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E/C.S.7/41

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COMMISSION ON NARCOTIC DRUGS

SUMMARY RECORD OF THE ELEVENTH MEETING

Held at Lake Success, Wednesday, 4 December 1946, at 10:30 a.m.

Present:

Chairman:	Colonel C. H. L. Sharman	(Canada)
Vice-Chairman:	Dr. S. Tubiasz	(Poland)
Rapporteur:	Dr. Szeming Sze	(China)
	Mr. M. A. Zaki	(Egypt)
	Mr. G. Bourgois	(France)
	Mr. H. Greenfield	(India)
	Mr. A. G. Panahy	(Iran)
	Dr. J. Quevedo Bazan	(Mexico)
	Dr. J. A. Lazarte	(Peru)
	Mr. F. Belbez	(Turkey)
	Major W. H. Coles	(United Kingdom)
	Mr. J. Anslinger	(United States)
	Mr. V. Zue	(USSR)
	Mr. S. Krasovec	(Yugoslavia)
	Mr. Herbert May	(Director of the Permanent Central Opium Board and Member of the Supervisory Body)
Secretariat:	Mr. L. Steinig	(Director of the Narcotics Division)
	Mr. V. Pastuhov	(Secretary of the Commission)

1. Drug Addiction. (document E/C.S.7/26)

The CHAIRMAN proposed a general debate on this subject. Deeming it unnecessary to examine the document page by page, he suggested studying the various kinds of drug addiction and thought they might begin with white drugs for example.

Mr. ANSLINGER, (UNITED STATES) wished to make a few general remarks about the effects of drug addiction in the United States: in 1917, the medical examination of recruits for the armed forces revealed that of the young men from eighteen to thirty-eight years of age who were exempt from military service, 1 out of every 1,500 was a drug addict.

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In 1941, all American citizens from eighteen to thirty-eight years of age underwent the same examination: this time the figures showed the proportion to be 1 drug addict out of every 10,000 who were exempt from military service. The reason for this notable decrease was surely to be found in the effective international control system. It was true that in general the average age for morphine addicts, for example, was higher, but the results of the United States representative's own investigation confirmed those furnished by the military authorities. Mr. Anslinger who thought that the decrease could be considered really noticeable, supported his view by citing a letter from a medical doctor working in the penitentiary of a town renowned for the number of drug addicts amongst its inhabitants. This letter showed that the number of prisoners suffering from the symptoms produced by deprivation of the drug had decreased considerably. An investigation carried out by the doctor showed that the reasons for this decrease were mainly the difficulty in procuring drugs and the exorbitant price of the adulterated narcotic drugs obtainable.

According to Mr. Anslinger's statement, the Lexington hospital had revealed that amongst the drug addiction cases placed under its care, only one out of seventeen showed symptoms interesting enough to justify examination. In some cases the proportion was even smaller.

Speaking as the representative of Canada, the CHAIRMAN said that within the last fifteen or sixteen years since the Canadian government had begun to take an interest in this problem, there had been a great decrease in the number of drug addicts. He referred to his report to the Advisory Commission on Opium at Geneva, in which he divided drug addicts into three categories. The first category comprised the persons who had no connection whatsoever with criminals or the lower classes of society: the main characteristic of these persons was a medical condition requiring increasingly large quantities of narcotic drugs, but it was almost always possible to hope for a cure. The second category included criminal addicts: these spent most of their life in prison and no

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practical solution could be foreseen in their case, since the milieu to which they returned after serving their term gave them a chance to revert to their vice. It was therefore a matter of preventing respectable persons from falling into this category.

The Chairman also referred to a letter which he had written in July 1942 concerning the question of whether drug addicts became criminals or whether, inversely, it was criminals who became drug addicts. A study of the files relating to the provinces of Ontario, Manitoba, and British Columbia furnished a list of 200 cases. The Chinese and medical doctors were not included in this list. The study of these 200 cases revealed that for 7% of the persons a violation of the narcotic laws was their first offence. 93% had committed some offence prior to their first indictment on a charge of using narcotic drugs. Figures were not always absolutely true, but the principle that it was the criminal who became a drug addict had been confirmed by various United States and Canadian police reports.

Mr. ZAKI (EGYPT) thought that another aspect of the problem ought to be considered, namely, the finding of means to prevent the public from procuring and using narcotic drugs. In Mr. Zaki's opinion, it was principally a matter of education. The investigations and findings which the representatives of the United States and of Canada had communicated to the Commission showed that a normal man with a good education would never become an addict if he were not offered a chance to obtain drugs. It was useless to consider the question of treatment since addicts did not have enough will power to break themselves of their bad habit. This question of education was primarily a family responsibility but it also concerned governments and could even be considered as an international question. Mr. Zaki suggested the possibility of inviting a UNESCO representative to take part in the work of the Commission. His assistance and advice would be particularly valuable.

