
COMMISSION ON NARCOTIC DRUGS

Fourth Session

SUMMARY RECORD OF THE EIGHTY-EIGHTH MEETING

Held at Lake Success, New York,
on Monday, 23 May 1949, at 10.45 a.m.

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Chairman:

Mr. KRASOVEC

Yugoslavia

<u>Members:</u>	Colonel SHARMAN	Canada
	Mr. HSIA	China
	Brigadier EL-KHOULI Bey	Egypt
	Mr. BOURGOIS	France
	Mr. MENON	India
	Mr. ARDALAN	Iran
	Mr. KRUYSSSE	Netherlands
	Mr. AVALOS	Peru
	Mr. OR	Turkey
	Mr. ZAKUSOV	Union of Soviet Socialist Republics
	Mr. HUTSON	United Kingdom
	Mr. ANSLINGER	United States of America
<u>Also present:</u>	Mr. MAY	Chairman of the Permanent Central Board and of the Supervisory Body
	Dr. EDDY	World Health Organization (WHO)
<u>Secretariat:</u>	Mr. STEINIG	Director of the Narcotics Division, representing the Assistant Secretary-General
	Mr. PASTUHOV	Secretary of the Commission

LIMITATION OF THE PRODUCTION OF RAW MATERIALS (discussion continued):

Reply of the Government of Iran to the Questionnaire on raw opium
(E/CN.7/107/Add.6)

The CHAIRMAN, recalling that certain questions regarding raw opium production and drug addiction in Iran had remained unanswered as the result of the absence of the Iranian representative, re-opened the discussion on that topic.

Mr. MAY (Permanent Central Board) asked Mr. Ardalan whether the Iranian Government used the system of export and import certificates.

Mr. ARDALAN (Iran) replied that his Government had used that system in the past and was continuing to do so.

/Mr. ZAKUSOV

Mr. ZAKUSOV (Union of Soviet Socialist Republics) wanted an explanation from Mr. Ardalan regarding the production of raw opium in Iran: document E/CN.7/W.52 put the figure at approximately 1,400 tons: the United States representative had mentioned 1,500 tons, and the Iranian representative 400 tons. Those figures were contradictory.

He further asked what was the explanation of the fact that drug addiction seemed to be more widespread in Canada than in Iran, if the information in document E/CN.7/111/Add.3 was to be believed.

Mr. ARDALAN (Iran) explained that opium production in Iran was a Government monopoly. Cultivators had to make applications specifying the area to be cultivated and the amount of seed to be sown. When their applications had been approved by the Government, they were entitled to begin cultivation. The harvest was gathered eighty days after sowing, at the latest.

A first inspection took place, during which Government inspectors made a preliminary estimate of the probable harvest. A second inspection took place when harvest-time came; the whole crop was sold by the cultivators to the Government, which opened an investigation among the farmers concerned, if the harvest did not come up to the estimate. The Government, therefore, had entire control over the cultivation of the opium poppy and the production of raw opium.

Production had never reached 1,500 tons. The maximum had been 789 tons in 1940. Since then, moreover, the area under cultivation and the quantity of opium produced had been considerably reduced: in 1947 production had been only 5.6 tons, and in 1948 it had been 34 tons. The average of 350 to 400 tons, already quoted, represented all that Iran intended and was able to produce.

Opium smoking had been prohibited by a Ministerial Decree two years before. The entry into force of the necessary legislation was, however, in abeyance pending the approval of Parliament, which was still discussing the matter, in view of its serious economic repercussions on the life of the country.

No figure was given for opium consumption in Iran in 1947 and 1948 on page 3 of document E/CN.7/107/Add.6; consumption being prohibited by the law referred to, officially opium smokers no longer existed in the country. The illegal traffic was obviously outside Government control. As the Iranian representative had informed the Commission, the Iranian Government had decided to limit opium production in proportion to

world medical and scientific requirements and to take drastic steps to suppress the consumption and sale of opium within its territory.

Mr. HUTSON (United Kingdom) observed that according to the information at his disposal, the estimate of 1,500 tons given by the United States representative was lower than actual fact.

Mr. ANSLINGER (United States of America) explained that the figures he had quoted came from the Director of the Iranian Opium Monopoly himself, and represented an estimate of the 1949 harvest, which would be approximately between 1,500 and 2,000 tons. As a general rule, that kind of estimate was rather below the true figure.

Mr. ARDALAN (Iran) maintained that no one could give figures for 1949 production because the harvest had not yet been gathered. It was possible to know the area under cultivation, but not the harvest.

