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# **COMMISSION ON NARCOTIC DRUGS**

## **REPORT OF THE TWENTIETH SESSION**

**(29 November - 21 December 1965)**

**ECONOMIC AND SOCIAL COUNCIL**  
**OFFICIAL RECORDS : FORTIETH SESSION**

**SUPPLEMENT No. 2**

**UNITED NATIONS**



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E/4140  
E/CN.7/488

## NOTE

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.



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## ABBREVIATIONS

The following abbreviations are used throughout the text:

<i>Abbreviation</i>	<i>Full Title</i>
ILO .....	International Labour Organisation
FAO .....	Food and Agriculture Organization
WHO .....	World Health Organization
LAS .....	League of Arab States
ICPO .....	International Criminal Police Organization
IFWL .....	International Federation of Women Lawyers
DSB .....	Drug Supervisory Body
PCNB .....	Permanent Central Narcotics Board
INCB .....	International Narcotics Control Board
EPTA .....	Expanded Programme of Technical Assistance
1912 Convention ..	International Opium Convention signed at The Hague on 23 January 1912
1925 Convention ..	International Opium Convention signed at Geneva on 19 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946
1931 Convention ..	International Convention for limiting the manufacture and regulating the distribution of narcotic drugs, signed at Geneva on 13 July 1931, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946
1936 Convention ..	Convention of 1936 for the suppression of the illicit traffic in dangerous drugs, signed at Geneva on 26 June 1936, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946
1946 Protocol .....	Protocol of 1946 amending the Agreements, Conventions and Protocols on Narcotic Drugs concluded at The Hague on 23 January 1912, at Geneva on 11 February 1925 and 19 February 1925 and 13 July 1931, at Bangkok on 27 November 1931 and at Geneva on 26 June 1936, signed at Lake Success, New York, on 11 December 1946.
1948 Protocol .....	Protocol signed at Paris on 19 November 1948, 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, New York, on 11 December 1946
1953 Protocol .....	Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, signed at New York on 23 June 1953
1961 Convention ..	Single Convention on Narcotic Drugs, 1961, signed at New York on 30 March 1961

Previous reports of the Commission on Narcotic Drugs to the Economic and Social Council are referred to as "Reports, . . . session". These reports have all been published as supplements to the *Official Records of the Economic and Social Council* and may be identified as follows:

Eleventh session .....	E/2891; E/CN.7/315
Twelfth session .....	E/3010/Rev.1; E/CN.7/333/Rev.1
Thirteenth session .....	E/3133; E/CN.7/354
Fourteenth session .....	E/3254; E/CN.7/376
Fifteenth session .....	E/3385; E/CN.7/395
Sixteenth session .....	E/3512; E/CN.7/411
Seventeenth session .....	E/3648; E/CN.7/432
Eighteenth session .....	E/3775; E/CN.7/455
Nineteenth session .....	E/3893; E/CN.7/466

# COMMISSION ON NARCOTIC DRUGS

## Report to the Economic and Social Council on the twentieth session of the Commission, held in Geneva from 29 November to 21 December 1965

### CHAPTER I

#### ORGANIZATIONAL AND ADMINISTRATIVE MATTERS

##### Membership of the Commission

1. At its thirty-seventh session,<sup>1</sup> the Council re-elected Canada, France, Peru, Switzerland, the United States of America and Yugoslavia for three years, as from 1 January 1965, and it elected Argentina for the same period. At its thirty-eight session,<sup>2</sup> the Council re-elected Hungary, Mexico, the United Arab Republic, the Federal Republic of Germany, Iran and the Republic of Korea for three years, as from 1 January 1966, and it elected Nigeria for the same period. For the present membership of the Commission and the dates of expiry of the terms of office of members, see the table in annex I.

##### Representation at the session<sup>3</sup>

2. The twenty-one members of the Commission were represented as follows:

<i>Argentina</i> .....	Mr. A. Crocco
<i>Canada</i> .....	Mr. R. E. Curran, Q.C. Mr. R. C. Hammond *
<i>China</i> .....	Mr. C. K. Liang Mr. Y. Wu *
<i>Federal Republic of Germany</i> .	Mr. H. Danner
<i>France</i> .....	Dr. J. F. Mabileau Mr. J.-X. Clément * Mr. R. V. G. Crapoulet **
<i>Ghana</i> .....	Mr. T. E. C. Sagoe Mr. E. Tchum * Mr. D. Y. Mensah **
<i>Hungary</i> .....	Mr. J. Horváth Mr. J. Bényi *
<i>India</i> .....	Mr. B. N. Banerji Mr. D. N. Kohli *
<i>Iran</i> .....	Dr. H. A. Azarakhsh
<i>Japan</i> .....	Mr. H. Asahina Mr. Y. Yokota * Mr. S. Kaneda **
<i>Mexico</i> .....	Mr. J. Barona-Lobato
<i>Morocco</i> .....	Mr. A. Kijiri
<i>Peru</i> .....	Dr. P. Cardich L. Mr. L. Calderon *

<i>Republic of Korea</i> .....	Mr. Z. K. Park Mr. S. K. Chun *
<i>Switzerland</i> .....	Mr. J.-P. Bertschinger Mr. J. Benoit ** Mr. R. Blum **
<i>Turkey</i> .....	Mr. A. C. Geçkil Mr. S. Tunçay * Mr. H. Balkan ** Mr. O. Aksoy **
<i>Union of Soviet Socialist Republics</i> .....	Mrs. V. V. Vasilieva Dr. E. Babaian * Mrs. G. Osnitskaya **
<i>United Arab Republic</i> .....	Dr. A. Wagdi Col. M. W. M. Mikhail *
<i>United Kingdom of Great Britain and Northern Ireland</i>	Mr. P. Beedle Mr. T. C. Green * Mr. A. Baggott *
<i>United States of America</i> ....	Mr. H. J. Anslinger Mr. H. L. Giordano ** Mr. C. P. Huttner ** Miss H. E. Dougherty **
<i>Yugoslavia</i> .....	Mr. D. Nikolić

\* Alternate. \*\* Adviser.

3. At the invitation of the Commission, the following States sent observers to participate in its proceedings:

<i>State</i>	<i>Observers</i>
<i>Algeria</i> .....	Mr. M. Sidi-Moussa
<i>Belgium</i> .....	Mr. F. A. F. J. Ralet
<i>Bolivia</i> .....	Mrs. M. C. Sejas Sierra
<i>Brazil</i> .....	Mr. J. C. Barroso
<i>Burma</i> .....	U Tin-U U Ba Wan
<i>Colombia</i> .....	Mr. V. Chaux
<i>Cuba</i> .....	Mr. A. Moreno-Fernandez
<i>Ethiopia</i> .....	Mr. A. Zelleke
<i>Greece</i> .....	Mr. G. Tsatsas
<i>Israel</i> .....	Mr. A. W. Less Mr. M. Bavly
<i>Italy</i> .....	Dr. F. Ferretto Dr. F. Toffoli Mr. U. Avico
<i>Lebanon</i> .....	Cmdr. H. Asmar Capt. O. Osman

<sup>1</sup> E/SR.1349.

<sup>2</sup> E/SR.1359.

<sup>3</sup> E/CN.7/SR.536, 537 and 563.

<i>State</i>	<i>Observers</i>
<i>Luxembourg</i> .....	Mr. L. N. Robert
<i>Nigeria</i> .....	Mr. A. A. Oluwole
<i>Poland</i> .....	Mrs. H. Nowicka
<i>Portugal</i> .....	Mrs. M. S. A. Rosas
<i>Republic of Viet-Nam</i> .....	Mr. Le Van Hoa
<i>Spain</i> .....	Mr. A. Eyries Valmaseda Mr. E. Aumente Blanco
<i>Sweden</i> .....	Dr. A. Liljestrand
<i>Syria</i> .....	Major S. A. Jundi Major I. Assimi Mr. B. Zou'bi
<i>Thailand</i> .....	Mr. C. Posayanonda Mr. K. Vanprapar Maj.-Gen. N. Bhanumas Col. P. Sarasin Mr. C. Ratanachai

4. The following States were also invited to send observers, but were not able to do so: Afghanistan, Bulgaria, Cyprus, Kenya, Laos, Madagascar, Malaysia, Nepal, Netherlands, Pakistan, South Africa and Tunisia.

5. The Commission thanked those Governments which had sent observers to the twentieth session, and expressed regret that some countries had been unable to accept the invitation.

6. The representative of Hungary considered it regrettable that the People's Republic of China was debarred from participation in the Commission's work. Its absence seriously hampered the work of the Commission. The representative of the Union of Soviet Socialist Republics associated herself with the Hungarian representative's remarks. The representative of France stated that China should be represented by the People's Republic of China. The representative of Yugoslavia said that the position of his Government on that question was well known, namely, that the People's Republic of China should be represented in the Commission.

7. The representative of China considered that the statement made by the representative of Hungary was out of order and declared that the Government which he represented was the only legal Government of China and was recognized as such by the United Nations. The representative of the United States of America regretted that the question of China's representation had been raised in the Commission. He pointed out that the Commission on Narcotic Drugs, like other functional commissions, was not competent to take action on that issue. He declared that only the Government of the Republic of China was entitled to representation in United Nations bodies and that the position of his Government was in accordance with that taken by the General Assembly.

8. The Food and Agriculture Organization (FAO) was represented by Mr. P. B. Diebold.

9. The World Health Organization (WHO) was represented by Dr. H. Halbach.

10. The Permanent Central Narcotics Board (PCNB) was represented by Sir Harry Greenfield and Mr. A.

Lande. The Drug Supervisory Body (DSB) was represented by Mr. A. Lande and Mr. J. Dittert.

11. The Permanent Anti-Narcotics Bureau of the League of Arab States (LAS) was represented by Major-General A. Safwat.

12. The International Criminal Police Organization (ICPO) and the International Federation of Women Lawyers (IFWL), non-governmental organizations in consultative status, Category B, were represented, the former by Mr. J. Népote and Mr. L. Aubé, and the latter by Lady Gladys M. Chatterjee.

13. Mr. G. Palthey, Deputy Director of the European Office of the United Nations, opened the session and welcomed the representatives and observers on behalf of the Secretary-General. Thereafter during the session Mr. D. A. Chapman represented the Secretary-General. The Secretary of the Commission was Mr. H. Jhabvala.

#### **Duration of the session<sup>4</sup>**

14. The session lasted from 29 November to 21 December 1965. Twenty-eight plenary meetings were held (536th to 563rd meetings).

#### **Election of officers<sup>5</sup>**

15. The Commission elected the following officers, by acclamation:

<i>Chairman</i> .....	Mr. B. N. Banerji (India)
<i>First Vice-Chairman</i> .	Mrs. V. V. Vasilieva (USSR)
<i>Second Vice-Chairman</i>	Mr. R. E. Curran, Q.C. (Canada)
<i>Rapporteur</i> .....	Mr. J.-P. Bertschinger (Switzerland)

16. At the Commission's request, chairmen of previous sessions were invited to participate in meetings of the Commission's officers.

#### **Adoption of the agenda<sup>6</sup>**

17. The Commission considered the provisional agenda<sup>7</sup> drawn up by the Secretary-General, after consultation with the Chairman of the nineteenth session and in pursuance of the Commission's decision at that session to include certain items.<sup>8</sup> It adopted the following agenda:

1. Election of officers
2. Adoption of the agenda
3. Implementation of the narcotics treaties and international control
  - (i) Report of the Division of Narcotic Drugs
  - (ii) Annual reports of Governments

<sup>4</sup> E/CN.7/SR.536 and 563.

<sup>5</sup> Agenda item 1 (E/CN.7/SR.536, 560 and 563).

<sup>6</sup> Agenda item 2 (E/CN.7/SR.537 and 563).

<sup>7</sup> E/CN.7/467 and Add.1 and 2.

<sup>8</sup> Report, nineteenth session, para. 19.

- (iii) National laws and regulations
- (iv) Reports of the Permanent Central Narcotics Board to the Economic and Social Council on the work of the Board in 1964 and 1965
- (v) Statements of the Drug Supervisory Body on estimated world requirements of narcotic drugs in 1965 and 1966
- (vi) Work of the World Health Organization in the field of narcotic drugs
- 4. Illicit traffic
- 5. Abuse of drugs (drug addiction), in particular its economic and social aspects
- 6. Opium and opium research
- 7. The question of the coca leaf
- 8. The question of cannabis and cannabis research
- 9. Questions relating to the control of substances not under international control (barbiturates, tranquillizers, amphetamines, etc.)
- 10. Technical co-operation in narcotics control
- 11. Review of the Commission's work during its first twenty years
- 12. Preparations for the implementation of the 1961 Convention
- 12(a) Resolution WHA 18.46 adopted by the Eighteenth World Health Assembly and the desirability of amending article 3 of the Single Convention on Narcotic Drugs, 1961
- 13. Programme and priorities in the field of narcotic drugs; control and limitation of documentation
- 14. Report of the Commission on its twentieth session.

#### **Report of the Commission to the Economic and Social Council on its twentieth session**

18. At its 563rd meeting, the Commission decided unanimously to adopt the present report to the Council on its twentieth session.

#### **Organization of the twenty-first session of the Commission<sup>9</sup>**

19. In order to facilitate planning for the twenty-first session, the Commission decided to include certain items in the provisional agenda for that session. This procedure is provided for under rule 6 of the rules of procedure of the functional commissions,<sup>10</sup> which also provides that additional items may be proposed by Members of the United Nations and specialized agencies,

<sup>9</sup> E/CN.7/SR.560 and 563.

<sup>10</sup> E/2425.

and by the General Assembly, the Economic and Social Council, the Security Council and the Trusteeship Council. In view of the fact that the twenty-first session is scheduled to last only two and a half weeks, the Commission thought fit to reduce the usual number of items on its agenda. The following agenda was therefore proposed:

- 1. Election of officers
- 2. Adoption of the agenda
- 3. Implementation of the narcotics treaties and international control
  - (i) Report of the Division of Narcotic Drugs
  - (ii) Annual reports of Governments
  - (iii) Report of the Permanent Central Narcotics Board
  - (iv) Statement of the Drug Supervisory Body
  - (v) Work of the World Health Organization in the field of narcotic drugs
- 4. Illicit traffic
- 5. Abuse of drug (drug addiction), in particular its economic and social aspects
- 6. Opium, cannabis and coca leaf; research on opium, cannabis and other substances
- 7. Questions relating to the control of substances not under international control (barbiturates, tranquillizers, amphetamines, etc.)
- 8. Technical co-operation in narcotics control
- 9. Programme and priorities in the field of narcotic drugs; control and limitation of documentation
- 10. Report of the Commission on its twenty-first session.

