regarding illegal drugs and drug-related information apply, as appropriate, to the Internet as they do off-line." In paragraph 16, States are reminded of article 10, paragraph 2, of the 1971 Convention on Psychotropic Substances, which prohibits the advertisement of controlled substances, and article 3, paragraph 1 (c) (iii), of the 1988 Convention, which prohibits publicly inciting illicit activities related to drugs. At the same time, international bodies are called on to make the best use of the Internet and to introduce a "worldwide clearing-house system ... to disseminate accurate and timely information on various aspects of the problem of amphetamine-type stimulants" (para. 14). Similarly, States should "use modern information technology to disseminate information on adverse health, social and economic consequences of abuse of amphetamine-type stimulants" (para. 15).

Section IV deals with a number of measures aimed at limiting the supply of amphetamine-type stimulants. Measures to be taken (para. 18) are geared towards reducing the diversion of precursors. They focus on:

- (a) The establishment, in cooperation with industry, of a code of conduct governing trade in ATS precursors;

- (b) Greater use of pre-export notifications;
- (c) Improved monitoring of non-scheduled substances and the voluntary cooperation of industry to identify suspicious transactions;
- (d) The establishment of a special surveillance list;
- (e) The establishment of the diversion of non-scheduled chemicals with the knowledge that they are to be used in illicit manufacture as a criminal offence;
- (f) Improved information exchange, including in investigations of non-scheduled substances.

Paragraph 19 deals with a number of measures targeting the clandestine manufacture of amphetamine-type stimulants. These include (a) the monitoring of clandestine manufacture methods, (b) the development of drug signature analysis and profiling and (c) the monitoring of sales of laboratory equipment.

Section V is aimed at strengthening the control system for amphetamine-type stimulants and their precursors. Key issues addressed in paragraph 23 include:

- (a) Rapid identification and assessment of new amphetamine-type stimulants (so that they can be brought under control and legal action can be taken against their illegal manufacture and trafficking);
- (b) Improvements in the basis for control, notably by increasing the flexibility of the scheduling process, involving the application of one of the following models: (i) emergency scheduling; (ii) scheduling based on structurally similar group (analogues); and (iii) criminal prosecution based on similarities in chemical structure and known or anticipated pharmacological effects;
- (c) Improvements in data collection and exchange of information on the size of clandestine laboratories detected, manufacturing methods, precursors used, purities, prices, sources of amphetamine-type stimulants and their precursors and epidemiological information;
- (d) Implementation of the “know your customer” principle in transactions involving amphetamine-type stimulants and their precursors; if properly implemented, this can be a very powerful tool for preventing diversion into illegal channels, as it will promote stronger cooperation with the authorities while putting some of the control burden onto the chemical and pharmaceutical industry as well. In fact, the introduction of the “know your customer” principle into various areas of international drug control was one of the main innovations emerging from the 1998 special session of the General Assembly.

Self-evaluations by Member States suggest growing adherence to the measures proposed in the Action Plan against Illicit Manufacture, Trafficking and

Abuse of Amphetamine-type Stimulants and Their Precursors. The composite index developed on the basis of replies to the biennial reports questionnaire showed an overall improvement in the implementation rate, from 44 per cent for the 1998-2000 period to 55 per cent for 2006-2007. The composite index was based on a number of sub-indices ("capacity to collect and analyse information", "policy and strategic responses", "measures to improve awareness and reduce demand", "measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants" and "international and multisectoral cooperation"), which all showed improvements. At the subregional level, strong efforts to implement the Action Plan were found in the Oceania region (96 per cent), North America (94 per cent), Central and Western Europe (63 per cent) and East and South-East Asia (62 per cent) [95].

Control of precursors

The measures proposed for the control of precursors (resolution S-20/4B) call on Member States to implement the existing obligations under article 12 of the 1988 Convention (dealing with precursor control) and/or repeat some of the proposals made under the ATS Action Plan ("know your customer" principle, codes of conduct, etc.). Measures going beyond these requirements are found in only a few cases. One of the main issues in this context was the new data-collection requirements for governments. According to paragraph 9, States, in cooperation with competent international bodies, should: (a) "establish ... mechanisms ... for obtaining data on the licit manufacture, import or export of precursors ... and for monitoring the movement of such substances, including the establishment of a register of public or private companies engaged in any activity relating thereto". No such crucial data-collection requirements, needed for the identification of potential diversions, existed under the 1988 Convention.

The measures also went beyond the 1988 Convention by proposing stronger control for international trade in acetic anhydride (used in the manufacture of heroin) and potassium permanganate (used in the manufacture of cocaine) (para. 7 (a) (i)). Governments were asked to introduce "pre-export notifications" for these substances, a measure that normally applied only to table I substances. Since then, these substances have been rescheduled from table II to table I; the stronger control mechanisms now apply to them.

For the rest, the proposed measures were mainly reformulations of the 1988 Convention. There were probably good reasons to focus on the implementation of an existing set of rules rather than inventing new ones.

Self-evaluations by Member States show that there was growing compliance with the measures on precursor control, rising from 61 per cent for the

1998-2000 period to 74 per cent for 2006-2007. The rather high implementation rates were also a reflection of the fact that the proposed measures did not go much beyond already existing obligations under the 1988 Convention. Nonetheless, they signalled ongoing improvements in precursor control, moving towards international standards (laid down in the 1988 Convention and reconfirmed by the General Assembly at its special session).

The analysis of the results reveals that, overall, States have well-developed legislation relating to the control of precursor chemicals (93 per cent), prior import/export authorizations (94 per cent) and established working procedures for monitoring and identifying suspicious transactions involving precursors (82 per cent). Encouraging advances were made in a number of countries that received technical assistance, as well as in countries that had established procedures to investigate the diversion of chemicals. However, data also suggest that more needs to be done with regard to codes of conduct in cooperation with the chemical industry, and making resources available for technical assistance and for international cooperation in seizing illicit consignments of precursor chemicals [96].

Measures to promote judicial cooperation

The measures to promote judicial cooperation (General Assembly resolution S-20/4C) deal with extradition (sect. I), mutual legal assistance (sect. II), transfer of proceedings (sect. III), other forms of cooperation and training (sect. IV), controlled delivery (sect. V), illicit traffic by sea (sect. VI) and complementary measures (sect. VII). The proposed measures were, by and large, already contained in the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and were basically geared towards facilitating its implementation. This was done, for instance, by making reference to the availability of new information technology that could be used to speed up existing information exchange procedures. At the same time, the proposed measures were all formulated as recommendations, not as obligations.

A few material changes were also adopted but, in such cases the text was drafted in an extremely cautious manner. For instance, with regard to extradition, paragraph 1 recommends that States (a) "If needed, ... review their domestic legislation to simplify procedures for extradition, consistent with their constitutional principles and the basic concept of their legal systems" and (b) "Inform other States of the competent authority ... designated to receive, respond to and process extradition requests ...; communicating the name, address and telephone number of the authority ... to the United Nations International Drug Control Programme would be useful". The latter was a very practical and useful recommendation to enable authorities from various countries to even consider engaging with each other in extradition procedures. Similarly, the recommendations of

subparagraphs (e), to use the Model Treaty on Extradition as a resource when negotiating such treaties, and (f), to “Maximize the use of modern technologies for facilitating communications”, were practical steps towards improving the implementation of the 1988 Convention. Moreover, a new concept was proposed in subparagraph (d), which recommends that States, “Subject to constitutional provisions, international drug control treaties and national legislation, consider extraditing their nationals for serious drug offences on agreement that they will be surrendered for prosecution but that they could be returned to serve any sentences imposed in their State of nationality”. This is geared towards countries that, for various domestic reasons, are unable or unwilling to extradite their nationals.

Very practical considerations were also at the heart of the measures proposed under mutual legal assistance. Paragraph 2 recommends that States “(d) Develop model forms for requests for mutual legal assistance” and “(e) Utilize, where appropriate, the Model Treaty on Mutual Assistance in Criminal Matters as a resource when negotiating such treaties”. As in the case of extraditions, it is also recommended that States “(f) Maximize the use of modern communication technologies, such as the Internet and facsimile machines” and “(g) Consider the use of telephone and video-link technology for obtaining witness statements and testimony”.

Most of the recommendations relating to transfer of proceedings, other forms of cooperation, controlled delivery and illicit traffic by sea, in contrast, did not bring many new elements. A few new and potentially important ideas are, however, found under the heading “complementary measures” to enhance the implementation of the 1988 Convention. In paragraph 7 it is recommended that States consider “(a) The protection of judges, prosecutors and other members of surveillance and law enforcement agencies, as well as witnesses, whenever the circumstances so warrant, in cases that involve illicit drug trafficking; (b) New investigative techniques;” and “(c) The harmonization and simplification of procedures to increase international cooperation”.

Self-evaluations by Member States show that there was growing compliance with the measures to promote judicial cooperation, rising from 63 per cent (2000-2002) to 68 per cent (2006-2007). The high implementation rates are again a reflection that most of the measures had already been provided for by the 1988 Convention. The achievement of the special session of the General Assembly was thus to give new impetus to the implementation of already existing international obligations.

In the case of extraditions, the composite index showed an improvement from 75 per cent to 77 per cent. Overall, 90 per cent of the countries reported that they had legislation on extradition procedures. The percentage of Member States not allowing the extradition of their nationals remained, however, high:

58 per cent of the countries indicated that national law either precluded or seriously limited the extradition of nationals.

Measures taken to comply with mutual legal assistance requirements improved from 69 per cent to 79 per cent. In terms of legislation permitting mutual legal assistance, the improvement was even more pronounced (from 77 per cent to 90 per cent). The implementation rate for measures proposed to facilitate the transfer of proceedings was far lower, though rising as well (from 28 per cent to 36 per cent). Regarding law enforcement cooperation, the implementation rate improved from 73 per cent to 79 per cent. Measures taken in the area of controlled deliveries increased from 71 per cent to 83 per cent, suggesting that the use of this instrument had become common practice in many countries. The implementation of measures in the area of drug trafficking by sea improved from 37 per cent to 52 per cent. Similarly, the implementation of the newly recommended measures to protect judges, prosecutors, surveillance personnel, law enforcement officers and witnesses improved from 63 per cent to 79 per cent [97].

Countering money-laundering

Like the other action plans, the measures proposed to counter money-laundering (General Assembly resolution S/20-4/D) are primarily geared towards facilitating implementation of the 1988 Convention. The measures start with a 10-point preamble, of which the first three paragraphs seem to be of special importance.

The first paragraph sets out the problem and underlines its potential seriousness, thus justifying the need for decisive countermeasures by the international community. There the General Assembly recognizes “that the problem of laundering of money derived from illicit trafficking in narcotic drugs and psychotropic substances ... has expanded internationally to become such a global threat to the integrity, reliability and stability of financial and trade systems and even government structures as to require countermeasures by the international community as a whole in order to deny safe havens to criminals and their illicit proceeds”.

The second paragraph recalls the provisions of the 1988 Convention, “according to which all parties to the Convention are required to establish money-laundering as a punishable offence and to adopt the measures necessary to enable the authorities to identify, trace and freeze or seize the proceeds of illicit drug trafficking.” Reference is thus made to article 3, paragraph 1 (b) (i), of the 1988 Convention, which asks parties to establish as a criminal offence the conversion or transfer of property in the knowledge that such property is derived from

drug-related offences. But it goes beyond money-laundering as such and also deals with the confiscation of the proceeds from illicit drug trafficking, covered under article 5 of the 1988 Convention.

The main step forward, however, is the third paragraph of the preamble, where the 40 recommendations established by FATF were, *de facto*, established as the standard that countries should follow in their anti-money-laundering activities. This was potentially problematic, as most United Nations Member States had not participated in the elaboration of the FATF recommendations. They were thus—following weighty discussions—brought in through the back door, by making reference to a previous Convention on Narcotic Drugs resolution in which the Commission had already labelled these recommendations as international standards: “Recalling also Commission on Narcotic Drugs resolution 5 (XXXIX) of 24 April 1996, in which the Commission noted that the forty recommendations of the Financial Action Task Force established by the heads of State or Government of the seven major industrialized countries and the President of the European Commission remained the standard by which the measures against money-laundering adopted by concerned States should be judged”. The subsequent paragraphs then name a number of other activities undertaken at the regional and international levels to fight money-laundering and stress the need to harmonize legislation and intensify international cooperation to effectively prevent money-laundering.

