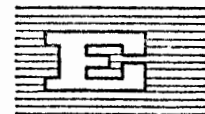


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COMMISSION ON NARCOTIC DRUGS

Twenty-seventh session

SUMMARY RECORD (PARTIAL)* OF THE 810th MEETING

held at the Palais des Nations, Geneva,
on Tuesday, 8 February 1977, at 9.40 a.m.

Chairman: Mr. BABAIAN (Union of Soviet
Socialist Republics)

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Drug abuse and measures to reduce illicit demand (agenda item 3) (continued).

* The rest of this meeting is not covered in the summary record.

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The discussion covered in the summary record began at 9.55 a.m.

DRUG ABUSE AND MEASURES TO REDUCE ILLICIT DEMAND (E/CN.7/594 and Add.1; E/CN.7/602)
(agenda item 3) (continued)

1. Mr. REXED (Sweden) expressed his delegation's appreciation of the information provided in the note by the Secretary-General (E/CN.7/594 and Add.1), a well-presented document which was a great improvement over the reports for earlier years. His delegation endorsed the inclusion in it of information obtained from other reliable sources in addition to the data furnished by Governments. It hoped that the Commission would continue to be provided with information obtained from medical and social surveys, the police, the customs authorities and other valuable sources in its future reports. It would also be most useful if Governments could attach to their formal reports an evaluation of the drug situation in their country, as they saw it.
2. The global situation described in the report made alarming reading. Drug abuse appeared to be on the increase throughout the world, and the emergence of drug problems in the developing countries should be a matter of special concern to the Commission. The increasing use of heroin gave greater importance to measures designed to control the cultivation of the opium poppy throughout the world. The statement by the Turkish Minister of Agriculture had been most helpful in suggesting guidelines to enable cultivating countries to control the situation. The Commission should support such initiatives and encourage them in other cultivating countries.
3. His delegation was especially alarmed at the marked increase in the illicit traffic in and abuse of central stimulants, amphetamines and amphetamine-like substances, as well as barbiturates. For a number of years it had warned the Commission of the potential dangers of amphetamine abuse and was concerned to see it spreading to so many countries. Those substances were easy to smuggle, easy to manufacture and obviously easy to divert from licit production sources.
4. The information before the Commission emphasized the importance of developing the new Convention on Psychotropic Substances so that it could help countries to control the industrial production of synthetic substances. His delegation believed that the abuse of industrially produced synthetic substances was probably greater than the abuse of heroin and opium derivatives throughout the world. It was also concerned at the increase in the illegal traffic in and abuse of cocaine in the Americas and some European countries, including Sweden.
5. The situation in Sweden in 1975 had been accurately summarized in document E/CN.7/594 and there had been few changes in 1976. Alcohol was unquestionably the most widely abused substance, although there had been a disquieting increase in the abuse of heroin. Sweden had between 1,000 and 2,000 heroin misusers concentrated mainly in Stockholm and the larger population centres. The use of heroin appeared to have been spreading recently among a group of hard-core abusers who had already used other drugs, and the vogue for central stimulants and amphetamines seemed to be showing some decline. It had been noted that the members of a sub-culture

involved in other criminal activities were also heavily engaged in trafficking in and the abuse of narcotics. Symptoms of that trend were the large proportion of abusers among the prison population and the difficulties experienced by the authorities in preventing the circulation of narcotics inside penal institutions. The statistics indicated that cannabis was used on a very wide scale in Sweden. It seemed that between 10 and 30 per cent of young people experimented with cannabis on one or more occasions. Few of them, however, went on to hard drugs. At the end of the 1960s, the number of heavy drug abusers in Sweden had been estimated at about 10,000. It was believed that the growth in their number had now been arrested and that there had even been some reduction. That result had been achieved by organizing advisory services and early treatment facilities and the public had gradually come to realize the dangers of narcotics. In addition, greater efforts to control the movement of drugs had been undertaken by the police and customs authorities and co-operation with the authorities of other countries and with Interpol, in the spirit of the International Convention, had been very helpful in the fight against narcotics and the abuse of psychotropic substances.