20. The Commission decided to invite the Governments of the countries named below to be represented by observers at the twenty-first session, and expressed the hope that they would all be able to accept:

Afghanistan, Algeria, Belgium, Bolivia, Brazil, Bulgaria, Burma, Chile, Colombia, Cuba, Cyprus, Ethiopia, Greece, Israel, Italy, Jordan, Kenya, Laos, Lebanon, Madagascar, Malaysia, Morocco, Nepal, Netherlands, Pakistan, Poland, Portugal, Republic of Viet-Nam, Singapore, South Africa, Spain, Sweden, Syria, Thailand, Tunisia.

#### **Place of meeting of the twenty-first session of the Commission**

21. No recommendations were made under rule 3 of the rules of procedure regarding the place of meeting of the twenty-first session.

## **CHAPTER II**

### **IMPLEMENTATION OF THE TREATIES AND INTERNATIONAL CONTROL**

#### **Report of the Division of Narcotic Drugs<sup>11</sup>**

22. The Commission considered the report of the Division of Narcotic Drugs covering the period 16 March

<sup>11</sup> Agenda item 3 (i) (E/CN.7/SR.538, 539, 543 and 561).

1964 to 30 September 1965.<sup>12</sup> This report summarizes matters of particular interest which arose in the course of the Division's work during the period under review, and refers to the documents submitted for the Commis-

<sup>12</sup> E/CN.7/468 and Add.1.

sion's consideration. In addition, it contains information on such matters as adherence to the multilateral treaties on narcotic drugs, the activities of other international organs competent in the field of narcotic drugs and the implementation by Governments of relevant resolutions and decisions of the Commission and of the Economic and Social Council.

23. Some of the points raised during the examination of the report have been dealt with in other parts of this report under the relevant headings.

### "Bulletin on Narcotics"

24. The Commission recognized the value of the articles published in the *Bulletin on Narcotics*,<sup>13</sup> and expressed appreciation of the wide scope of the information provided on the control of narcotic drugs, and of the usefulness of that information to the enforcement services and other bodies concerned with drug problems, professionally or otherwise.

25. The Commission noted with interest that the range of subjects covered continued to embrace the various aspects of narcotic drug problems, such as questions of an inter-governmental and international nature, the control of narcotic drugs in various countries, questions concerning each specific narcotic drug, the nature and the treatment of drug addiction, scientific research in the field of narcotic drugs, etc. The Commission also noted that an effort was being made to obtain articles from as many countries as possible.

26. Some members of the Commission observed that one of the articles dealing with cannabis which had been published in a recent issue expressed ideas which were contrary to the position taken by the Commission on the question of cannabis and, in particular, on the criminogenic action of this narcotic drug; in their view, an article of that nature could not fail to injure the cause of national and international control of narcotic drugs. During the debate on this subject, it was pointed out that although a note at the beginning of each number stated that opinions expressed in signed articles were not necessarily those of organs or Members of the United Nations, the *Bulletin*, as an official publication, should not run counter to the aims pursued by the Commission and the Economic and Social Council.

27. It was pointed out that the Secretariat normally sought advice on technical questions, e.g. from WHO, the PCNB and other sources, concerning the desirability of publishing certain articles. In most cases, the articles were not of a controversial nature, and the Commission considered that the choice could be left to the Secretariat. In cases where any doubt arose on a matter of policy in connexion with a particular article, the Commission's officers should be consulted in order to prevent the development of any regrettable controversy as a result of the article. If two officers raised objections, the article would not be published.

<sup>13</sup> E/CN.7/468, para. 110, and E/CN.7/468/Add.1, para. 110.1 (E/CN.7/SR.538, 539, 543 and 561).

### Signatures, ratifications, acceptances, accessions and declarations concerning the multilateral treaties on narcotic drugs

28. The Commission reviewed developments during the eighteen months prior to 30 September 1965 in the matter of adherence to the international treaties on narcotic drugs.<sup>14</sup> In studying this question, it also had at its disposal the annual survey entitled "Status of Multilateral Narcotics Treaties",<sup>15</sup> containing the information which had been received up to 30 June 1965. This document gives the information received concerning 126 States and 62 territories. The Commission noted with interest that many of those States and territories were countries which had recently attained independence, and it was gratified to note that one of the first steps they had taken at the international level had been to become parties to the international treaties on narcotic drugs.

29. The Commission was informed that the following countries had adhered to the various treaties during the period from 16 March 1964 to 30 September 1965:

*1912 Convention:* Malawi, Rwanda;

*1925 Convention, as amended:* Malawi, Rwanda;

*1931 Convention, as amended:* Malawi, Rwanda, Tanzania;

*1936 Convention, as amended:* Malawi,

*1948 Protocol:* Malawi, Rwanda, Tanzania, Uganda;

*1953 Protocol:* Niger, Rwanda;

*1961 Convention:* Algeria, Brazil, Czechoslovakia, Denmark, Ethiopia, Finland, Hungary,\* India\* (India informed the Secretary-General that the Convention would apply to Sikkim), Jamaica, Japan, Kenya, Lebanon, Libya, Malawi, Mali, the Netherlands (the Convention also applies to the Netherlands West Indies and Surinam), Pakistan (with reservations), Peru (Peru informed the Secretary-General that it withdraws the reservation made at the time of signature), Sweden, Trinidad and Tobago, Tunisia, Ukrainian Soviet Socialist Republic,\* United Kingdom [also applying to the territories of Aden and the Protectorate of South Arabia, and to the following non-metropolitan territories: Antigua, Bahamas, Basutoland, Bechuanaland Protectorate, Bermuda, British Guiana, British Honduras, British Solomon Islands, Brunei, Cayman Islands, Dominica, Falkland Islands (Malvinas), Fiji, Gambia, Gibraltar, Gilbert and Ellice Islands, Grenada, Hong Kong, Mauritius, Montserrat, St. Helena, St. Lucia, St. Christopher-Nevis-Anguilla, St. Vincent, Seychelles, Southern Rhodesia, Swaziland, Tonga, Turks and Caicos Islands, Virgin Islands], Zambia.

\* In its instrument of ratification, the Government maintained the reservation made by it at the time of signature.

30. On 30 November 1965, the number of accessions to and ratifications of the 1961 Convention was fifty-one.

31. The Commission observed that the document entitled "Status of Multilateral Narcotics Treaties" contained no entries for the following nine States: Burundi, Gabon, Gambia, Libya, Malta, Mongolia, Nepal, Somalia and Western Samoa. Although this did not necessarily mean that the principal narcotics treaties

<sup>14</sup> E/CN.7/468, paras. 1-35 and E/CN.7/468/Add.1, paras. 2 bis-35 *sexies* (E/CN.7/SR.538 and 539).

<sup>15</sup> E/CN.7/468/Add.3/Rev.1.

were not being applied in the territories of each of the States in question, the Commission wished the Secretary-General to draw the attention of the Governments concerned to the importance of becoming parties to the narcotics treaties.

#### **List of national authorities empowered to issue certificates and authorizations for the import and export of narcotic drugs**

32. The Commission took note of the document entitled "National authorities empowered to issue certificates and authorizations for the import and export of narcotic drugs".<sup>16</sup> The purpose of this list, which is prepared by the Secretariat, is to facilitate the work of the national authorities responsible for administering the system of import certificates and export authorizations for narcotic drugs.

#### **Manufacture of narcotic drugs**

33. The Commission took note of the document entitled "Manufacture of Narcotic Drugs".<sup>17</sup> This document lists the countries in which narcotic drugs are manufactured, giving the names and addresses of the firms engaged in such manufacture and the drugs which each firm is authorized to manufacture or convert; it further indicates whether the products concerned are intended for the domestic market or for export, or whether, as occurs in a few rare cases, they are required for research.

34. It will be seen from this document that thirty countries—one more than in the previous year—notified the Secretary-General that they were manufacturing narcotic drugs. The position in twenty-seven countries, as shown in the document, is based on information relating to 1963; in the case of two countries, it is based on information for 1962; and, in one case, on information for 1961. One hundred and thirty firms and factories were licensed to manufacture narcotic drugs; this compares with the figure of 128 reported to the Commission in 1964. Of these firms, thirty-one did not manufacture narcotic drugs, although they were authorized to do so. As in the past, not all the drugs for which authorization had been given were actually manufactured. The document prepared for the current session indicates that sixty-one firms were licensed to manufacture synthetic drugs, as against the figure of sixty-three shown in the document prepared for the previous session. The number of firms which actually manufactured synthetic narcotic drugs rose from thirty-seven in the preceding year to thirty-nine in the current year.

#### **List of drugs under international control**

35. The Commission took note of the document entitled "List of Drugs under International Control".<sup>18</sup>

<sup>16</sup> E/NA.1964/1 (E/CN.7/SR.539 and 561).

<sup>17</sup> E/NF.1964/1 (E/CN.7/SR.539 and 561).

<sup>18</sup> E/CN.7/468/Add.2 (E/CN.7/SR.539 and 561).

This list is for reference purposes; it enumerates the narcotic drugs subject to international control on 25 September 1965 and gives the following data for each drug: (a) the proposed or recommended international non-proprietary name or the name used in the international conventions; (b) the chemical description; (c) an indication of whether the drug is a natural substance, derived from opium or the coca leaf, or a synthetic product; (d) the instrument whereby the substance was placed under international control.

36. During the period under consideration, one substance, piritramide, was placed under international control.

37. The list shows that eighty-nine basic narcotic drugs, including sixty synthetic drugs, were under international control.

38. During the discussion, reference was made to the *Multilingual List of Narcotic Drugs under International Control*<sup>19</sup> prepared by the Division of Narcotic Drugs. The value of this document as a basis for scientific work was once again acknowledged, and the Commission expressed the hope that the Secretariat would be able, in the near future, to undertake the task of revising it and bringing it up to date. It was suggested that this revision might take the form of a periodical supplement, and the Secretariat undertook to consider the possibility of adopting this procedure.

#### **Annual reports of Governments<sup>20</sup>**

39. The annual reports submitted by Governments are designed to give a comprehensive account of the implementation during the year of the obligations of Governments under the international narcotics treaties.<sup>21</sup> The reports submitted are prepared in accordance with the questionnaire drawn up by the Commission,<sup>22</sup> and the information they contain is analysed and incorporated in an annual summary by the Secretariat.

40. The Commission considered and took note of the *Summary of Annual Reports of Governments for 1963*,<sup>23</sup> covering reports received by the Secretary-General up to 30 June 1965. The total number of countries and territories for which annual reports for 1963 had been received by 30 June 1965 was 152. By the same date, 151 annual reports had been received for 1959; 156 for 1960; 153 for 1961; and 155 for 1962. The *Summary* also included information sent in late for previous years.

41. Chapter II (Legislative measures), chapter X (Abuse of drugs—drug addiction), chapter XI (Illicit traffic) and the annex were considered under the relevant agenda items. Points raised in connexion with other chapters are dealt with below.

42. With regard to chapter IV (Control of international trade), the Commission was informed that some reports

<sup>19</sup> E/CN.7/436.

<sup>20</sup> Agenda item 3 (ii) (E/CN.7/SR.537, 538, 543 and 561).

<sup>21</sup> E/CN.7/468 and Add.1.

<sup>22</sup> E/NR.FORM/Rev.1.

<sup>23</sup> E/NR.1963/Summary.

indicated failure on the part of a number of countries and territories to return copies of authorizations for the export of narcotic drugs. The Secretary-General had communicated with the Governments concerned, asking them for any comments they might wish to make on this matter. The replies from Governments showed that in some cases the copies of export authorizations had meanwhile been returned; in other cases, the Governments in question stated that copies of the export authorizations had not been received. The Commission recalled that, at its eighteenth session,<sup>24</sup> it had decided to request the Secretary-General to remind Governments of their obligations under the international instruments dealing with narcotic drugs, and to address to them a recommendation that the copies of export authorizations should, whenever possible, be sent by registered mail. The Commission decided to request the Secretary-General to remind Governments in the clearest possible terms of their obligations in that respect, and to re-emphasize the importance of sending copies of export authorizations by registered mail.

43. During the consideration of chapter VII (New developments and provisional control), the WHO representative referred to the fact that, in the Federal Republic of Germany, doctors' requirements of cocaine for use in haematological techniques had dropped considerably after publication of an article stating that novocaine could be used instead. Thus, it appeared that real progress could be made towards the abolition of the use of cocaine if the possibilities of using cocaine substitutes were more widely recognized.

44. The Commission also noted with interest that, in Switzerland, substances and preparations which are not narcotics but whose chemical composition is analogous to that of narcotics, and which, it is feared, may have a similar effect, cannot be imported for trade purposes, or used, without the express authorization of the Federal Public Health Service under the conditions prescribed by that body. The Commission considered that it would be useful if Governments taking the same action were to provide information on the subject, since such measures are fully in accordance with Council resolution 730 D (XXVIII).

45. During the consideration of chapter IX (Raw materials), reference was made to the question of the control of the cultivation of opium poppies for seed in Europe and to the possibilities of illicit extraction of opium from such poppies. It was pointed out by some delegations that there was little likelihood of such diversion occurring, for, since the production of opium was prohibited in most countries, planters would not go to the trouble of trying to grow an opium crop which would be immediately detected and which would in any event yield a relatively small reward.

46. The question of the control of poppy straw was also raised. It was observed that control was carried out on entry to the factory converting the product and that any diversion for purposes of illicit traffic would be very difficult owing to the bulk and volume of the poppy

straw. Lastly, under the 1961 Convention, imports and exports of poppy straw must be reported to the international bodies. The scantiness of the information in the Summary of Annual Reports was also remarked on, but the Commission noted that the new form which would henceforth be used included questions about this product, so that fuller information might be expected in coming years. The representative of India stated that the total area of opium poppy cultivation in India for the production of opium had been reduced from 44,000 hectares to 25,000 hectares in 1963.