Colonel SHARMAN (Canada) suggested that the Iranian representative should obtain from the Director of the Iranian Opium Bureau the exact figures for the 1949 estimate of the opium harvest in Iran.

Mr. ARDALAN (Iran) accepted that suggestion.

The CHAIRMAN asked Mr. Ardalan how the figure for exports in 1947 could be given as 169 tons on page 3 of document E/CN.7/107/Add.6, when the total production for 1946 and 1947 did not come to 69 tons and it was indicated that no stocks were held either by the Government or the wholesalers.

Mr. ARDALAN (Iran) explained that the surplus came from stocks accumulated in preceding years, particularly between 1940 and 1943, when production had been greater than exports.

The CHAIRMAN pointed out that the table did not mention any stocks for 1937 to 1948.

/Mr. ARDALAN

Mr. ARDALAN (Iran) insisted that column 5 for Government stocks included only stocks used for purposes other than export: there had in fact been no such stocks.

Mr. BOURGOIS (France) noted that according to the information on page 3 of the French Government's report on Indo-China (E/CN.7/165/Add.2) the Indo-Chinese Customs had made only a single purchase of 49 tons of raw opium in Iran, and not two purchases as was indicated in document E/CN.7/107/Add.6.

Mr. ARDALAN (Iran) said that a mistake had probably been made and he would try to obtain information on that point.

DRUG ADDICTION -- ANALYSIS OF REPLIES FROM GOVERNMENTS ON THE QUESTIONNAIRE
ON DRUG ADDICTION (discussion continued)

General Discussion

Mr. ZAKUSOV (Union of Soviet Socialist Republics) said that it would be desirable for the members of the Commission to state their general views on that question, in view of its particular importance at the present time.

The problem was a delicate one which could not be solved immediately but for which, nevertheless, a remedy could and must be found. Unfortunately, the efforts made so far had not given entire satisfaction, neither had the Commission's work in that field achieved the desired results.

The discussion had revealed that there was a contradiction between the legislation in many countries, which dealt severely with drug addiction, and the real position in the same countries where, far from diminishing, drug addiction was manifestly growing. It must also be noted that in certain cases the approach to the problem was purely academic. Otherwise, how explain the fact that although Iranian legislation provided for the death penalty for opium smoking, nobody thought of denying that there were opium smokers in Iran?

If even in countries where rigorous measures existed there were still drug addicts, it must be concluded that those measures were inadequate. Certain of the measures were, moreover, often valueless from either the medical or

/the scientific

the scientific standpoint: for example, the system of giving opium pills instead of opium for smoking to smokers in Indonesia could not have been brought into force in European countries without occasioning the most serious criticism.

Lastly, it should be pointed out that the situation differed considerably in the metropolitan countries and the colonial territories. The USSR representative had urged, during the third session, that the provisions of the new Protocol, then under consideration, should be automatically applicable to colonial territories. He would urge once again that a similar provision should be inserted in the draft single convention.

For the fight against drug addiction to be effective, a fundamental change in social conditions and improved social hygiene were needed.

Drug addiction had entirely disappeared in the USSR as a result of the radical alteration of social conditions, which had abolished the atmosphere in which drug addiction flourished. Moreover, the State monopoly over production enabled complete guarantees to be given that the entire opium production of the USSR was used for medical and scientific purposes. The illegal traffic had been abolished, and narcotics were placed under a rigorous control which was further facilitated by the fact that the pharmacies were under State control.

The State organization of the medical services made possible an effective check on the use of narcotic drugs in medicine: no doctor was authorized to have a personal stock of narcotic drugs in his possession.

He said, in conclusion, that the fight against drug addiction was possible, but that in order to succeed it must be waged effectively and be based on truly scientific data.

Mr. BOURGOIS (France) thought that the problem of drug addiction in Europe or America differed widely from that in the Far East. The social danger was immeasurably greater in the Far East where drug addiction affected millions of individuals.

Like the representative of the USSR, he thought it would be useful to make a study of the social causes of drug addiction in the Far East, and of the preventive steps which could be taken, such as education in the schools, propaganda, the development of sports and above all the improvement of living conditions, which had been achieved in Indonesia. Such a study might be placed on the agenda of the next session of the Commission.

/Colonel SHARMAN

Colonel SHARMAN (Canada) pointed out that countries seemed to approach the problem of drug addiction in such sharply differing ways that it was impossible to find any field for common action.

In Canada, the first step was carefully to frame legislation prohibiting drug addiction, and the next, once that legislation was in force, was to check its application and effects by regular and exact statistics; simultaneously a fight was waged against the illicit traffic in narcotic drugs. But as long as other countries seemed to be satisfied by the promulgation of a law prohibiting drug addiction without any attempt to check its effects, it would be impossible to achieve results within the Commission.

