

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



GENERAL
E/CN.7/SR.162
6 May 1952
ENGLISH
ORIGINAL: FRENCH

COMMISSION ON NARCOTIC DRUGS

Seventh Session

SUMMARY RECORD OF THE HUNDRED AND SIXTY-SECOND MEETING

Held at Headquarters, New York,
on Friday, 18 April 1952, at 2.30 p.m.

CONTENTS:

- Annual reports of Governments made pursuant to Article 21 of the 1931 Convention, as amended by the 1946 Protocol:
- Summary of annual reports of Governments 1950 (E/NR.1950/Summary) (continued)
- Laws and Regulations relating to the control of narcotic drugs (E/ML.1949/Summary)
- Programme of work of the Commission

<u>Chairman:</u>	Mr. RABASA	Mexico
<u>Rapporteur:</u>	Mr. NIKOLIC	Yugoslavia
<u>Members:</u>	Mr. SHARMAN	Canada
	Mr. CHA	China
	Mr. MAHMOUD	Egypt
	Mr. VAILLE	France
	Mr. KRISHNAMOORTHY	India
	Mr. ARDALAN	Iran
	Mr. KRUYSSSE	Netherlands

Members (continued):

Mr. AVALOS	Peru
Mrs. MELCHIOR	Poland
Mr. OR	Turkey
Mr. ZAKUSOV	Union of Soviet Socialist Republics
Mr. WALKER	United Kingdom of Great Britain and Northern Ireland
Mr. ANSLINGER	United States of America

Also present:

Dr. WOLFF	World Health Organization (WHO)
Mr. MAY	Permanent Central Opium Board
Mr. MARABUTO	International Criminal Police Commission

Secretariat:

Mr. STEINIG	Director, Division of Narcotic Drugs
Mr. LOPEZ REY	Division of Narcotic Drugs
Mr. BOLTON	Secretary of the Commission

ANNUAL REPORTS OF GOVERNMENTS MADE PURSUANT TO ARTICLE 21 OF THE 1931 CONVENTION, AS AMENDED BY THE 1946 PROTOCOL: SUMMARY OF ANNUAL REPORTS OF GOVERNMENTS 1950 (E/NR.1950/Summary) (continued)

International Co-operation

Mr. CHA (China) recalled that between 1931 and 1938, the Japanese military authorities had tried to introduce opium into China to promote drug addiction and to decrease the people's power of resistance to the invading armies. The Chinese Government had had great difficulty in combating that form of smuggling, which had been carried on chiefly through Manchuria; the smugglers had gone about in armed bands and had had the protection of the Japanese Government, whose interests they had been serving. He wondered if, in view of the progress made in the manufacture of synthetic drugs, it would not be quite easy for one State to promote drug addiction in the people of another country: he was, of course, quite sure that there were no statesmen who entertained such criminal intentions, but past experience should inspire prudence. Furthermore he wished to raise two questions on the subject of the treatment of drug addiction: first, why should

/drug addicts

drug addicts be forced to remain in bed while they were in hospital? Opium addicts were as capable of attending to their work as normal individuals. Secondly, was the period of time spent in hospital related to the duration and degree of drug addiction?

Dr. WOLFF (World Health Organization) explained that the duration of the treatment depended to a certain extent on the degree of drug addiction and the dose of the narcotic drug habitually absorbed by the patient; the essential factor was the mental condition of the patient resulting from the greater or lesser fixation of the narcotic drug in the nerve cells. In the majority of cases detoxication could be achieved in five or six days; patients remained in bed only for that relatively short period. A full treatment required five or six months, according to the mental condition of the patient. He stressed the fact that treatment did not mean cure: a drug addict could only be considered as cured if he refrained from recourse to narcotic drugs for at least three years.

Illicit traffic

The CHAIRMAN said that, in accordance with the decision taken during the debate on the annual reports of Governments for 1949, the Commission would examine that part of the summary when it came to discuss the agenda item on illicit traffic.