6. There was, of course no question of decriminalizing or depenalizing cannabis abuse. However, the legal procedures used in Sweden in the case of cannabis offences were extremely flexible. It was generally felt that it did more harm than good to send to prison young people who experimented with drugs, and other methods were preferred. In general, a user who was found to have small or moderate quantities of cannabis in his possession was not penalized. However, a heavy trafficker was liable to very severe punishment. The Swedish delegation considered that the discussions in the Commission on the question of cannabis were somewhat academic and that it might be useful for the Commission to examine and comment on the actual application of the law in various countries. Many countries were apparently extremely worried about the cannabis situation and sincerely believed that the use of cannabis was dangerous. For reasons of solidarity with those countries, Sweden had no desire to change the Convention or its application. It believed, however, that the approach adopted should be as rational and effective as possible.

7. Mr. DI GENNARO (Italy) said that 1976 had been a year of transition for his country. A new law enacted late in 1975 had brought about a complete revolution and a new approach to drugs, questions of treatment, prevention and control and the functioning of the relevant machinery. In 1976, meanwhile, the drug situation in Italy had deteriorated sharply in several respects. The new law dealt with the substances covered by the Single Convention and with the psychotropic substances of the Vienna Convention on the same footing, which implied that Italy had already accepted the principal obligations laid down in the Vienna Convention. The depenalization envisaged by the new Italian law did not mean that Italy had failed to abide by the Single Convention and the Vienna Convention, because the 1972 Protocol and certain provisions of the Vienna Convention suggested the possibility of alternatives to penal measures.

8. The new Italian law made no distinction between the different types of substances in the area of penalization because the Italian legislator, for a variety of reasons, did not hold the view that cases involving the so-called "soft" drugs should be dealt with differently from those involving "hard" drugs. The new law provided for a complete reorganization of the various drug enforcement units. A central police body had been set up in which representatives of all the various authorities concerned met to plan and programme joint activities. A new system had also been organized for data collection in a single unit. Therapeutic and preventive activities had been decentralized; the central Government was empowered only to provide general guidelines and all activities had to be organized locally. Italy had abandoned the so-called medical model of intervention and the new laws specifically prohibited the institutionalization of drug abusers in prisons or mental hospitals. The general effect of the law was to release valuable resources so that they might be used to combat the traffic in drugs.

9. There were very clear and disquieting signs of an increase in all forms of drug abuse in Italy. The situation with respect to hard drugs appeared to be worsening. They were being used increasingly by people of all social classes, and particularly by young people in the underprivileged groups. Some 25 per cent of hard drug users were secondary school and university students and 58 per cent were unemployed persons. The statistics also indicated an increase in the number of deaths attributed to drug taking.

10. In 1976, the hard drug most abused had been heroin, followed by morphine, barbiturates, amphetamines, hallucinogens and cocaine. The soft drug most abused had been hashish.

11. One of the main problems facing the authorities was that of providing individualized treatment for addicts. In view of the existence of polyaddiction and polymotivation, it was very difficult to create a universally applicable form of treatment. Among the psychotropic substances abused, pentazocine constituted a major problem. The Italian authorities were devoting attention not only to drugs and psychotropic substances that had already been identified but also to new drugs, especially medical drugs of a synthetic nature. That was why the new legislation provided for a sixth schedule to cover drugs which, although not yet known to be dangerous, might prove to be so. Such drugs were monitored by the medical profession and if found to be dangerous were transferred to one of the five schedules listing the drugs covered by the international conventions.

12. In conclusion, he emphasized Italy's desire to strengthen international co-operation aimed at combating drug abuse.

13. Mr. SHAHANDEH (Iran) said that, although the main drug of abuse in Iran was opium, heroin abuse was increasing. Early in 1976, the Government had established the Drug Abuse Co-ordinating Council (DACC) which was presided over by the Minister of Health and Social Welfare and brought together the ministries, armed forces organizations and national agencies involved in the Government's efforts to fight drug abuse. The Council had wide-ranging decision-making powers and had been instrumental in bringing greater co-ordination and effectiveness to drug abuse programmes. It had established three specialized committees, one on enforcement, one on prevention and one on treatment and rehabilitation, and had established an executive office to ensure that its decisions were implemented.

