SUMMARY RECORD OF THE SEVEN HUNDRED AND EIGHTY-FOURTH MEETING

held on Tuesday, 25 February 1975, at 9.35 a.m.

Chairman: Mr. JASJIT SINGH India

In the absence of the Chairman, Dr. Babaian (Union of Soviet Socialist Republics), First Vice-Chairman, took the Chair.

DRUG ABUSE (agenda item 10) (continued) (E/CN.7/573 and Corr.1 and Add.1, E/CN.7/L.386)

Dr. SMITH (Canada) said that, according to the information available to the Canadian Department of National Health and Welfare, misuse of drugs in Canada continued to increase in 1974. Cannabis and cannabis products, including hashish and liquid hashish, were still the most widely-used drugs. In November 1974, a bill had been placed before the Canadian Parliament to transfer control of cannabis to the Food and Drugs Act. The opiates, especially heroin, and certain synthetic substances continued to be a problem. Recently, hydromorphone, a derivative of opium marketed under the trade name Dilaudid, had appeared on the illicit market, but energetic measures had been taken to prevent diversions from licit channels. Illicit use of cocaine was increasing. LSD and MDA (3,4 methylene-dioxy-amphetamine) were the two hallucinogens most commonly encountered in the country. In late 1974, a new drug - 2,3,4-trimethoxyamphetamine - had appeared on the illicit market, and had immediately been placed on schedule H to the Food and Drugs Act to enable the law enforcement services to take the necessary measures of control. Cases of multiple drug abuse were increasing, particularly among those who were victims of the "drug culture" and used any kind of drug, depending on the supplies available and the mood of the moment, or gave themselves up to reckless self-medication. Those practices often led to a physical and psychic crisis calling for emergency medical treatment. The competent Canadian services had therefore published manuals for first aid in drug crises, both for laymen (Para-professional Treatment Manual) and for hospital staff (Medical Treatment Manual). That was a field in which an exchange of experiences under the aegis of WHO could be very useful, and Canada would be glad to contribute to it. The exchange of information on an international basis was also important at the next stage, that of treatment, particularly with regard to the results of chemical tests. In that respect, the Canadian Government was following with interest WHO activities in some Iranian hospitals, undertaken as part of its efforts to help certain countries to observe the transitional reservations on article 49 of the Single Convention on Narcotic Drugs, 1961. After referring to certain aspects of the social rehabilitation of drug addicts, he stressed the supreme importance of preventive action, which should aim at convincing all members of society, even children, of the gravity of drug abuse.

The first step was to emphasize treatment, since it should always be borne in mind that illicit production existed to meet an illicit demand. If supplies were reduced, demand became more pressing, criminality increased, and more dangerous drugs began to predominate in the pattern of drug abuse. It was in the light of

that situation that his delegation, together with those of Egypt, France, Iran, Jamaica, Mexico, Pakistan, Sweden and Yugoslavia, was submitting a draft resolution on measures to reduce illicit demand for drugs (E/CN.7/L.386), which it hoped would be supported by many of the delegations present.

Mr. DUPONT (United States of America) said that for some years the law enforcement programmes in the United States of America had been supplemented by major public health efforts. The decline in heroin addiction, which had been observed from mid-1972 and throughout 1973, was therefore due not only to the curtailment of the heroin traffic from traditional sources but to greater availability of treatment facilities. The temporary shortage of heroin had, however, not been felt in the South-West or on the West Coast, which areas were supplied by "brown" heroin, mainly from Mexico. "Brown" heroin had been entering the United States uninterruptedly during 1974 and now dominated the market except on the East coast. The Mexican Government, conscious of that new deterioration in the situation, was co-operating actively in endeavours to close down the sources of supply of heroin. As in 1974, it was estimated that there were 200,000 to 300,000 heroin addicts in the United States. No town seemed to be spared. Studies had shown that the use of heroin had spread in the last 10 years from the large cities to the medium-sized towns and then to the smaller towns. A survey of four towns located along the border with Mexico had shown that heroin was easy and fairly cheap to obtain, so that cases of abuse had increased appreciably and the time-lag before new addicts sought treatment was much longer than elsewhere. It was therefore most important that supplies should be cut down to encourage heroin addicts to look to medical care.

The situation with regard to cannabis did not seem to have varied since 1972, when the National Commission on Marijuana had made a survey. The preliminary results of a nation-wide survey of patterns of drug abuse would be available in March 1975. A survey made of a sample of youths, who had been questioned for the first time in 1969 when they were 19 years old, and had then been questioned again in 1974 at the age of 23 years, showed that the percentage of those who had "ever used" marijuana, amphetamines, hallucinogens or heroin was higher in 1974 than in 1969. It should be remembered, however, that that age-group was likely to contain a large number of experimenters and that the number of those who had "ever used" drugs was not necessarily an index of the severity of the problem. Another widely-cited survey in the United States, which concerned students in California, had shown that cannabis remained the most frequently-used illicit drug in 1974, but that the increase in its rate of use had slowed down. Consumption of LSD and heroin had levelled off and that of amphetamines and barbiturates had decreased. It was to be hoped that all the information of that kind communicated to the Commission and provided in the annual reports would be made available to WHO to help it to carry out its analysis of world trends in drug abuse.