As regards the situation in Egypt, Mr. Zaki stressed the fact that in

view of its geographic position that country had become an important centre for the use of narcotic drugs. Experiments and investigations had shown that addicts took the drug to satisfy first of all their sexual desires. The results tallied with as those observed in Canada and the United States. Addicts who were arrested were imprisoned for six months or a year and during that period they stopped using narcotic drugs without fatal results. They came out of prison in better health and immediately proceeded to celebrate their release with their friends who were themselves drug addicts. This fact proved that it was a question of willpower and that the only treatment possible was control of the production and distribution of narcotic drugs but also and especially the improvement of education. It was not sufficient to pass laws, which were only a curative measure: it would be better to have recourse to the preventive measures of better education.

The CHAIRMAN said that collaboration with UNESCO could easily be arranged and that there would probably be no difficulty in inviting a representative of that organization to take part in the Commission's next session.

Dr. LAZARTE (PERU) did not have definite information on the question but thought it could be approached from a number of different angles. From the medical point of view, drug addicts could, it seemed, be divided into three categories: first of all, there was the occasional addict who for various reasons, such as illness, headaches and to obtain relief, took to the use of drugs. For this category a cure was possible. Psychoneurotics might be placed in the second group: these were the people who were suffering from a serious illness or from various complexes and used drugs to obtain relief and relaxation. These, too, were curable. Finally there were the persons who followed their immoral inclinations and were a danger to society. Because of their persistence in reverting to the use of drugs their existence constituted one of the most difficult problems.

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As regards treatment, Dr. Lazarte thought that preventive treatment would probably be best and hoped that the Commission would agree on this subject.

Finally, the question should also be considered from the legal aspect. It might perhaps be useful to have an exchange of views on the laws with regard to narcotic drugs in the various countries. A distinction would have to be made between the various categories of addicts in the light of these laws and penalties provided according to the categories.

Dr. ISMAIL (EGYPT) said that the experimental work carried on in Egypt had been done mainly in mental hospitals where the doses given to drug addicts were gradually decreased. The results of these methods had not been very successful, however, and drug addicts had fallen back into their old vice once they had ceased to be under medical supervision. The Egyptian Government was considering the establishment of sanatoria for the treatment of drug addicts and the Egyptian delegation hoped to be able to present its finding at the next session.

As a mental specialist, Dr. QUEVEDO BAZAN (MEXICO) considered the problem primarily an educational one. Because of existing social differences, people had a tendency to try to establish a certain equality by using narcotic drugs which gave them a feeling of greater security with regard to the future. Drug addicts could not be cured by individual treatment. It was necessary for the state to intervene in the education of the people as a whole. This did not merely mean education in the purely cultural sense, but the solution of the most serious economic and social problems. It was necessary, therefore, to fight against drug addicts as a social group and to adopt medical and social measures to secure a better balance between the members of society.

In reply to an observation made by the Chairman, who thought the possible effects of synthetic drugs ought to be studied, Mr. ANSLINGER (UNITED STATES) stressed the fact that the appearance of demerol in the United States was a very serious problem. First discovered in Germany,

this product was considered as a cure for drug addiction. It was now quite popular as a narcotic drug. Producers had launched a strong propaganda campaign in its favour, representing it as a drug which had the sedative powers of morphine but did not produce the same harmful effects. This propaganda had led to an increase in the use of this drug and caused numerous fresh cases of addiction. The Journal of the American Medical Association had reported many cases and referred specially to that of a doctor who had at first defended demerol in the belief that this product did not have the harmful effects of morphine. This doctor had gone so far as to oppose the laws and had been responsible for the formation of a drug habit by several members of his own family. He had tried several times to effect a cure but had not succeeded and had changed his opinion.

Mr. ANSLINGER said that in Germany, Argentina, the United States of America, Mexico and Canada this drug had been included under the law governing narcotic drugs and he stressed his view that the same should be true in the other countries.

The debate was adjourned to a later meeting.

2. Limitation of the production of raw materials from which narcotic drugs are manufactured (document E/C.S.7/31)

Document E/C.S.7/31 containing the text for the resolution approved by the Commission on 3 December 1946 was distributed to the Members of the Commission.

DECISION: The text of this resolution was adopted.

The CHAIRMAN then announced that the text of the proposal and of the draft resolution presented by the Delegation of China had been submitted to the Commission for approval.

DECISION: The proposed was adopted.

The text of the resolution was put to the vote and adopted.

3. Appointment of a special committee to study the proposed control of narcotic drugs in Japan and Korea.

The CHAIRMAN announced that after consulting the General Committee he had decided to propose to the Commission the following list of countries,
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the representatives of which would sit on this Committee: China, France, India, The Netherlands, the United Kingdom, the United States of America and the Union of Soviet Socialist Republics. The President of the Permanent Central Opium Board would attend the Committee meetings in an advisory capacity.

DECISION: The Chairman's proposal was adopted unopposed.

The meeting rose at 1:00 p.m.