14. The National Iranian Society for Rehabilitation of the Disabled (NISRD) had played a significant role in the expansion of treatment facilities; it also acted as technical consultant to the prevention committee. The Society's treatment capabilities currently exceeded 35,000 cases a year and were expected to exceed 50,000 cases by the end of 1978. Most of the new facilities would provide treatment on an outpatient basis.
15. The prevention committee, which was presided over by the Minister of Information and Tourism, had initiated an extensive study of the problems related to drug abuse and had launched a programme aimed at both opium and other hard drug users. Educational and preventive programmes had been designed to create awareness among parents, young people, students and other groups. A centre to provide advice to those in need of help was being established with a view to encouraging abusers to seek treatment. The prevention committee aimed to stimulate greater community involvement in efforts to solve the problem of drug abuse and was seeking to co-operate with all Government and non-Governmental organizations.
16. Another important undertaking had been the epidemiological survey launched by NISRD with a view to identifying the type of person who took drugs, the causes of addiction, the drugs of abuse and the sources of supply. The survey would provide information on the pattern of drug abuse and thus form a solid basis for future planning of programmes to counter drug abuse and research into the question of addiction.
17. Mr. GUJRAL (India) said that, apart from tobacco and alcohol, the drugs most commonly abused in India were opium, cannabis, hypnotics and sedatives. Prior to the 1960s, the problem of drug abuse had been mainly confined to the older generation, the drugs abused being opium and cannabis. During the late 1960s and the 1970s, there had been increasing reports of drug abuse by students, the drugs abused being cannabis, hypnotics and sedatives, such as secobarbital and methaqualone, stimulants and hallucinogens, such as LSD. Abuse of pethidine and morphine was confined to medical and para-medical personnel. There were no reports of abuse of heroin or pentazocine or of abuse of volatile substances by inhalation.
18. There were no reliable statistics showing the number of drug abusers or the number of abusers under treatment. Studies showed, however, that although the non-medical use of drugs by students was increasing, the number of hard-core addicts was not significant. They also showed that the main causes of drug abuse were curiosity, peer influence and the need to relieve tension, and that drug abusers were generally members of the higher economic strata of society. There had been no alarming increase in the consumption of psychotropic substances, apart from methaqualone, which was produced in India; steps had been taken to control the manufacture and distribution of that drug.

19. His Government had initiated a number of administrative and legislative measures to ensure that the adolescent drug subculture did not assume serious proportions in the country. A high-level committee, under the chairmanship of the Director General of the Indian Council of Medical Research, had been set up to make an in-depth study of all aspects of drug abuse. The Committee, whose members comprised representatives from the Departments of Social Welfare and Health, various enforcement agencies and well-known educationists and psychiatrists, was expected to submit a report by the end of the year.

20. Mr. MIZA HERRERA (Colombia) said that in his country problems of drug abuse were dealt with by the Ministries of Health, Justice and Education. The oral consumption of amphetamines, barbiturates and hallucinogens had been noted. Cannabis was smoked by groups of young people and adolescents. Cocaine and heroin use had been observed in the higher strata of society.

21. The Colombian authorities had been gratified to note the high priority accorded to the problem of drug abuse by the Government of the United States of America. One question to which the Western countries should pay attention was that of the relationship between the supply of and demand for narcotic drugs.

22. His Government had elaborated programmes to control drug use and the National Congress was examining the Convention on Psychotropic Substances with a view to acceding to it.

23. The situation with regard to drug abuse in Colombia appeared to be stationary. Young persons were those most affected by the problem. Studies covering 350,000 students had been carried out in four of the country's largest towns. They revealed that the proportion of those affected varied between 37 and 120 per thousand.

24. Colombia, having coastlines on both the Pacific and Atlantic Oceans, was strategically placed for the traffic in narcotic drugs. Some of the raw materials were produced locally, but others came from neighbouring countries which used Colombia as a processing and distribution centre. There was no doubt that drugs were distributed from Colombia to other countries of the continent, particularly to the north. In his Government's view, control of the demand by countries with the greatest economic resources would have a decisive effect on supply. The importance of universal co-operation in solving the problem could not be over-emphasized.

25. The use of toxic substances by various groups of society was attributable to cultural, social and economic factors. Official and private centres had been established in Colombia to deal with drug addicts and courses on the problem of drug addiction had been included in educational programmes at all levels. Legislation to govern the issue of medical prescriptions for drugs had been enacted.