47. During the consideration of paragraphs 6, 7 and 8 of the Summary of Annual Reports, dealing with the countries and territories which had or had not sent in annual reports to the Secretary-General, the Commission's attention was drawn to the fact that a number of countries had not sent in annual reports for two successive years. The Commission requested the Secretary-General to invite those countries to send him their annual reports.

#### National laws and regulations communicated under the international treaties on narcotic drugs<sup>25</sup>

48. Under the provisions of the narcotics treaties, Governments are required to communicate to one another, through the Secretary-General, the texts of laws and regulations enacted by them to give effect to these treaties. The Secretary-General circulates the texts received in the document series E/NL... During the period under consideration, thirty-two governments communicated to the Secretary-General 116 legislative texts applying to their own countries and to five territories.

49. The Commission was informed that, in addition to the usual control measures, legislation had been enacted in Bolivia prescribing the penalties for illicit trafficking in narcotic drugs and prohibiting any new cultivation of coca leaf; three states in the United States of America had enacted legislation regarding the treatment and rehabilitation of drug addicts; in Thailand and in the United Arab Republic, legislation had been enacted concerning rewards to be granted for the seizure of narcotic drugs; new measures had been introduced concerning opium, *ganja* and *bhang* by the Indian states of Maharashtra, Manipur, Rajasthan, Gujarat and Uttar Pradesh.<sup>26</sup>

50. A multi-purpose cumulative index covering all texts of laws and regulations published by the United Nations is prepared in accordance with Council resolution 626 C III (XXII) and is brought up to date every year. The latest edition of the index lists the legal texts circulated up to 31 December 1964.<sup>27</sup> The Commission took note of the Cumulative Index, 1947-1964.

51. Legislative texts received from Governments during 1964 provided the basis for another annual

<sup>24</sup> Report, eighteenth session, para. 43.

<sup>25</sup> Agenda item 3 (iii) (E/CN.7/SR.537 and 561).

<sup>26</sup> E/NR.1963/Summary, chapter II.

<sup>27</sup> E/NL.1964/Index.

document containing the summary tabulation of changes in national schedules of drugs<sup>28</sup> which the Secretary-General also prepares in accordance with Council resolution 626 C III (XXII). The document for the present session takes account of information furnished in annual reports and in other communications received from Governments during the previous year. The Commission took note of document E/CN.7/469.

### Implementation of the 1961 Convention<sup>29</sup>

52. The Commission noted with satisfaction that the Single Convention on Narcotic Drugs, 1961, had come into force on 13 December 1964.<sup>30</sup> As of 30 November 1965, fifty-one countries were Parties to this Convention. Several representatives expressed the hope that many more countries would soon become Parties to the 1961 Convention so as to reduce to a minimum the period during which a multiplicity of treaty systems would be in operation. The 1961 Convention was designed to replace all the other treaties on narcotic drugs with the exception of the 1936 Convention, and early acceptance by all countries would facilitate the task of Governments as well as of the international control organs. The Commission fully endorsed operative paragraph 2 of resolution 18.46 of the World Health Assembly<sup>31</sup> urging member States not yet Parties to the 1961 Convention to take the necessary steps to accede to this Convention and thereby progressively to ensure the universality of its application. The Commission then considered the measures that had to be taken to implement the 1961 Convention, for some of which preparations had already been commenced prior to the entry into force of that Convention.

### Action taken by the Commission under article 3 of the Convention

53. The Commission noted<sup>32</sup> the opinion of WHO that preparations of diphenoxylate, specified in a request for exemption from the Government of the United Kingdom, should not be added to Schedule III of the 1961 Convention.

54. The Commission was informed<sup>33</sup> that WHO had notified the Secretary-General, pursuant to article 3, paragraph 1, that Schedule I of the 1961 Convention should be amended by the addition of piritramide. Subsequently, WHO had formulated, under article 3, paragraph 3 (iii), a recommendation to that effect. In virtue of article 3, paragraph 3 (iii), the Commission unanimously decided that the substance in question should be added to Schedule I of the 1961 Convention.

<sup>28</sup> E/CN.7/469.

<sup>29</sup> Agenda items 12 and 12 (a) (E/CN.7/SR.537, 538, 540, 541, 542, 543, 545/Add.1, 556 and 563).

<sup>30</sup> E/CN.7/468, para. 84.

<sup>31</sup> E/CN.7/467/Add.1.

<sup>32</sup> E/CN.7/470, para. 1.3; E/CN.7/468, para. 65 and E/CN.7/468/Add.1, para. 65 bis (E/CN.7/SR.538).

<sup>33</sup> E/CN.7/470, para. 1.1; E/CN.7/468/Add.1, para. 65 bis; NAR/CL.3/1965 (E/CN.7/SR.540).

### Proposals by WHO for changes in the Schedules of the Convention

55. The Commission discussed the changes in the Schedules of the 1961 Convention which had been proposed by WHO, and consideration of which had been deferred at the last session to give Governments a chance to work out their implications. The Commission wished to express its appreciation of the proposals which WHO had submitted in response to its request.<sup>34</sup> Nevertheless, several representatives pointed out that, although the proposed changes were acceptable in principle, they had previously been considered in detail at the Plenipotentiary Conference to adopt the Single Convention, held in New York in 1961, and had been rejected. It was thought inappropriate for the Commission to re-consider these proposals so soon after the 1961 Convention had entered into force. In the circumstances, the Commission decided that the changes proposed by WHO should again be deferred until its twenty-first session, and that it would take into consideration any supplementary information which WHO might wish to forward in the meantime regarding the reasons underlying its proposals.

### Proposal by the World Health Assembly for the amendment of article 3 of the Convention

56. The Commission then turned its attention to operative paragraph 1 of resolution 18.46 of the World Health Assembly.<sup>35</sup> The WHO representative explained that in the early 1950's, the World Health Assembly had decided that it should be informed of any changes in the functions of WHO with respect to international narcotics control, so that it could take such action as it thought fit in the matter. The functions of WHO with respect to the placing of drugs under control had been modified by the provisions of the 1961 Convention, particularly its article 3, and the matter had therefore come before the World Health Assembly for its consideration. The World Health Assembly had not been wholly satisfied with the new arrangements, for the following reasons. Under the previous international narcotics treaties, WHO had been authorized to decide whether a drug should be placed under international control. Under the 1961 Convention, the power of decision had been transferred to the Commission on Narcotic Drugs. That change, which had been made by the Plenipotentiary Conference that had adopted the 1961 Convention, appeared to have been motivated by a theoretical legal consideration, namely, the desirability of concentrating all legislative functions in a single body, since it was inconceivable that the Commission would not take WHO's advice. The new situation had caused some practical difficulties and also raised a question of principle. The Commission met only once a year, so there was likely to be a delay in placing a new drug under control, a delay which might be detrimental to public health. The question of principle was whether a decision to place drugs under control was not a public health

<sup>34</sup> Report, seventeenth session, para. 251; (E/CN.7/486).

<sup>35</sup> E/CN.7/467/Add.1.

matter which came within the competence of WHO. For those reasons, the World Health Assembly had decided to authorize the Director-General of WHO to confer with the relevant United Nations organs on the desirability of amending article 3 of the 1961 Convention, so that decisions on the control of new drugs would be taken by WHO. The Director-General of WHO had conferred with the PCNB and the DSB, which had stated that they shared WHO's concern regarding the possibility of delays in placing drugs under control, and the representative of WHO expressed the hope that the Commission would find a generally acceptable solution which would reduce that danger to a minimum.

57. The Commission noted that the procedure laid down in article 3 of the 1961 Convention for changes in the Schedules consisted of three stages. Firstly, when it came to the notice of a Party or of WHO that a new substance which might be a narcotic was coming into use, that Party or WHO was required to notify the Secretary-General, who in turn would transmit such a notification to all Parties, to the Commission and to WHO, where a notification was made by a Party. WHO then considered the notification and made a recommendation to the Commission, which would have to take a decision. Acceptance of the present proposal by the World Health Assembly to amend article 3 of the 1961 Convention would mean that the third stage would be eliminated and that the decision would be taken by WHO.

58. Several members of the Commission considered that it was untimely to consider amendments to the 1961 Convention so soon after it had come into force. It was fully realized that the 1961 Convention was the result of compromises on a number of questions, article 3 being one such compromise, and they considered that the possibility should be explored of meeting WHO's wishes in some other way.

59. It was pointed out by representatives that paragraph 3 (i) of article 3 enabled Parties to apply provisionally to a new substance all measures of control applicable to drugs in Schedule I. If Parties applied such measures, it would eliminate the delay which WHO feared would occur. The Commission expressed the view that the Secretary-General, in transmitting notifications under article 3, paragraph 2, should draw the attention of all Parties to this possibility.

60. In addition, it was agreed that the Commission should lose no time in taking a decision on WHO's recommendations; and, with this end in view, Canada, Ghana, India, Mexico, Switzerland, the United Kingdom and Yugoslavia introduced the following draft resolution, which the Commission unanimously adopted:

#### Resolution 1 (XX). The control of new narcotic substances

##### *The Commission on Narcotic Drugs,*

*Considering* the importance of ensuring that new narcotic substances are brought under control as quickly as possible,

*Sharing* the concern of the World Health Assembly (resolution WHA 18.46) about the dangers to public health which may arise if the control of such substances is delayed,

*Taking into account* the provisions of the Single Convention on Narcotic Drugs, 1961, under which decisions on the control of narcotic substances are taken by the Commission on Narcotic Drugs,

*Considering* also that the Commission on Narcotic Drugs meets not more than once a year,

*Believing* that steps can be taken under the present terms of the 1961 Convention to speed up the process of placing new substances under control,

1. *Resolves* that if a recommendation is made by the World Health Organization for the control of a new narcotic substance, and the Commission is not, or will not within a period of three months be, in session, a decision should be taken by the Commission before its next session; and

2. *Requests* the Secretary-General, for that purpose, to arrange in these exceptional circumstances for a decision of the Commission to be taken by a vote of the members of the Commission by mail or telegram, and for a report to be made to the Commission at its next session.

61. The Commission noted that it would be open to each member of the Commission, on being consulted by the Secretary-General by correspondence, to indicate agreement or disagreement with the WHO recommendation, or to propose that a decision should be deferred pending full discussion at the next session of the Commission. To avoid delays, the Secretary-General should set a reasonable time-limit for the receipt of replies from members of the Commission. The Commission considered that a decision made by it under this resolution would be in accordance with its rules of procedure and would be communicated by the Secretary-General, in accordance with article 3, paragraph 7, of the 1961 Convention, to all States Members of the United Nations, to non-member States Parties to this Convention, to WHO and to the Board. The working of the procedure set out in the resolution could be reviewed from time to time, but it seemed likely to eliminate undesirable delays pending amendment of the Convention.

#### *Procedure for election of members of the International Narcotics Control Board (INCB) under article 9 of the Convention*

62. The Commission considered that, since the 1961 Convention had entered into force, steps should be initiated for the implementation of article 9 of the Convention.<sup>38</sup>

63. It recalled that the 1961 Convention provides that the two control organs, the present PCNB and DSB, which were established by the 1925 and 1931 Conventions, should be replaced by a single organ, the International Narcotics Control Board (INCB).

64. Article 45 of the 1961 Convention provides that the present PCNB and DSB should perform the functions assigned to the INCB under the 1961 Convention until a date to be determined by the Economic and Social Council. After that date, the INCB would assume its functions under the new treaty and at the same time undertake the functions of the present PCNB and DSB

<sup>38</sup> E/CN.7/487.

with respect to those States which are Parties to the old narcotics treaties but not to the 1961 Convention.

65. At its thirty-sixth session,<sup>37</sup> the Economic and Social Council took note of the views which had been expressed on the matter at the eighteenth session of the Commission on Narcotic Drugs,<sup>38</sup> which was held prior to the entry into force of the 1961 Convention. At that time, the Commission considered that the INCB should assume its functions on the expiry of the current terms of office of the PCNB and DSB, i.e. in March 1968.<sup>39</sup> It reserved its right, however, to reconsider the matter in the light of the progress made by Governments in ratifying the 1961 Convention.

66. The Commission agreed with the Secretary-General that, in line with the views expressed at its eighteenth session, the INCB should come into being on the expiry of the current terms of office of the PCNB and DSB, i.e. in March 1968. It accordingly recommends the Council to fix 2 March 1968 as the date on which the INCB shall enter upon its duties in pursuance of article 45, paragraph 2, of the 1961 Convention.

67. The Commission then turned its attention to the procedure to be followed for the election of the eleven members of the INCB under article 9 of the 1961 Convention. It suggested that, one year before the session of the Council at which the election of the members of the INCB is to take place, the Secretary-General should invite all States Members of the United Nations, non-member States Parties to the 1961 Convention, and WHO, to nominate candidates within a period to be indicated in the invitation. The invitation should set out the requirements for membership of the INCB and describe the election procedure; and in particular, it should give the dates of the Council session at which its selection committee (see para. 71 below) will meet and of the session at which the election will take place.

68. Each nomination, including those submitted by WHO, should be accompanied by a *curriculum vitae* and, as soon as possible after receipt, it should be communicated by the Secretary-General to the Governments of the States mentioned in paragraph 67 and to WHO.

69. At least five candidates should be nominated by WHO, all of whom should have medical, pharmacological or pharmaceutical experience. They should be impartial and disinterested, and during their term of office should not hold any position or engage in any activity which might impair their impartiality. It is also desirable that the candidates nominated by WHO should have a good knowledge of international and national narcotics administrations. In making its nominations, WHO would take into account the principle of equitable geographic distribution and the need for members of the INCB to be familiar with the drug situation in the different classes of countries, and to have connexions with such countries.

<sup>37</sup> Council resolution 962 (XXXVI).

<sup>38</sup> Report, eighteenth session, para. 255.

<sup>39</sup> The terms of office of all members of the present PCNB and of two members of the DSB expire on 1 March 1968, and those of the two remaining members of the DSB on 1 June 1968.