Drug addiction

Mr. ZAKUSOV (Union of Soviet Socialist Republics), referring to the chapter on "Drug Addiction", noted that several members of the Commission had, on various occasions, endeavoured to ascertain the essential cause of the drug addiction still rife in many countries despite the efforts of Governments. Several reasons had been suggested: the production of narcotic drugs was said to encourage the inhabitants of a country to become drug addicts; but in Czechoslovakia, a producer country, drug addiction was unknown. Therefore production could not be the true cause; nor could it be war which caused the appearance and growth of drug addiction in a country: Poland had suffered much

during the war, more perhaps than any other country, but drug addiction was not widespread there. Certain States had taken administrative measures to combat drug addiction: the United States in particular had established for that purpose a remarkably well-designed organization with experienced and competent staff; yet the baneful effects of drug addiction were widespread in that country. Nowadays the factors he had mentioned could still lead to drug addiction in certain countries then the real cause of addiction must be sought in social conditions in those countries. In all countries where the social structure had been reformed, drug addiction was unknown: that was the case in the USSR; sick persons were given narcotic drugs when they needed them, but they were sick persons and not drug addicts. Drug addiction was present only when the persons concerned had fallen into the habit of taking a drug and obtained it by every possible means, even if that means were illegal. In that sense, there was no more drug addiction in the USSR than there was in Poland. In the old Russia, on the other hand, there were many cases of drug addiction in the true sense of the word, whereas since the October Revolution social conditions had changed and drug addiction had, as a consequence, completely disappeared.

Mr. VAILLE (France) did not think that the USSR representative had conclusively proved his case. Comparison between two countries where the social structure was similar and freedom was the essential principle of government, such as for example the United States and France, made it possible to note that in the first country the problem of drug addiction had reached a point where the authorities were becoming alarmed, while in the second it was little known, and cases had been caused chiefly by treatment with drugs (that was the case of 80 per cent of the registered cases of drug addiction). Further, drug addiction was not a continuous phenomenon; it appeared only at certain periods and affected only certain countries. The USSR representative had not succeeded in explaining the sporadic nature of the appearance of drug addiction. The facts, both medical and social, did not bear out his theory.

The CHAIRMAN said that certain members of the Commission had admitted the existence of drug addiction in their countries, while others had denied it. A confession prejudicial to the person making it was accepted at law as proof but the same was not true of a denial favourable to the person making it. Documents alone constituted proof and, as a result of the impartial documents in its possession, the Commission was in a position to judge as to whether drug addiction existed in any given country. Furthermore, the Commission was not considering drug addiction merely from the angle of its economic and social effects, although of course that side of the question was admittedly of some importance; the Commission's purpose was more lofty and more comprehensive: it was to put an end to the illegal use of narcotic drugs by means of the limitation of their production, manufacture and use.

Indian hemp

Mr. ANSLINGER (United States of America) noted that the consumption of bhang in India and Pakistan was about equal, if account were taken of the fact that the population of India was approximately four times that of Pakistan. He wondered why the production of charas was prohibited in Pakistan, while that of ganja and bhang was authorized; all three products were narcotic drugs. He thought the Secretariat should send a note on the subject to the Pakistani Government.

The CHAIRMAN announced that the Secretariat would ask the Pakistani Government for an elucidation of the point raised by Mr. Anslinger.

Manufactured drugs

Mr. ANSLINGER (United States of America) stressed the fact that the figures relating to France revealed a considerable decrease in consumption of manufactured drugs; that of diacetylmorphine in particular was very low.

Mr. VAILLE (France) explained that the consumption of heroin had fallen to 11 kilogrammes in 1951. That remarkable decrease was due to the strict regulations on the medical prescription of pharmaceutical products containing narcotic drugs. Furthermore, with judicial powers bodies, such as the Medical

/and Pharmaceutical

and Pharmaceutical Association (Ordre des médecins et pharmaciens) were extremely strict in dealing with cases of doctors and pharmacists who failed to obey the regulations on the subject.

He wondered whether the figure of 544 kilogrammes of codeine given as the production in Poland for 1950, as against 415 kilogrammes for 1949, represented the total amount consumed, or whether national production of codeine had been supplemented by imports.