26. Mr. de SOUZA (Australia) said that drug abuse in Australia continued to be a cause of concern to Federal and State health authorities and associated bodies. During the previous 12 months, reports of two major surveys of drug use had been completed. They were: the Australian National University Drug Education Project and the third report of the 1974 study on patterns of drug use among schoolchildren in the State of Queensland. The university project consisted of a longitudinal study of the effects of various educational approaches and a number of parallel studies, including one on values education as an alternative approach to drug education, a participant observation study in one high school, and a study of the influence of peers and parents in drug education. The report evaluated a variety of educational approaches which modified adolescents' attitudes and beliefs about drugs. The measure used to compare educational approaches was the net recruitment rate to drug use over the one-year period between two surveys with an intervening instructional programme concerning drug use. The studies supported the conclusion that a multiplicity of dynamic factors was related to drug use and a number of general observations could be made concerning educational approaches. It would seem that boys benefitted from individual instruction and girls from group-led studies. On the whole, a teacher-led approach should be avoided.

27. The Queensland study was aimed at providing current information on alcohol and drug use among Queensland schoolchildren and it also examined the effectiveness of alcohol and drug education programmes currently given to high school students in Queensland and the relationship of social and personal variables to the use of alcohol and drugs by Queensland school children. The final part of the report dealt with the correlation between alcohol consumption and drug use and examined social and personal background factors, such as father's occupation, family stability and parental use of drugs. The student's peer group was found to exert the major influence on both his behaviour and attitude to drugs and alcohol. The role of parents was also significant: the parents of drug-taking students approved of alcohol more and served beer or wine more often with meals than did parents of non-users of drugs. It was suggested that parents, by example, created in their children an attitude towards the use of pharmacological substances in general rather than towards specific substances.

28. For the Australian National Drug Education Programme, 1976 had been a year of consolidation. Although the Programme had received no additional Federal finance, there had been much continuing activity and 1977 would see a further evaluation of the various drug addiction education initiatives by an assessment team which would visit all the Australian States and Territories in the next few months.

29. The Federal Government was continuing to provide funds to States and Territories for projects relating to the treatment and rehabilitation of drug-dependent persons. As a result, there had been a steady expansion in the services provided through hospital inpatient and outpatient services and through voluntary agencies providing a variety of services, such as "shelters", therapeutic communities, drop-in centres and advisory services.

30. Mr. MOTOHASHI (Japan) said that his country was experiencing a serious problem of drug abuse caused by the prevalence of stimulant drugs. Cannabis, heroin, medicinal narcotics and LSD were also abused, but to a lesser extent than stimulant drugs.

31. Doctors and law enforcement officials were obliged by law to report to the Governor of Prefecture the name, address, age and sex of a narcotic addict or probable addict. Between January and November 1976, 27 addicts or probable addicts had been reported; that figure was considerably lower than the corresponding figure for the previous year. All the addicts reported had been in their 20s; eight of them were heroin addicts, the others being addicted to medicinal narcotics such as opiates. Statistics showed that heroin addiction was caused mainly by curiosity whereas addiction to medicinal narcotics was caused mainly by the need to relieve pain. Only two addicts had been hospitalized compulsorily during the period to which he had referred.

32. In an attempt to control the abuse of stimulant drugs, the Stimulants Control Law had been amended in 1973. Penalties against violators had been strengthened and legal control of stimulant materials had been tightened. The number of persons violating the Law had, however, continued to increase in 1976.

33. In Japan, an attempt had been made to deal with the problem of drug abuse from the point of view of demand as well as from that of supply. Illicit use of drugs had been made a crime and the mere possession of illicit drugs was also a punishable offence. The laws had been actively enforced; in 1976, more than 20 per cent of those charged with violating the laws on narcotics and stimulant drugs had been charged with the offence of illicit use of those drugs.

34. Although illicit drug use was a crime in Japan, the importance of rehabilitating drug addicts was recognized. Under the Narcotics Control Law, a system had been established to cater for addicts from the time of detection to compulsory hospitalization. There were nine special hospitals providing treatment for addicts. Hospital charges were shared by the State and the Prefecture, but patients could be required to contribute in proportion to their income. As a rule, criminal procedure took precedence over compulsory hospitalization. In practice, however, criminal investigation was conducted while the patient was undergoing hospital treatment. The importance of aftercare for addicts was also recognized in Japan. There were special counsellors to advise and guide former addicts and prevent their relapse into addiction.

35. An educational programme designed to make the public aware of the dangers of drug abuse had been drawn up. The main activities carried out under the programme consisted of a nation-wide campaign for the prevention of drug abuse, State support for preventive activities carried out by civilian organizations and the co-operation of medical and pharmaceutical concerns in preventive activities.