In operative paragraph 1 the General Assembly condemned the laundering of money derived from illicit drug trafficking and other serious crimes and the use of the financial systems of States for that purpose.

The key measures to fight drug trafficking are contained in operative paragraph 2. Following a call to implement the anti-money-laundering provision contained in the 1988 Convention, in paragraph 2 (a) the Assembly calls for the “Establishment of a legislative framework to criminalize the laundering of money derived from serious crime in order to provide for the prevention, detection, investigation and prosecution of the crime of money-laundering” and then goes on to identify the main elements of an effective anti-money-laundering regime:

- (i) Identification, freezing, seizure and confiscation of the proceeds of crime;
- (ii) International cooperation; and mutual legal assistance in cases involving money-laundering;
- (iii) Inclusion of the crime of money-laundering in mutual legal assistance agreement for the purpose of ensuring judicial assistance in investigations, court cases or judicial proceedings relating to that crime.

In paragraph 2 (b) States are obliged to establish

an effective financial and regulatory regime to deny criminals and their illicit funds access to national and international financial system, thus preserving the integrity of financial systems worldwide and ensuring compliance with laws and regulation against money-laundering through:

- (i) Customer identification and verification requirements applying the principle of “know your customer” in order to have available for competent authorities the necessary information on the identity of clients and the financial movements that they carry out;
- (ii) Financial record keeping;
- (iii) Mandatory reporting of suspicious activity;
- (iv) Removal of bank-secrecy impediments to efforts directed at preventing, investigating and punishing money-laundering;
- (v) Other relevant measures.

According to paragraph 2 (c), States are also compelled to implement a number of law enforcement measures to provide for “(i) Effective detection, investigation, prosecution and conviction of criminals engaging in money-laundering activity; (ii) Extradition procedures;” and “(iii) Information-sharing mechanisms”.

In paragraph 3 UNDCP and its anti-money-laundering programme are called upon to continue cooperating with other regional and international organizations and to provide training, advice and technical assistance to enable governments to implement the principles set out in paragraph 2.

The self-evaluations by Member States revealed that there was growing compliance with the measures to fight money-laundering at the global level. The implementation of the obligation to criminalize the laundering of the proceeds of drug trafficking and other serious crime improved from 72 per cent of reporting countries in the 1998-2000 period to 92 per cent in 2006-2007. In terms of legislation of freezing, seizure and confiscation of the proceeds of crime, implementation rose from 71 per cent to 89 per cent. Regarding the requirement to treat money-laundering as an extraditable offence, the implementation rate increased from 65 per cent to 77 per cent. Compliance with the obligation for States to require a declaration for cross-border transportation of cash rose from 49 per cent to 83 per cent, and for negotiable bearer instruments from 31 per cent to 62 per cent. Moreover, the implementation of measures to prevent and detect money-laundering in the financial system improved from 55 per cent to 82 per cent [98]. Taking all of these components together, the data suggest that the overall rate of implementation of the measures to counter money-laundering improved from 61 per cent in 1998-2000 to 83 per cent in 2006-2007.

Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 2009

A further refinement of the international drug control system came about at the fifty-second session of the Commission on Narcotic Drugs, in March 2009. The Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem ([99], pp. 37-77) was adopted by the ministers and other government representatives at the high-level segment of that session ([99], pp. 119-120), following a review of developments since the special session of the General Assembly in 1998.

In the new Political Declaration and Plan of Action, international drug conventions and the content and principles of the 1998 Political Declaration and the Guiding Principles of Drug Demand Reduction and of the previous action plans were reconfirmed. The new Political Declaration and Plan of Action are thus complementary to the existing control system.

In the Political Declaration Member States reaffirm, in paragraph 1, the commitment to ensure that “all aspects of demand reduction, supply reduction and international cooperation are addressed in full conformity with the purposes and the principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights and, in particular, with full respect for the sovereignty and territorial integrity of States and the principle of non-intervention in the internal affairs of States”. They also reaffirm (para. 2) that “the ultimate goal of both demand and supply reduction strategies and sustainable development strategies is to minimize and eventually eliminate the availability and use of illicit drugs and psychotropic substances in order to ensure the health and welfare of humankind and encourage the exchange of best practices in demand and supply reduction, and emphasize that each strategy is ineffective in the absence of the other”; in addition, Member States assert (para. 3) that “the world drug problem is most effectively addressed in a multilateral setting and that the three international drug control conventions and other relevant international instruments remain the cornerstone of the international drug control system”. Moreover, they reaffirm (para. 17) “support and appreciation for the efforts of the United Nations, including those of the United Nations Office on Drugs and Crime as the leading entity in the United Nations system for countering the world drug problem” and (para. 18) “the leading role of the International Narcotics Control Board, as an independent treaty-based body, in monitoring the implementation of the international drug control conventions.” They further reaffirm (para. 22) “consistent with the objective of promoting a society free of drug abuse, ... [their] determination to take effective measures to emphasize and facilitate healthy, productive and fulfilling alternatives to the illicit consumption of drugs, which must not become accepted as a way of life”.

In paragraph 36 Member States decided to establish 2019 as a target date for States to eliminate or reduce significantly and measurably:

- (a) The illicit cultivation of opium poppy, coca bush and cannabis plant;
- (b) The illicit demand for narcotic drugs and psychotropic substances; and drug-related health and social risks;
- (c) The illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs;
- (d) The diversion of and illicit trafficking in precursors;
- (e) Money-laundering related to illicit drugs.

In paragraph 39 Member States committed themselves to “implementing effectively the present Political Declaration and its Plan of Action through resolute international cooperation, in collaboration with relevant regional and international organizations ... and to reporting biennially to the Commission on Narcotic Drugs on the efforts to fully implement the Political Declaration and the Plan of Action.”

The Plan of Action consists of part I, “Demand reduction and related measures” and a part II on “Supply reduction and related measures”. The demand reduction part of the Plan of Action consists of section A, on reducing drug abuse and dependence through a comprehensive approach, mainly through (subsection 1) enhancing international cooperation and (subsection 2) the implementation of a comprehensive approach to drug demand reduction, taking into account (subsection 3) human rights, dignity and fundamental freedoms in the context of drug demand reduction. In addition, it stipulates (subsection 4) that measures should be based on scientific evidence and (subsection 5) obliges Member States to make drug demand reduction services available and accessible, (subsection 6) to take measures for mainstreaming community involvement and participation and (subsection 7) to target vulnerable groups and conditions, (subsection 8) to address drug use and dependence care in the criminal justice system and (subsection 9) to provide quality standards and training of staff.

In part II, “Supply reduction and related measures”, Member States are asked (section B) to reduce the illicit supply of drugs, inter alia, by (subsection 1) enhancing cooperation, coordination and law enforcement operations to reduce supply and (subsection 2) addressing new trafficking trends, while (subsection 3) reducing violence related to drug trafficking, (subsection 4) addressing supply and demand reduction together and (subsection 5) strengthening anti-corruption measures and providing technical assistance and capacity-building. Sections C, D, E and F deal, respectively, with control of precursors and amphetamine-type stimulants; international cooperation on eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and on alternative development; countering money-laundering; and judicial cooperation.

The Political Declaration and Plan of Action differ from the already existing international drug control instruments mainly in the emphasis given to certain topics. The new Political Declaration, for instance, attaches more importance to the role to be played by civil society, in particular non-governmental organizations (para. 10), also noting that “representatives of affected populations and civil society entities, where appropriate, should be enabled to play a participatory role in the formulation and implementation of drug demand and supply reduction policy”.

Another new focus is on human rights. Apart from the general reference to the Universal Declaration of Human Rights (para. 1), human rights are also mentioned in the context of sustainable crop control strategies, which include alternative development, eradication and other law enforcement measures (para. 24). Moreover, in the Plan of Action, part I.A, subsection 3 is dedicated to “Human rights, dignity and fundamental freedoms in the context of drug demand reduction”, claiming that so far there has been (para. 5) “an insufficient emphasis on human rights and dignity in the context of drug demand reduction efforts”. Member States should thus (para. 6) “Ensure that drug demand reduction measures respect human rights and the inherent dignity of all individuals”. Similarly, the Plan of Action, part II.C, paragraph 41 (c), obliges Member States to ensure that measures to control precursors and amphetamine-type stimulants are carried out “with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights”. In addition, part II.F, paragraph 54 (e), obliges Member States, in the area of judicial cooperation, to “Advance cooperation in the areas of extradition, mutual legal assistance and law enforcement, as well as the effective use of tools and programmes to enhance cooperation efforts, consistent with relevant and applicable international human rights obligations”.

Greater importance is also given to measures and support services dealing with the adverse consequences of drug abuse. This is often used as an indirect way of describing harm reduction interventions. Many “traditional” harm reduction measures (such as needle-exchange programmes or substitution treatment) that were originally introduced to fight the HIV epidemic are by now common practice in many countries. Other measures are still controversial. The preparations for the Political Declaration and Plan of Action and the subsequent discussions at the high-level segment showed that a consensus on the appropriateness of harm reduction efforts and the use of harm reduction terminology does not (as yet) exist among UNODC member States. Nevertheless, the issue is addressed, to some extent, in the Political Declaration and Plan of Action, thus providing some basic guidelines regarding the extent to which such measures may be deemed acceptable.

The Political Declaration (para. 20) notes “with great concern the adverse consequences of drug abuse for individuals and society as a whole” and reaffirms

the “commitment to tackle those problems in the context of comprehensive, complementary and multisectoral drug demand reduction strategies”. In other words, harm reduction measures are, in principle, acceptable if they form part of a comprehensive demand reduction strategy. Similarly, in paragraph 21 the Political Declaration reiterates the

commitment to promote, develop, review or strengthen effective, comprehensive, integrated drug demand reduction programmes, based on scientific evidence and covering a range of measures, including primary prevention, early intervention, treatment, care, rehabilitation, social reintegration and related support services,* aimed at promoting health and social well-being among individuals, families and communities and reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into account the particular challenges posed by high-risk drug users, in full compliance with the three international drug control conventions and in accordance with national legislation.

Countries are thus, de facto, asked to implement harm reduction measures. At the same time, the reference to the three international drug control conventions also gives the limits for such measures. Measures that could be seen as encouraging or promoting drug abuse would have difficulty being covered under this paragraph of the Political Declaration. Largely identical formulations are also found in part I of the Plan of Action, “Demand reduction and related measures”. In paragraph 4 (i) of the Plan of Action, Member States are urged to “Strengthen their efforts aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration not only the

*Following the adoption of the Political Declaration and Plan of Action the representative of Germany, speaking also on behalf of Australia, Bolivia (Plurinational State of), Bulgaria, Croatia, Cyprus, Estonia, Finland, Georgia, Greece, Hungary, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Saint Lucia, Slovenia, Spain, Switzerland and the United Kingdom stated that those States would interpret the term “related support services”, used in the Political Declaration and Plan of Action, as including measures that a number of States, international organizations and non-governmental organizations called “harm reduction measures”.

This position, however, faced opposition from other countries. The representative of the Russian Federation stated that his Government could not agree with such an interpretative statement, which, in the view of his Government, might have far-reaching consequences from the perspective of the international drug control system. The Russian Federation proceeded from the understanding that the concept of “related support services” had only the meaning that was identical to that concept and that the concept must be construed and applied in accordance with the purposes and principles of the international drug control conventions. Similarly, the representative of Colombia stated that his Government opposed any allusion to the term “harm reduction”. The representative of Cuba also stated that the term “harm reduction” remained controversial, as it referred to activities that were contrary to the provisions of the international drug control conventions. There had been a long and in-depth discussion on the issue during the negotiations on the Political Declaration and Plan of Action, and no consensus had been reached in that regard. The representative of Sri Lanka also stated that no interpretation should be read into or added to the Political Declaration and Plan of Action and that an interpretative statement did not belong in a document that had been adopted by consensus. The representative of Japan also spoke out against an interpretation of this term. Similarly, the representative of the United States noted that reflection was required in the discussion on terminology and that the document, which had been adopted by consensus, meant what it said and that it should be implemented in the way that it was read out. (*Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28, E/CN.7/2009/12)*, pp. 119-120.)

prevention of related infectious diseases, such as HIV, hepatitis B and C and tuberculosis, but also all other health consequences, such as overdose, workplace and traffic accidents and somatic and psychiatric disorders, and social consequences, such as family problems, the effects of drug markets in communities and crime.”