He pointed out that, while the health consequences of drug abuse were often considered, its implications in social or economic terms were usually disregarded. A survey made in the United States had resulted in a provisional estimate of about $10,000 million a year as the social cost of drug abuse. Although that was not a precise figure, it made it possible for the drug abuser to be viewed in a social

/...

context and to understand how his behaviour affected institutions, government expenditure and the quality of community life, and on the other hand it provided a rough measure for estimating the effectiveness of the programmes of law enforcement, treatment and rehabilitation.

In the United States, three federal agencies, the Drug Enforcement Administration, the Food and Drug Administration and the National Institute on Drug Abuse contributed to research and the gathering of information. One of the means employed, the Drug Abuse Warning Network, gathered information on persons who made an appearance in hospital emergency services, in-patient treatment institutions, emergency centres, etc. That system made it possible to identify at an early stage any increase in a specific drug problem due to unethical medical practices, clandestine laboratories or trafficking in treatment drugs, such as methadone.

The authorities believed that the best way to reduce the demand for dependence-producing drugs was through treatment and rehabilitation. The Federal Government supported three major types of treatment: detoxification, chemotherapy, usually with methadone, and drug-free treatment. The National Institute on Drug Abuse was financing the treatment of about 95,000 people throughout the country, or approximately 50 per cent of the national treatment capacity. About 70 per cent of the 130,000 people under treatment for drug abuse in the United States were heroin addicts. Their treatment was usually based on the administration of methadone. The remainder were chiefly consumers of cannabis, barbiturates and amphetamines. Over 90 per cent of the treatment was given on an out-patient basis. The same reporting system was used by all federally-supported treatment facilities, in order to collect information on admissions, progress and discharges. The system, known as the Client Oriented Data Acquisition Process (CODAP), was the only one collecting data of that kind from programmes throughout the country.

He also wished to stress the importance of prevention. It was necessary to alter the attitude of high-risk people before they became too seriously involved, and to provide constructive alternatives to drug abuse as a means of coping with social, educational and emotional problems in such a way as to enable them to resist an environment in which drugs, alcohol and tobacco were readily available.

In conclusion, he drew attention to the similarity of the drug problem in the United States and in almost every other country in the world. Easier communications had brought countries closer together for better or for worse, and each one must therefore be prepared to face the problems that might arise from the abuse of psychoactive substances. The problem of multiple drug abuse should also lead to greater international co-operation in order to reduce the supply of illicit drugs and to accelerate activities connected with treatment, prevention and research.

Mr. SCHROEDER (Federal Republic of Germany) said that the problem of drug abuse in his country had hardly altered; the number of first users and mild consumers had decreased, the average age at first trial had not changed and the number of consumers remained stable; on the other hand, the percentage of permanent consumers (hard-core addicts) had increased. That group was tending to

/...

use harder drugs, particularly heroin, and was taking to multi-drug abuse. The number of cases undetected by the authorities seemed to be high. Each year there were about 100 deaths due to drugs, particularly the absorption of a mixture of heroin and strychnine. Other drugs most often abused were Mandrax (methaqualone), Valoron (tilidin), Dortral (pentazocin) and Captagon (fenetyllin). The Government planned to take legislative measures whereby cases of drug addition had to be reported by physicians and directors of hospitals and drug treatment centres.

With regard to treatment, new facilities had been introduced but could not always be used for lack of qualified personnel. Moreover, general budgetary restrictions had affected programmes for the treatment of drug addicts in certain Länder. The apparent increase in the smuggling of hard drugs had led to a rise of 300 per cent in arrests of traffickers. Bilateral action with adjacent countries should make it possible to combat drug smuggling more effectively. In that context, the resumption of opium poppy cultivation in Turkey was viewed with serious concern by the authorities of the Federal Republic of Germany. It was to be hoped that the Turkish Government would succeed in establishing a stringent system for the control of poppy cultivation, harvesting and trade. He welcomed the Turkish Government decree stipulating that poppy capsules should not be incised and that offences against the law would be severely punished, which had entered into effect on 16 January 1975. It was obvious that solidarity of action by all the countries concerned was indispensable to a successful campaign against drug trafficking and abuse.

Mrs. PUTCHKOVA (Observer for Bulgaria), speaking at the invitation of the Chairman, said that in her country the use and abuse of drugs was not a grave social problem. The cultivation and use of the opium poppy (Papaver somniferum) and of cannabis were not traditional in Bulgaria, and cases of drug addiction were few. In a total population of 8,700,000, the public health services had recorded only 311 drug addicts (186 men and 125 women) in 1973. Bulgaria had a well-organized system of health services and other institutions for the tracking down, registration, treatment and rehabilitation of sufferers, so that the number of unregistered cases was not likely to exceed 20 per cent of the number of registered cases.

Most of the cases of drug addiction (149) were of medical origin. Those of social origin were not due to the causes that were typical of drug addiction in other countries, such as lack of prospects, escapism, unemployment, passive resistance to social injustice, fear of the future, for example. In Bulgaria, the potential danger of the extension of drug abuse lay in the geographical situation of a country which was a route of transit between the Near East and Western Europe, in tourism, which brought hundreds of thousands of foreigners to the country every year, and in international exchanges of a political, economic, cultural, scientific, technical or sporting character. Contacts, between Bulgarians and foreigners, while in some ways beneficial, could also have unfortunate consequences: offers of drugs, bad example, adoption of evil habits, spread of foreign ways, among others. That was why preventive measures were necessary.