70. The Secretary-General should bring all the relevant information before the Council at the session preceding that at which the election is to take place. This information should provide an outline of the relevant treaty provisions, particularly as they relate to the requirements for membership of the INCB.

71. It is proposed that the Council, at the session preceding the one at which the election will take place, should set up a selection committee for the purpose of selecting from the lists of nominated candidates persons whom it considers particularly qualified. The committee should choose two panels, one composed of candidates selected from those nominated by Governments, and another of candidates selected from those nominated by WHO. The panel of government nominees should preferably contain sixteen names, i.e. double the number of members to be elected by the Council from those nominated by Governments. The panel of WHO nominees should include at least five persons, i.e. all the names put forward by WHO if not more than five persons are nominated.

72. The report of the committee, together with the two panels mentioned in the preceding paragraph, should be circulated by the Secretary-General to the States referred to in paragraph 67 and to WHO.

73. The election of the members of the INCB should take place at the following Council session. Under the terms of the 1961 Convention, the Council is required to elect three members from the WHO candidates and eight from the government nominees. It is proposed that the election should take place in two parts and that the Council should first proceed to the election of members from the WHO candidates. After the results of this election have been announced, and after an interval, the election of the members to be selected from the government candidates may take place. If possible, the interval should be sufficient to facilitate consultations. The Council will probably wish to elect the members from the two panels established by its selection committee. It should, however, be pointed out that there is no provision in the 1961 Convention which would prevent the Council from electing members of the INCB from among the persons nominated by Governments or WHO even if their names are not included in the panels. Not more than one national of any particular country should be elected.

74. The foregoing paragraphs suggest a procedure for the periodical election of the members of the INCB for their normal three-year term of office. In the event of a vacancy arising during that period, the same procedure can be applied, *mutatis mutandis*. If a seat held by a government candidate becomes vacant, only Governments will, of course, be invited to make nominations. If, on the other hand, the INCB loses a member originally chosen from the WHO list, the invitation will be extended only to that organization. Moreover, the election should, if possible, take place at the session or resumed session of the Council immediately following the occurrence of the vacancy.

75. As to the timing of the first elections to the INCB, the Commission suggests that the election procedure

should be initiated by the Council early in 1966 and be completed in 1967, so that the members of the new INCB can take office on 2 March 1968.

#### *Administrative provisions*

76. The Commission took note of the views expressed by the PCNB in its report for 1965 and by the DSB in its statement for 1966 as regards the administrative arrangements which these two bodies consider desirable for the INCB in order to ensure the independent performance of its functions under the 1961 Convention. Both organs stated that the future Board should have the same administrative facilities as those granted to the present Board by Council resolution 201 (VIII).

77. The President of the Board explained that, under article 9, paragraph 2, of the 1961 Convention, the Council was responsible for making, in consultation with the Board, all arrangements necessary to ensure the Board's full technical independence. Under an equivalent provision of article 20 of the 1925 Convention, the Council had adopted resolution 201 (VIII), the provisions of which should therefore also be applied to the future Board. It was the right and responsibility of the Commission to advise the Council on the administrative facilities to be granted to the future Board as well as on all other matters relating to narcotics control.

78. The representatives of Canada, China, the Federal Republic of Germany, France, Mexico, Switzerland, the United Kingdom, the United States of America and Yugoslavia supported the view of the President of the Board and suggested that administrative arrangements such as those provided for in Council resolution 201 (VIII) should be made for the future Board. The representative of India referred to article 16 of the 1961 Convention, which stipulates that the Secretary-General shall furnish the secretariat services of the Commission and the Board; he stated that his delegation had full confidence in the Secretary-General and was sure that he would make the appropriate secretariat arrangements.

79. In this connexion, the Commission noted the view of the Secretary-General that a report would be made to its next session on the administrative arrangements which would best serve the purposes of the INCB so that it could function in the manner envisaged by the 1961 Convention.

80. The Commission decided to postpone consideration of this matter until its next session.

#### *Form and dates of information to be furnished to the Secretary-General*

81. At its seventeenth session,<sup>40</sup> the Commission requested the Secretariat to prepare for consideration at its eighteenth session a document concerning the form, manner and dates of government communications containing the information required under the 1961 Convention (annual reports, seizure reports, laws and

regulations, manufacture of drugs, and national offices responsible for authorizing international transactions)<sup>41</sup>. The Secretariat was also requested to prepare a draft import certificate.<sup>42</sup>

82. At its eighteenth session, the Commission decided that the draft questionnaires contained in document E/CN.7/449 should be transmitted to Governments for their comments.

83. At its nineteenth session,<sup>43</sup> the Commission had decided that as the comments received were not very extensive, a further request should be made to Governments to submit their comments in time for the twentieth session, when a final draft of the questionnaires and the model form of import certificate could be adopted.

84. At its present session, the Commission had before it the comments of Governments in documents E/CN.7/485 and Add.1. It established a working group<sup>44</sup> consisting of the representatives of France, Ghana, Mexico, the Union of Soviet Socialist Republics, the United States of America and Yugoslavia. The representative of the Union of Soviet Socialist Republics was nominated chairman of the working group.

85. The working group held six meetings between 7 and 10 December, and its report<sup>45</sup> was considered by the Commission at its 556th meeting. In accordance with the recommendations of the working group, the Commission decided

- (a) to adopt the questionnaire on annual reports as included in annex I to document E/CN.7/449, with the drafting changes included in paragraph 3 of the working group's report; the Commission considered that before communicating the questionnaire to all Governments for use in preparing their annual reports, the Secretariat should indicate, for the questions included in the form of annual reports, the specific treaty obligations involved; Governments should also be requested to send their annual reports to the Secretariat not later than the 30 June following the year to which the report relates; there would be no need for advance submission of the chapter on illicit traffic of the annual report, as the Commission's annual session would now probably be held in November/December;
- (b) to adopt the questionnaire on seizure reports as included in annex II to document E/CN.7/449, with the drafting change indicated in paragraph (b) of the working group's report;
- (c) to adopt the questionnaire in annex III to document E/CN.7/449 on the manufacture of narcotic drugs, without any change;
- (d) to adopt the model form of import certificate as annexed to the present report (see annex III).

86. In adopting these questionnaires, the Commission expressed the view that the information obtained on the basis of the questionnaires, in accordance with article 18 of the 1961 Convention, would be the information necessary for the performance of its functions. It requested the Secretariat to transmit the questionnaires to all Governments for their use, particularly in prepar-

<sup>40</sup> Article 18 of the 1961 Convention.

<sup>41</sup> Article 31, para. 5, of the 1961 Convention.

<sup>42</sup> Report, nineteenth session, para. 153.

<sup>43</sup> E/CN.7/SR.543 and 545/Add.1.

<sup>44</sup> E/CN.7/L.285.

<sup>45</sup> Report, seventeenth session, para. 249.

ing reports required under the old treaties as well as under the 1961 Convention. It also requested the Secretariat to include the information thus received in the current documentation prepared by the Secretariat for use by the Commission under the old treaties.

### *Draft administrative guide*

87. At its eighteenth session,<sup>46</sup> the Commission took note of a draft administrative guide for the application of the 1961 Convention by government officials concerned, which had been prepared by the Secretary-General pursuant to Council resolution 914 D (XXXIV). The draft administrative guide was communicated to Governments and to the PCNB, the DSB, WHO and ICPO for their comments, and a revised draft<sup>47</sup> reflecting the comments received was submitted to the Commission at its twentieth session.

88. At its 537th meeting, the Commission decided to establish a working group to examine the text of the draft administrative guide. The working group was composed of the representatives of Canada, the Union of Soviet Socialist Republics, the United Kingdom, Hungary, Switzerland, the Federal Republic of Germany and India. The representatives of WHO, the PCNB and the DSB attended several meetings. The representative of Canada was nominated chairman of the group.

89. The working group held eight meetings between 30 November and 17 December. Its report<sup>48</sup> was considered by the Commission at its 556th meeting.

90. The following principles embodied in that report were approved by the Commission:

- (1) the guide should not attempt to replace, extend or abrogate any article of the Convention;
- (2) being an administrative guide, it should be developed as an aid to administrative officials in the field of domestic narcotics control;
- (3) it should not be a legal commentary nor an historical review of existing narcotic conventions;
- (4) it should relate to the provisions of the 1961 Convention only;
- (5) it should not deal with articles of the Convention which do not concern national administrations, or with articles which are clear (as many are) and need no explanation;
- (6) the guide should be only a preliminary document to be revised and/or amended or expanded in the light of experience.

91. The Commission instructed the working group to prepare a revised text which would be in conformity with these principles, and decided that the draft should be circulated to Governments and re-examined later in the light of experience and the comments received.

92. The revised text prepared by the working group would be issued under the symbol E/CN.7/484/Rev.1. The representative of China requested that, when the guide was published in printed form, a Chinese version should also be issued.

### **Reports of the Permanent Central Narcotics Board<sup>49</sup>**

93. The inconvenience caused by the postponement of the Commission's session from spring to late autumn was regretted because of the date at which the Board's report had to be prepared and also, particularly, because a session held so late in the year created difficulties in connexion with treaty obligations requiring Governments and international organs to take certain actions by definite dates. Another difficulty caused by the late date of the session arose from the requirement that the Board's report should be submitted to the Council through the Commission. This recent practice has now become a binding provision of the 1961 Convention. Many representatives were of the opinion that it would be preferable if, in future, the date of the Commission's session were such as to enable it to receive the Board's reports well in advance of the session. Unfortunately, owing to the postponement of the session, it had not been possible to place before the Commission before it was submitted to the Council the Board's report for 1964, which dealt with a period during which the 1961 Convention was not yet in force. Regret was also expressed that it had not been possible to place the Board's report for 1965 before the Commission in its final printed form.

94. The two reports submitted had some new features, since 1964 and 1965 were the first full calendar years following the coming into force of the 1953 Protocol and the 1961 Convention respectively.<sup>50</sup> The 1965 report reproduced statistics for 1964 which for the first time provided information on the international trade in poppy straw and on the area under poppy for the production of opium. The statistics for 1966, which were to be included in the Board's report for 1967, would be the first which fully reflected the provisions of the 1961 Convention.

95. The view was expressed that the 1961 Convention made the growing of all narcotics-yielding plants subject to a very full system of control for the first time. However, whereas the 1953 Protocol strictly limited the right to produce opium for export to a small number of countries, the 1961 Convention, although in principle prohibiting new opium production for export, allowed of certain exceptions. The vital importance of preventing over-production of opium was stressed by the Board's representative, who also stated that if even the long experience and administrative skill of traditional producers were sometimes incapable of preventing diversion to illicit traffic, the risk would be even more serious in the case of new, inexperienced producers.

96. The Board's task was continuously to watch the international trade in narcotics with a view to preventing excessive quantities of any drug accumulating in any country or causing such a country to become a centre of illicit traffic. The Board carried out this task by scrutinizing the information at its disposal. Article 25 of the 1925 Convention and article 14 of the 1961 Conven-

<sup>46</sup> Report, eighteenth session, para. 257.

<sup>47</sup> E/CN.7/484.

<sup>48</sup> E/CN.7/L.281.

<sup>49</sup> Agenda item 3 (iv); (E/CN.7/SR.553, 554, 555, 556, 557/ Add.1 and 563).

<sup>50</sup> E/OB/20 and Addendum; E/OB/21.

tion empowered the Board to investigate any matter which was brought to its attention by a Government and which, in its view, required investigation. The President of the Board said it was essential that the Board should have prompt and ready access to all information in the possession of the United Nations Secretariat which it considered useful for its work.

97. The discussions in the Commission on the views of the PCNB regarding the administrative provisions that would be appropriate for the INCB are contained in paragraphs 76 to 80.

98. The Board's representative noted that in order to obtain a balanced view of the narcotics situation, the Board must take the illicit traffic into account. Estimates of this traffic, though subjective and fallible, had been based on the most authoritative sources available. The Board mentioned that the reports of certain Governments were defective, and it stressed the importance of extending technical assistance to Governments that were not yet able to deal with the problem unaided.

99. Like the Commission, the Board was greatly concerned about the opinion recently expressed that cannabis was not a dangerous drug nor one which should be controlled. Such an opinion ran counter to general international policy and to informed scientific opinion.

100. Although poppy straw had gained steadily in economic importance up to 1962, when it had accounted for 36 per cent of the total morphine extracted, in the following years, 1963 and 1964, that proportion had decreased slightly to about 32 per cent of the total. The decrease had been caused by a shortage of poppy straw and perhaps by depressed opium prices. The discovery of a satisfactory and generally accepted substitute for codeine would obviously have a great influence on the economic importance of opium. Heroin had reached relative stability at a very low figure (about 50 kg). The consumption of cocaine had declined from more than 3,600 kg in 1936 to 1,354 kg in 1964. The smallness of the quantities of cocaine used for medical purposes revealed the magnitude of the problem presented by the enormous amounts of coca leaves still being harvested. Among the synthetic drugs, only pethidine had gained an important position, and it continued to gain ground at the expense of natural analgesics.

101. Under the 1961 Convention, annual statistics were not due until 30 June, whereas previously statistics on stocks had had to be submitted by 31 May, and the other annual statistics by 31 March following the year to which they referred. As the late arrival of statistics hampered the Board's work, a recommendation would be made that Governments should be invited to furnish the statistics earlier than the date prescribed in the 1961 Convention.

102. It was gratifying to find that certain opium-producing countries were making a firm effort to improve their situation in this respect; and, in that connexion, the Commission noted with satisfaction that Turkey was planning to invite the PCNB to send a mission to discuss problems of narcotics control.

103. An estimate of the extent of drug-abuse was rendered difficult by the inadequacy of the statistics

submitted, and there was a wide disparity between the number of addicts reported and the estimates of the addict population derived from the volume of narcotic substances available in the illicit traffic. It could, therefore, be assumed that the incidence of addiction was significantly higher than some individual Governments realized.