The Political Declaration also makes a clear link to the new instruments to fight transnational organized crime and corruption as important tools for confronting the world drug problem. In paragraph 30 Member States “Acknowledge the entry into force of the United Nations Convention against Transnational Organized Crime and the Protocols thereto and the United Nations Convention against Corruption, recognize that those conventions and other relevant international instruments constitute valuable tools for confronting the world drug problem, and urge Member States that have not yet done so to consider taking measures to ratify or accede to those instruments”.

Finally, a far stronger focus than in the past can be seen in the areas of data collection, analysis, research and evaluation. These areas are increasingly seen as a necessary basis for the further development and refinement of rational drug control policies.

The Political Declaration highlights that there is a “need for indicators and instruments for the collection and analysis of accurate, reliable and comparable data on all relevant aspects of the world drug problem” (para. 15). It is also emphasized (para. 26) that continued and persistent efforts are needed, “based on improved understanding of the problem through the examination of scientific evidence and the sharing of experiences, forensic data and information”. At the same time, it clearly expresses support for the annual *World Drug Report* of UNODC (para. 11), which summarizes all available drug-related data (production, trafficking and consumption) at the national, regional and international levels.

In addition, subsection 10 of the Plan of Action, part I, is dedicated to data collection, monitoring and evaluation. Paragraph 19 states: “The lack of data, particularly on the rapidly changing nature and the extent of drug use, and the lack of systematic monitoring and evaluation by Governments of the coverage and quality of drug demand reduction measures are matters of great concern. Intensified international cooperation and support is necessary, including for improved and coordinated data collection, monitoring and evaluation of demand reduction programmes to inform demand reduction services and policy.” In response to this problem, Member States should (para. 20):

- (a) Increase their efforts in collecting data on the nature and extent of drug use and dependence, including the characteristics of the population in need, strengthening information and monitoring systems and employing methodologies and instruments based on scientific evidence;

(b) Develop and improve methods of objective national assessments by Governments to understand in a systematic and holistic manner the negative impact of drug abuse on society, health and economies;

(c) Ensure that drug demand reduction measures are based on scientifically sound assessments of the nature and extent of the drug problem, as well as the social and cultural characteristics of the population in need;

(d) Ensure that drug demand reduction measures are based on drug use trends in the community and are revised periodically on the basis of new trends, feedback and monitoring and evaluation processes;

(e) Ensure that drug use and dependence prevention and care interventions, as well as other demand reduction measures, include adequate record-keeping systems, while maintaining confidentiality, and that drug dependence care record-keeping systems are part of an active system for monitoring the nature and extent of the drug problem;

(f) Take an integrated and comprehensive approach to data collection and analysis to ensure that the information available in international, regional and national bodies is fully and legally utilized; and provide technical assistance to those countries where capacity is less developed;

(g) Seek agreement on a set of relevant indicators covering key issues to allow for the comparable assessment of the effectiveness of demand reduction measures with a view to developing, adapting and validating simple, standardized United Nations data-collection and evaluation methods, concepts and tools;

(h) Develop, in cooperation with the international community and in the light of lessons learned in the analysis of replies to the annual reports questionnaire and the biennial reports questionnaire, enhanced data-collection instruments to be considered and adopted by the Commission on Narcotic Drugs, allowing streamlined measurement of the quality, extent and coverage of drug demand reduction measures, ensuring that the tools used are appropriate for the different needs and reporting capacities of countries and are scientifically sound, making full use of existing information resources and, benefiting from, if appropriate, the experience of the existing regional monitoring systems, while minimizing the reporting burden.

Similarly, on the supply side, Member States should (para. 22 (k)) “consider reassessing the current data-collection strategies and instruments so as to facilitate the compilation of reliable, relevant, comparable and usable data on drug supply in order to ensure a strong and common understanding of the issue, and, in that regard, consider adjusting and standardizing international data collection efforts”; and (para. 22 (n)) “Provide the United Nations entities having pertinent expertise with resources for the collection of data and the provision of technical and financial assistance to States with a view to enhancing their ability to address trafficking in narcotic drugs and psychotropic substances”.

The stronger focus on data is also reflected in the section on the control of precursors and of amphetamine-type stimulants. In paragraph 32 (a) Member States are urged to "Take measures to advance the monitoring of illicit synthetic drugs, where it does not already exist, linking existing activities related to amphetamine-type stimulants around the world, and take measures to further the development of monitoring capacity, including for the early identification of emerging trends and to generate prevalence data on amphetamine-type stimulants". In paragraph 32 (b) Member States are encouraged to "Emphasize the critical importance of forensic and scientific laboratory and treatment centre data and qualitative information in understanding the problem of illicit synthetic drugs and the range of products available on the illicit market and systematically integrate such data and information into their monitoring and investigation activities". According to paragraph 36 (d) Member States should "Advance the systematic collection of data on the abuse of amphetamine-type stimulants and the diversion of precursors and preparations containing amphetamine-type stimulants and use the data to take appropriate countermeasures". Similarly, according to paragraph 41 (q) Member States should "Make better use of international collaborative and cooperative mechanisms and new and developing technologies to support effective national and international control measures, including the production of strategic data on precursor trends (including information on diversions, as well as on clandestine manufacturing methods and starting materials currently being used in clandestine laboratories)".

Finally, a special subsection is dedicated to strengthening research, data-collection and assessment tools for international cooperation on eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and on alternative development. Paragraph 42 states that

The generation, distribution, sharing and use of credible information on alternative development, including, where appropriate, preventive alternative development, are essential to support the drafting, implementation, monitoring and evaluation of alternative development interventions. However, there continues to be a lack of reliable and up-to-date data on illicit drug crop cultivation, including on, inter alia, the drivers of illicit crop cultivation, no increase in and ineffective utilization of data on human development and socio-economic aspects and insufficient sharing of best practices and lessons learned among the members of the international community engaged in alternative development.

In order to remedy this situation Member States should (para. 43):

(a) Undertake further research, strengthen data collection and guide better alternative development programmes;

(b) Conduct research to assess the factors leading to the illicit cultivation of drug crops used for the production of narcotic drugs and psychotropic substances;

(c) Provide the necessary financial and political support, to the extent possible, to survey, monitor and verify the extent of coca bush, opium poppy and cannabis cultivation, both in indoor and outdoor cultivation sites, consistent with international drug control conventions, and share this information with relevant international agencies ...;

(d) Ensure that States with the necessary expertise, the United Nations Office on Drugs and Crime and other relevant United Nations organizations assist affected States in designing and improving systems to monitor and assess the qualitative and quantitative impact of alternative development and drug crop eradication programmes with respect to the sustainability of illicit crop reduction and socio-economic development; such assessment should include the use of human development indicators that reflect the Millennium Development Goals.

V. DRUG TRENDS OVER A CENTURY OF DRUG CONTROL

In the previous chapters, the emergence and the development of the international drug control system was described, starting with the preparations in 1906, the 1909 Shanghai conference and the first International Opium Convention, adopted in 1912. The long-term relevance of the international drug control system, as traced above, is undeniable. But can the same be said about its efficacy? Ultimately, the most interesting question is to what extent the efforts made by the international community and individual States have had a tangible impact on drug production and consumption.

The impact could be identified in various ways. A positive impact could be a reduction of the previous growth rates; an even more impressive impact would be an actual reduction of drug production and consumption. A positive impact could be also seen in a reduction of the negative consequences of drug abuse.

At the same time, it should be clear that a large number of factors may affect drug-using behaviours. Drug control—in terms of both supply and demand reduction efforts—is only one element among many others, including traditions, fashion, youth culture, technological progress (and thus drug availability), financial resources, mobility, ethnic links, stress factors (war, work, leisure time, etc.), all of which may influence drug-using behaviour. All of these factors can strengthen or offset progress made in terms of drug control efforts by authorities at the local, national and international levels. It thus remains very difficult to prove any causal relationships in this area.

It could thus be tempting to claim that a review of trends cannot provide the international community with any reliable gauge of policy efficacy, as progress made at the local, national and international levels cannot be directly attributed to local, national or international efforts in drug control. Nonetheless, such trend analysis is useful, even though for long periods it may be difficult because of the absence of a consistently robust time series—especially for the non-opiates. For the opiates market, however, superimposing the trend data that are available on the history reviewed does yield some encouraging observations, as the dips and dives of the global opiates market track the

commitment to international control agreements during most of the twentieth century.*

Cannabis

The limitations of long-term time series data are significant for the cannabis market. Reliable quantitative data on the global extent of cannabis production and consumption at the turn of the twentieth century do not exist. Piecing together the limited information that does exist suggests that global cannabis production and consumption rates were lower a century ago. This may seem surprising given its early pervasiveness. However, while cannabis was widespread geographically, its use was restricted to relatively small segments of societies in areas outside the Middle East. Significant reports of cannabis-related problems are a late-twentieth-century phenomenon, with significant increases in use after 1960—paradoxically, just when international commitment was gaining strength. This apparent contradiction is not too difficult to work out given the ambivalence about cannabis that has arisen during this 50-year period.**

Globally, and through the twentieth century, cannabis did not receive the health and law enforcement resources or attention given to other drugs. Outside North America, Europe, Egypt, Lebanon and Morocco, few countries have tackled the cultivation of cannabis with resource-intensive programmes. This apparent ambivalence in the late twentieth century seems to have been a result of resource constraints at the level of national governments—and the necessary prioritization that such constraints entail. This prioritization is typically based on an evaluation of health risks/costs, mortality and morbidity, and of the risk of violent and acquisitive crime. Cannabis rates are lower on such scales than such drugs as heroin or cocaine. Although some countries have effected a *de facto* decriminalization of cannabis (that is, reclassifying the drug, changing possession offences from criminal to administrative, etc.), there has thus far been no attempt via the Commission on Narcotic Drugs to change the way that cannabis is treated in the conventions.

*In fact, all available data show that the rates of production and consumption of opiates are far lower than they were a century ago. The data also suggest that the prevalence rates for opiates, cocaine and amphetamine-type stimulants, taken together, are lower than they were a century ago (by some 40 per cent), as the massive declines in opiate use in Asia offset the global increases for ATS and cocaine use. The prevalence of problematic drug use among the world's total population is thus—most likely—lower than it was a century ago. When cannabis is included, the picture becomes less clear. There are indications that the use of cannabis—the most widely consumed drug—is more widespread today than it was 100 years ago. In sum, although overall drug use may exceed the levels of a century ago, drug addiction or problematic drug use is—most likely—less than it was 100 years ago.

**In 2006/07, 4 per cent of the global population aged 15 to 64 used cannabis. While this is lower than the rate for tobacco (25–30 per cent) or alcohol use (more than 50 per cent), it is probably far higher than it was at the beginning of the twentieth century.

Amphetamine-type stimulants

ATS use is also far more common than it was a century ago. Most of the psychotropic substances available today had not even been invented a century ago. Some of the most common, MDA and MDMA, which rose in prevalence only at the end of the twentieth century, were discovered in 1910 and 1913, respectively. Methcathinone was first patented in Germany in 1928. LSD, prevalent through the 1960s and the 1970s, was first synthesized in 1938. Amphetamine and methamphetamine were synthesized earlier (1887 and 1888, respectively), but were not actively marketed before the 1930s ([100], pp. 35-36).

The historical review that preceded this section documented the response of the international community to the perceived increase in synthetic drug use in the 1960s. The drug control system proved to be responsive, leading to the elaboration and adoption of the 1971 Convention on Psychotropic Substances. The main objective of the Convention was to prevent the diversion of legally manufactured psychotropic substances. In fact, it proved successful in achieving that objective for legally produced schedule I and schedule II substances, including amphetamine and methamphetamine. Moreover, prescription practices by medical doctors have improved over the last three decades. This also applies to many schedule III and schedule IV substances, including a number of barbiturates and benzodiazepines. The 1971 Convention was not successful, however, in preventing the emergence of clandestine laboratories.