/...

A new public health law voted in 1973 contained a special chapter relating to the control of drugs and the fight against drug abuses. The law, which had come into force in January 1974, was accompanied by three sets of enforcement rules: the regulation on drugs; the instructions regarding the receipt, custody, delivery and accounting of poisons, drugs and active substances in pharmacies, pharmaceutical annexes, health depots, undertakings producing chemical and pharmaceutical substances, and laboratories; and finally, the regulations for the destruction of poisons and drugs no longer fit for consumption (including substances obtained from seizures and having no medical use).

A draft revision of the penal code envisaged stemmer penalties for the abuse of drugs. In October 1972, the Ministry of Public Health had adopted a programme for the organization of a campaign against alcoholism, tobacco and drug addiction. In connexion with the implementation of the provisions of the 1961 Single Convention on Narcotic Drugs, ratified by Bulgaria in 1968, the Ministry of Public Health had introduced even more rigid regulations governing the prescribing and delivery of drugs listed in Schedule I of the Convention. For the prescription of narcotic drugs listed in Schedule I, special numbered dispensing forms subject to strict control had to be used.

In 1972, Bulgaria had adhered to the 1971 Convention on Psychotropic Substances. It had drawn up a list of psychotropic substances and their derivatives which were subject to control and had laid down the conditions under which those drugs could be prescribed and supplied. The drugs in Schedule I of that Convention had been made subject to the same requirements as the narcotic drugs listed in Schedule I of the 1961 Convention.

With regard to the tracking down and prevention of drug addiction, steps had been taken to tighten up control by the Customs authorities, the postal services and the units of the popular militia. The results had been satisfactory. Measures had also been adopted to provide for the treatment and rehabilitation in clinics and psychoneurological dispensaries of the few individuals qualifying for the specialized services for drug addicts and alcoholics.

Dr. MERINO (Mexico) said that he had read with satisfaction the note by the Secretary-General on drug abuse (E/CN.7/573 and Corr.1 and Add.1), in which suggestions made by the Commission at its third special session had been taken into due consideration. In Mexico, the problem of drug abuse was essentially urban and affected principally adolescents from 16 to 21 years old. Those young persons indulged in multiple drug abuse, encouraged by the mass information media and by the market itself. The authorities were disturbed to note that while some took marijuana, others, even children, made use of industrial solvents. The use of barbiturates, amphetamines and hallucinogenic types of drugs for non-medical purposes was on the increase. On the other hand, there appeared to have been no cases of abuse of opium and its derivatives. The Mexican authorities had launched a co-ordinated medical-social campaign. The Department of Public Health and the social insurance services were responsible for prevention, early detection and education in the matter of drug abuse, while the National Council for Mental Health, which in 1974 had replaced the National Council for Drug-addiction Problems, dealt with questions connected with psychiatric assistance and group psychiatry in

particular. The Council was responsible for deciding the policy to be followed in all matters concerning the use of drugs. One of the bodies dependant on the Council, the Mexican Centre of Drug-addiction Studies, a decentralized body, was entrusted inter alia with co-ordination, scientific research, the training of personnel and exchanges of experience with other countries. The Centre also ensured the co-ordination of activities relating to drug abuse, including the training of personnel within the Mexican Government service.

In all matters of prevention, treatment and rehabilitation, the Ministry of Public Health and the Health Insurance Services looked after the drug abusers, who were no longer in the care of private doctors but of the government services in every respect. They were hospitalized in order to determine the best type of treatment for them and the authorities subsequently watched over their rehabilitation and social reintegration. Young persons who abused marijuana did not come under the same service; they were taken over by the youth integration centres set up in the capital and in the provinces. Particular attention was given to the training of specialized and administrative personnel who had to deal with questions connected with drugs, and facilities were also provided to enable them to attend courses abroad. The control system for establishments handling narcotic drugs and psychotropic substances had been strengthened. Owing to the keen interest taken by the President of the Republic of Mexico in problems of drug abuse, high priority was given to the programmes aimed at obtaining a substantial reduction in the demand for drugs and at preventing any worsening of the situation. He therefore willingly supported the draft resolution on measures to reduce illicit demand for drugs, submitted by Canada and other members of the Commission.

Dr. BAYER (Hungary) said that drug addiction, which was very severely controlled in Hungary, created no social problem there; the rare cases of addiction reported were due to misuse of medical drugs. He would therefore confine himself to a few comments of a general nature on the Secretary-General's note on drug abuse. That note was an excellent source of information, but the arrangement of the data could be improved and completed by a qualitative analysis of the facts. There were contradictions between the figures given in table 1, according to which the number of drug abusers in Africa totalled 527, and paragraphs 7 and 8, from which it appeared that the cases of drug offences in Africa had reached a total of nearly 42,000. Similarly, table 2 showed only 24 cases of cocaine abuse in America, while the representatives of Canada and the United States of America had drawn attention to an alarming increase in the illicit traffic in cocaine. For Europe, also, the figure given in table 11 for cases of cocaine abuse (17) did not seem very realistic. With regard to cannabis - the drug which the Commission had recognized to be the most widely abused in Europe - the only countries that, according to the same table, were seriously affected were, in order of extent of abuse, Greece, the Federal Republic of Germany and Bulgaria. It was obvious that those figures did not tally with the facts; in Greece, for example, only a small number of persons were habitual abusers of cannabis, and most of the cases reported were of occasional drug abusers. The quantitative data did not provide enough elements of comparison to give an idea of the real situation; an analysis of trends and qualitative elements were of greater importance for the purpose of drawing accurate conclusions. Thus, the chewing of the coca leaf, to which some