104. The Commission was informed that, under the licensing scheme of India, the area under opium cultivation had been reduced. Latest reports showed that only 13,000 hectares would be harvested in 1966. It had always been the opinion of the Government of India that the only solution to illicit cultivation and traffic was to reduce cultivation and concentrate it in the most efficient and compact areas. Judging by the yields obtained in India, the world's licit requirements, about 1,000 tons, could probably be obtained from one or two compact areas of less than 30,000 hectares. It was doubtful whether the process of making morphine from poppy straw would cut off supplies from the traffickers, because this process required areas of cultivation much larger than those required for opium production, and consequently the risks of diversion would be far greater. In addition, such a process might endanger the successful system for the licensing of cultivation and the purchasing of opium by a central agency. If even 5 per cent of the poppy straw crops were illegally lanced before being sold as straw, that quantity alone would represent twice the amount legally produced at the present time. For these reasons, Indian law had been amended in 1956 to include poppy straw in the definition of opium.

105. With regard to the control to be exercised over the coca leaf and its derivatives, both the Board and the Division of Narcotic Drugs had been in correspondence with the Bolivian Government. It was hoped that this correspondence would bear fruit; meanwhile, the special difficulties of the Government of Bolivia should be borne in mind.

#### Statements of the Drug Supervisory Body <sup>51</sup>

106. It was regretted that, because of the change in the date of the Commission's session, the Drug Supervisory Body had been unable to submit the documents containing the estimates for 1966 in their final form, although proofs of the tables of estimates, which would appear in the final document, were available.<sup>52</sup>

107. The statement for 1965 was the first which took into account the provisions of the 1953 Protocol, while the statement for 1966 was the first to be based on the provisions of the 1961 Convention. The 1966 statement also contained estimates of opium production required by the 1953 Protocol but not by the 1961 Convention; in order to avoid unnecessary complications, the DSB had not taken into account any differences which might exist between the system of estimates of the 1931 Convention and those of the 1961 Convention, and in fact the

<sup>51</sup> Agenda item 3 (v); (E/CN.7/SR.553, 554, 555 and 563).

<sup>52</sup> E/DSB/22 and Add.1, 2 and 3; E/DSB/23.

differences between the data required were of little practical consequence.

108. The 1966 statement also contained for the first time estimates of the requirements of coca leaves, cannabis and cannabis drugs.

109. A source of concern mentioned by the DSB related to the examination of supplementary estimates. At present, the four members of the DSB are consulted by telegram when this body is not in session. The new Board to be set up by the 1961 Convention would have eleven members, which would make inter-sessional consultations by mail or cable a lengthy and cumbersome process. To prevent any undue delay in the international shipment of urgently needed drugs, some way would have to be found of delegating the new Board's authority in this respect to a small group of, say, four of its members.

110. The Commission's attention was also called to certain possibilities, indicated in the DSB statement, of improving the value of the estimates system by arrangements for closer co-operation with WHO.

111. The representative of the Union of Soviet Socialist Republics stated that the information in the table indicating the requirements of narcotic drugs of the People's Republic of China could not be considered correct, since it had been furnished by persons who did not represent the People's Republic of China. The representative of the Republic of China said that his Government was the only Government empowered to furnish estimates for the whole of China, and that such information was given in a humanitarian spirit.

#### **Report of the WHO Expert Committee on Dependence-producing Drugs<sup>53</sup>**

112. The WHO representative reviewed the fourteenth report of the WHO Expert Committee on Dependence-producing Drugs,<sup>54</sup> except for those sections of the report which would be considered under the relevant items of the agenda.

113. The section on notifications referred for the first time to proceedings under article 3 of the 1961 Convention. In the case of piritramide, for which there was only a notification under the 1948 Protocol, the Expert Committee had initiated the procedure provided for in the 1961 Convention, and had also made a definite recommendation for control (see paragraph 54).

114. The Expert Committee had recommended previously that the terms "drug addiction" and "drug habituation" should be replaced by "drug dependence", which made it possible to give a clear description of the various aspects of this condition. Amongst other advantages, the new terminology would provide a rational link between drug dependence and drug abuse. While the former was the result of the interaction between the drug and the individual and was subject to his physiological and psychological variability, drug

abuse was determined by the interaction between the drug-influenced individual and different kinds of environmental conditions. Dependence, physical and/or psychological, was a medical problem. The study of drug abuse involved other disciplines such as anthropology, sociology and social psychology. Further, the economic and social aspects deserved the fullest consideration by the Commission. The term "drug dependence" had found very wide acceptance in medical circles. It should not, however, be used by itself, but should always include an indication of the substance involved. *Dependence could be of a morphine, cocaine, cannabis, alcohol-barbiturate or other type, and detailed descriptions of these had recently been prepared by WHO and endorsed by its Expert Committee on Dependence producing Drugs.*<sup>55</sup>

115. The Commission was in favour of using the term "drug dependence of this or that type" for scientific purposes. However, it was felt that the word "addiction" had been universally accepted for a very long time and was entrenched in national legislation and international instruments, including the 1961 Convention. The Commission could not therefore change the existing terminology in treaty texts. It was felt that acceptance of the new term might create administrative difficulties as well as complications of a legal nature. Moreover, since a decision to place a substance under international control was based on its more or less harmful effects, it was immaterial what term was used.

116. The representative of France felt that it might be helpful to have an additional term which would apply to the state of partial dependence and suggested the word "toxitude" for that purpose. "Toxitude" could be defined as the absorption or habitual consumption of a harmful substance by an individual either from necessity or to satisfy a more or less marked need, or for self-gratification, whether or not he was aware of the difficulties or dangers which he faced and caused others to face.

117. On the subject of the evaluation of dependence, a WHO scientific group had recently concluded that experimental methods were highly developed for morphine and also to some extent for barbiturates and other sedatives. Some improvement was, however, necessary in the techniques for the assessment of other types of dependence.

118. As to the relationship between physical and psychic dependence to drug abuse, the WHO representative referred to recent developments. Nalorphine, a substance closely related chemically to morphine, provoked withdrawal phenomena when administered to individuals dependent on morphine and could be used for the rapid detection of physical dependence of the morphine type. Since such opiate antagonists would thus never be used by individuals in a state of dependence on opiates, the ideal would be to find one with analgesic properties. He quoted examples of how this goal had been achieved, at least in part. On the other hand, reports had been received of psychic dependence

<sup>53</sup> Agenda item 3 (vi); (E/CN.7/SR.540, 541 and 561).

<sup>54</sup> E/CN.7/470; Wld. Org. Techn. Rep. Ser., 1965, 312.

<sup>55</sup> E/CN.7/470/Add.1; Bull. Wld. Hlth. Org. 1965, 32, 721-733.

on an antitussive of the morphinan group for which physical dependence had not been demonstrated.

119. The Expert Committee had noted that the large number of the synthetic substances on the market could not be due solely to commercial reasons but was also the result of research directed towards the production of analgesics which were less dependence-producing than morphine. However, the abundance of these synthetic drugs admittedly complicated the exercise of strict international control.

120. The Expert Committee was of the opinion that in the compounding of substances under narcotics control with other therapeutic agents, the additional ingredients did not *per se* affect the liability of the dependence-producing substance to abuse.

121. The Expert Committee had stressed the desirability for narcotics control authorities to have technical advice, particularly on the medical aspects. Permanent arrangements for the provision of such advice did not, however, always appear to be available, and the Expert Committee had recommended the setting-up of panels of independent experts, as had been suggested in the field of drug safety in general.

122. WHO was making arrangements for the systematic collection of information on adverse reactions to drugs in general (monitoring of adverse drug reactions). The goal was a system for the convenient storage and retrieval of such information, which would allow measures for the protection of health to be taken at the earliest possible moment. Since the system was intended to cover all kinds of untoward reactions produced by drugs, it would automatically include observations of dependence on certain substances. Thus, valuable information on the liability of drugs to abuse might come to light at an early stage. Certain reservations were expressed regarding the inclusion in an international drug monitoring system of reports on drug dependence and abuse.

123. With reference to the WHO-sponsored coded information on narcotics, the Commission was informed that about ten thousand IBM cards were now available from which particulars could be rapidly obtained on those questions for which data had been recorded.

#### Review of the Commission's work during its first twenty years<sup>56</sup>

124. The Commission considered the document entitled "Review of the Commission's work during its first twenty years".<sup>57</sup> This document was prepared pursuant to resolution 1 (XVIII) adopted by the Commission at its eighteenth session.<sup>58</sup> The Commission took note of the review, whose usefulness it emphasized, and asked that it should be the subject of a special issue of the *Bulletin on Narcotics* which would also contain a summary

of the report on the work of the twentieth session, so that it could be used for information purposes by Governments and by the Secretariat of the United Nations.

125. In connexion with this document, the representative of the United States made a statement in which he said that the review showed one incontrovertible fact: international narcotic controls were indispensable. He went on to say that since the first conference had met at Shanghai in 1909, progressive international narcotic controls had been established until almost every nation of the world today participated in at least one of the multilateral treaties in force. The results had been outstanding. Nations had accepted international supervision and had adhered to fundamental principles. While the Commission had no supranational authority, it had exercised great influence on member States and public opinion. It had shown that the campaign against narcotics abuse could be effected only through international co-operation. But there was a great deal more to be done. Illicit traffic in narcotic drugs continued to be the foremost problem of effective international control; until the illicit traffic had been eliminated from the world scene, all nations must strengthen their efforts to reduce the growing of poppies to an absolute minimum, to bring about the apprehension of violators and to see that heavy penalties were imposed on them. It was too soon to say whether the 1961 Convention would make it possible to achieve the high purposes of the 1961 Conference. In any case, the 1953 Protocol would greatly improve the effectiveness with which the growing of opium poppies could be controlled, and might serve to prevent the production of quantities of raw opium which would otherwise be destined for the illicit market. Much more had to be done to eliminate the many uncontrolled fields of opium poppies, especially since in the next decade it might well be possible to achieve international agreement on the complete abolition of all legal opium production. Even now, many opium derivatives could be replaced by synthetics, and most, if not all, medical requirements could be met without producing and stockpiling opium. About 85 per cent of all opium produced legally went into the manufacture of codeine. Two synthetics which were not now required to be under narcotic controls were being widely used instead of codeine. With many other known non-addicting substances already available or the subject of research, the need for codeine would certainly greatly diminish in the near future. Throughout the world, the traditional drugs of choice of narcotic addicts were opium and its derivative, heroin. Complete elimination of all opium production, supplemented by rigid enforcement and controls over licenced manufacturers of synthetic narcotics, would result in a tremendous reduction in narcotic drug addiction. The Government of India had pointed out that opium production was barely profitable; when it had been demonstrated, as was to be expected within the next few years, that opium was not essential for medical purposes, the United States would give very favourable consideration to discussions leading to an international agreement which would abolish legal opium production entirely. Achievement of such an ambitious goal would not be feasible, however, without

<sup>56</sup> Agenda item 11; (E/CN.7/SR.559 and 563).

<sup>57</sup> E/CN.7/471.

<sup>58</sup> Report, eighteenth session, para. 77.

the complete co-operation and assistance of all States; technical aid would also be required for those countries in which opium production was still of some economic importance. In 1955, the Iranian Government had taken the unprecedented step of imposing a total ban on the cultivation of opium poppies and the use of opium throughout the country, and had appealed to the United Nations for assistance in effecting that change. The United Nations and its specialized agencies, particularly FAO and WHO, had contributed to the success of the undertaking. Iran had not yet completely solved all its problems, but much progress had been made; and Iran had derived nothing but benefit from its action. If the experience of Iran could be repeated in other opium-producing countries, it would be a great boon to the entire world. In conclusion, the United States representative recommended that the Economic and Social Council should be asked to request the Secretary-General to obtain the views of the Governments of Member States as to whether the continued production of opium was necessary, and to report to the Commission at a future session.

126. A number of representatives, in particular those of Canada and France, warmly supported the United States representative's statement.

127. The representative of France stressed the need for putting an end to the illegal or uncontrolled cultivation of the opium poppy, though he recognized that that would be a long-term operation.

128. The representative of India stated that, while at first sight the cultivation of the opium poppy for seed and for extraction of morphine from straw, and not for the production of opium, had certain advantages and therefore appeared attractive to him also, the whole issue would have to be more carefully considered before it was possible to reach any valid conclusions. He stressed in particular that until such time as a suitable substitute was found for codeine, that system of cultivation would inevitably mean increasing the area under the opium poppy by as much as fifty times. He therefore feared that the mere abolition of opium collection might accentuate rather than diminish the problem of the illicit traffic.

### CHAPTER III

## ILLICIT TRAFFIC <sup>59</sup>

### Introduction

129. In accordance with the decision taken at its nineteenth session,<sup>60</sup> the Commission reviewed in plenary the illicit traffic situation in 1964. It considered the item in closed session.

130. Observers from Algeria, Belgium, Bolivia, Brazil, Burma, Ethiopia, Israel, Italy, Lebanon, Nigeria, Poland, Portugal, the Republic of Viet-Nam, Spain, Syria and Thailand, and representatives of the International Criminal Police Organization (ICPO) and the Permanent Anti-Narcotics Bureau of the League of Arab States attended the discussions on illicit traffic.

131. The Commission welcomed the assistance and information provided by the representatives and observers who attended the meetings, and especially the spirit of friendly co-operation displayed in the discussions at its current session on the illicit traffic.

132. The Commission regretted that a number of States which had been invited to send observers to attend the discussions on the illicit traffic had been unable, or had not seen fit, to do so. It invited the Secretary-General to make clear to those States how much importance the Commission attached to their being represented by qualified observers at its next session. Should they intimate that they could not send observers, the Secretary-General would ask them to transmit the pertinent information to him.

133. The Secretary-General of ICPO drew the Commission's attention to the consideration being given by his organization to the possible revision of the 1936 Convention for the purpose of making that instrument acceptable to a larger number of States. After a brief discussion, the Commission took note of the information provided and asked to be kept informed of developments.

### Review of the illicit traffic

#### A. REPORTS AND DOCUMENTS

134. The Commission had before it the documents prepared by the Secretary-General<sup>61</sup> and by ICPO<sup>62</sup> and the text of chapter XI (Illicit traffic) of the annual reports for 1964 transmitted to the Secretary-General.<sup>63</sup> The Commission also had before it the summaries of the reports received by the Secretary-General from 1 March 1964 to 31 October 1965 on illicit transactions and on seizures.<sup>64</sup>

135. The Commission noted that the situation with regard to the communication by Governments of reports

<sup>61</sup> Review of the illicit traffic in narcotic drugs during 1964 (E/CN.7/472).