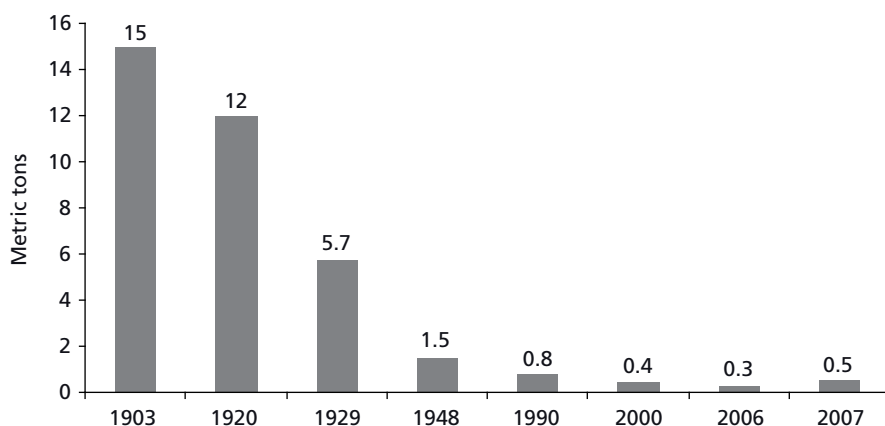
The international community demonstrated some degree of responsiveness to clandestine ATS manufacture. The 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances included the first normative basis for an international precursor control regime. However, it can probably be argued that responsiveness in this case was not as immediate as was necessary. Since the 1980s the illicit manufacture and trafficking of amphetamine-type stimulants (notably methamphetamine, amphetamine and ecstasy) has increased. The detection of illicit laboratories and precursor chemicals in most countries was a new and complex inter-agency undertaking, and it took some added impetus (provided by the Political Declaration (1998), the related ATS Action Plan and the measures for the control of precursors) before a comprehensive system of precursor monitoring and control could be implemented. Since the beginning of the twenty-first century, international cooperation in the area of precursor control has improved dramatically, and the global ATS markets seemed to have stabilized after 2000. As of 2007, however, the trend, particularly in developing countries, has again been upward.

Coca/cocaine

Policy and market correlates for coca/cocaine seem to be observable. Data for licit coca production and use show a correlation between the acceleration of

international control efforts and the decline in the licit production and use of coca/cocaine. Global legal cocaine manufacture in 1903 was 15 mt (two thirds of which was consumed in the United States) ([101], p. 330). By 2006, the legal manufacture of cocaine had fallen to just 0.3 mt ([77], p. 99). It appears that evaluation and communication facilitated by the developing international drug control system contributed to a greater awareness of cocaine-associated health risks. This awareness, combined with the development of alternative medicines, seems to have led to a reduction in licit cocaine use and production. Data show that most of this reduction took place during the League of Nations period, and continued after the Second World War under the United Nations. In 2007, licit cocaine production again increased slightly, to 0.5 mt, for the purpose of building up stocks in case of future production shortages. But production was still 97 per cent less than in 1903, and licit cocaine consumption continued falling. From about 0.8 mt in 1988, it dropped to 0.2 mt in 2007, the lowest level ever reported to the International Narcotics Control Board ([107], p. 99).

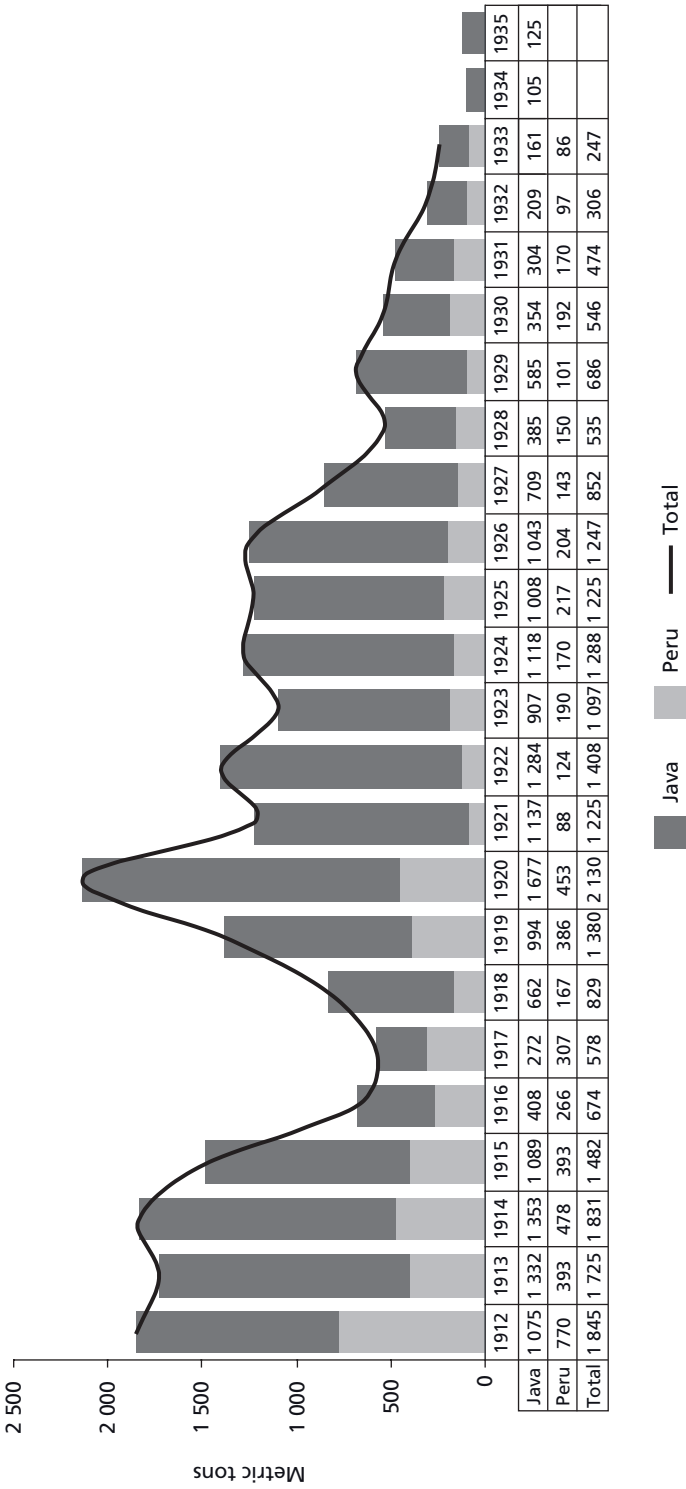
Figure XXII. Legal cocaine production, 1903-2007



Sources: Paul Gootenberg, "Cocaine in chains: the rise and demise of a global commodity, 1860-1950", *From Silver to Cocaine: Latin American Commodity Chains and the Building of the World Economy, 1500-2000*, Steven Topik, Carlos Marichal and Zephyr Frank, eds. (Durham, North Carolina, Duke University Press, 2006), pp. 321-351; United Nations Office on Drugs and Crime, Database for Estimates and Long-term Trend Analysis; *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11); and *Narcotic Drugs: Estimated World Requirements for 2009; Statistics for 2007* (United Nations publication, Sales No. E/F/S.09.XI.2).

The decline of coca-leaf production during the period of the League of Nations was an almost universal phenomenon. Coca-leaf production in Bolivia fell by 79 per cent between 1921 and 1933, and in the Netherlands East Indies (mainly Java) it fell by 80 per cent between 1929 and 1938. Overall Asian coca-leaf production (including production reported by Japan) declined by 63 per cent

Figure XXIII. Licit coca-leaf exports of the two main exporting countries in the early twentieth century



Source: David F. Musto, "International traffic in coca through the early twentieth century", in *Drug and Alcohol Dependence*, vol. 49, No. 2 (1998), table 5 and table 6.

between 1929 and 1938. Although Peru provided no official data to the League of Nations, it is highly likely that there was a significant downturn in its production between 1920 and 1938 [102]. The strong decline of the licit coca sector in the inter-war period was also observable through data on coca-leaf exports from Java and Peru, which declined by 88 per cent between 1920 and 1933. Between 1920 and 2006 global coca-leaf exports fell by 98 per cent, to 47 mt (all of which was exported from Peru to the USA) ([77], p. 213). After the Second World War, Taiwan and Japan ceased to produce coca. Indonesia continued producing coca leaf until the mid-1960s, with production falling from 141 mt in 1940 to 3 mt in 1966, before disappearing altogether thereafter.

Trends were more diverse after the Second World War. Following a massive decline in Bolivia's licit coca-leaf production between 1921 and 1933 (-79 per cent), production recovered from about 1,000 mt in 1933 and expanded to 7,000 mt by 1975, and to 25,200 mt in 1980, as Bolivia overtook Peru as the world's largest licit coca leaf producer. The last report on licit production made by Bolivia to the International Narcotics Control Board was in 1986, when production stood at 15,800 mt [102]. With the exception of Bolivia's boom period (1977-1986), Peru has been the largest licit coca-leaf producer over the course of the twentieth century. Its licit production increased slightly, from 8,200 mt in 1950 to 10,200 mt in 1957, before falling to 5,800 mt by 1983 and to 3,200 mt per year over the next two decades. Global licit coca-leaf production never reached the high levels of the 1920s in subsequent decades.

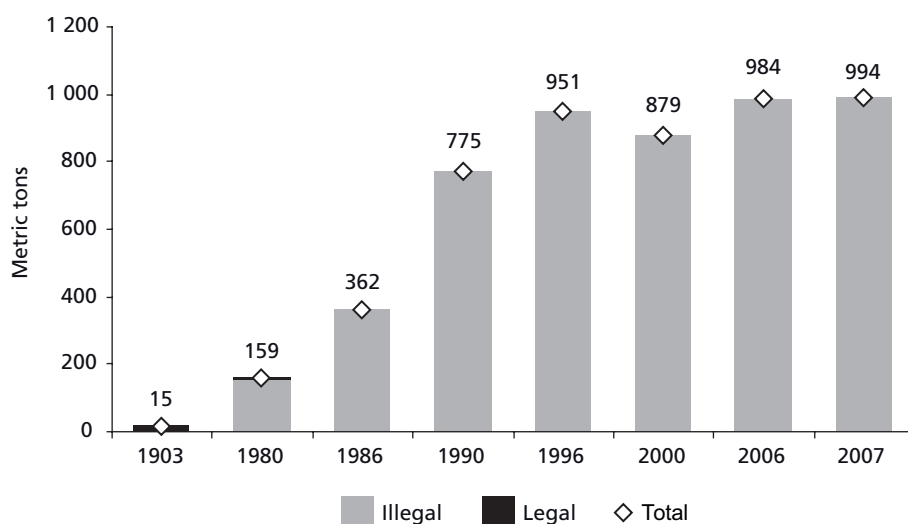
The coca/cocaine boom of the last quarter of the twentieth century was exclusively due to illicit production. Peru and Bolivia both saw large increases in illicit production throughout the 1980s. Colombia's coca-leaf production increased strongly only in the 1990s, partly as a result of operational law enforcement successes in controlling illicit production in Peru and Bolivia.

Driven by the massive growth of the illicit sector, global coca-leaf production increased to a peak of 358,700 mt in 1996. Thereafter, production declined again to 298,200 mt in 2007 and 269,600 mt in 2008 (25 per cent less than in 1996). Coca-leaf production in both Peru and Bolivia declined between 1996 and 2000 (from 174,700 mt to 46,200 mt in Peru and from 75,100 mt to 13,400 mt in Bolivia) before increasing again in the new millennium, reaching 113,300 mt in Peru and 39,400 mt in Bolivia in 2008. Despite recent increases, coca-leaf production in 2008 remained significantly lower in both Bolivia and Peru than it had been a decade earlier. The opposite trend occurred in Colombia, where coca-leaf production increased from 108,900 mt in 1996 to 266,200 mt in 2000 before falling to 116,900 mt in 2008 ([103], p. 64).

As a result of growing demand for cocaine in North America, Europe and South America, and massive increases in coca-leaf production in the 1980s, illegal cocaine manufacture rose dramatically over the subsequent two decades. Illicit

manufacture of cocaine increased from practically zero in 1900 to about 950 mt in 1996 and more or less remained at that level until 2007 (994 mt). In 2008 global cocaine manufacture fell back to 845 mt, owing mainly to the decline in coca-leaf production reported from Colombia. Nonetheless, taking licit and illicit cocaine manufacture together, there has been a dramatic increase over the course of a century, from 15 mt combined in 1903 to 845 mt of illicit and about 0.5 mt of licit production in 2008.

Figure XXIV. Global cocaine manufacture, legal and illegal, 1903-2008



Sources: Paul Gootenberg, "Cocaine in chains: the rise and demise of a global commodity, 1860-1950", *From Silver to Cocaine: Latin American Commodity Chains and the Building of the World Economy, 1500-2000*, Steven Topik, Carlos Marichal and Zephyr Frank, eds. (Durham, North Carolina, Duke University Press, 2006), pp. 321-351; United Nations Office on Drugs and Crime, *Database for Estimates and Long-term Trend Analysis*; *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11); and *World Drug Report 2009* (United Nations publication, Sales No. E.09.XI.12).