/...

less-favoured social categories were addicted, was a different phenomenon from the abuse of cocaine, which was exclusive to the well-to-do, and it was not reasonable to include the two under the same heading. Furthermore, the frequency of drug abuse and the size of the doses should, as the representative of Canada had observed, be taken into account in classifying drug addicts. Finally, drug users could be divided into three groups: illicit consumers of illicit products; illicit consumers of licit products, and licit consumers of licit products. Thus, the recent increase in prescriptions for psychotropic substances for medical purposes, particularly sedatives, hypnotics and tranquillizers, had led to new abuses, and it was very difficult to determine the precise number of drug addicts without the co-operation not only of the medical services, but also of all the other services involved. At the 703rd meeting, the representative of France had suggested that simultaneous use should be made of information concerning the number of drug abusers, and of data relating to offences. Taken together, those two types of information could indeed give a useful indication of current trends. With regard to tranquillizers, the suggestion, made by the representative of Switzerland at the same meeting, that new legislation should be adopted was interesting, since it applied to an area in which control was inadequate to ensure the prevention of drug abuse.

For the Commission on Narcotic Drugs to be better informed, it was desirable, on the one hand, that reports prepared by the Secretariat should give less space to comparisons and pay more attention to an analysis of the data, and on the other hand that Governments should improve the co-ordination of information by their administrative services in order to obtain a synthesis of all the data received. In that task, they could be assisted by the Division of Narcotic Drugs, as had been suggested by the representatives of Yugoslavia (703rd meeting) and Canada.

In conclusion, he congratulated WHO on the research it had carried out, which made it a useful partner of the United Nations. The draft resolution on measures to reduce illicit demand for drugs rightly accorded WHO an important role and consequently had the support of Hungary.

Dr. de SOUSA (Australia) said that Australia continued to be faced with a growing problem of drug abuse at all levels of society. The principal problems arose from the abuse of alcohol, cannabis, hypnotics, tranquillizers and analgesics. Determined efforts had been made, however, to deal with the situation; for the past five years, a computerized monitoring system had made it possible to collect and collate all the information obtained on inter-State trade relating to dependence-producing drugs other than barbiturates and tranquillizers. By means of that system, it was being sought to prevent the diversion of drugs from licit to illicit sources. The State health authorities were provided with monthly reports showing the quantity and origin of drugs received and the quantity and destination of the consignments. Out of 325,000 transactions, 5,610 irregularities had been detected.

Turning to the abuse of certain drugs, he noted that there had been an increase in the use of methadone throughout Australia in the previous two years. That increase had been partly due to the multiplication of medical prescriptions

/...

not authorized by law. State Health Ministers were concerned with that trend and it had been proposed that all medical practitioners should be reminded of the restrictions on the use of methadone in medicine by their inclusion in the National Health Scheme Handbook. In the past twelve months, methaqualone had been included in the dangerous drugs schedule of the National Health and Medical Research Council; consequently, that substance had been removed from the list of drugs available for prescription under the Australian Pharmaceutical Benefits Scheme and medical practitioners had been informed of that action. Over the past three years, there had been a steady fall in total imports of methaqualone into Australia and that trend would probably continue in 1975.

With regard to the treatment and rehabilitation of drug addicts, significant progress had been made during the past two years in the provision of consultative services and facilities for the treatment and rehabilitation of alcoholics and drug-dependent persons. Those facilities were chiefly a State matter, but the Australian Government had introduced a $15 million Community Mental Health Programme, a considerable proportion of which was being allocated to the States for the provision of treatment and rehabilitation programmes for drug-dependent persons and alcoholics.

With regard to education, a National Drug Education Programme had been introduced in all the States and Territories of Australia and a project for research into the attitude of high-school students was nearing completion. An inquiry would be carried out to find out the effectiveness of the drug education programme in certain schools. The Australian Department of Health had had five films produced for use in schools and continued to publish a Technical Information Bulletin at regular intervals. Under the national programme, the Australian States had adapted their own programmes to meet the increasing needs of the community, particularly in connexion with those people who were more "at risk" and not easy to reach. For example, discussion programmes had been organized for students and seminars for business and industry employees, especially apprentices; furthermore, information centres with counselling services had been established. The aim sought was to ensure the direct involvement of the public in relevant discussions and activities. The Australian Government attached great importance to education, regarding it as the best long-term chance of containing the problem of drug abuse, and it granted funds for the co-ordination of activities that would remain fragmentary without a central programme. That co-ordination was carried out by a National Standing Control Committee on Drugs of Dependence, which comprised non-governmental experts and State health education administrators. In order to improve still further the planning of co-ordinated programmes, a National Drug Advisory Council had been established in 1974.

The Australian delegation supported the proposal made by the representative of Canada concerning the preparation of manuals on the treatment of drug abusers based on the sharing of international experience. It also supported draft resolution E/CN.7/L.386 on measures to reduce illicit demand for drugs.