Mr. ANSLINGER (United States of America) pointed out that the provisions of the international conventions were interpreted in various ways.

Referring to certain articles written by British sociologists, he asked the United Kingdom representative if it were true that in that country a drug addict could readily obtain narcotics by applying to a doctor, without having to prove that such narcotics were indispensable to him for medical purposes, or that in the United Kingdom drug addiction was considered not as a crime, but merely as a vice, like alcoholism.

He also asked Mr. Zakusov if, in the USSR, doctors did not themselves administer narcotics to the sick in cases of emergency, since they were not entitled to have stocks of drugs.

Mr. ZAKUSOV (Union of Soviet Socialist Republics) explained that, in stating that in the USSR doctors did not themselves administer narcotics to their patients, he had meant that, as a general rule, the sick applied to pharmacists to obtain indispensable narcotics which had been prescribed for them by the practising physician. A doctor could always administer a narcotic to a patient, in case of emergency.

In reply to the remark by the Canadian representative, Mr. Zakusov pointed out that, in stating that there were no drug addicts in the USSR, he had been considering the problem within the framework of social phenomena. It sometimes happened, however, that a drug addict was suffering from cancer and, in that case, it was usual to administer morphine to lessen his suffering.

/Mr. HUTSON

Mr. HUTSON (United Kingdom) stated that the question raised by the United States representative was based on an incorrect interpretation of British law and custom. The legislation of that country placed confidence in the integrity of the doctors, and it could be said that the latter did not administer narcotics without a valid reason.

Mr. BOURGOIS (France) said that doctors in France were allowed to keep a stock of narcotics to deal with emergencies, the quantity and nature of which would depend upon the speciality of the practitioner. Article 55 of the new regulations relating to drug addiction contained detailed provisions in that connexion.

Mr. KRUYSSSE (Netherlands) said that in Indonesia the number of drug addicts was smaller than it used to be, owing to improvement of social conditions and increased education. The representative of the USSR had criticized the system of distributing opium pills and stated that if such a system were put into practice in western countries, it would provoke severe criticism. Doubtless such a system had many defects, but it was the only one which could be applied in the region, on account of the insufficient number of hospitals and the need for treatment of drug addicts.

Education was a useful means of combating drug addiction, and certain organizations such as UNESCO could assist the Commission in the accomplishment of its task.

Mr. STEINIG (Secretariat) observed that during its second session the Commission had discussed that question, and the debate had seemed to indicate that the Commission wished before addressing a request to UNESCO to come to a decision upon the advisability of a propaganda and educational campaign, and on the method to be followed in carrying out such a campaign.

Mr. MAY (Permanent Central Board) pointed out that, according to the Iranian representative's statement that there were no drug addicts in his country, and since there was no manufacture of narcotics there, all the opium produced was intended for medical and scientific uses. The question then arose how it was that the Iranian Government authorized an over-production so great that it would be sufficient to fill all the medical and scientific needs of the world for several years, when it knew that it would be unable to dispose of its supply.

/Mr. ARDAIAN

Mr. ARDALAN (Iran) explained that the Iranian Government limited the country's production of opium to the quantities needed to fill world medical and scientific needs. Iran would produce a maximum of from 350 to 400 tons in 1949, and would further reduce its production during the following years.

Colonel SHARMAN (Canada) proposed the insertion of the following text in the Commission's report:

"To supplement the study made by the Secretariat on the analytical classification of the replies by Governments to the questionnaire on drug addiction (E/CN.7/166), the Commission requests the Secretary-General to begin work on an analytical study of the laws and regulations relating to drug addiction."

The CHAIRMAN said that although certain measures had been taken and some results obtained, the progress accomplished in the fight against drug addiction was insufficient. Opium smoking was still widespread and was, in fact, increasing in some countries.

The Chairman supported the proposal of the Canadian representative to place the question of the campaign against drug addiction on the agenda of the Commission's next session. He added that the members of the Commission would like to receive from the Iranian Government at the next session fuller information on the fight against drug addiction in that country. Drug addiction could obviously not be suppressed by the mere promulgation of a decree.

Mr. KRUYSSSE (Netherlands) said that it would also be useful to place on the next session's agenda the question of how UNESCO could contribute to the fight against drug addiction. The Canadian proposal emphasized the study of the relevant legislation and regulation of drug addiction. In Canada and in the United States which possessed a high standard of education, and which nevertheless had a large number of drug addicts, the question of attacking the problem through education might not be important, but it might play an extremely important role in other countries.