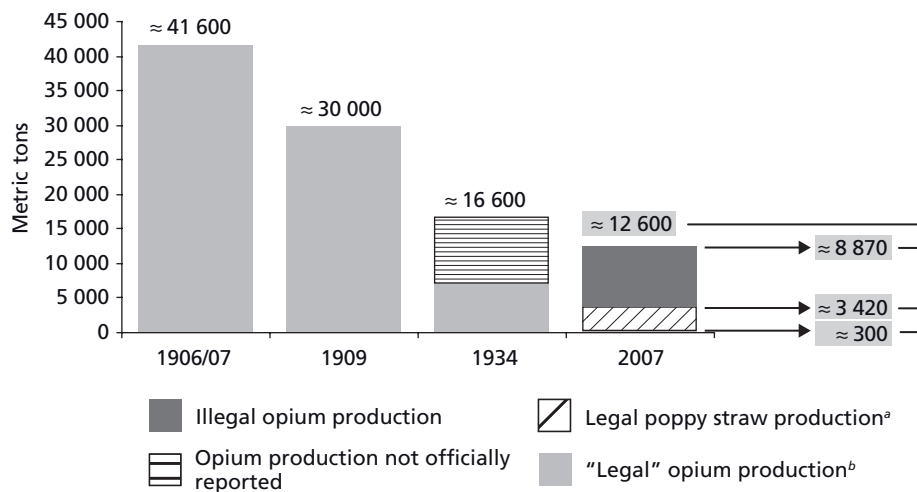
Given the data discussed above, it seems that the commitments made via the international drug control system at the beginning of the twentieth century could not be translated into operational efficacy in the control of cocaine production. There are, however, some qualifications to this general observation. Prior to the introduction of controls, the growth in coca exports from Peru, then the main supplier for coca leaf for the production of cocaine, amounted to 43.4 per cent per year over the period 1890-1905. Similarly, the growth of coca-leaf exports from Java, then the world's second-largest coca-producing territory (and for a number of years during the inter-war period the world's largest coca-exporting territory), amounted to 48.3 per cent per year over the period 1904-1914 ([101], pp. 334-338). By comparison, the average annual growth in global cocaine

manufacture (licit and illicit) over the period 1903-2008 amounted to 3.9 per cent. This is significantly less than the growth rates observed in the licit sector, prior to the beginning of a global drug control system. On this basis, one could argue that the controls introduced at the international level may have had a positive impact by at least reducing the dramatic growth rates of the coca markets at the end of the nineteenth century. Moreover, the geographical area of coca production contracted dramatically following the inception of the international drug control system. Large-scale coca production in Java and Taiwan province of China was halted after the Second World War, as were the earlier experiments with coca cultivation in Ceylon and East Africa.

Opiates

The global impact of control measures has been far stronger in respect of opiates. It appears that the system did succeed in the long-term contraction of the opiates market—the central goal of its establishment.

Figure XXV. Global licit and illicit opium production, 1906/07-2007



^aConverted into opium equivalents.

^bThe legal status of opium before 1912 must be differentiated from its status after 1964 (when the Single Convention came into force).

Sources: International Opium Commission, Shanghai, International Narcotics Control Board, UNODC.

Between 1906/07 and 2007 global licit opium production fell by 99 per cent. Taken together over the same period, global licit and illicit opium production declined by 78 per cent. This may not be directly comparable as, currently, most

licit morphine is produced from poppy straw rather than opium. When the production of poppy straw used for the manufacture of morphine is transformed into potential opium equivalents and added to the total, the overall decline, 70 per cent, is still significant. This is impressive, especially if it is taken into account that, over the same period, the global population quadrupled, from 1.7 billion to 6.7 billion.

Global opium production had by declined 28 per cent from 1906 to 1909, the preparation phase for the Shanghai conference. The downward trend continued until the end of the Qing dynasty in China in 1911/12. Thereafter, opium production recovered, as local warlords used opium income to maintain and strengthen their power base. By the 1920s opium had become the mainstay of the warlords who struggled among themselves for control of China ([14], p. 131). The nationalist Government under Chiang Kai-shek may have embraced the warlords of Szechwan and Yunnan and, when taking over Shanghai in 1927, joined forces with secret groups known as the Green Gang and the Red Gang, which controlled the opium business ([14], p. 133).

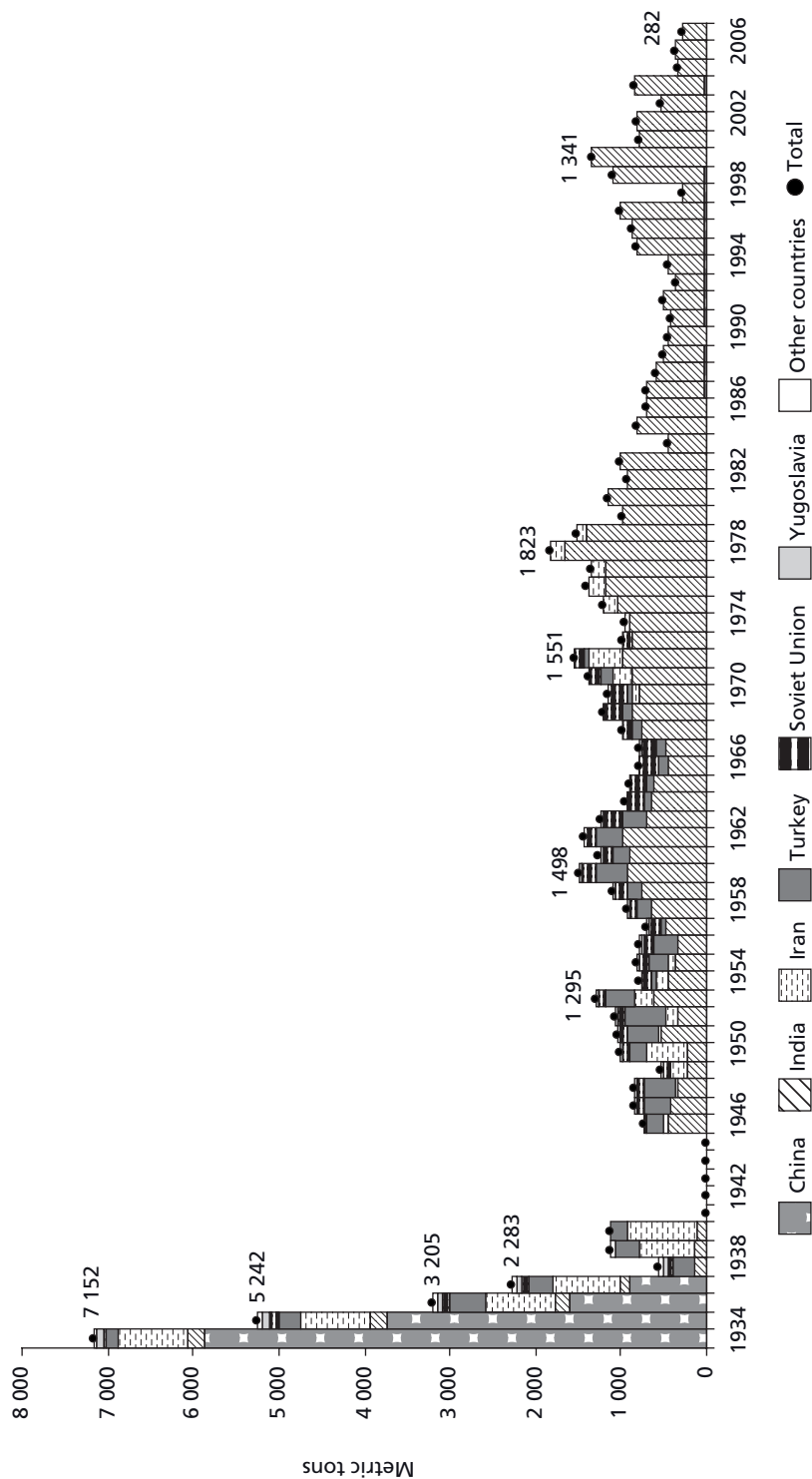
From the mid-1930s onwards, the nationalist Government, having gained a stronger grip on the country, changed its attitude towards opium and embarked on serious efforts ("Six-year opium suppression plan", 1935-1940) to curtail opium production and consumption in China. Production estimates supplied by China to the Permanent Central Opium Board and to the Opium Section of the League of Nations reflect this change in attitude.

While the opium production figures that were officially reported to the international drug control bodies amounted to just 7,200 mt in 1934 [102], there was another 1934 estimate, also often cited, which, at 16,600 mt, was more than double the official estimates [104, 105]. Taking the higher (unofficial) estimate, global opium production would have declined by 45 per cent since 1909, and by 60 per cent since the peak of production in 1906/07. This reduction cannot have been unrelated to the intensive diplomatic efforts being made during those three decades.

Officially reported global legal opium production fell from 7,200 mt in 1934 to 2,300 mt in 1937. During those four years, the proportion of Chinese production in global opium production declined from 82 per cent to 39 per cent. Other opium producers included India, Persia, the Soviet Union, Turkey and Yugoslavia, followed, at lower levels, by Bulgaria, Chile, Formosa, Greece, Hungary, Indochina (Laos and Viet Nam), Japan, Korea and Siam.

Global production data for the period from 1937 to 1949 are potentially misleading. China ceased to report production estimates to the international drug control bodies as of 1938, though there is evidence that substantial amounts of opium continued to be produced and consumed in China until 1949.

Figure XXVI. Reported licit opium production, 1934-2007



Source: *Narcotic Drugs: Estimated World Requirements for 2008*; *Statistics for 2006* (United Nations publication, Sales No. E/F/S.08.XI.2) and official data published by the League of Nations, PCOB and the International Narcotics Control Board, collected by François Xavier Dudouet for his PhD dissertation "Le contrôle international des drogues, 1921-1999" (Université Paris X Nanterre, 2002).

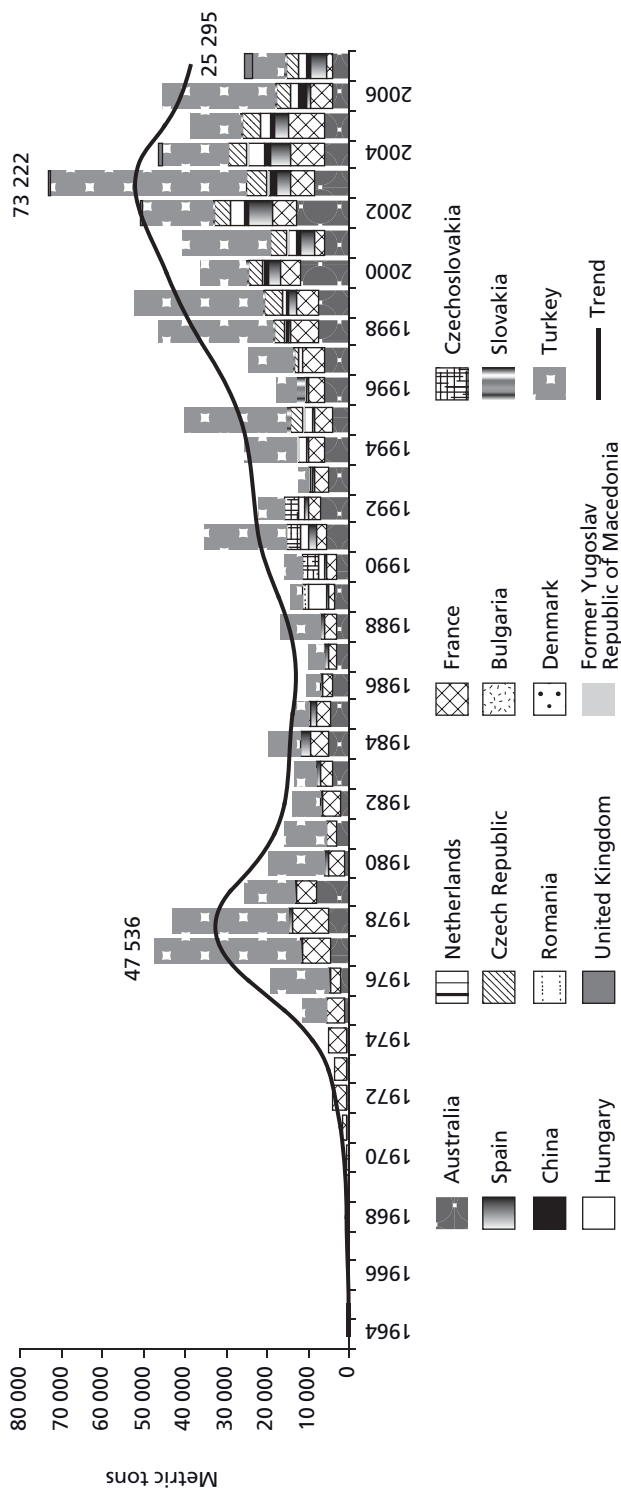
Consumption and production may even have gained in importance during the Second World War, with the regime installed by the occupying Power using the opium income to finance part of the war effort. It is known that the persons in command of the country during that period were later convicted as war criminals for, *inter alia*, having supplied opium and other opiates to the Chinese people in defiance of the international drug control treaties. Between 1949, when the Communist Government of Mao Zedong came to power, and 1952, opium cultivation was completely eliminated by the authorities ([15], pp. 93-111).