<sup>62</sup> Memorandum by the International Criminal Police Organization (ICPO) for 1964 (E/CN.7/473), and Addendum for the period 1 January - 30 June 1965 (E/CN.7/473/Add.1).

<sup>63</sup> E/CN.7/R.15 and Add.1 to 87.

<sup>64</sup> E/NS.1964/Summary 3-12; E/NS.1965/Summary 1-10 (E/NS.1964/Summary 1 and 2 were considered by the Commission at its nineteenth session).

<sup>59</sup> Agenda item 4 (E/CN.7/SR.543, 543/Add.1, 544/Add.1, 545/Add.1, 546/Add.1, 547/Add.1, 548/Add.1, 549/Add.1 and 562).

<sup>60</sup> Report, nineteenth session, para. 189.

on the illicit traffic had improved; more Governments had transmitted reports, and the information they contained seemed in general to be more complete than in the past. For 1964, the Secretary-General had received 132 preliminary reports concerning chapter XI, and, for the period from 1 March 1964 to 31 October 1964, 1,001 reports on 1,088 seizures.

136. In connexion with the consideration of those reports, the Commission requested the Secretariat to try to clear up with Governments any points which might appear to be obscure or incomplete. The representative of France proposed that the form for seizure reports should contain a question on the degree of purity of the heroin seized; with regard to "purple heroin", which was a mixture of heroin and barbituric acid or its derivatives, it would be useful if Governments would state whether they had seized any quantities of that substance; that would provide some indication of the type of drug addiction existing in the area where such seizures had occurred.

137. The Commission approved the new form, consolidated rather than analytical, in which the "Review of illicit traffic in narcotic drugs in 1964", the principal document for the study of the problem, had been drafted for the current session.

138. The representative of ICPO placed before the Commission his organization's annual memorandum on the illicit traffic, the current year's edition of which comprised an addendum: while the main document gave the information for 1964, the addendum covered the first half of 1965. The ICPO representative explained that, by agreement with the United Nations Secretariat, the make-up of the report had been changed so as to make it complementary to the review prepared by the Secretariat on the illicit traffic in narcotic drugs.

139. In its discussion of the problems of the illicit traffic, the Commission first studied a number of general considerations. It then reviewed the situation with regard to each drug. A number of representatives made general statements on the illicit traffic in the world as a whole or in their respective regions, or on the overall situation in their respective countries. The gist of these statements will be incorporated in the appropriate sections of this report.

140. The Commission took note of the documents placed at its disposal for the study of the illicit traffic.

## B. GENERAL CONSIDERATIONS

141. In its review of the illicit traffic in narcotic drugs in 1964, the Commission once again noted that that traffic continued to constitute a serious threat to the international community.

142. It first considered a number of general topics related to the problem, observing that the trends of the illicit traffic could not be expected to change suddenly, since that traffic was a well-established and profitable venture extending all over the world.

143. The possibility of obtaining narcotic drugs had been strictly limited by the system of control established

over the past fifty years, a system which had been largely successful in putting an end to the diversion to illicit purposes of drugs lawfully manufactured. Apart from thefts or falsifications involving only extremely small quantities, illicit drugs generally came from illicit production. Like the Commission itself, many Governments had stressed in their reports that so long as large quantities of raw materials existed and could be procured, traffickers would use them for their own ends. That applied to the quantities of opium produced illegally or without supervision in South-East Asia and the Middle East, to the coca leaf produced in South America, and to the cannabis growing wild or cultivated illegally almost everywhere in the world.

144. As for markets, their expansion had been accelerated by a number of economic and social factors which had developed since the Second World War. Social ties in many societies had slackened or disappeared; almost everywhere in the world, young people were less strictly supervised. In many regions, industrialization had created large groups of semi-unemployed and uprooted people who fell an easy prey to traffickers. There were, moreover, many migrant workers, seasonal and other, who travelled between countries with an over-abundance of labour and the more industrialized countries, and some of them tried to augment their incomes by selling opium or cannabis in the countries where they went to work and where those substances had previously been little known. In this way they created new markets for the illicit traffic.

145. The representative of the United States of America particularly stressed that point, showing that the destruction of normal social ties was both a cause and an effect of the illicit traffic and drug addiction. The representative of Canada drew attention to the growing abuse—particularly among young people—of substances which, while not being drugs subject to control (barbiturates, amphetamines, tranquillizers and LSD-25), had effects that were harmful to the individual and to society itself. That was a phenomenon which had a bearing on the traffic in narcotics.

146. The traffickers themselves took advantage of technical advances and were now, for example, capable of organizing clandestine laboratories in parts of the world where that would have been quite impossible a few decades ago. Instead of dealing in bulky and odorous products like raw opium, traffickers concentrated on "white drugs", which weighed less, were not bulky and were easy to conceal. They were therefore able to make use of such modern means of transport as the aeroplane. Moreover, the growing internationalization of human activities had facilitated the establishment of gangs which recognized no frontiers and were fully familiar with commercial procedures and banking facilities—more particularly, numbered current accounts—and did not hesitate to use them. In that connexion, the French representative recalled a case of illicit traffic in which a trafficker's son studied pharmaceutical chemistry and served as his father's correspondent for the purpose of informing him of the arrival of his consignments of morphine base.

147. The Commission noted that a quantitative appraisal of the illicit traffic was very difficult, because the ratio between the quantities seized and the quantities offered on the market was impossible to determine, and estimates varied according to the criteria applied, which were many and differed substantially from country to country. The representative of India said, for example, that the ratio for his country seemed to be about 1:1, whereas Iran had reported a ratio of 1:10.

148. In studying the personality and organization of traffickers, the Commission noted that there were several categories of traffickers, and the ICPO representative showed that, apart from casual producers and carriers, traffickers belonged to gangs which had a complex structure, many ramifications and substantial material resources. The drug traffic was to some extent the prerogative of a hierarchically-organized criminal elite headed by "sleeping partners" who often displayed a respectable façade and were difficult to unmask. Next came intermediaries and distributors who supervised transport and were familiar with financial questions. With their technical training, some chemists could be dangerous; and, in that connexion, the representative of France pointed out that, in a case brought to light in his country and mentioned in the relevant section of this chapter, the chemist had received a stiffer sentence than the other members of the gang (the French Public Health Code doubled the penalties in cases of narcotic drugs manufacture). The carriers were mostly people of modest means who were attracted by the profit. However, the traffickers' gangs adapted themselves to the enforcement techniques applied, and a change had thus been brought about in the practice of carrier recruitment: it had been found that accomplices were also taken from the upper strata of society. Lastly, these were the individuals who made it their business to induce young people to take drugs.

149. As to means of transport, the ICPO representative said that his organization had systematized its accumulated knowledge of the means of transport employed in drug trafficking. The conclusion of the enquiry, which had covered a fairly long period, was that transport by sea came first, with about 40 per cent of the traffic. Overland transport (mainly by motor vehicle to the port of shipment of the drug) came second, with 15 to 25 per cent of the traffic. Transport by animals and transport by parcel post came third and fourth respectively. The representative of Ghana said that, in West Africa, portage was sometimes employed for the cannabis traffic. Lastly, the ICPO representative went on to say, traffic by air, while representing only a rather small proportion of the total, was on the increase; in most cases, such traffic was effected by passengers using regular commercial services, and there was no proof of any major participation by the staff. The aeroplane was the preferred mode of transport for the more expensive drugs, such as heroin. Cases of the parachuting of narcotic drugs were rare. Trafficking by air, which was very difficult to detect, relied on the traditional sources of supply and exhibited very much the same characteristics as other types of drug trafficking. A number of representatives amplified the ICPO repre-

sentative's statement. The representative of the United States said, for example, that traffickers incorporated particularly well-designed electrically-controlled hiding places in motor vehicles, and the representative of the United Kingdom said that about one hundred false diplomatic passports had been discovered in Hong Kong in the possession of two individuals suspected of the illicit traffic in drugs. He added that traffickers were increasingly found to be concealing drugs in consignments of goods sent regularly with their manifest; he recalled, for example, a seizure of over two tons of opium and morphine discovered concealed in a consignment of fifty tons of bamboo.

150. Still on the subject of the hiding places used, the representative of Ghana reported that cannabis had been found concealed in an air-hostess's wig; cannabis was also sometimes hidden in scooped-out yam tubers. (Such yams were not infrequently to be found in food parcels addressed to students from West Africa living abroad).

151. The Commission was also informed that cannabis had been discovered in the handles of tennis-rackets and in a compartment devised in an African drum; and, lastly, it noted one of the most original methods ever detected: hashish moulded into balls of approximately the size of a lemon and covered with a membrane of yellow rubber apparently taken from toy balloons; they had been represented as lemons.

152. With regard to transport by professional sailors and by airline crews, the Commission stressed that it would be desirable for Governments to apply Council resolution 436 D (XIV), which, *inter alia*, recommends Governments to revoke the certificates of crew members convicted of illicit trafficking, and to notify the names of such individuals to the unions, companies and organizations concerned, so that they could take suitable disciplinary action. The Secretary-General periodically transmits to Governments lists of persons convicted of participation in the illicit traffic, and several representatives stated that the measures provided for in the resolution were applied in their respective countries. The representative of France suggested in that connexion that the attention of the International Air Transport Association should be drawn to the existence of the illicit traffic, and that all appropriate steps should be taken to ensure that both the ground and the airborne staffs of airline companies were informed of the problems and of the traps that might be set for them by traffickers.

153. The ICPO representative said that his organization published a monthly list of traffickers, with full particulars of their civil status, and also a supplementary list, extracted from the above list, of professional sailors implicated in narcotics offences. Those lists were sent to police services, and in that connexion he stressed the importance of police-service infrastructures. The representative of India said that in his country vehicles used in the illicit traffic had been seized.

154. A not inconsiderable traffic took place by mail. A person might send a drug to a correspondent without intending to commit an offence, but the practice was

also fairly common, particularly among expatriates, of sending parcels of drugs so disguised as to suggest that the consignment was a normal one. The Commission and the Economic and Social Council had requested (Council resolution 505 D (XVI)) that lists of seizures of narcotics shipped by post should be transmitted regularly to the Universal Postal Union. The lists relating to 1964 and the first half of 1965 are reproduced in annex 3 to document E/CN.7/472.

155. The Commission then discussed a matter raised at most of its sessions: the penalties to be imposed on traffickers and the severity of such penalties, i.e. their deterrent effect. The Commission was unanimous in considering that severe penalties should be imposed, but that a distinction should be made between the traffic's victims, i.e. the drug addicts, and its organizers — the professional criminals. A fine was generally inadequate, because it would be paid by the gang and would have no effect when set against the profits from the traffic — unless, of course, it was very heavy, like the fine of 4,580,000 francs (close to \$1 million) which, as the representative of France recalled, had been imposed in a particularly serious case of illicit trafficking mentioned in this chapter. In some countries, the penalties were so light as to be negligible, and in others they were prescribed by very old laws which required amendment. In some countries, however, the severity of penalties had been increased in recent years; in Thailand, for example, prison sentences of up to twenty years had been imposed. Life imprisonment or the death penalty could be imposed in Iran and China.

156. In some countries, the enforcement services had expressed the view that their task was made more difficult by the lenience of the courts or the law, and the Commission was informed of cases in which enforcement services had made representations to their country's Ministry of Justice, drawing the Ministry's attention to the need, now greater than ever, to maintain a sufficient deterrent effect by means of severe penalties. In that connexion, some representatives stressed the need to convince the judicial authorities of the seriousness of narcotics crimes and of the desirability of imposing severe penalties. Moreover, it was essential that the penalty should be not only imposed, but also applied. The representative of Ghana mentioned that, in view of the increase in the illicit traffic, the Pharmacy and Drugs Act, 1961, which dealt with such offences, had had to be amended so as to make the penalties more severe. The representative of the United States said that, in his view, it was essential to fix a minimum level for drug-trafficking penalties (in some countries such a minimum existed, while in others, on the contrary, there was a maximum). The representative of India said that in his country a trafficker could be convicted on several counts, and that as the penalties were cumulative, the total could be very considerable. The representative of Peru stressed the importance of education in the campaign against the illicit traffic.

157. The representative of Yugoslavia said that one of the difficulties encountered by the Commission in studying the problem was that it did not have enough

information on the attitude of individual countries in the matter, and he suggested that a comparative survey should be undertaken. Other representatives considered that that would be a difficult undertaking and that its results might perhaps not be commensurate with the efforts it entailed. The ICPO representative drew the Commission's attention to the fact that a document of that kind existed; it had been prepared by the ICPO secretariat, and showed by tables the maximum and minimum penalties imposed for narcotics offences in some fifty countries. The Commission concluded that the Secretariat should study the possibility of providing the Commission with more ample information on the subject.

158. Most of the annual reports indicated that the drugs seized were destroyed, but in some cases they were used in the country or also exported for the extraction of alkaloids. In some annual reports, however, chapter XI, on the illicit traffic, provided no information on the point, and the Commission noted that it would be desirable to remind Governments of the request for such information contained in the annual report form.

159. As the prices of narcotic drugs in the illicit traffic, the Commission noted that there were considerable variations in the particulars given in the annual reports, and that the prices in question were very often neither clearly defined (by, for example, an indication of the quality of the product or of the method by which the prices had been estimated) nor comparable with one another, so that it was very difficult to reach valid conclusions on the subject. The Commission expressed the hope that more accurate information could be obtained in future; and it suggested that an attempt might perhaps usefully be made to indicate the prices of drugs in the illicit traffic.

160. Lastly, the Commission stressed the great importance of close international co-operation between Governments in the control of the illicit traffic, and also the great importance of their co-operation with ICPO; and several representatives gave particulars of the very substantial results obtained through such co-operation between enforcement services, especially those of the United States, Canada, France, Mexico, Turkey and Thailand. Those countries reported cases which it had been possible to bring to a successful conclusion through such concerted action.