/...

The CHAIRMAN announced that the observer for the Netherlands would read out the statement of the observer for Finland, who was unable to attend the meeting.

Mr. van GRUTTING (Observer for the Netherlands) read out the statement.

In that statement, Dr. Idänpään-Heikkilä (observer for Finland) pointed out that the reports of the Division of Narcotic Drugs for 1966 and 1967-1971 showed that Finland held second place, next to Denmark, in the legal consumption of narcotic drugs listed in the schedules of the 1961 Single Convention on Narcotic Drugs. In 1967-1971, the annual figure for therapeutic doses per thousand inhabitants had been 13,143 in Denmark, 15,355 in Finland, 6,138 in Sweden and 6,766 in Norway. There were two explanations for that exceptionally high consumption of narcotic drugs in Finland. Firstly, codeine, an ingredient of most cough medicines and analgesics, accounted for approximately 80 to 90 per cent of the consumption of narcotic drugs. Heroin had not been used for medical purposes in Finland since 1958 and morphine represented less than 1 per cent of narcotics consumption. Secondly, the country's cool and moist climate caused a high incidence of respiratory infections, colds and rheumatoid arthritis, diseases that were traditionally treated with codeine preparations.

Abuse of analgesics and cough medicines was a common phenomenon in Finland. In 1972, the use of codeine in those medicaments had been reviewed thoroughly by the National Board of Health. As a result, codeine consumption in 1973 had fallen by about 36 per cent compared with the figure for 1971 and it was therefore likely that Finland's position as a consumer of narcotic drugs would fall markedly in future.

The Finnish health authorities had given attention to the over-use and misuse of psychotropic substances. In 1968, amphetamines and related compounds, like methylphenidate and phenmetrazine, had been classified as narcotics. Since then, doctors wishing to prescribe central nervous system stimulants for patients were required to obtain permission from the National Board of Health in every case. Such permission was granted exclusively for specific diseases, and at the present time 7 patients were being treated with amphetamines in Finland, which had 4.6 million inhabitants.

Following those measures, legal consumption of amphetamines had fallen from 13,461 kilos in 1967 to 2 grammes in 1969. At the same time there had been a temporary increase in the smuggling of amphetamines. In 1969, 54.7 kilos of amphetamines had been seized, but since then seizures of central nervous system stimulants had dropped to only a few grammes in 1970-1973. No marked increase in cases of abuse of amphetamines had been noted in recent years. His delegation felt that similar control legislation could be considered in other countries outside Scandinavia in order to prevent the abuse of central nervous system stimulants. So far, the control measures adopted in Finland had not caused any problems with regard to medical treatment.

/...

The consumption of sedatives, hypnotics and tranquillizers had dropped, following preventive measures introduced in 1971. Approximately 22.5 doses per capita of those drugs had been sold in 1966 and 32.5 doses in 1970. A 10 per cent decline in consumption had been recorded in 1972 and the trend had continued, leading to a total decrease of 35 per cent by 1973. Those results seemed to prove that information systems and control measures applied by the health authorities, together with the change in the attitude of doctors and in public opinion, could influence drug consumption in a given country. The Finnish authorities were aware, however, that consumption was still excessive and that psychotropic substances were still being abused.

Consumption of alcohol was rising steadily, from 2.5 litres per capita in 1966 to 6.4 litres in 1974. Studies had shown that abuse of alcohol was the most serious problem in Finland, as in many other countries. In his opinion, efforts should be made through WHO to compile international statistics on the consumption of alcohol to serve as a basis of comparison from country to country. Such data would help to co-ordinate national and international prevention programmes against alcohol dependence and drug dependence in general.

He wished to thank the Division of Narcotic Drugs for its excellent report on the work of the United Nations, the specialized agencies and other organizations for the period 1 March 1973 to 30 November 1974 (E/CN.7/570). Ratification of the 1971 Convention on Psychotropic Substances appeared to be proceeding very slowly. It would be interesting to find out the reasons why the various member countries were so long in ratifying that instrument.

Lastly, a change in attitudes had been noted in connexion with the abuse of drugs by young people in Finland. In a 1968 study of schoolchildren in Helsinki, it had been found that 1½ per cent had a favourable or neutral attitude towards the use of illegal drugs, whereas in a somewhat similar study in 1972 only 3 per cent had been in favour of using or experimenting with such drugs. It appeared that the best results had been obtained in Helsinki through programmes in which young people themselves assumed responsibility for their follows. That method motivated them to seek information that was broad enough to include the social, psychological and medical aspects of the problem.

Mr. PRAWIROSUJANTO (Indonesia) wished to make a brief statement on the situation regarding drug abuse in his country, since the annual report of Indonesia for 1973 had not reached the Secretary-General in time for inclusion in the note by the Secretary-General on drug abuse.

Abuse of opiates will still the major problem in Indonesia and the estimated number of opium addicts was between 7,000 and 10,000. They were for the most part fishermen, carpenters and merchants of Chinese origin in the older age-groups, living in the neighbourhood of Singapore. It was interesting to note that, before opium had been prohibited, consumption had been between 22 and 25 tons annually. While opium users were generally older people, morphine, on the other hand, was especially popular among young persons between 15 and 25 years of age. To prevent the diversion of morphine to the illegal market, special regulations had been put

/...

into effect requiring pharmacies to supply the health authorities with the date of the prescription, the name of the doctor, the names and addresses of the patients and the amount of drugs prescribed. Since the introduction of those regulations, the licit use of morphine was decreasing; on the other hand, the consumption of pethidine was rising.