Mrs. MELCHIOR (Poland) regretted her inability to provide precise information on the subject; in any case, the figures quoted were accurate.

In reply to a question from Mr. VAILLE (France), the CHAIRMAN explained that the Secretariat would furnish him with the information required on the basis of the statistics in its possession.

Control exercised over the manufacture and use of diacetylmorphine

In reply to a question from Mr. ANSLINGER (United States of America), Mr. STEINIG (Secretariat) explained that the Swiss Government had recently transmitted to the Secretariat a copy of a new Federal Narcotics Act prohibiting the manufacture and use of heroin. As soon as the text of the Act had been translated, it would be transmitted to governments.

Dr. WOLFF (World Health Organization) said that the Federal Act in question would come into force on 1 June 1952; the text had therefore not been included in the 1950 report. He recalled that at the 1931 Conference the Swiss delegation had indicated that its Government had not seen fit to prohibit the use of diacetylmorphine on the grounds that the medical profession was strongly opposed to such a step. At the present time, the Swiss medical profession considered that certain new products had superseded diacetylmorphine; that was the reason why the Government had prohibited the manufacture and use of that product.

/Mr. ANSLINGER

Mr. ANSLINGER (United States of America) believed that the British Medical Association had recommended the prohibition of the use of diacetylmorphine.

Mr. WALKER (United Kingdom) said that while he understood that the matter had again been under discussion recently in the United Kingdom, he was not aware that any recommendation had been made to his Government. If the medical profession were to decide that heroin could be replaced by a less dangerous substitute which had at least equal therapeutic value, the United Kingdom Government would be prepared to give serious consideration to the prohibition of heroin.

In the absence of further comments, the Commission took note of the Summary of Annual Reports for 1950.

LAWS AND REGULATIONS RELATING TO THE CONTROL OF NARCOTIC DRUGS

Annual summary of laws and regulations relating to the control of narcotic drugs for 1949 (E/NL.1949/SUMMARY)
Substantive scope of control

Mr. ANSLINGER (United States of America) said that at Lexington Hospital experts had been carrying out research on keto-bemidone. They were unanimous in believing that the product was much too dangerous to be put on the market, as it was even more liable than heroin to produce drug addiction. The manufacturer, who had taken part in the work and the experiments, was in complete agreement with the experts' opinion. It appeared from the report that the product was not prohibited in certain countries.

Dr. WOLFF (World Health Organization) supported the United States representative's remarks. In the studies it had made in 1949 and 1950, the Expert Committee on Habit-Forming Drugs (WHO) had stressed the particularly harmful nature of keto-bemidone as a habit-forming drug. Although the product was an extremely efficacious analgesic, its habit-forming nature made its use far too dangerous.

In European countries, where it was sold as a patent medicine, not only secondary but even primary cases of addiction had been observed. It was thus possible to foresee the dangers of keto-bemidone if it were taken into account that it had been put on the market extremely recently.

Mr. ANSLINGER (United States of America) stated that the use of keto-bemidone was not prohibited by law in the United States. As he had indicated previously, an agreement had been reached on the matter between manufacturers and medical experts, who had concluded that the product was far more dangerous than heroin.

Dr. WOLFF (World Health Organization) was unable to make a decisive statement on the relatively noxious character of heroin and keto-bemidone. The latter product was, however, at least as dangerous as heroin.

Mr. VAILLE (France) stated that the manufacture and use of keto-bemidone were prohibited in France. He wished to know whether the therapeutic value of keto-bemidone was equal to or higher than that of heroin.

Dr. WOLFF (World Health Organization) did not believe that a comparative study of the therapeutic values of the two products had been made. Nevertheless, the therapeutic value of keto-bemidone was not higher than that of morphine and keto-bemidone was far more dangerous than the latter drug.

Mr. VAILLE (France) wished to state the French Government's position on the matter as clearly as possible. In the primary interests of sick persons, the French Government would not consider the prohibition of the medical use of heroin until an analgesic of a therapeutic value equal to or higher than that of heroin had been developed.