161. Several countries also referred in that connexion to the usefulness of the regional or other technical co-operation activities organized by the United Nations in the field of narcotics control and, especially control of the illicit traffic. Examples of those activities were the meetings of the various consultative groups, and seminars. Fuller information on that subject will be found in chapter IX of this report.

### C. POSITION AS REGARDS INDIVIDUAL DRUGS

162. The Commission then reviewed the situation so far as each drug was concerned; and in doing so it gave special attention to the position in the various regions of the world, since it is important to take geographical

factors into account both in trying to understand the traffic itself and in devising the most effective methods of combating it.

### *Opium and opiates*

163. The opium handled in the illicit trade has two uses: smoking and the extraction of alkaloids. It should be noted that the traffic in prepared opium and in raw opium for conversion into smoking opium is generally local; it has no international ramifications and is mainly found in the consumption areas. Opium for smoking is found in the international illicit trade when groups of opium-smokers try to obtain their drug through relatives, friends or casual pedlars. Some opium intended for alkaloid extraction enters the international traffic.

164. As the Commission has already pointed out, clandestine laboratories for the extraction of morphine and its conversion into heroin are often situated close to opium-producing areas, the most important of which are in the frontier areas of Burma, and in mainland China, Laos and Thailand, and the Middle East. Clandestine laboratories manufacturing heroin from a processed raw material originating in the Middle East (morphine base) are also to be found, however, in southern Europe.

165. Morphine, which in the licit trade is increasingly serving as an intermediate product in codeine manufacture, plays a very similar role in the illicit traffic as an intermediate for heroin. Large seizures are therefore made in the countries where heroin is illicitly manufactured.

166. Africa is not traditionally an opium-consuming area; consequently, only a few seizures of opium and opiates are reported from that continent. No morphine or heroin seizures were reported in 1964.

167. As to the American continent, 28 kg of raw and prepared opium were seized in the United States in 1964 as against 60 kg in 1963. In this connexion, the representative of the United States said that there had been a marked decrease in total seizures of opiates in 1964; seizures of heroin, which was the drug of choice of his country's addicts, had fallen by almost half; the Government had seized 45 kg of heroin in 1964, as against 83 kg in 1963. The United States Government seemed to have gained the upper hand over that scourge, and expected the figures for 1965 to show a significant reduction of the order of 30 per cent. That reduction could largely be attributed to the progress achieved in enforcement as a result of the high quality of international co-operation. Heroin, which was smuggled into the United States, came from Europe, the Far East and Mexico. Small quantities originating in the Middle East were sometimes found. The fact that employees of some airlines (both airborne and ground staff) were involved in such cases continued to present a serious problem. The duties of these persons, who were sometimes corrupted by criminal elements, were such as to give them opportunities of participating in the illicit traffic. Some seamen and passengers on aircraft and ships had also occasionally been found to be corrupted in this way. He recalled a number of substantial seizures which

had been effected thanks to co-operation between the United States and the French, Canadian, Mexican, Turkish and Thai authorities.

168. In Canada, heroin continued to be the main drug used by addicts, and nearly 7 kg were seized during the year. Canada also reported the seizure of 59 kg of heroin in a case in which the French and United States authorities had co-operated, but in that particular instance the traffickers were tried in the United States and the heroin seized had been transmitted to that country's authorities.

169. Mexico reported the seizure of 7 kg of opium in 1964, and also the destruction of 490 poppy fields. The representative of Mexico stated that his country was continuing its campaign against the cultivation of the opium poppy, particularly in the north-west. The plant was cultivated in isolated mountain areas, and the police, with army help, had to use aircraft in order to find and destroy the plantations. Mexico also reported the seizure of 3 kg 787 g of morphine and 29 kg 525 g of heroin.

170. The observer for Brazil stated that, for the first time in two years, the Brazilian authorities had seized heroin. It was not known whether or not the drug had been intended for consumption within the country.

171. No illicit cultivation of the opium poppy had been reported in Europe, but Greece had notified the seizure of 24,000 poppy plants growing wild. There had also been one case of diversion from a licit source in that country; an official had been arrested after having appropriated 7 kg 600 g of opium by falsifying an export licence. The other quantities of opium seized in Europe were as follows: 22 kg 250 g in the Federal Republic of Germany, as against 1 kg 630 g in 1963; 7 kg in the Netherlands; 10 kg in the United Kingdom; and 3 kg 532 g in Yugoslavia. The representative of the Federal Republic of Germany said that the quantity seized in his country represented a total of eight seizures, and that the use for which the opium was intended might vary from one case to another (smoking or alkaloid extraction). The traffickers were usually seasonal workers.

172. As to morphine, substantial seizures took place in Europe, particularly in France, where 64 kg of raw morphine were seized when the clandestine laboratory already referred to was discovered. That morphine had been intended for conversion into heroin; 57 kg 455 g of raw morphine were seized in the Federal Republic of Germany.

173. In the case of heroin, a number of very small seizures were reported in various European countries; by far the largest of these was the seizure, reported by France, of 97 kg of heroin when a clandestine laboratory was discovered at Aubagne. In addition, 4 kg of heroin had been seized at Orly Airport. Greece reported the seizure of 1 kg 635 g of heroin.

174. During its consideration of the Near and Middle East region, the Commission heard a detailed account by the representative of Iran, who circulated a map showing the places where seizures had taken place and

poppy plantations had been destroyed in the course of the previous year. He recalled the revolutionary decision, taken by his Government in 1955, to prohibit the growing of the opium poppy in his country. Opium poppy cultivation had been a traditional pursuit and a substantial source of income, and its abandonment had been a sacrifice keenly felt, especially by the peasant population. It had also placed a heavy burden on the Iranian budget, as several million dollars had had to be spent every year to enforce the law and combat the illicit traffic. That traffic continued, however, and since payment took place in gold, it constituted a further drain on the country's economy. He said that opium was no longer produced in his country; it had been replaced by crops such as wheat, barley, cotton, saffron and sugar-beet. In 1964, only 80 hectares of poppy fields had been discovered and destroyed in remote areas inhabited by nomadic tribes. Agrarian reform had been one of the decisive reasons for that success; previously, the big landowners had been able to gather opium clandestinely, whereas the small growers could not. Iranian opium had, moreover, disappeared from the illicit traffic.

175. In 1964, 13,604 kg of opium had been seized in Iran. If the ratio of quantities seized to total traffic was put at 10 per cent, it would be seen that huge quantities of opium entered Iran as contraband. The Government was making considerable efforts to stem the tide, and Iran had forwarded 328 seizure reports to the Secretary-General of the United Nations for that year alone. The map showed that the largest seizure of opium had taken place near the frontiers; there were nomadic tribes there which engaged in the illicit traffic, encouraged by the fact that the price of licit opium on the international market was too low and that, in consequence, there was a strong temptation to divert legally harvested opium to the illicit trade. Iran had concluded bilateral agreements with Turkey to co-operate in suppressing the illicit traffic.

176. In Iran, opium was consumed directly, but in an adulterated form or after conversion into heroin. The clandestine consumption and manufacture of the latter drug had started in Iran about the year 1960; the campaign against opium had brought about an increase in the illicit traffic in heroin. Some former opium addicts had turned to heroin, but most of the consumers were young people. The number of clandestine laboratories discovered had increased sharply since 1960, having risen from eight in 1963 to seventeen in 1964. Production methods and the quality of the finished product were both improving. Nevertheless, only one qualified chemist had been arrested, and that had been as long ago as in 1956; the descriptions of manufacturing processes that had been discovered were like recipes for cooking, which suggested that amateurs rather than professional chemists were involved. In all, 18 kg 313 g of heroin had been seized in 1964.

177. The representative of Turkey described to the Commission the measures adopted by his country to combat the illicit traffic. To begin with, there were enforcement measures against contraband; a bill had

been introduced under which informants and persons carrying out seizures were given a reward proportionate to the value of the goods. Furthermore, the Government had had a study made of Indian legislation on poppy-growing, with a view to its application in Turkey. Lastly, poppy-growers had been placed under a duty to obtain a permit before each sowing period. The poppy-grower was required to sell the whole of his crop to the Office of Products of the Soil. In Turkey, the poppy was cultivated by small growers who extracted the oil from the seeds for their own use and delivered the opium to the Office of Products of the Soil. Despite all those preventive measures, some growers yielded to temptation and diverted part of their crop to the illicit traffic. In 1964, Turkey had seized 2,765 kg of opium. It had also seized 81 kg 385 g of raw morphine, but had not reported the discovery of any clandestine laboratory.

178. The observer for Syria said that his country was situated between opium-producing and opium-consuming countries, and constituted a natural transit area. The opium made its way to the Aleppo district, whence it was conveyed to the coast for shipment to foreign markets. It moved as contraband from Aleppo to Lebanon via Homs, and also from Aleppo to Jordan by desert routes. Syria did not cultivate the poppy, but there were some clandestine plantations. In 1964, 383 kg of opium had been seized, as against 283 kg in 1963, and 240 poppies had been destroyed, as against none in 1963. He said there were gangs of traffickers in Syria and in the neighbouring countries: Lebanon, Iraq and Jordan. The gangs worked together. The traffickers converted the opium into morphine base, which they then moved on to Lebanon. The Syrian authorities were endeavouring to discover the clandestine laboratories. In 1964, they had seized 19 kg 515 g of morphine base, as against 17 kg 355 g in 1963.

179. The representative of the United Arab Republic reported that in his country there were seven times fewer cases of opium addiction than of hashish addiction. Cultivation of the opium poppy was prohibited. In 1964, only 186 plants had been seized. During that year, 2,329 kg of opium had been seized, 80 per cent of it at the frontiers. That quantity represented a considerable increase over the 1,502 kg seized in 1963 and the 976 kg in 1962. The narcotics problem was growing more and more serious, and he appealed to the Governments of the region to take more effective frontier control measures.

180. The representative of the Permanent Anti-Narcotics Bureau of the League of Arab States also described the situation in the area. In his opinion, it was serious and was steadily growing worse.

181. Among the other countries of the Near and Middle East, Iraq reported the seizure of 2,190 kg of opium as against 14,000 kg in 1963. Cyprus reported the seizure of 3,360 ampoules of opium concentrate, Israel 10 kg 500 g of opium, Jordan 563 g of opium, Lebanon 5 kg 295 g of opium, 35 g of morphine and 560 g of heroin in 1964. In 1965, however, large quantities of heroin had been seized on two occasions, in one

case, at Beirut and Chiah, over a kilogramme had been involved and, in the other, involving 3 kg 100 g, the drug was in a box of sweets which was to have been sent by air from Beirut to Aruba (Netherlands West Indies). At the time when the seizure took place, it was found that quantities of heroin had already been sent by that route, and the representative of the United States stated that the heroin was destined for his country. Lastly, Qatar reported the seizure of 10 kg 300 g of opium.

182. The situation in the Far East was studied with particular care by the Commission, especially at its eighteenth and nineteenth sessions. That region, which for the purposes of this report is considered as extending from Pakistan to Japan, contains the principal lawful producer of opium, India, and the principal area where opium is illicitly produced, the Burma-China-Laos-Thailand border region. The routes followed by the illicit traffic lead towards the south and south-east, first in the direction of Bangkok and then by land route towards Malaysia and Singapore. The opium is also landed from boats on the east Malaysian coast and then sent on southwards by lorry or train. Cases have been reported of opium being carried by air from the growing areas and dropped over the South China Sea where it was picked up by waiting boats. Large quantities appear to be moving directly from Bangkok and Singapore towards Hong Kong. Considerable quantities have been seized in the region, either near the producing areas or along the routes outlined above.

183. Morphine is seized in large quantities in the region where heroin is illicitly produced. The principal type is the notorious "999" brand, seizures of which have frequently been reported.

184. Pakistan indicated that there was some illicit cultivation and production in mountainous areas, but that the bulk of the smuggled opium appeared to be of Afghan origin. Chapter XI of the annual report of the Government of Pakistan mentioned the seizure of 51 kg 227 g of opium in 1964. However, a seizure report communicated in April 1965 mentioned the seizure of 94 kg of opium in April 1964 and another seizure report stated that 31 kg 878 g had been seized at Dacca in December 1964.

185. The representative of India assured the Commission that his country had the opium situation well in hand. As the result of a system of licences issued with priority for growers harvesting the largest crops, the authorities had succeeded in increasing output while gradually reducing the areas under cultivation, which had decreased from 44,000 to 25,000 hectares; it was proposed to reduce them further to 13,000 hectares in 1966. He thought that the solution to the opium problem lay in increasing output while reducing the area under cultivation, and thereby rendering it easy to control. The figures given were 200 tons of opium obtained by diversion from licit traffic and 1,000 tons from illicit production. Actually the illicit production might be more, but it was impossible to estimate it accurately. He recommended that the Commission should encourage the countries concerned to shoulder their responsibilities by

setting up, on a permanent basis, regional working groups consisting of an expert and representatives of countries faced with identical problems. Several groups might be established to deal with opiate problems. An official from the Secretariat might, if necessary, act as an adviser to those groups.

186. The observer for Burma described the situation in his country. There was no real administration in the Kokang state or in the North and South Wa states, where travel was mostly on foot or on mule-back. The people were poor and belonged to several different racial and linguistic groups. Opium was cultivated in that region and in the Shan state, but the Government was taking measures to remedy that situation, helped by the report submitted by the joint mission for the preliminary survey of the economic and social requirements of opium-producing regions in Burma in 1964. The difficulty was to apply widely differing development programmes while at the same time collecting statistical data. The problem of opium had been studied by the competent department, which had succeeded in reaching conclusions concerning the areas under cultivation, annual production, the number of people making their living by it, the percentage of addicts in the population, and so on. Measures were under consideration for the abolition of poppy cultivation in Burma and for the treatment and rehabilitation of opium addicts in hospitals which were shortly to be established. The basic requirement for the application of the development programme was the establishment of an efficient administration; and accordingly, from September 1965 onwards, teams of officials and police had been despatched to the Kokang state. Those teams would make it possible to put the programmes into force. The Government of Burma was determined to do everything in its power to raise the levels of living of the people in those areas; and that meant, *inter alia*, the abolition of opium-poppy cultivation and of opium addiction. Lastly, in the Shan state, all the shops licensed to sell opium had been closed down as from 30 September 1965. The Government had taken over existing stocks of opium. Henceforth it would be illegal either to possess or to transport opium in the Shan state. As that situation might be expected to lead to illicit traffic, a team of enforcement officers had been established in the Shan state and had already seized considerable quantities of opium. To ensure total prohibition, the Ministry of Finance had prepared a four-year plan: opium poppy cultivation would be progressively reduced with a view to its elimination within four years. Opium production in the Kachin state was on a fairly small scale, and the authorities of that state had the situation well in hand. In 1964, Burma had seized 2,265 kg of opium.