It had been believed formerly that the opium poppy could not be cultivated in Indonesia, but experience had shown that the Indian poppy could grow well in several regions of the country. Consequently, the Government had banned imports of poppy seeds and the cultivation of the plant.

Despite the strict measures taken by the Government to put an end to illicit traffic in morphine, the number of morphine addicts was still between 2,000 and 4,000.

As for cannabis, which grew wild in Sumatra and was cultivated illicitly in Java, the low price made it the most favoured drug among new abusers. In the past four years, campaigns had been undertaken to destroy cannabis plantations and to combat illicit trafficking. Those efforts had to some extent borne fruit, since statistics showed a drop in the number of cases compared with the previous year. The Government was also endeavouring to prevent the smuggling of cannabis from the country, but it was not able to stem the large quantities of opium and morphine smuggled into the country.

Abuse of cocaine was negligible. The 15 coca-bush plantations in Java had mostly been destroyed in 1970 and only one now remained. Coca-leaf chewing was not practised in Indonesia, since the quality of Java coca was such that cocaine could only be extracted by chemical processes. Cases of abuse of amphetamines, barbiturates and hallucinogens were few. Generally speaking, drug abuse was much more common among men than among women. The number of addicts among students was extremely small; in some universities, students known to be addicts were expelled. Admittedly, the 15,000 addicts registered in Indonesia accounted for only a very small percentage of the population, which totalled 120 million. Nevertheless, the Government was doing its best to reduce that number still further and it was now preparing a new law on narcotic drugs, which it was hoped to enact before the end of the coming year.

Mr. TURNER (United Kingdom) said that under United Kingdom legislation on narcotic drugs, doctors were required to supply the competent authorities with information on persons whom they treated and who they suspected were addicted; in addition, only those doctors who held special permits granted by the competent authority could supply heroin and cocaine to addicts who reported for treatment. From the information thus made available, it was possible to obtain a reasonably accurate picture of the incidence of narcotic abuse.

The statistics for 1973 showed that the number of persons known to be under treatment for drug addiction at the end of the year had risen to 1,818, an increase of 12.2 per cent over 1972. That figure comprised 1,440 addicts receiving methadone, 156 receiving heroin, and 222 addicts, whose addiction was mostly of therapeutic origin, receiving other drugs. The latter included three persons

/...

receiving cocaine. From the statistics, a decline was apparent in the number of addicts under 20 years of age for whom treatment was being prescribed. That phenomenon was being examined, but possible explanations were that persons were reporting to treatment centres at a later age, either initially or after a relapse, or that they were remaining under treatment for longer periods. As to the other drugs, it was less easy to obtain precise information and only statistics of convictions and of seizures, and subjective information from various sources provided indications regarding trends. For example, it was known that the United Kingdom had not been spared the increased abuse of cocaine that had been mentioned by other delegations, since convictions had risen by 16 per cent in 1973 and seizures of that substance had risen to 6.5 kilos, compared with only some 500 grammes in 1972. The drug, which had a degree of purity as high as 97 per cent, originated from South America. The method of its use seemed, generally, to be that of inhalation rather than injection along with heroin, which had been the practice in the 1960s.

No marked changes had been noted in the abuse of cannabis. Although convictions had continued to increase, the rate of increase had been much reduced between 1972 and 1973. However, cases of illicit cultivation had increased from 5 in 1969 to 307 in 1973. The figures for 1974 were not yet known, but it was reported that, due to Customs activity, cannabis had been in short supply during the second half of the year. Hasish oil seemed to be losing favour because of its varying quality, which laid the user open to plus or minus effects (a "bad trip"). Lastly, a new hallucinogen known as Bromo-STP, reportedly more powerful than LSD, had made its appearance in the United Kingdom in 1973 and was being increasingly abused. It was soon to be the subject of a parliamentary decision to prohibit its use for purposes other than research.

Mr. Jasjit Singh (India) took the Chair.

Mr. ROLFE (United Kingdom) said that he was not in a position to give figures for Hong Kong as precise as those supplied by his colleague of the United Kingdom delegation, but he would briefly describe the situation in Hong Kong. Opium and heroin were the two drugs most widely abused (100,000 addicts); in contrast, abuse of psychotropic substances and of cannabis was fairly rare.

He considered that there was a link between the supply of and the demand for narcotics. He also felt that too much emphasis was being placed on enforcement activities at the expense of other aspects, more particularly treatment and rehabilitation; such an imbalance, if it continued, might have unfortunate social consequences, and that was a question that the Commission could perhaps consider.

A link was to be seen between drugs and delinquency, but it had not yet been possible to determine its nature. There was no evidence that drugs lay at the root of major crimes. However, a research project was now being prepared with the University of Hong Kong with a view to obtaining more precise data.

/...

Since 1958, treatment and rehabilitation programmes for addicts were being carried out in the context of the prison system. The Hong Kong authorities had noted that more than 90 per cent of detainees were addicts and had decided to establish a special treatment unit to help such detainees, after their release, to resume their place in society. There were also voluntary programmes, very useful but too limited, dealing with such aspects of the problem as physical withdrawal, occupational therapy, individual or group assistance, and the work habit.