Colonel SHARMAN (Canada), referring to the remark of the Netherlands representative, pointed out that Canada, with a population of 14 million persons, had only 4,000 drug addicts.

/Mr. ANSLINGER

Mr. ANSLINGER (United States of America) said that the Netherlands representative had apparently not taken into account the fact that the 1931 Convention had contributed, to a great extent, to decrease the number of drug addicts in the world. Education could not replace the adoption of legislative measures. The best remedy against drug addiction would obviously be to reduce the production of opium to the quantity required to cover medical needs; such was, the case, for instance, in the USSR.

Mr. AVALOS (Peru) stated that his Government had not replied to the questionnaire from the Secretary-General. Although the Government of Peru had recently promulgated certain decree laws for the purpose of combating drug addiction, no legislation had yet been adopted to implement those decree laws. Under those decree laws drug addiction was an offence and only sick persons in real need of narcotics could obtain them from their doctor. He emphasized that other countries which already had legislation in that field had also failed to reply to the questionnaire.

Mr. BOURGOIS (France) stressed that the origins of drug addiction in Europe and America on the one hand and in the Far East on the other were very different. In the first two continents drug addicts were initially motivated by curiosity and the desire to experience new sensations; consequently, education would not be without certain dangers. That was not the case, however, in the Far East.

Mr. STEINIG (Secretariat) pointed out that if the Commission adopted the Canadian proposal the Secretariat would include in its study all legislative measures concerning education on the dangers of drug addiction. After examining that study the Commission might be in a position to decide whether to enter into consultation with UNESCO on the best methods to be adopted in an educational and propaganda campaign.

Mr. KRUYSSSE (Netherlands) suggested that the following text should be inserted in the Commission's report: "The Commission requests the Secretary-General to study the possibility and advisability of fighting drug addiction by appropriate educational methods."

That proposal might be considered as an amendment to the Canadian proposal or as a separate proposal.

/Colonel SHARMAN

Colonel SHARMAN (Canada) asked that his proposal should be retained in its original form. He was not sure that an educational campaign would be advisable and he thought it would be better to discuss the question in the Commission, the members of which had sufficient experience to give an authoritative opinion.

The Canadian proposal was adopted.

The Netherlands proposal was rejected.

The CHAIRMAN suggested that a paragraph should be included in the report requesting the Secretary-General to inquire whether the World Health Organization would be able to undertake a study on the medical treatment of drug addiction.

That proposal was adopted.

The CHAIRMAN stated that the study suggested by Canada and the proposal he had just submitted would be included in the agenda of the next session.

Protocol bringing under international control drugs outside the scope of the Convention of 13 July 1931 for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, as amended by the Protocol signed at Lake Success on 11 December 1946 -- Progress made towards the entry into force of the Protocol (E/CN.7/160).

Mr. STEINIG (Secretariat) recalled that on 8 October 1948 the General Assembly had urged all States to sign or accept the Protocol at the earliest possible date so that it could be put into effect. Page 8 of the report on the progress of the work included a list of the States which had signed the Protocol without reservation as to acceptance or which had deposited an instrument of acceptance and of the States which had only signed subject to acceptance.

Since the representative of Yugoslavia had subsequently announced that his Government had authorized him to accept the Protocol, the number of acceptances had risen to twenty and only five more were required for the instrument to enter into force.

/He therefore

He therefore suggested that in its report to the Economic and Social Council the Commission should state that it counted on receiving the five necessary acceptances at the earliest possible date and if possible before the end of the year. A reference in the report would probably be more effective than to add one more to the already long list of resolutions.

He stressed that if all the Governments represented on the Commission which had not yet deposited their acceptances were to adhere to the Protocol without reservation, that would be sufficient for it to enter into force. He made an appeal to that effect to the representatives of the Netherlands, Peru, Turkey, the United States, Egypt and India.

Mr. ANSLINGER (United States of America) replied that the Protocol was on the agenda of the Senate Foreign Relations Committee, which would examine it during the following week.

Mr. AVALOS (Peru) repeated that his country wished to carry out its international obligations to the full. The Government was studying a draft law which provided for the ratification of the Protocol and which would certainly be adopted before the end of the year.

Mr. KRUYSSSE (Netherlands) drew attention to the fact that his Government also was studying the Protocol and would probably accept it within a few months.

Mr. OR (Turkey) stated that the necessary draft law was before the National Assembly and would shortly be adopted.

Mr. MENON (India) indicated that his Government also would ratify the Protocol in the near future and General EL-KHOULI Bey (Egypt) hoped that his Government would adhere to the Protocol before the end of the year.