/With regard

With regard to the danger of addiction to which the medical use of heroin gave rise, it had to be stressed that the manufacture of all synthetic narcotic drugs except pethidine was prohibited in France. It would be difficult to convince French doctors of the benefits which would result from the prohibition of heroin as long as drug addiction persisted in countries where heroin was prohibited. It might be argued that in those countries heroin was derived essentially from the illicit traffic and that it was therefore easier to combat its use. But the same argument held good in France where the medical use of heroin was authorized, as cases of abuse of lawful trafficking were extremely rare and, in practice, drug addicts were forced to turn to the illicit market.

Dr. WOLFF (World Health Organization) pointed out that the French representative had stressed the analgesic properties of heroin in relation to those of morphine. There was, however, a product named dromoran, the analgesic properties of which were superior to those of morphine and the action of which lasted longer; moreover, the product was less dangerous than morphine. Thus, dromoran might be used instead of morphine and heroin.

Mr. VAILLE (France) had had a study made of the action of the patent medicine called dromoran, which had proved to be superior to morphine but inferior to heroin. He hoped that chemists would develop a synthetic drug which would possess the analgesic properties of heroin without entailing the dangers of that drug. If that were done, the use of heroin could be prohibited.

Mr. MAHMOUD (Egypt) drew the attention of the members of the Commission to a substantive error that had been made in footnote 36 on page 140 of the French text of the Annual Summary. The phrase "les quantités minimums de d m rol" should read "les quantités maximums de d m rol".

The CHAIRMAN said the Secretariat would correct that error.

Chapter G. Cultivation of plants used in the manufacture and preparation of narcotic drugs (page 136 of the Annual Summary)

Mr. VAILLE (France) asked whether the Argentine Government had made fresh attempts to cultivate the opium poppy in view of the poor results obtained in that connexion in 1948.

The CHAIRMAN replied that the Argentine Government had not provided any information on the subject.

Chapter I. Domestic trade (page 138 of the Annual Summary)

Mr. VAILLE (France) asked the Canadian representative why the Canadian Government had prohibited the sale and distribution of cinchophen except by medical prescription, since so far as he knew it did not lead to drug addiction.

Mr. SHARMAN (Canada) replied that the regulations concerning that product had been adopted as part of the legislation on pharmaceutical products, and not under the legislation on narcotic drugs. The two categories of products fell within the competence of two different administrations. He could not therefore say whether cinchophen gave rise to drug addiction.

Mr. ANSLINGER (United States of America) referred to the paragraph on Iceland on page 142 of the Annual Summary. The measures of control taken under the regulations promulgated in 1949 seemed to be extremely severe and more comprehensive than those applied in the majority of countries. For example, they wisely regulated the dispensing of prescriptions read over the telephone. In the United States, in the absence of such measures, the dispensing of prescriptions under such conditions was simply prohibited.

Mr. SHARMAN (Canada) agreed that the Iceland legislation referred to in the Annual Summary was very farsighted. The same results might, however, be obtained by other provisions. For example, in Canada a pharmacist who dispensed a prescription read to him over the telephone was bound to insist on the production of the written prescription within twenty-four hours and assumed full responsibility for dispensing any such prescription.

Mr. VAILLE (France) stated that French legislation was similar to that prevailing in Iceland, but that it was even stricter, as the dispensing of prescriptions read over the telephone was formally prohibited. Moreover, in no case had the life of a sick person been endangered by the application of that regulation. In such circumstances, the most radical measure was the most effective.

The meeting was suspended at 4.10 p.m. and was resumed at 4.40 p.m.

Chapter L. Penal sanctions (page 149 of the Annual Summary)

Mr. VAILLE (France) asked the Chinese representative how the Chinese courts decided that a given person had the intention of selling poppy seeds. The regulations of 26 November 1948 punished any person found in possession of poppy seeds with the intention of selling. The question was whether possession of such seeds implied the intention of selling or whether proof of such intention had to be established.

Mr. CHA (China), in reply to the French representative, stated that the mere fact that a person was found in possession of poppy seeds was taken as proof that he intended to sell them or to cultivate the opium poppy.