India re-emerged as the world's largest licit opium-producing country after the Second World War, but production levels subsequently declined. While India produced 6,000 to 7,000 mt of opium around 1880, average production over the period 1946-2006 amounted to some 700 mt, falling to about 300 mt by 2006-2007. Some diversions have taken place over the last few decades, but they have not really affected the international drug markets. Controls clearly improved and diversions are now the exception and not the rule.

Problems related to diversion were encountered in Persia and Turkey until the end of the 1970s. Persia stopped its production after 1955 but resumed it again in 1969 before ending it completely following the revolution in 1979. Turkey stopped its opium production in 1972 and, in 1974, began to manufacture morphine out of poppy straw [106]. Turkey became the largest producer of morphine from poppy straw and, thanks to its finely tuned regulatory system, experiences no diversion. At present, the licit opium-producing countries are India (269 mt in 2007, or 95 per cent of total licit production), China (12.8 mt in 2007), the Democratic People's Republic of Korea (455 kg in 2007) and Japan (2 kg in 2007) ([107], p. 187).

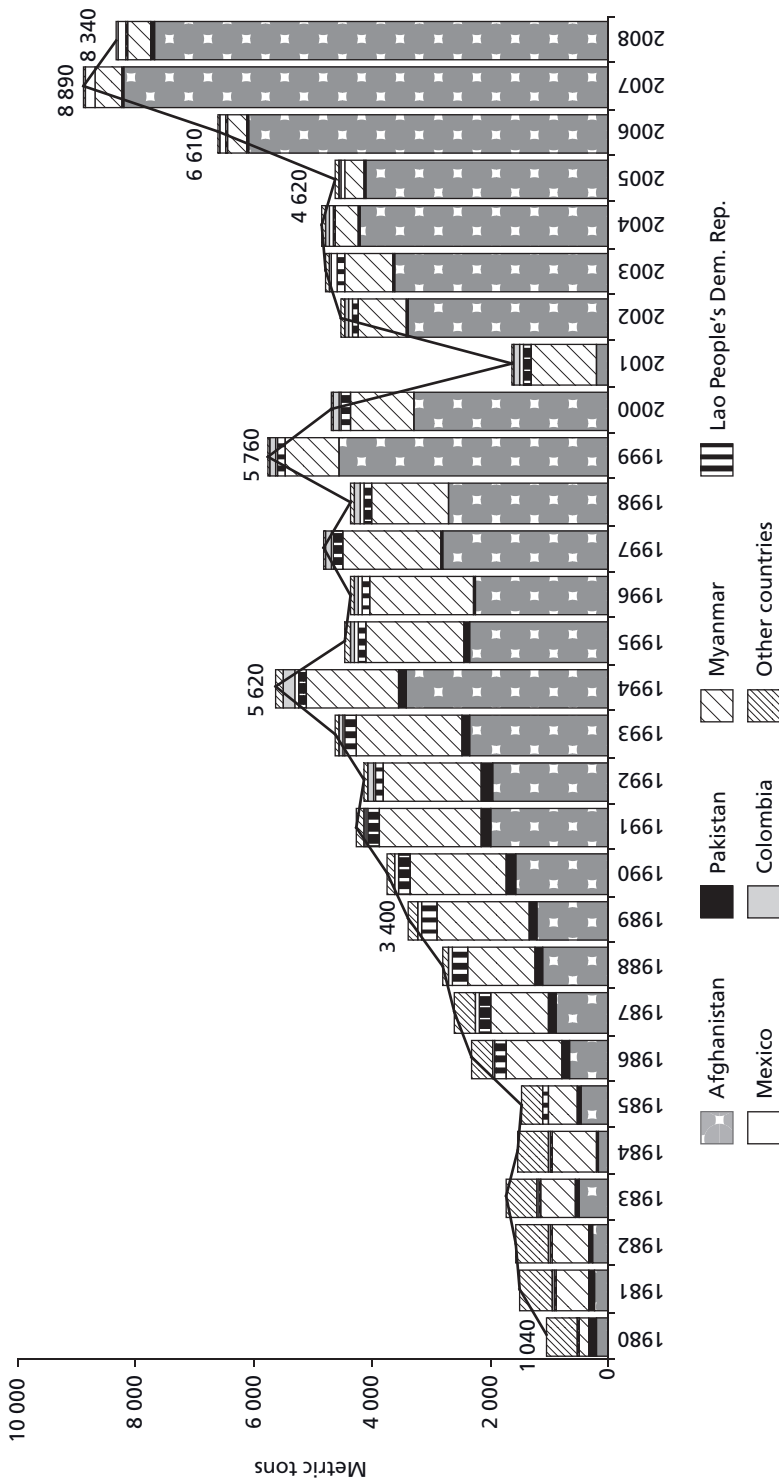
In contrast to the declining trend of global licit opium production, licit production of poppy straw for the manufacture of morphine saw an increase over the last four decades. The overall shift towards the manufacture of morphine out of poppy straw reduced the likelihood of diversions of opium production into illicit markets and for this reason has been encouraged by the international community. Production of morphine out of poppy straw, expressed in opium equivalents, was 3,420 mt in 2006. This is about 10 times the licit production of opium in 2006 (354 mt), and far lower than opium production in 1934 or at the beginning of the twentieth century. The largest producers of poppy straw (for the manufacture of morphine) over the period 1996-2006 were Turkey (48 per cent), Australia (17 per cent), France (13 per cent), the Czech Republic (9 per cent), Spain (6 per cent), Hungary (4 per cent) and China (2 per cent) ([77], pp. 184-187). In 2007, Turkey was still the largest producer (21 per cent), followed by Australia (10 per cent), Spain (10 per cent), the Czech Republic (8 per cent), Hungary (5 per cent), the United Kingdom (4 per cent), France (4 per cent) and China (4 per cent) ([107], pp. 188-191).

Figure XXVII. Reported harvest of licit poppy straw used for the manufacture of morphine, 1964-2007



Source: *Narcotic Drugs: Estimated World Requirements for 2008*, Statistics for 2006 (United Nations publication, Sales No. E/F/S.08/XI.2) and official data published by the International Narcotics Control Board, collected by François Xavier Dudouet for his PhD dissertation "Le contrôle international des drogues, 1921-1999" (Université Paris X Nanterre, 2002).

Figure XXVIII. Global illicit production of opium, 1980-2008



Sources: UNODC, International Crop Monitoring Programme data and Database for Estimates and Long-term Trend Analysis.

Smaller amounts of poppy straw are also produced for the manufacture of thebaine, an opiate that is converted into a number of other key opioids, including buprenorphine, oxycodone, naltrexone, naloxone, nalbuphine, oxymorphone and etorphine. The global harvest of poppy straw for the manufacture of thebaine was about one tenth of the global harvest of poppy straw for the manufacture of morphine (45,552 mt in 2006). The majority of thebaine-rich poppy straw is produced in Australia (53 per cent in 2007). Other countries of importance in this regard are France and Spain and, to a lesser extent, Hungary ([107], pp. 188-191).

The overall progress made in reducing the supply of opium over the last century was due primarily to improved controls on licit opiates. Declines in legal opium production were, however, partially offset by growing illicit opium production, notably from the mid-1980s to the mid-1990s and again in the period 2005-2007. Overall, illicit opium production rose from about 1,040 mt in 1980 to 8,870 mt in 2007 before falling slightly in 2008 to some 8,340 mt. The importance of the illicit sector increased from basically negligible levels at the beginning of the twentieth century to about 70 per cent of global production (including licit poppy straw and illicit opium production) in 2007.

The bulk of illicit production—more than 90 per cent—is now concentrated in Afghanistan. The production of Afghanistan at its peak, in 2007 (8,200 mt), was less than a quarter of the peak production in China in 1906/07 (35,400 mt). Excluding Afghanistan, global illicit opium production would have declined by 70 per cent between 1990 and 2008, owing mainly to the strong decline of opium production in the Golden Triangle (Lao People's Democratic Republic, Myanmar, and Thailand) during this period.

VI. ACHIEVEMENTS AND UNINTENDED CONSEQUENCES OF THE INTERNATIONAL DRUG CONTROL SYSTEM

Despite many twists and turns, the history of international drug control set out above tells a relatively simple story. At the turn of the century, the world faced unregulated transnational markets in highly addictive substances. Free trade in drugs resulted in the greatest drug problem the world has ever confronted: the Chinese opium epidemic. Unilateral efforts to address this problem failed, and it was not until international pressure brought the drug-producing nations to the negotiating table that a solution was found. By mid-century, the licit trade in narcotics had been brought under control, a remarkable achievement given that many national economies had been as dependent on opium as the addicts themselves. Illicit markets were an unintended consequence of international controls, and these have proved extremely problematic.

Today, there is a higher level of international consensus in this field than ever before. The pace of normative development that the international community experienced between 1961 and 1988 could not have been so rapid otherwise. Adherence to the conventions is now virtually universal. One hundred and eighty-three countries, or 95 per cent of all United Nations Member States, are parties to the three international drug control conventions.

Among multilateral systems, the one regulating illicit drugs has a powerful characteristic: when a State party ratifies one of the three conventions, it is obliged to bring its national laws in line with international law. Of course, the drug problems that confront the world are diverse, and standardized laws may not be optimal for addressing the individual needs of each country. But uniformity is absolutely essential to protect the multilateral system from its biggest vulnerability: a unilateral action by a single State party can compromise the integrity of the entire system.

Changes in drug use over the last century

There is no way to tell what the world would have been like in the absence of this control system if issues such as the Chinese opium problem had been left unaddressed. If opiate use prevalence had remained as it was in the early years of the twentieth century, the world could have some 90 million opiate users, rather than the 17 million it must care for today. The prevalence rate of opiate use declined in Asia from 3.3 per cent of the population in 1907/08 to

0.24 per cent in 2006/07. At the global level, the decline was from 1.5 per cent in 1907/08 to 0.25 per cent a century later.

Adding estimates for the use of cocaine and amphetamine-type stimulants, the combined prevalence rate for opiate, cocaine and ATS use fell from levels between 1.5 per cent and 1.6 per cent in 1907/08 to less than 1.0 per cent* in 2006/07. This shows that the massive decline in the global prevalence rate of opiate use from 1.5 per cent to 0.25 per cent more than offset the increases in cocaine and ATS use over the last century, which rose from less than 0.1 per cent of the global population to 0.37 per cent for amphetamines, 0.24 per cent for cocaine and 0.14 per cent for ecstasy in 2006/07. The best estimates suggest that the net decline in the combined prevalence rate for opiate, cocaine and ATS use was some 40 per cent over the last century.

