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COMMISSION ON NARCOTIC DRUGS

Fifth Session

SUMMARY RECORD OF THE ONE HUNDRED AND THIRD MEETING

Held at Lake Success, New York,
on Saturday, 2 December 1950, at 2.30 p.m.

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<u>Chairman:</u>	Mr. SATTANATHAN	India
<u>Members:</u>	Colonel SHARMAN	Canada
	Mr. TSAO	China
	Dr. MAHMOUD LABIB	Egypt
	Mr. BOURGOIS	France
	Mr. VAILLE	Iran
	Dr. AMINI	Mexico
	Dr. RABASA	Netherlands
	Mr. KRUYSSSE	Peru
	Dr. AVALOS	

Members: (continued)

Dr. OR	Turkey
Mr. HOARE	United Kingdom of Great Britain and Northern Ireland
Professor ZAKUSOV	Union of Soviet Socialist Republics
Mr. ANSLINGER	United States of America
Mr. KRASOVEC	Yugoslavia

Also present:

Mr. MAY	President of the Permanent Central Opium Board
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Secretariat:

Mr. STEINIG	Director of the Division of Narcotic Drugs, representative of the Secretary-General
Mr. BOLTON	Secretary of the Commission

DRUG ADDICTION

1. Expert Committee on Drugs Liable to Produce Addiction: Report on the Second Session (Section 6 only) (World Health Organization Technical Report Series No. 21) (continued)

The CHAIRMAN called for further discussion on the report of the Expert Committee of the World Health Organization on Drugs Liable to Produce Addiction. He asked if the representative of France still wished to invoke the provisions of the 1931 Convention so that a committee of three experts could be established.

Mr. VAILLE (France) replied that, after hearing the statements made by the representative of the Secretariat and by other representatives, he was prepared to withdraw his original proposal and conform to the wishes of the majority. He would therefore agree to the proposal that the question should be referred to the competent committee of the World Health Organization with the summary records of the debate on that item.

Colonel SHARMAN (Canada) recalled that it had been at the request of the Commission that the Expert Committee had provided definitions of ^{producing} addiction and habit-forming drugs in section 6 of its report. He felt, therefore, that the Commission should express its views on those definitions. For his part, he found them quite satisfactory.

/Mr. ZAKUSOV

Mr. ZAKUSOV (Union of Soviet Socialist Republics) wondered why the Expert Committee should have drawn so strict a distinction between "addiction-producing drugs" and "habit-forming drugs". Any drug which produced addiction would naturally also be habit-forming. It seemed illogical therefore to distinguish between the two.

Mr. STEINIG (Secretariat) said that it was difficult to express an opinion on the reasons for a definition submitted by an expert committee. It seemed, however, that the Committee had wished to draw a distinction between addiction-producing drugs which caused somatic withdrawal symptoms, and habit-forming drugs which caused only psychic symptoms of depression when withdrawn. Thus, morphine would come in the former category and the ^{cocaine} leaf in the latter.

Colonel SEARMAN (Canada) noted that, in the report of the Commission of Enquiry on the Coca Leaf, it was stated that the coca leaf was habit-forming but not addiction-producing. Thus, there was clearly some advantage in distinguishing between the two categories.

Mr. ZAKUSOV (Union of Soviet Socialist Republics) pointed out that it was not usual for pharmacologists to distinguish between addiction-producing and habit-forming drugs. It would therefore be unfortunate for the Commission to adopt such a distinction.

Mr. ANSLINGER (United States of America) agreed that it was perhaps unfortunate from the scientific point of view to draw a distinction between addiction-producing and habit-forming drugs. He explained, however, that the Expert Committee had found that it could not arrive at a definition of habit-forming drugs without at the same time covering alcohol. The distinction had therefore been drawn for practical purposes.