Since it was pointless to treat addicts institutionally if treatment could not be followed up after release, the Hong Kong authorities had introduced a post-penitentiary treatment programme and had recently reviewed it thoroughly with a view to preparing a new comprehensive treatment and rehabilitation programme to be set up later on.

Treatment was essentially by methadone. The competent authorities were aware of the dangers, but at the present time they had no other solution open to them.

Despite the difficulties - caused by the financial crisis, inflation, recession - the Government of Hong Kong was determined to devote a reasonable part of its resources to the campaign against drug abuse. In addition to the financial difficulties, there was, however, the problem of recruiting personnel; the public did not have a very responsive attitude towards drug addicts, who often had a police record, and the task was not one which could be undertaken lightly.

He endorsed the Canadian representative's comments regarding preventive education and research and emphasized the importance of research in particular. Knowledge was still very inadequate and, in the treatment of addicts, therapy was very limited and, as yet, too costly.

Dr. ALAN (Turkey), speaking on a point of order, asked whether draft resolution E/CN.7/L.386 was to be dealt with separately.

The CHAIRMAN said that the draft resolution would be considered at the end of the current discussion, and suggested that the sponsors should discuss the text with a number of delegations in advance, in order to facilitate its consideration and adoption.

Mr. EYRIES VAL ASEDA (Observer for Spain), speaking at the invitation of the Chairman, said that the figures given in his country's annual reports always varied considerably, since they related both to the number of patients who had undergone sporadic medical treatment - they were the largest number - and to the small number of true addicts. Products were obtained by pharmacies or health centres, either on medical prescription or on the presentation of special documents issued by authority of the General Health Division. In every case, prescriptions were periodically reviewed by the Service for the Control of Drugs and Psychotropic Substances, and some patients had to appear before a jury, composed of physicians, who confirmed or modified the prescriptions or took other appropriate measures.

/...

The largest number of addicts was found in the 45 to 55-year age group, and especially among women. Synthetic products accounted for over 50 per cent of drugs consumed. While there was no opium or coca leaf consumption, cannabis smoking was fairly wide-spread and some users of LSD has also been noted.

In close collaboration with the Service for the Control of Drugs and Psychotropic Substances and with the assistance of drug addiction treatment and rehabilitation centres, health inspectors were entrusted with the control of drugs from production to consumption. As a result of the measures taken, the problem posed a few years previously by the steady increase in the consumption of and traffic in psychotropic substances had become considerably less acute. Furthermore, with regard to medicines, the information media - television, radio, press and professional journals - were constrained to respect health standards in all their activities.

Lastly, there had been some attempts to break into pharmacies, particularly in major cities such as Madrid and Barcelona, but the purpose of the burglaries had apparently been to obtain money rather than drugs.

Dr. REMED (Sweden) said that the situation with regard to drug abuse in Sweden had become stabilized; for the past few years, consumption had even declined, but the methods of evaluation did not make it possible to give precise figures. Sweden used three means of action: regular spot checks carried out in schools, in various age groups of the population, in different regions and among recruits; pilot studies conducted with the collaboration of health and social authorities; and the maintenance of permanent contacts with social and medical centres in such a way as to follow developments in the situation and to inform the population.

The results showed a clear decline in the occasional abuse of cannabis. In 1974, for the first time, the consumption of that drug had been stabilized in certain school-age categories (15-16 years). The consumption of cannabis on an experimental basis was diminishing in universities and was nearly nil among girls. On the other hand, the use of tranquillizers and the consumption of alcohol continued to be very widespread among students. Furthermore, there had been a clear increase in the number of heavy consumers of cannabis receiving treatment in rehabilitation centres; that situation was of great concern to the authorities, since the drug had extremely harmful physical effects when used habitually.

In addition, the transition from the use of central nervous system stimulants to morphine and heroin had occasionally been noted; that was explained by the fact that habitual addicts changed drugs when forced to do so by shortage of those they habitually used.

Sweden had been very cautious in its application of the methadone treatment; it was a small-scale programme, experimental in character and oriented towards research. At present, only about 100 persons in Sweden were undergoing methadone treatment and only a few physicians were authorized to use it.

/...

Cocaine, which had not yet appeared in Sweden, might become a substitute drug, but it was to be hoped that it would not come to be added to the other substances. Hallucinogens posed no problem in Sweden.

Sweden was at present establishing treatment and information centres; they were not yet overcrowded, but more and more drug addicts went there to be treated.

The Swedish Government had undertaken or maintained a whole series of drug-abuse control activities: information campaigns carried out primarily in schools with the assistance of physicians, young people and social workers; seminars and conferences intended for groups of young persons; support for youth bodies to enable them to establish their own programmes. The Swedish Government found those activities useful, since they modified the attitude of young persons towards drugs.

The note by the Secretary-General on drug abuse did not give a very encouraging picture of the situation. The abusive use of drugs was prevalent everywhere in the world. The situation was becoming stabilized in the industrialized countries, but other countries were becoming affected and new drugs were appearing. That was a disquieting phenomenon and the fight must be intensified. The developing countries also were threatened; indeed, as development placed more and more resources at the disposal of the population, the use of drugs was likely to increase. It had already been noted that the consumption of heroin was increasing in those countries, as well as that of manufactured substances. It was therefore essential that the 1961 Single Convention on Narcotic Drugs should be ratified not only by the industrialized but also by the developing countries.