36. Mr. RANDRIANANIL (Madagascar) said that, despite a law under which the same penalty was imposed on traffickers as on consumers, cannabis was widely abused in Madagascar by all strata of the population, particularly the young. The powers generally attributed to cannabis, the tendency to replace modern medicine by traditional medicine and the social and economic conditions of the population were some of the reasons explaining cannabis abuse. The Government proposed to implement a preventive policy consisting mainly of publicizing the disastrous consequences of abuse of the drug. It realized, however, that implementation of the policy would require specialized personnel and considerable resources.

37. There was no doubt that cannabis abuse was causing great harm. There was, however, a tendency to underestimate the danger of alcohol, particularly in Africa where it was readily available by reason both of the quantity produced, either licitly or illicitly, and of its price, and where malnutrition was prevalent. In many cases, young people came to drugs by way of alcohol.

38. Mr. BARONA LOBATO (Mexico) said that the secretariat was to be commended for the comprehensive and coherent picture it had presented in document E/CN.7/594. Of the main characteristics of drug abuse throughout the world revealed by the document's closing summary, the increase in heroin addiction called for a strategy which would bring about a sharp decline in the abuse of the drug as soon as possible. Serious efforts must also be made to reduce consumption of the most widely abused drug, cannabis, particularly in view of the increase in its consumption in liquid form. Heed should also be taken of the warning implicit in the increasing abuse of cocaine in the Americas and Europe. Measures were required to halt the constant increase in the abuse of psychotropic substances and manufacturers must be encouraged to produce, under medical control, only the quantities required for therapeutic purposes. The continuing abuse of opium, cannabis and coca leaves showed that the search for measures to control and reduce such abuse must continue. The abuse of drugs by young people, who constituted a high-risk sector of the population, should be a source of deep concern to governments and the international community. In view of the rise in multiple drug abuse, knowledge was required of the dangers which drugs represented both when taken individually and in combination with others.

39. The President of the United States of America had said that drug abuse, a problem which knew no frontiers, could be solved only by concerted international co-operation. His delegation welcomed that statement and the President's decision to take a personal interest in a high-priority programme to curb the abuse of drugs, an undertaking which also implied an intention to halt their illicit supply.

40. Despite the fact that drug abuse was far less prevalent in Mexico than elsewhere, his country's authorities had for many years made serious attempts to combat the phenomenon by action at both the national and international levels. The recently-elected Government intended to continue that policy.

41. Under the previous Government, the health authorities had achieved outstanding success in controlling substances likely to be abused and the national education system had carried out successful preventive campaigns. The legal bases of the social security system had been modified to permit more effective action against drug abuse and the prison system had been modernized and a humanitarian and progressive approach adopted to the treatment of young drug offenders.

42. Action more specifically related to drug abuse problems had been taken by the Mexican Centre for the Study of Drug Dependence and the National Council on Problems of Drug Dependence, which was now known as the National Mental Health Council. The establishment in 1972 of the first of those bodies had led to the creation of an integrated system of prevention and treatment services.

43. As part of the constant improvement in its control measures, Mexico had developed a list of priorities and methods for dealing with addiction according to the type of drug abused and the socio-economic characteristics of the population in the area concerned. The authorities attached the highest priority to the problem of the inhalation of volatile industrial substances, which was the most common form of abuse. It was particularly prevalent in large urban centres and had been observed among young people and even children. In some cases, the phenomenon had emerged as a concomitant of the social alienation which went hand in hand with ill-health and ignorance among the urban poor. A special programme had been designed to tackle the problem at all levels. The law now considered incitement to abuse volatile substances as equivalent to incitement to abuse opiates or psychotropic substances.

44. The State petroleum company, PEMEX, had taken measures to prevent the sale to the public of products containing the most toxic substances, namely benzene and toluene. In addition, trade associations had participated in a campaign to encourage manufacturers to print on product labels warnings against the dangers of abusing volatile substances and to urge retailers to avoid as far as possible the sale of such substances to minors. The Mexican Institute for Protection of the Child and the Family had established in Mexico City a special treatment unit which had conducted an in-depth study of the pathogenesis of this form of dependency and had tried out new rehabilitation methods. Major advances had been made in knowledge of the effects on the human organism and social conduct of the inhalation of various substances in common use. In June 1976, the Mexican Centre for the Study of Drug Dependence and the United States National Institute on Drug Abuse had jointly sponsored the first international symposium on the topic, the conclusions and recommendations of which had already been communicated to the Commission.