Mr. HOARE (United Kingdom) agreed with the views expressed by the United States representative. Although the distinction might be scientifically ^{inexact}, it was necessary for legal purposes. Even with the distinction between addiction-producing and habit-forming drugs, however, there still remained the difficulty of deciding how far the two categories overlapped. The basic difference mentioned in the definitions was that drug addiction was detrimental to the individual and to society, whereas habit-forming drugs did not share that characteristic. Thus, the decision on the category in which various drugs should be placed depended on the

view taken by society at a given time as to the detrimental effects of the drug. In a sense, the definition was based on very shifting ground but he did not see how the Expert Committee could have arrived at a better solution.

Mr. ZAKUSOV (Union of Soviet Socialist Republics) said that he had considered the definitions carefully and had found that all the characteristics of a habit-forming drug were included in the definition of drug addiction. In his view, therefore, it would be better to include both types of drug in the same category. As for alcohol and tobacco, strictly speaking they had the same characteristics as addiction-producing drugs and the only difference lay in the degree of harm they did. Consequently, he did not think the Commission should endorse a confusing distinction between drugs which should really come under the same heading, simply for the purposes of a convention.

Mr. STEINIG (Secretariat) recalled that the Commission's original request to the World Health Organization had been based on the need to adopt a definition for the purposes of the new single convention which was to be drafted. It was often the practice in legal texts to insert a definition of words which, for the purposes of the document, were given a different meaning from that generally accepted.

Mr. VAILLE (France) shared the views expressed by the USSR representative. If the difficulty lay simply in the wording to be used for the convention, it might be possible simply to use the word "stupéfiants" in the French text. There would then be no need to draw any distinction between addiction-producing and habit-forming drugs.

Mr. KRASOVEC (Yugoslavia) thought the Commission should be given further time to study the definitions before it finally took a decision on the subject. He thought it should be possible to distinguish between alcohol and drugs as the Expert Committee had tried to do, but the USSR representative had also expressed well-founded arguments.

Mr. KRUYSSSE (Netherlands) agreed with the Expert Committee's suggestion that two separate definitions should be adopted as otherwise it would be very difficult to distinguish between the substances now covered by the convention and the far less dangerous substances as alcohol and coffee.

The CHAIRMAN, replying to the point raised by the representative of Yugoslavia, said that the question would come up again when the Commission reached /the item

the item on the new single convention. Any further discussion of the definitions could therefore be deferred.

Mr. HICARE (United Kingdom) suggested that the Commission should take note of the Expert Committee's report and express its appreciation to the World Health Organization for having complied with its request.

It was so decided.

2. Progress Report on the Work of the Division of Narcotic Drugs for the period 16 May 1949 to 31 March 1950, Chapter VI, Section 20 (E/CN.7/196, E/CN.7/196/Corr.1, E/CN.7/196/Add.1)

The CHAIRMAN referred members of the Commission to Chapter VI, Section 20, of the Progress Report on the Work of the Division of Narcotic Drugs (E/CN.7/196) and proposed that the Commission should take note of that part of the Report.

It was so decided.

3. Reply of the Supreme Commander for the Allied Powers in Japan to the questionnaire on Drug Addiction (E/CN.7/189)

The CHAIRMAN referred members to the reply of the Supreme Commander for the Allied Powers in Japan (E/CN.7/189) to the questionnaire on Drug Addiction (E/CN.7/64) and proposed that the Commission should take note of that document.

It was so decided.

Dr. AVALOS (Peru) gave details of the legislation recently enacted in his country regarding drug addiction and illicit traffic in narcotic drugs. The policy of his Government was to regard drug addicts no longer as criminals, but as sick people in need of medical care and assistance which were now provided by State.

Colonel SHARMAN (Canada) wished to inform members of the Commission of certain trends which had recently become apparent in his country and, he believed, in the United States as well. The illicit traffic in heroin had never been more prevalent and the quantities which could be obtained from ordinary purveyors had increased from a few grains to anything up to eight ounces. Moreover, the average age of heroin addicts had become much lower and drug addiction had thus definitely become a juvenile problem. Another interesting point was that whereas only two years previously 95 per cent of convicted drug offenders had been guilty of other criminal offences in the past, a large proportion of present drug offenders had no criminal record.