Mr. de BEER (Observer for South Africa), speaking at the invitation of the Chairman, said that, after weighing the advantages and disadvantages of amphetamines, his country had decided to ban their use in general practice. South African legislation allowed the limited use of amphetamine substances (amphetamine, metamphetamine and phempetrazine) for research purposes, and a few specialists could also use them in special cases for certain types of treatment, subject to prior authorization from the Ministry. That legislation had been in force for some years and the amphetamines, as expected, had become more and more important as appetite suppressants and stimulants. It had become necessary to step up the control of benzphetamine, mefenorex, phendimetrazine and methylphenidate to the same level as that of those narcotics which could be legitimately used, such as pethidine and morphine.

With regard to substances coming under the 1971 Convention on Psychotropic Substances, including barbiturates and glutethimide, he said that the South African authorities had found it necessary to add other products such as chlorphentermine, diethylpropion and pentazocine, potent analgesics which had an important abuse potential in South Africa.

Referring to the psychotropic substances used in large quantities in general medical and psychiatric practice, he mentioned, in addition to the classical products which were the subject of control, other less well-known substances which

/...

could be obtained in South Africa only by prescription and in limited amounts: pipadrol, pemoline, fencamfamine and prolintane. With regard to three of those products, he said that certain international pharmaceutical laboratories included active central nervous system stimulants and anti-depressants in their vitamin preparations, often applying an obscure nomenclature to the ingredients and then marketing the product as a tonic.

Dextropropoxyphene salts had become increasingly suspect in terms of drug dependence, and could be obtained in South Africa only by prescription. Chlormezanone, a mild muscle-relaxant tranquillizer, had become a drug of abuse almost overnight. Some persons went so far as to buy 96 tablets of the drug daily. Propylhexedrine, when used as a decongestant in inhalations, was useful and apparently safe, but its harmlessness was open to question when it was promoted as an anorexic to be taken orally. In that case, the South African authorities required a prescription. Those authorities had also been surprised to note the sudden excessive use of methysergide, a substance which had been used for years to treat migraines. A closer examination of the substance had revealed a similarity to LSD.

In conclusion, he recommended that members should read a WHO document prepared by H. Isbell and T.L. Chrusciel,6/ which contained technical data on 253 psychoactive drugs and herbs; those drugs were regarded as having a potential capacity to produce central system stimulation, depression, hallucinations or distortions in perception, thinking or judgement and to induce drug dependence.

Mr. HUYGHE (Observer for Belgium), speaking at the invitation of the Chairman, said that drug abuse and the excessive use of medicaments were constantly increasing in Belgium. While that situation was not as alarming as in other countries, it was none the less of great concern to the public health authorities. They had therefore undertaken a thorough inquiry into the use of medicines, and the findings were being examined by the Ministry of Public Health. They had also carried out, with the help of all the physicians in the country, an epidemiological inquiry into the products, the amounts consumed, the age, sex and level of education of the persons concerned, and the causes of the abuse; the findings of that inquiry would be processed by computer. Lastly, a third inquiry of the same type was currently being carried out among all the pharmacists in the country. The final objective was to compare the results of those three inquiries with data from police records on illicit traffic, arrests and seizures, and with the results of other inquiries carried out, for example, in schools. On the basis of those results as a whole, the Government would take steps to reduce the supply and demand and, consequently, the use of drugs and the excessive use of medicines.

6/ WHO, Dependence Liability of "Non-narcotic" Drugs - Supplement to vol.43 of the Bulletin of the World Health Organization (Geneva, 1970).

To make those measures permanent in nature, the Belgian Government had set up an information centre which provided all physicians, pharmacists and dentists with information on medicaments and published a monthly information bulletin on problems relating to the use of the medicaments; it had also set up a drug control service to which physicians and pharmacists provided information on the effects of drug abuse or drug dependence. Lastly, a national drug control bureau would shortly be officially established, while a project for monitoring the consumption of drugs and certain psychotropic substances by computer was under study.

As further cases of the abusive use of pentazocine had been noted, the Belgian authorities would perhaps have to apply special controls in respect of that product; he would therefore like to have any useful information on pentazocine and on measures taken in its regard. It would be necessary for WHO to study the question seriously and to give its views, in order to avoid the possibly serious consequences of a lack of effective control over that substance.

Dr. INIS TORNER (Chile) said that the abusive use of drugs posed no acute problem in Chile; it was restricted to the urban zones and was found primarily among young persons. In 1974, 875 cases had been reported of the abusive use of marijuana, frequently associated with other drugs; that figure represented about 0.3 per cent of the population. Isolated statistics gave reason to believe that from 30 to 50 per cent of young persons had used drugs at least once.

With regard to the treatment and rehabilitation of adolescents, the methods applied consisted of audio-visual tests and talks with a psychiatrist or occupational therapist. A centre specializing in psychiatric research offered group or individual psychotherapy treatment for a period of one month; young persons were sent there by magistrates or went of their own accord. The most seriously afflicted drug addicts were hospitalized.

The meeting rose at 12.35 p.m.

/...