45. Second in the order of priorities was the abuse of tranquilizers and stimulants in tablet form for, despite official control of raw material imports and manufacture and distribution, a certain percentage of such products entered the illicit market. That percentage was being still further reduced by greater care in the compilation of sales records and in the issuance of prescriptions.

46. The number of persons abusing marijuana in Mexico remained high and, although regular users constituted a very small fraction of the population, the frequency of consumption by persons 18 to 24 years of age had risen. That supported the thesis that abuse of marijuana was associated with an expression of revolt as part of the process of self-assertion during adolescence.

47. A very few cases of abuse of opiates had begun to appear along Mexico's northern border. The problem was being met by an intensive programme of construction of treatment centres in the main border towns and the establishment of co-operation networks which Mexico hoped would be both stable and effective.

48. The studies conducted over many years to determine the extent and the rate of development of drug addiction in Mexico had led to the creation of data banks which formed the basis of the Drug Dependence Information System of the Mexican Centre for the Study of Drug Dependence. That system, which currently provided the Centre with information on the effectiveness of its own proposals and the environment in which the dependency control strategy was being applied, would be extended to provide information on drug production, circulation and distribution. Provision had also been made for the collection of additional data, in the light of the specific requirements of the institutions concerned with drug abuse control. The System, which used information from both public and private sources, made it possible to analyse the phenomenon of drug abuse within the general framework of the country's dynamic socio-political development policy. It employed the computers of the Secretariat for Public Education and was capable of providing a correlative analysis of the phenomenon of drug abuse in every municipality in Mexico, using data derived from national censuses. It also included modelling and simulation programmes which would permit analysis and forecasting of various aspects of the consumption, production and distribution of drugs.

49. The information provided by the System had made it possible to enhance the efficiency of and co-ordination among the various agencies concerned with the problem of drug abuse. The National Programme for Combating Drug Problems had supplied all health workers with printed advice and instructions on preventive care and the treatment of addicts. Practical guidance had been given in information leaflets distributed mainly to schoolteachers. In addition, courses had been arranged for personnel from the medical and other fields and for volunteers and ex-addicts with a view to expanding the number of professionals and para-professionals equipped to deal with drug abuse problems. By the end of 1976, Mexico had established 32 Youth Integration Centres in the communities where drug abuse was most widespread. The aim of the centres was to provide the communities with information and technical assistance concerning drug abuse so that they would lend their own efforts to solving and preventing the problem. Detoxification units had been established at specific points in the northern border area and had organized maintenance programmes for heroin addicts which made no use of natural or synthetic opiates. All the country's drug abuse programmes now maintained records of the incidence of addiction which were drawn up in accordance with recommendations issued by the World Health Organization and would thus be comparable with those maintained in other countries.

50. With regard to legal action, Mexico had recently published a unified Regulation concerning Narcotics and Psychotropic Substances which gave details of the controls to which such substances should be subjected in accordance with the provisions of Health Code, which itself reflected and in some cases went further than the provisions of the relevant international agreements. The creation of clinical laboratories throughout the country and the publication of practical guides had made possible speedier and more uniform determination of guilt or innocence in cases of suspected drug abuse.

51. The changes in the illicit demand for drugs to which he had referred were undoubtedly due to various psycho-social and socio-political factors. For example, a phenomenon of contamination was apparent in the spread of opiate abuse in the northern border area. Other determining influences were the migration of the rural population to cities, where they joined the lowest social classes and often led a precarious existence, and the disruption in established values consequent upon the current rapid changes in life styles. Despite its limited resources, Mexico had sought to identify and understand the factors involved and to combat them by evolving community development programmes which offered young people an alternative to drug abuse by giving them opportunities for self-expression and productive integration in the community.

52. His country had made its experience in that respect available to others, particularly through its participation in seminars of Latin American States, and it believed now more than ever that the problem of drug abuse could be solved only through international solidarity on the part of all countries. Mexico had long held that illicit demand for drugs influenced their supply and that the problem of drug abuse must be seen as arising essentially from the relationship of the individual to his family and society. Accordingly, his delegation believed that the Commission should give greater attention to the social causes of drug abuse.