Mr. ANSLINGER (United States of America) said that the situation was similar in his country with one exception: the majority of the young drug offenders had a previous criminal record. Many of the offenders were extremely young. It was noteworthy that most of them -- at least 80 per cent -- had started by smoking marihuana cigarettes and had then gradually become heroin addicts.

Mr. VAILLE (France) wondered whether the Canadian and United States representatives could state the percentage of heroin addicts out of the total number of drug addicts in their countries. In France, heroin addiction accounted for 243 cases out of a total of 694 cases of drug addiction in which it had been possible to establish what drug had been used.

Colonel SHARMAN (Canada) said that heroin addiction accounted for practically all the cases of ^{underworld} drug addiction in his country.

Mr. ANSLINGER (United States of America) said that the same applied to the United States. There were, however, also many cases of addiction to marihuana. The ratio of drug addiction in the United States was about one in 3,000.

Mr. KRUYSSSE (Netherlands) said that more and more young people in his country were taking benzedrine and similar drugs which, from a certain point of view, could even ^{become} more dangerous than narcotic drugs. That was becoming quite a serious problem. The main feature was that, whereas ordinary narcotic drugs were taken for the purpose of escapism from everyday life, benzedrine and similar drugs were taken by students and intellectuals generally as a stimulant. According to a recent article published in his country, many students used benzedrine when preparing for their examinations and were then in such bad physical shape that they could not pass them. He wondered whether other countries were experiencing the same difficulties.

Mr. ANSLINGER (United States of America) said that his country had been facing the same problem for years. Benzedrine had been smuggled into prisons and young people had used it in their soft drinks. The problem had become so acute that various States had enacted legislation to bring benzedrine under the same control as narcotic drugs. A federal law was to have been passed to that end when a new type of benzedrine had been discovered -- it retained all the medical qualities of benzedrine without any of its possible ill effects. Since that time there had been no instances of benzedrine addiction in the United States.

/Colonel SHARMAN

Colonel SHARMAN (Canada) said that the position in the Netherlands was probably due to leakages of legally manufactured drugs. In Canada, however, the position was entirely different because heroin, which accounted for practically all the cases of drug addiction, was smuggled into Canada from abroad.

Mr. HOARE (United Kingdom) said that according to information available for the year 1949, there had been 326 cases of known drug addiction in the United Kingdom. Morphine had been the chief drug used and accounted for 80 per cent of the cases of drug addiction. Cases of heroin and cocaine addiction were ^{now} comparatively rare. Pethidine was gaining in popularity but there had been only two cases of amideone addiction. He could give no details about the age groups involved except that most of the drug addicts were over 30. Out of the 326 known drug addicts, 100 belonged to the professional classes and 94 of them were doctors.

The CHAIRMAN declared that the discussion on the item was closed.

Mr. STEINING, in reply to a question asked by the French representative concerning the French texts of documents E/CN.7/212 and E/CN.7/213, said that it had always been the custom to provide the documents in the working languages. Owing to the General Assembly session now in progress the Secretariat was having to cope with a great load of work, with the result that the translation of those documents was not yet available. He hoped that the French representative would take those exceptional circumstances into consideration.

Mr. VAILLE (France) suggested that the discussion of those documents should be postponed to a later date and that item 10 of the agenda (interim opium agreement) should be taken up as quickly as possible.

The CHAIRMAN declared that some members of the Commission had expressed the wish to study the report on the interim agreement so that it did not seem possible to take up that item at an earlier date.

Mr. VAILLE (France) agreed with the views expressed by the Chairman.

The meeting rose at 4.30 p.m.

4/12 p.m.