Chapter M. Administration (page 153 of the Annual Summary)

Mr. ANSLINGER (United States of America) stated that the fact that the Argentine Government had set up a Technical Coca Commission in 1950 was an important point which should be considered in connexion with the study of the report of the Commission of Enquiry on the Coca Leaf (item 9 of the Commission's agenda).

The CHAIRMAN said that the Commission would proceed along such lines.

The Commission took note of the Annual Summary of laws and regulations relating to the control of narcotic drugs - 1949.

ANNUAL SUMMARY OF LAWS AND REGULATIONS RELATING TO THE CONTROL OF NARCOTIC
DRUGS - 1950 (E/NL.1950/SUMMARY)

Chapter L. Penal sanctions (page 209)

Mr. ANSLINGER (United States of America) asked the Indian representative what results had been achieved by the application in the province of Assam of the severe penalties laid down in the Prohibition Act of 1947.

Mr. KRISHNAMOORTHY (India) replied that he had no precise figures, but so far as he knew the results had been conclusive. The strict measures that had been taken in the province of Assam had been indispensable, as in the battle against addiction in the earlier decades of the century, Assam had caused concern to the authorities and the use of opium there had caused great harm. The position in Assam was now satisfactory and completely under control.

Mr. VAILLE (France) asked for information about the current intentions of Yemen towards accession to international conventions on narcotic drugs and about the development of penal legislation on narcotic drugs in Yemen.

Mr. LOPEZ REY (Secretariat) stated, in reply to the French representative's first question, that Yemen was a party to the Protocol of 1948 only; the Secretariat was corresponding with that country with a view to its accession to conventions concluded prior to 1948. With regard to the second question, the Secretariat had no information other than that which appeared in the Annual Summary.

The Commission took note of the Annual Summary of laws and regulations relating to the control of narcotic drugs - 1950.

PROGRAMME OF WORK OF THE COMMISSION

Mr. VAILLE (France) did not wish to delay the Commission's work but felt obliged to point out that his work was made difficult by the fact that only half of the documents were issued in French.

/The CHAIRMAN

The CHAIRMAN said that the Secretariat regretted its inability to prepare the French text of the Annual Summary for 1950 in time. The Commission duly appreciated the collaboration that the French delegation and other French-speaking representatives had given the Commission in spite of the absence of the French text of certain documents.

Mr. KRISHNAMOORTHY (India) asked the Secretariat to distribute the summary record of the meeting which the Commission had already devoted to the question of synthetic drugs when the Commission resumed consideration of that question.

The CHAIRMAN stated that the revised joint draft resolution (E/CN.7/L.8/Rev.1) relating to the question of synthetic drugs had already been distributed to members of the Commission and that the consideration of that matter might well be resumed on Monday, 21 April. If, however, members of the Commission considered that they should also be supplied with a summary record of the meeting at which the question had already been discussed, it might be impossible for the Commission to resume its deliberations on 21 April; indeed, it was improbable that the summary record concerned would be distributed by then. It was for the Commission to take a decision on the matter.

Mr. VAILLE (France) thought that, in order to meet the wishes of the Indian representative, it would be preferable not to resume the consideration of the question of synthetic drugs until Tuesday, 22 April, and to begin the consideration of the draft single convention on Monday.

Mr. SHARMAN (Canada) considered that it would be preferable for the Commission to conclude the consideration of one question before going on to another. He deplored the system under which a question was taken up, then abandoned temporarily, only to be taken up again later.

Mr. NIKOLIC (Yugoslavia) shared the Canadian representative's views. If the Commission was to begin to consider the draft single convention on Monday, it should finish that consideration before returning to the question of synthetic drugs.

Mr. KRISHNAMOORTHY (India) understood the Canadian representative's anxiety. But it did seem that the Commission had reached a measure of agreement on the question of synthetic drugs and it was probable that not much time would be required to complete the discussion of that question for the time being. He did not object, however, to beginning the consideration of the draft single convention on Monday, 21 April, and to finishing it before returning to the question of synthetic drugs.

It was so decided.

The meeting rose at 5.30 p.m.