53. Dr. FARIAS (Argentina) asked the Chairman to convey the Argentine delegation's deepest sympathy to the relatives of Mr. S.P. Sotiroff, a member of the Division of Narcotic Drugs who had died in July 1976 and who had rendered great services to the United Nations bodies concerned with combating drug abuse.

54. In the past seven years, drug abuse in Argentina had assumed such proportions as to become a social scourge among young people between 12 and 25 years of age - a problem that was all the more acute in view of the high percentage of young people in the population. The drugs that were in use included opium derivatives (morphine), coca leaf, cocaine, cannabis, barbiturates, amphetamines and hallucinogens. New forms of drug dependence had also emerged through the use of pentazocine and methaqualone. Most of the users of narcotic drugs were in the 14-25 age bracket and were from different social classes. Cocaine, however, was used by persons over 25 years of age, earning good incomes which enabled them to support their habit. Coca was chewed chiefly in the northern part of Argentina by the poorest social groups because, in their work, it helped to combat fatigue and also hunger. However, experiments had shown that the use of coca often disappeared if the users moved to other areas or if their socio-economic conditions improved. Of an estimated total of 240,000 to 250,000 users of coca, 60 per cent to 70 per cent were seasonal workers from neighbouring countries employed as labourers in the

provinces of Salta and Jujuy. Marijuana had a ritual use among young people in their social gatherings and was regarded by the authorities as one of the first steps towards drug addiction. Use of amphetamines and methaqualone represented the next steps, but opium and heroin were not commonly used because of their high cost.

55. An examination of a user's background revealed earlier character disturbances, such as ill-conduct in the family or school environment, difficulties of adaptation despite intellectual capabilities, over-aggressiveness in facing up to problems, immature emotional development and an egocentric and distorted view of reality. One critical factor was the inability to overcome the crisis of adolescence. An immature personality refused to face the frustrations of growing up and sought to build up regressive mechanisms of self protection in a search to rediscover earlier pleasures.

56. The family unit, in other words, the vehicle for the continuation of the traditional values of Argentine society, was experiencing the impact of social change brought about by technological development - yet another factor which made for instability in certain types of families and caused disturbances among the children. For example, the mother might wield more "power", which was not necessarily a synonym of "authority", than did the father, thus precluding any true relationship between the father and the children. Such a situation led to indulgence and insecurity and an absence of any balance between affection and discipline. Other characteristics of the families of addicts included the desire that one member should remain ill, in which case efforts to cure him were sabotaged, the existence of family secrets such as abortions or suicides, which created genuine myths that consciously or unconsciously affected all the members of the family group, great insecurity in the marriage relationship, and also paradoxical forms of communication in which, for instance, the children were continually assured of their freedom but were not allowed to exercise it. Another feature of the type of family in question was the desire to achieve immediate successes because of profound uncertainty about the future.

57. Research conducted in his country into the background of 100 young addicts had shown that, in 30 per cent of the cases, at least one of the parents had been an alcoholic. It had frequently been noted that the first contact of many young people with narcotic drugs had been through the medicaments, e.g. amphetamines, barbiturates or methaqualone, used by the mother. Eight per cent of the cases involved had indicated suicide or attempted suicide among the parents and 30 of the young people concerned had also attempted to commit suicide, sometimes on more than one occasion.

58. The family was the most important of society's institutions in bringing up the young, but its role could be strengthened or weakened by other institutions. He had in mind the influence of the school in helping to bring about the social adaptation of the young, of the mass media, which sought to guide and enlighten public opinion, and of government projects for young

people in the areas of education, work, sport and recreation. A young person moved towards the future along paths marked out by the adults who had preceded him. Programmed political and social action should ensure that his desire to study and to work would be fully met and should take into account the fact that leisure time and recreation called for integrated programmes that were in keeping with the true interests of the young. When ethical and moral values remained firm and imperishable, young people could in fact move towards a proper future.

59. Dr. SMITH (Canada) said that, in any effort to deal with drug abuse in an effective and humane manner, measures to reduce demand were of as much importance as those relating to supply. That was reflected in Canada's domestic programmes and in its strong support for the Working Group on Measures to Reduce Illicit Demand for Drugs.

60. In his country, the primary responsibility for measures to deal with demand for drugs rested with the provinces. Some social services did exist in that connexion, but most were provided through health, educational and social welfare systems set up to deal with other problems. In the majority of the provinces, a co-ordinating and organizing function was performed by a special commission or a foundation which provided some treatment, in some cases for alcoholism as well.