Extending the analysis to all illicit drugs, the latest estimates show that less than 5 per cent of the global population aged 15 to 64 dabbles in illicit drugs each year (or 3.2 per cent of the world's total population), and only an estimated 0.6 per cent of the planet's adult population (or 0.4 per cent of the world's total population) are problem drug users.**

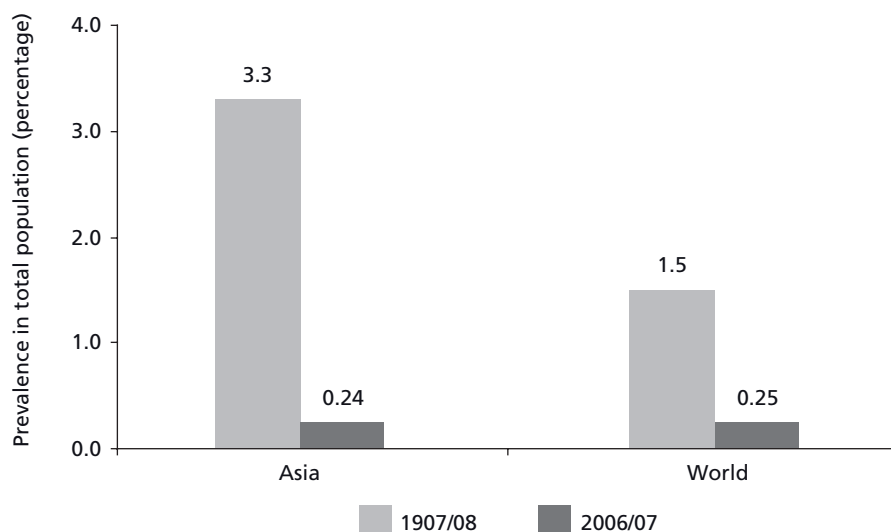
While the world is too complicated to attribute this containment exclusively to the process described above, there can be little doubt that the world is better equipped to deal with transnational drug problems thanks to the labours of the men and women who fought for so long to achieve global consensus on these issues.

The decline in global opiate consumption can be linked to the strong decline in global opium production and the controls implemented by Member States to limit opium production. A comparison between the situation in 1906/07 and the situation in 2007 shows a clear net improvement. Global opium production (licit and illicit) declined by 78 per cent, despite the massive increase in illicit opium production in Afghanistan over the last three decades. Once morphine production via licit poppy straw cultivation is also taken into consideration, the decline amounted to 70 per cent.

*The actual prevalence rate for 2006/07 is less than 1 per cent, as poly-drug use is common in several parts of the world; a 1 per cent estimate would result from simply adding up the individual prevalence rates for opiates (0.25 per cent), cocaine (0.24 per cent), amphetamines (0.37 per cent) and ecstasy (0.14 per cent).

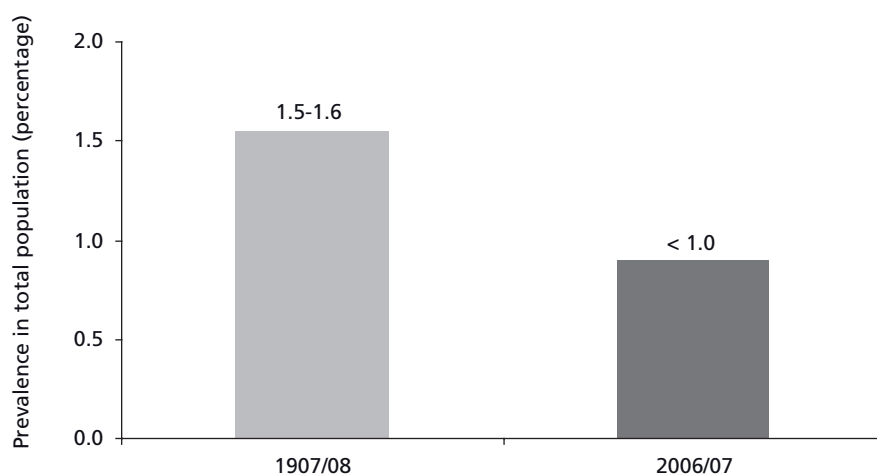
**The prevalence rate for problem drug users is—most likely—lower today than it was a century ago. The situation is clear for overall drug use, which is largely determined by the extent of cannabis consumption. No reasonably good estimates exist for cannabis consumption a century ago, but it is believed that cannabis use today may be more widespread than it was a hundred years ago. Nonetheless, the international drug control system appears to have contributed to containing overall drug use at just 3.2 per cent of the total population (or less than 5 per cent of the population aged 15-64), clearly showing that the large majority of the world's population is not using drugs.

Figure XXIX. Estimates of annual prevalence of opiate use, 1907/08 and 2006/07

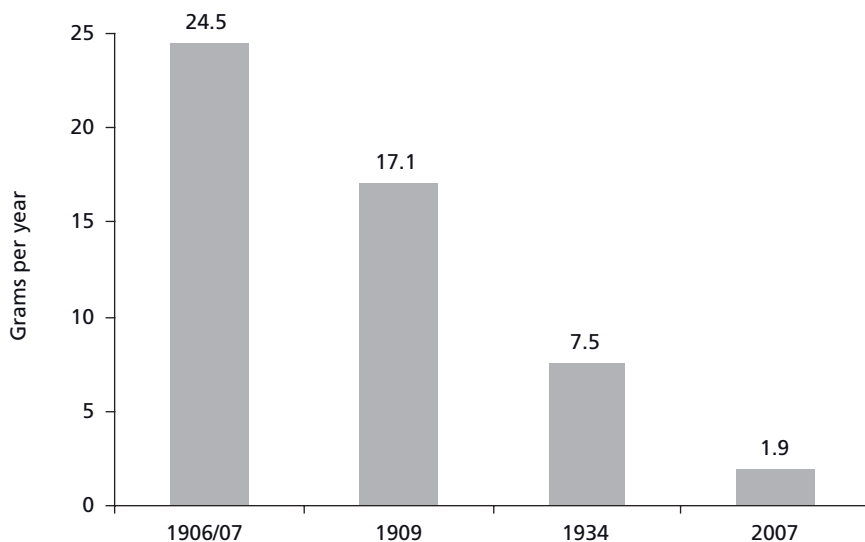


Sources: UNODC calculations based on data from the International Opium Commission, Shanghai, February 1909, UNODC, *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11).

Figure XXX. Estimates of annual global prevalence of opiate, cocaine and amphetamine-type stimulant use, 1907/08 and 2006/07



Sources: UNODC calculations based on data from the International Opium Commission, Shanghai, February 1909, UNODC, *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11).

Figure XXXI. Global per capita production of opiates,^a 1906/07-2007

^aLicit and illicit opium, morphine and heroin and poppy straw, transformed into opium equivalents.

Sources: International Opium Commission, Shanghai, International Narcotics Control Board, UNODC, United Nations.

This decline is impressive, as over the same period the global population quadrupled. Thus, global consumption of opiates, expressed in opium equivalents, fell from an average of 24.5 grams per capita per year in 1906/07 to 7.5 grams in 1934 and less than 1.9 grams by 2007. Linking the amounts consumed to the potential harm arising from opiate abuse, data indicate that such harm could have been some 13 times as great if the per capita production levels of the peak year of 1906/07 had been maintained over the subsequent century. The social and economic consequences of having succeeded in preventing this harm are enormous. Thus, with regard to the key drug group for which the international drug control system was created, major achievements can be seen.

Table 19. Global opium consumption, 1907/08^a and 2006

	1907/08			2006 (or latest year available)					
	Population in millions	Opium users	Percentage of total population	Per capita consumption (grams per year)	Population in millions	Potential number of users today assuming unchanged prevalence rates	Latest current estimate of opiate users	Percentage of total population	Year of estimate
Singapore*	0.26	43 300	16.4	325.0	4.38	718 700	160	0.004	2006 ^a
Macao/Macao SAR of China	0.10	8 430	8.4	148.0	0.48	40 300	4 100	0.87	2003
Hong Kong/Hong Kong SAR of China	0.33	26 200	8.1	142.0	7.13	575 000	10 400	0.15	2006
China	400.00	21 529 699	5.4	74.0	1 320.86	71 094 300	2 348 800	0.18	2005
Formosa/Taiwan Province of China	3.04	113 165	3.7	46.0	22.88	851 000	32 900	0.14	2005
Persia/Islamic Republic of Iran	10.36	302 400	2.9	15.0	70.27	2 051 100	1 333 300	1.90	1999
Indochina (Viet Nam, Laos, Cambodia	14.65	250 000	1.7	14.0	106.16	1 812 100	179 100	0.17	2006
Siam/Thailand	7.20	110 000	1.5	15.0	63.44	969 300	26 900	0.04	2006
Burma/Myanmar	10.50	160 000	1.5	6.6	48.38	737 200	130 900	0.27	2007
Netherlands East Indies/Indonesia	45.40	660 500	1.5	3.9	228.86	3 329 600	242 900	0.11	2005
Philippines	7.64	63 400	0.8	10.0	86.26	716 300	25 000	0.03	2005
India	221.50	830 500	0.4	1.9	1 151.75	4 318 400	3 091 200	0.27	2001
Canada	6.10	24 200	0.4	5.1	32.58	129 300	75 700	0.23	2005
United States	87.01	206 000	0.2	2.3	302.84	717 000	1 184 700	0.39	2000

Table 19. Global opium consumption, 1907/08^a and 2006, (continued)

	1907/08			2006 (or latest year available)					
	Population in millions	Opium users	Percentage of total population	Per capita consumption (grams per year)	Population in millions	Potential number of users today assuming unchanged prevalence rates	Latest current estimate of opiate users	Percentage of total population	Year of estimate
Subtotal	814.08	24 327 800	3.0	38.5	3 446.28	88 059 600	8 686 060	0.25	
Other countries	885.92	885 900	0.1**	1.3	3 162.96	3 163 000	7 853 900	0.25	
Global	1 700.00	25 213 700	1.5	19.1	6 609.24	91 222 600	16 540 000	0.25	
Total consumption (in tons of opium equivalents)	32 500	Potential total consumption, assuming unchanged per capita consumption			114 000	Total consumption 2006/07 (average)		< 12 600 ≈ 9 500	

^aEstimates based on production and average consumption per opium user.

*2006 data from Singapore are registry data and thus not directly comparable with data from other countries.

**UNODC estimate.

Source: UNODC calculations based on data from the International Opium Commission, Shanghai, 1909.

Changes in the drug problem over the last decade

Achievements may appear less impressive if the last decade is considered. However, this may be misleading. Following increases in illicit drug production and consumption in the 1960s, 1970s, 1980s and 1990s, the time since 2000, has been characterized by a stabilization of the world drug problem at the global level.

Global production of cocaine, amphetamines and ecstasy has stabilized during the past half dozen years. Cannabis production increased strongly until 2004 but is currently stabilizing. Opium production has shown a downward trend in the Golden Triangle over the last decade. The increase in opium production in Afghanistan is extremely problematic, but even in this case, there was a decline in 2008 and a further decline over 2009. And, importantly, the massive increases in opium cultivation in the south of Afghanistan have not reflected an increase in global demand for opiates.

Measuring changes in global demand over the last few years is more complex. Most countries—even a century after international drug control began—still lack reliable monitoring systems to estimate the extent of demand, or track changes in it over time. For countries that do have systems to monitor demand, the reported trends are encouraging. This is particularly the case for North America, which has had major achievements in stabilizing and/or reducing drug consumption over the last two decades—especially among the most vulnerable age group (14-20). The situation for Europe is mixed, with major achievements in stabilizing or reducing opiate consumption offset by rising levels of cocaine use. Cannabis use increased until a few years ago, but now shows some signs of stabilization or reduction in countries that had high levels of use, though it continues to increase in countries with lower prevalence rates. A similar pattern appears for amphetamine-type stimulants.

Unfortunately, demand seems to be increasing in developing regions. This is the case for South America and Africa when it comes to cannabis and cocaine. It is also the case for South-West and Central Asia and for East and Southern Africa when it comes to heroin. Supply increases in Afghanistan seem to have been primarily responsible for this. In contrast, countries in South-East Asia generally report a downward trend in opiate abuse, which follows the massive production declines in the Golden Triangle over the last decade. In the case of amphetamine-type stimulants, the trend is mixed and harder to quantify. Some reports indicate a general increase over the last few years, while others point to a stable or declining trend. The problem is most acute in South-East Asia and some countries in the Arabian peninsula.

The trends described above have also shown that some goals set by the special session of the General Assembly, as described earlier, have not been

entirely achieved, and there is a consequent need to finish the job on heroin and cocaine, a job that the international community began a century ago and to which it recommitted itself in 1998. The Political Declaration adopted at that special session committed States Members to develop strategies with a view to eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by 2008.

This objective has not yet been achieved. It is still distant, but the international community is further along on the path, at least with regard to coca and opium, than it was in 1998. The overwhelming majority of the world's illicit opium production (some 92 per cent) has been contained in a single country, Afghanistan, where the lion's share is grown in a handful of provinces. While one cannot deny the difficulty of stabilizing Afghanistan, solving the greatest part of the world's opium supply problem today means addressing production in just five provinces of a single country, a country where drug production is tied to political instability.