In those circumstances the CHAIRMAN wondered whether there was any point in including Mr. Steinig's suggestion in the Commission's report. It would suffice to mention the moral obligation which the representatives of six States Members of the Commission had just assumed.

/Mr. BOURGOIS (France)

Mr. BOURGOIS (France) pointed out that his Government had already taken certain measures in conformity with the Protocol.

For example, the import, manufacture and utilization of the following products was prohibited: dimethylamino-diphenyl-heptanone and its salts, B hydroxyl and B diphenylethylamine and its salts, isodianisyl ethanolamine and its salts (the latter product was an analgesic in common use and only a preventative measure was involved) and demethylacetyl-dihydrothebaine and its salts (known as acedicone).

All those products had been included in table B of poisonous substances.

RECOMMENDATIONS ADOPTED BY THE EXPERT COMMITTEE ON HABIT-FORMING DRUGS
OF THE WORLD HEALTH ORGANIZATION DURING ITS FIRST SESSION (GENEVA,
24--29 JANUARY 1949)

- (a) Report of the World Health Organization (WHO/HDF/9 and WHO/HDF/9/Corr.1);
- (b) Correspondence with the Belgian Government concerning Acetyldihydrocodeine (E/CN.7/W. 45)

On the invitation of the Chairman, Mr. EDDY, Chief Pharmacologist, National Institute of Health, United States Public Health Service, Chairman of the Expert Committee, took his place at the Commission table.

Mr. EDDY (Chairman of the Expert Committee) explained that the Expert Committee had met in Geneva to examine communications from Governments on measures for drawing up the list of new synthetic products of which many were already on the market and others were being studied. The Committee had gone even further; it had drafted recommendations for the future with regard to new substances.

The CHAIRMAN opened the discussion on the report of the WHO Expert Committee.

Mr. HUTSON (United Kingdom) drew attention to the third recommendation pertaining to the product dealt with in the communication from the Belgian Government. According to that recommendation, dihydrocodeine should be subject to the same restrictions as other habit-forming drugs, in view of the fact that it was convertible into dihydromorphine which was one of them.

/In his view

In his view it would set a dangerous precedent if the principle of convertibility were to be admitted. For opium and its derivatives, the criterion was simple. In the case of synthetic products, the situation was quite different, and Mr. Hutson asked at precisely what stage a harmless raw material would be sufficiently close to the final substance to attract the attention of WHO.

Mr. EDDY (Chairman of the Expert Committee) agreed that it was very difficult to determine the stage. The Committee had tried to do that in another recommendation. The present case, however, left no doubts in his mind.

Mr. KRUYSSSE (Netherlands) did not think that the danger was as great as the United Kingdom representative had said in view of the fact that a substance must become a drug before it could be brought under the Convention.

Mr. STEINIG (Secretariat) raised a legal question. Article 11 of the 1931 Convention applied only to drugs not covered by article 1 and which had not been used at that time for medical and scientific needs. The date in question was 13 July 1931, the date of signature of the Convention. The result was that no drug which was in use for medical or scientific purposes on 13 July 1931 and which was not covered by article 1 could be brought under the Convention in virtue of article 11.

Since dihydrocodeine had inadvertently been omitted from the list in article 1, although it was in use on 13 July 1931 for medical and scientific purposes, that drug and its esters could not be brought under the control established by article 11 of the 1931 Convention.

Mr. EDDY (Chairman of the Expert Committee) pointed out that the recommendation was based on the fact that dihydrocodeine and its salts were convertible into dihydromorphine, a drug covered by the 1931 Convention.

Mr. STEINIG (Secretariat), while agreeing with the spirit of the recommendation, considered that under article 1, the 1931 Convention applied to drugs, their esters, the salts of those drugs and their esters.

Dihydrocodeine having been omitted by error, neither that product nor its esters -- such as acetyldihydrocodeine, with which the Belgian Communication dealt -- could be brought under the present Convention. That, however, need not prevent a country which manufactured that drug from placing it under the control established by the Convention.

Mr. HUTSON (United Kingdom) pointed out in connexion with recommendations 6 and 7, that at least six of the drugs mentioned were unknown in his country. Yet his Government would be forced to compel pharmacists to keep special registers of those products, which might be multiplied indefinitely in the near future.

Mr. Hutson therefore proposed that Governments should desist from referring drugs to the WHO as long as they were still in the experimental stage.

Mr. BOURGOIS (France), in anticipation of the following day's discussion, made a plea for limitation of production, and urged members to realize that as long as there was excess production, measures of prohibition would be ineffectual.

The meeting rose at 1.15 p.m.