61. The role of the Federal Government in measures concerning demand was chiefly to concentrate on programme development and to act as a national resource centre. The Non-medical Use of Drugs Directorate, which came under the Department of National Health and Welfare, engaged in a number of activities, including intra-mural and extra-mural research, the provision of information materials, the development of educational and training programmes, the supply of consultative services and the promotion and funding of community action projects in the areas of prevention, treatment and rehabilitation. While the Directorate's main priority was alcoholism, Canada was nevertheless experiencing a problem of multiple drug abuse which included abuse of alcohol. Efforts were, therefore, increasingly being made to deal with alcoholism and drug problems on a co-ordinated basis.

62. The major emphasis during 1976 had been on the maintenance of a national film library, supplying films through centres located throughout the country. High priority was also attached to education and training. A comprehensive plan was being developed for primary and secondary schools, in an effort to reinforce attitudes against the abuse of alcohol, tobacco and drugs; the educational material was appropriately geared to each age level. Since education was the responsibility of the provinces, the project had to be undertaken on a closely co-ordinated, co-operative basis.

63. High priority was being given in Canada to the production of material for use in training professional and semi-professional personnel which consisted of a set of 12 books with comprehensive coverage of the problem of drug abuse. That project also had been undertaken in close co-operation with the provinces.

64. A preventive approach to the problem of drug abuse called for a clear understanding of the means available for early identification and intervention in drug-related problems. Consequently, it was necessary to work with a number of professions, e.g., nurses, physicians and social workers, and with a variety of organizations. The Directorate had undertaken several projects with that objective in view. They included the publication of a Drug Crisis Treatment Manual for use in hospital emergency wards, the development of community referral systems, support for a community mental health worker in a low income residence for women and support for a knowledgeable worker on problems of addiction who would work with young people brought before the courts. The Department of National Health and Welfare itself continued to be active in the field of drug treatment. For example, it was financing a drug-free treatment programme and extensive research designed to gain a better understanding of treatment processes and results.

65. The agenda for the present session having been re-arranged in order to place strong emphasis on the problem of drug abuse and its manifestations, he believed the Commission might now wish to hear the Director of Canada's Bureau of Dangerous Drugs, who would report on the situation regarding drug abuse in Canada.

66. Mr. McKIM (Canada) said that statistics of drug abuse in Canada in 1976 were not yet complete. However, it was already clear that such abuse was increasing, which was a cause of concern for both health and enforcement officials. The trend was now very much towards multiple drug use and it was no longer possible to categorize many drug users according to a specific drug, for a large number of them used whatever drug or drugs were currently available.

67. Cannabis and cannabis products, including cannabis plant material, cannabis resin and liquid hashish, the new and more potent form of cannabis, were still the most widely used prohibited substances in Canada. Heroin remained the main choice of users of opiates and synthetic narcotics. When supplies of heroin were scarce or were not available, attempts were made to divert supplies from legitimate medical channels. The drugs which addicts in Canada appeared to find acceptable in that regard were oxycodone, hydrocodone and hydromorphone. However, rapid detection and corrective action were possible because of the regulatory controls applied to those drugs in his country.

68. Recently, a number of addicts in one of the eastern provinces had been successful in deceiving some physicians into issuing prescriptions for a synthetic narcotic, anileridine, which was marketed in Canada under the trade name Leritine. To his knowledge, it was the first occasion on which heroin addicts had attempted to obtain the drug in question; again, strict regulatory action was bringing the situation under control. The illicit use of cocaine was also considerable and a cause of concern to health and enforcement personnel.

69. Yet another problem in Canada was the abuse of hallucinogens, most commonly LSD and MDA, and also the stimulant drug, methamphetamine. The regulations allowed methamphetamine, together with other related stimulants such as amphetamine and phenmetrazine, to be prescribed medically for six specific illnesses, but the substance was available to drug users from clandestine laboratories. A new development in 1976 had been the illicit production of diethyl-propion, in a manner which had also strongly indicated that it was being made in clandestine laboratories, and it was being distributed by traffickers as methamphetamine.

70. There was no information available to support the occasional reports in the popular press that drug abuse was diminishing or indeed disappearing. As he had pointed out earlier, drug abuse was in fact increasing in Canada and health and enforcement officials continued to attach high priority to the problem.

The meeting rose at 12.30 p.m.