For coca bush, cultivation was reduced by 24 per cent between 2000 and 2008, and is confined to just three countries, which was not the case in the days when the international market was unregulated. About half of world coca cultivation takes place in one country, Colombia, in which cultivation dropped by 50 per cent between 2000 and 2008. As in Afghanistan, most of the production is in areas affected by insurgency, so addressing drug production is linked to attaining political stability.

With cannabis, progress towards the objective of the special session is more difficult to assess, because the problem is even less well quantified than for the other illicit drug markets. Cannabis can be grown with minimal effort almost anywhere, so it is impossible to confine it to a set number of countries and monitor it in the way that opiates and coca bush are monitored. In addition, public and official opinion is confused about cannabis. In the Single Convention, the drug is treated the same as cocaine and the opiates. At the national level, this is seldom the case in practice, and many countries vacillate in the degree of control they exercise over cannabis. Cannabis-related policies may change in a single country over time as political power changes hands, a problem generally not experienced with other drugs. As a consequence, cannabis remains the most widely produced and the most openly used illicit drug in the world.

With regard to amphetamine-type stimulants, the international community has moved farther ahead since the special session of the General Assembly, with production and consumption appearing to be stable since 2000, although, as with the other drugs, the data are less clear in the developing world, but point to increases in countries there. Supply control methods, tried and tested with the botanical drugs, do not work well with amphetamine-type stimulants because there is no botanical raw material to target, and no geographical distance between

areas of production and of consumption. Precursor control is the only effective way of controlling ATS supply. There is doubtless progress here, but the threat of displacement continues to offset the gains of a control regime that is less than two decades old.

In sum, while the drug problem has been contained, the fundamental objective of the conventions—restricting the use of psychoactive substances under international control to medical and scientific use—has not yet been achieved. Some of the more ambitious targets set at the special session in 1998 remain elusive. In addition, looking back over the last century, one can see that the control system and its application have had several unintended consequences.

The first unintended consequence is the creation of a criminal black market. There is no shortage of criminals interested in competing in a market in which hundred-fold increases in price from production to retail are not uncommon.

The second unintended consequence is what one might call policy displacement. The expanding criminal black market demands a commensurate law enforcement response, requiring more resources. But resources are finite. Public health, which is the driving concern behind drug control, also needs resources, and may have been forced to take a back seat in the past.

The third unintended consequence is geographical displacement. It is often called the balloon effect because squeezing (by tighter controls) in one place produces a swelling (an increase) in another place, though the net effect may be an overall reduction. Success in controlling the supply of illicit opium in China in the middle of the twentieth century, for example, displaced the problem to the Golden Triangle. Later successes in Thailand displaced the problem to Myanmar. A similar process unfolded in South-West Asia from the 1970s onward. Supply control successes in the Islamic Republic of Iran, Pakistan and Turkey eventually displaced the problem to Afghanistan. Cocaine production trends in the Andean countries show a similar dynamic: as supply was reduced in Bolivia and Peru in the second half of the 1990s, it was displaced to Colombia.

The fourth unintended consequence is what one might call substance displacement. If the use of one drug was controlled, by reducing either supply or demand, suppliers and users moved on to another drug with similar psychoactive effects but less stringent controls. For example, cocaine is easier to control than the amphetamines: with the former, there is a considerable geographical distance between the raw material (the coca bush in the Andean countries) and the consumer (in North America or Europe). The latter can actually be produced in the user's neighbourhood or, literally, in his kitchen. So it is with the retail market: cocaine has to be bought from a street dealer, while various forms of amphetamine-type stimulants can be bought online from an Internet pharmacy. The increasing popularity of synthetic drugs over the last few decades can be

better understood in this light. Substance displacement can, of course, also move in the opposite direction. In the past few years, cocaine has been displacing amphetamine in Europe because of its greater availability and higher status. Substance displacement also happens with precursor chemicals, where the same kinds of dynamics apply.

The fifth unintended consequence is the way the authorities perceive and deal with users of illicit drugs. A system appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted by moral stigma, and often unable to find treatment even when motivated to seek it.

These unintended consequences constitute some of the international community's most challenging problems. In order to address them, the multilateral system needs to be reinvigorated and, in a sense, modernized. The three currently valid drug conventions were developed over three decades, from the 1960s to the 1980s. The foundation of the whole system is the 1961 Convention: it came into effect in 1964, nearly half a century ago. The authority of the nation-State has diminished, and today the term "international" covers much more than just the multi-State system. The globalization of commerce, finance, information, travel, communications and all kinds of services and consumer patterns accelerates daily. These changed circumstances will therefore have to be considered in answering any question about implementation of the international drug control system in the twenty-first century.

Building on the recent past, progress is possible if at least three objectives are advanced:

- (a) The basic principles must be reaffirmed;
- (b) The performance of the drug control system must be improved;
- (c) The unintended consequences must be confronted, contained and addressed.

Public health, the first principle of drug control, has receded from that position, overshadowed by concern with public security. Probably the most important reason why public health issues have receded into the background is that the power of the international conventions has not always been harnessed to give them unequivocal support. This is because the Single Convention left the issues surrounding demand for narcotic drugs to individual States to deal with in their own specific cultural contexts, an approach that was reasonable at the time. The Single Convention was formulated at the height of the era of decolonization, and new States were being built. Between 1950 and 1970 the membership of the United Nations more than doubled, from 60 States to 127. This sensitivity to cultural context is not surprising. There was also a scientific reason for not detailing provisions on the treatment of drug addicts in the 1961 Convention:

to allow for the possibility of scientific and medical progress. Finally, many of the modern public health challenges of drug abuse were not yet manifest when the early conventions were drafted. The HIV virus and the hepatitis C virus were both identified in the 1980s, after the 1961 Convention and the 1971 Convention had been drawn up and come into effect.

The unintended consequence of all this was that demand for illicit drugs and related public health issues did not receive the international attention they would have if they had been detailed in the Single Convention. If the treatment of public health issues had been more specific, national institutions advocating prevention and treatment would have gained more legitimacy and resources. States did, of course, deal with public health in their own contexts, but there was little sense of the international community moving in one direction. The need for international cooperation was consequently less apparent. The international community had to wait until 1998 and the Guiding Principles of Demand Reduction before a clear global agenda was described. Powerful as those Guiding Principles may be, adherence to them is less stringent than to an international convention. The need for a balanced approach was recognized at least as far back as the International Conference on Drug Abuse and Illicit Trafficking (June 1987).

Improving the performance of the system is about getting several things right simultaneously: first, enforcing the laws; secondly, preventing the behaviour (drug use); thirdly, treating and rehabilitating those who are neither deterred (by the laws) nor prevented (by prevention education) from entering into drug use; and, fourthly, mitigating the negative consequences of drugs, for both the addicts and society at large—including the countries caught in the crossfire of drug trafficking and related crimes.

None of these four things is revolutionary; all of them have been suggested before. What appears to have been missing, however, is an appreciation of the need to perform these tasks simultaneously, and to secure the empirical evidence on which to base efforts. With regard to undoing unintended consequences, focus should be kept on areas where there is sufficient international consensus to go forward in refining the control system and making it more fit for purpose. There appear to be three such areas: crime prevention, reducing the adverse consequences of drug abuse and human rights.

There is a huge corpus of knowledge, accumulated over centuries, in crime prevention and criminal justice. Since its very inception, the United Nations has been active in the development and promotion of international standards and norms for crime prevention and criminal justice. Eleven World Crime Congresses over the last half century have been instrumental in benchmarking progress towards a more humanitarian, caring and democratic way of administering justice. This knowledge and expertise must be harnessed and applied to control the

criminal market for drugs. Doing this, in a multilateral framework, has become easier due to the passage of five binding legal instruments brokered by UNODC and adopted between 2000 and 2003: the United Nations Convention against Transnational Organized Crime, its three supplementary protocols (on trafficking in persons, smuggling of migrants and illicit manufacturing and trafficking of firearms), and the United Nations Convention against Corruption. Institutionally, the support structure for this multilateral machinery was put in better order by merging the issues of drugs and crime in UNODC in 2002. The need to treat drug trafficking, organized crime, corruption and terrorism as linked phenomena is increasingly recognized and has become a high priority among international concerns.

The concept of harm reduction is often made into an unnecessarily controversial issue, as if there were a contradiction between prevention and treatment on the one hand and reducing the adverse health and social consequences of drug abuse on the other. This is a false dichotomy: policies to address these matters are complementary.

Improving the performance of the drug control system, it was noted above, requires four things simultaneously: enforcement, prevention, treatment and mitigation of negative consequences. The last of those four is what is normally called harm reduction. There cannot be anything wrong with it provided it is done along with the other three tasks. If harm reduction is undertaken without the other three components, it will make a mockery of any control system, send the wrong message and only perpetuate drug use.

The 1961 Single Convention put it unequivocally: "Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social integration of the persons involved."

As early as 1993, the International Narcotics Control Board pronounced that harm reduction programmes can be part of a comprehensive demand reduction strategy, but they should not be carried out at the expense of—or considered substitutes for—other important policies (such as those on prevention) to reduce the demand for illicit drugs. Yet, for all of this clarity, an unhelpful debate has raged on, lost in the need to find certainty between the polarities of zero tolerance and harm reduction.

The production, trafficking and consumption of illicit drugs can be understood properly only if they are seen in their many different dimensions: political, social, economic and cultural. The drug issue thus intersects many different domains: law, criminal justice, human rights, development, international humanitarian law, public health and the environment, to name but a few. In each of these domains, the United Nations has standards, norms, conventions and

protocols. Their status varies, ranging from “soft” to “hard” law, from non-binding standards to obligatory conventions. While it is not always easy to establish a hierarchy of these different instruments, it is clear that the constituting document of the Organization, the Charter of the United Nations, takes priority over all other instruments. Article 103 of the Charter states: “In the event of conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail.” In the context of drug control, this means that the drug Conventions must be implemented in line with the obligations inscribed in the Charter. Among those obligations are the commitments of signatories to protect human rights and fundamental freedoms. The protection of human rights is further enshrined in another founding document of the United Nations, the Universal Declaration of Human Rights, which is now 60 years old.

The international drug control system is an extremely valuable piece of political capital, enjoying virtually universal adherence. It has succeeded in containing the illicit drug problem across the span of a whole century, as well as over the last decade; yet it has not solved the problem it was created to resolve. The ways in which the drug control system has been implemented have had several unintended consequences: the criminal black market, policy displacement, geographical displacement, substance displacement and the marginalization of users. As the international drug control system continues its development, moving forward will require a triple commitment: reaffirming the basic principles (multilateralism and the protection of public health); improving the performance of the control system (through simultaneous enforcement, prevention, treatment and measures to reduce the adverse consequences of drug abuse); and mitigating the unintended consequences.

These concepts are, to a certain extent, reflected in the Political Declaration adopted by the United Nations Commission on Narcotic Drugs at its fifty-second session, in March 2009, at the conclusion of its high-level segment [99]. The new Political Declaration not only reaffirmed the validity of the Political Declaration and the action plans adopted by the General Assembly in 1998 (thus reaffirming the existing principles of drug control), but also acknowledged, in paragraph 31, the importance of promoting “an integrated approach in drug policies”. The Commission also adopted the Plan of Action, part I of which deals with demand reduction and related measures, including the need for (sect. 2) a comprehensive approach to drug demand reduction, involving prevention, treatment and measures aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into account (sect. 3) human rights, dignity and fundamental freedoms in the context of drug demand reduction. In part II the Plan of Action deals with various supply reduction and related measures, including measures (sect. 1) to enhance national and international cooperation and (sect. 4) to address supply and demand reduction together. In part II,

section 5, the Plan of Action provides for a number of measures to strengthen anti-corruption efforts, promoting, *inter alia*, (para. 30, (a)) the ratification and implementation of the Convention against Corruption and of the Convention against Transnational Organized Crime, which should also serve as an important element in crime prevention. Similarly, in the Commission's draft resolution entitled "Support for the development and implementation of the regional programmes of the United Nations Office on Drugs and Crime", also adopted at its fifty-second session, it invited all relevant entities of the United Nations system, in paragraph 12, to integrate crime prevention and drug control measures in their development programmes.

All of this suggests that there are a number of areas where there is now sufficient international consensus to go forward in refining the control system and making it more fit for its purpose in the twenty-first century, including in the areas of crime prevention, reduction of the adverse consequences of drug abuse and human rights.

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