187. The observer for Thailand reminded the Commission that his country, as a result of its geographical position, was in the very centre of the battle against narcotic drugs in Asia. Thailand had to wage that battle on several fronts: raw opium production, the illicit traffic and the clandestine manufacture of morphine and heroin (purple heroin), the treatment and rehabilitation of addicts, and the education of the population, which was being organized by the Anti-Narcotics Association

of Thailand. So far as the production of raw opium was concerned, the Government of Thailand had instituted a survey of the economic and social requirements of the opium-producing regions in the north of Thailand. They were regions difficult of access and inhabited by tribes some of which engaged in poppy cultivation. The survey would take two years, would cover an area of 100,000 square kilometres and would deal with all aspects of the problem: agriculture, integration of ethnic groups, sanitary conditions, communications and requests for assistance from experts of the United Nations and the specialized agencies. The main object was to take a census of the mountain tribes and to determine their characteristics, with a view to preparing an economic and social development plan and to estimating accurately the quantities of opium harvested in the region. Thailand had made a considerable effort to combat the illicit traffic, and 3,858 kg of raw opium had been seized in 1964, together with 213 kg of prepared opium, 141 kg of morphine base and 86 kg of purple heroin. In 1964, a clandestine laboratory had been discovered, and 10 kg of purple heroin and 4 kg 500 g of highly refined heroin had been seized there. On the occasion of that seizure, chemicals and equipment for the production of heroin had also been discovered. The observer for Thailand emphasized the importance of international co-operation, and in particular the value of the assistance rendered by the outposted officer of the Division of Narcotic Drugs.

188. In Laos, there is uncontrolled production of opium in the northern mountainous region, but very little is known about it owing to the political situation in the area. Very few seizures were reported: 3 kg in 1964.

189. The Republic of Viet-Nam reported that there was no local production but that opium was brought into the country, especially from Laos. In 1964, 534 kg of raw opium were seized. That opium was adulterated with tar and opium residue.

190. Malaysia is both a consumer of opium for smoking and a transit route for opium, morphine and heroin. The main movement of opium is accordingly from north to south towards Singapore. Opium is sent by boat to the east coast of Malaysia, where it is often stored pending forwarding to the south by car or train. It has also been reported that opium is carried by boat to isolated islands near Singapore and later picked up by fast boats which then unload it on certain Singapore beaches. Smaller quantities of opium are sent to Sabah and Sarawak. There is also a transit traffic from Singapore to Hong Kong. A total of 3,041 kg of opium and 26 kg of morphine were seized in 1964.

191. The representative of the United Kingdom described the situation at Hong Kong, pointed out that it had received particular attention at the Commission's eighteenth session. The situation had changed very little since that time and was still serious. Hong Kong was still one of the main destinations of the illicit traffic from South-East Asia. The main routes were still the sea route from Bangkok and Singapore, and part of the traffic was in the hands of seamen operating inde-

pendently or in conjunction with the organized international traffic. But the traffickers also managed to smuggle in large quantities of narcotic drugs concealed in ordinary cargoes. As a result of the facilities offered by the free port of Hong Kong, detection was then very difficult. He recalled the seizure of over two tons of opium and morphine in a cargo of bamboo, while another seizure had been made in a cargo of bales of cotton. There was an increase in the chartering of trawlers for the transport of narcotic drugs. It was very difficult to detect such vessels, as they avoided territorial waters and trans-shipped the drugs to other vessels in international waters. Recently, there had been a seizure of nearly 270 kg of opium, morphine and heroin, which had been transported in this manner to Hong Kong. A survey recently made at Hong Kong of methods of concealment used in 1963 and 1964 had shown that opium was sometimes hidden in regular cargoes and sometimes concealed by seamen, but that the second method was favoured in the case of morphine and heroin. Traffic by air was almost entirely conducted through individual passengers. The commonest form of morphine was still the "999" brand, which was used chiefly for the preparation of heroin in clandestine laboratories. The detection of these laboratories was rendered increasingly difficult by the precautions taken during operations and by the fact that they might be situated anywhere. Five clandestine laboratories had been discovered in 1964. Despite strict control, quantities of acetic anhydride were still being smuggled into Hong Kong for the manufacture of heroin. Hong Kong was making every effort to combat the illicit traffic. In 1964, the number of cases discovered, persons prosecuted and seizures made had increased. The ships' guard system continued to operate mainly as a preventive measure, but it was also valuable as an aid to the detection of illicit consignments. An Action Committee against Narcotics had recently been set up, following a seminar on the subject held late in 1964. Its main purpose was to arrange greater co-ordination between the various services and organizations and thus strengthen the over-all effort. In 1964, over 20,000 cases of drug offences had been detected, involving nearly 15,000 seizures, 73 per cent of which had been of heroin. In that year, 899 kg of opium had been seized (the seizure of more than 2 tons mentioned above took place in 1965); 133 kg of morphine and 67 kg 500 g of heroin had been seized during the same year. The Government of Hong Kong wished to express its gratification at the co-operation between Hong Kong and other Governments in the same region, more especially those of Thailand, Malaysia and Singapore.

192. At Macao, the situation seems to be well under control, and there were only very small seizures during 1964: 90 g of opium and 569 g of heroin. In addition, a considerable quantity of acetic anhydride was seized recently.

193. The Republic of China reported no cases of illicit production of opium on its territory during 1964. Five hundred and sixty-two grammes of opium, 75 g of morphine and 542 g of heroin were seized. The drugs had been imported clandestinely on board vessels which

apparently came mainly from Hong Kong. The representative of the Republic of China stated that the illicit traffic in narcotic drugs continued to present a serious problem and it was necessary to conclude that it showed no sign of diminishing, despite the efforts of the Governments concerned and of the various international bodies engaged in combating it. The principal source of opium and of drugs with an opium base in the Far East was the province of Yunnan, and there existed in mainland China an official organization to supervise poppy cultivation, and to co-ordinate and control the transport and sale of opium, morphine and heroin. Enormous profits were made from traffic. He quoted passages from a newspaper article describing poppy cultivation on the Chinese mainland and affirmed that the situation was alarming.

194. With reference to the statement made by the representative of China, the representative of the Union of Soviet Socialist Republics said that accusations based on newspaper articles were not admissible and that the accused country should be informed of the charges and given an opportunity to defend itself. The representative of Hungary added that, in his delegation's opinion, it was regrettable that the People's Republic of China was not represented on the Commission, especially as it was thus impossible to obtain any information on the question which had been raised, and that it was difficult for the Commission to deal with the situation in a country which was not represented. The representative of the United States pointed out that it was the Commission's duty to study the illicit traffic throughout the world.

195. The representative of Japan said that, in the past, the illicit traffic in his country had been mainly in heroin, but that in 1964 the traffic in that drug had greatly decreased in proportion to traffic as a whole (from 60.1 per cent in 1963 to 27.2 per cent in 1964), probably as the result of an amendment enacted in 1963 to the legislation against narcotic drugs. In view of the difficulty of obtaining heroin, addicts tried to obtain other narcotic drugs by theft or by fraud, and the number of faked prescriptions had increased. No clandestine laboratories had been discovered. In 1964, there had been more seizures of opium in the ports but fewer in the interior of the country. Total seizures had been 5 kg of raw opium, 64 g of prepared opium, 3 kg of morphine and 1 kg 631 g of heroin. The heroin had been found to be more adulterated than on previous occasions.

196. The representative of the Republic of Korea stated that his Government was trying every year to destroy all illicit poppy plantations which might be discovered. There was some illicit traffic in heroin and a bill was under consideration to introduce measures against it. The penalties would be made more severe and a committee for the control of narcotic drugs would be set up under the Ministry of Health and Social Affairs.

197. The situation in Oceania seems to have deteriorated recently. Australia reported that in 1964 approximately 12 kg of raw opium, 5 kg of prepared opium,

60 g of dross and 400 g of "opium cocktail" had been seized. Moreover, 4 kg 400 g of heroin had been seized, and the drug was reported to come in three qualities—purple, red and white heroin. In most cases the narcotic drugs seized on vessels arriving in the country did not seem to be intended for local consumption. In New Zealand, there had been several seizures of opium in 1964: 28 g of powdered opium, 21 packets and 8 jars of prepared opium. In addition, 74 g of heroin were seized. The opium is smuggled into the country and consumed by elderly Chinese in opium dens in the larger cities. The Commission noted that the situation seemed to have changed in 1965, as 12 kg of opium had been seized in New Zealand during the first half of the year.

#### *Coca leaf and cocaine*

198. The Commission noted that, according to the information made available to it for 1964 and 1965, the traffic in cocaine appeared to have risen: while the total amount seized in the world in 1963 had been 31 kg 895 g, in 1964 it had been 46 kg 211 g. In particular, the representative of the United States pointed out that in his country cocaine seizures had trebled in 1964, 23 kg 500 g having been seized during that year.

199. The Commission noted that the bulk of the traffic seemed to be in the Americas. There is a considerable licit coca leaf production, particularly in Bolivia and Peru, which may be estimated at 10,000 tons a year. This production is intended mainly for chewing, and only a small proportion is used for the licit manufacture of cocaine and flavouring extracts while large quantities are available at very low prices for illicit traffickers. Such traffickers do not commonly deal in the coca leaf itself, which is too bulky and cannot yield much profit. There is, however, a traffic in coca leaf, particularly between Bolivia and Argentina, and also between Bolivia and Chile. Fifteen thousand kg were seized in Argentina in 1964. This coca leaf was intended in all probability for chewers who are workers of Bolivian origin used to chewing the coca leaf and unable to obtain it locally. In 1965, macerated coca leaves were seized at Arica, Chile, in a laboratory where the cocaine was to be extracted. That clandestine laboratory was discovered in February 1965 and it was reported that the leaves had been prepared in an illicit laboratory at Miraflores in Bolivia, and then smuggled to Arica by lorry for extraction. It thus appears that the traffickers buy the cocaine and have it processed—as in the case of opium—as near as possible to the producing area in order to reduce transport costs and the risk of being caught. This initial preparation may consist simply of macerating the leaves, or may go a step further towards obtaining cocaine paste or finally towards the extraction of crude cocaine. Seven laboratories of that kind were discovered in Bolivia in 1964. The cocaine paste or crude cocaine is shipped to Chile, and possibly to other countries, where it is refined and despatched to the consuming areas. Adulteration takes place at all stages of the process, starting in the laboratory itself, the adulterants being boric acid, tartaric acid and sodium bicarbonate. The percentage of

cocaine in the final product is usually low. The Inter-American Consultative Group on Coca Leaf Problems, which met at Lima in December 1964, was of the opinion that as long as the coca bush was grown, there would be clandestine manufacture of cocaine; the areas of cultivation must therefore be reduced and the bush replaced by other crops giving a comparable economic yield; there is otherwise little hope of substantially reducing the traffic.

200. The Commission studied the traffic in cocaine in different parts of the world. So far as the Americas are concerned, a total of 2 kg 940 g of cocaine was seized in Argentina. Bolivia is one of the largest producers of coca leaf and one of the countries most involved in the illicit cocaine traffic. In 1964, seven clandestine laboratories were discovered and 139 kg of substances containing cocaine were seized. In Brazil, 4 kg 775 g of cocaine were seized in 1964, mostly in São Paulo. In February 1965, 700 g of cocaine were seized. Twenty-eight grammes were seized in Canada.

201. In Chile, 2 kg 943 g of cocaine were seized as well as 500 g of crude cocaine, 10 drums of dried coca leaf, 40 bags of coca leaf and 5 drums of coca leaf steeped in paraffin. In February 1965, 3 kg 730 g of crude cocaine and 3 kg 160 g of cocaine sulphate were seized in a clandestine laboratory at Arica.

202. The representative of Ecuador stated at the meeting of the Inter-American Consultative Group mentioned above that illicit traffic in cocaine was not a problem in his country, although there was a small internal production as well as some traffic in cocaine supplied from Peru. He mentioned a seizure of 727 g of cocaine in October 1963. However, in a seizure effected at Miami, Florida, in July 1964, involving 1 kg 361 g of cocaine, the drug was found in the false bottom of a suitcase brought in by air from Guayaquil. The drug was presumed to be of Ecuadorian origin. When a seizure of 61 g of cocaine was made at Miami in January 1965, the offender indicated that he had obtained the cocaine at Guayaquil.

203. In Mexico, 10 kg 197 g of cocaine were seized in 1964 and in 1965 one particularly big seizure was made of 11 kg 961 g. This quantity was discovered when a clandestine laboratory was raided and cocaine in process of manufacture was seized. 9 kg 800 g of the total amount was found in the false bottom of trunks brought in from Lima.

204. The representative of Peru stated that his country, which was one of the main producers of coca leaf, was naturally interested in the problem, but that it was of course not the only source of illicit cocaine. Peru was doing everything possible to suppress the cocaine traffic by attacking the raw material, i.e., coca leaf, and by substituting other crops for it. During 1964, an illicit traffic organization had been discovered which had set up a clandestine laboratory and was trying to export cocaine by sea. Other laboratories which were apparently of little importance had also been discovered. A total of 2 kg 88 g of cocaine hydrochloride had been seized in the country during the year.

205. As indicated by the representative of the United States, cocaine traffic had risen in the United States and 23 kg 564 g were seized in 1964, compared with 8 kg 386 g in 1963. The main routes followed by the traffic seem to be from Chile to New York and perhaps also from Lima and Guayaquil to Miami. A seizure of 3 kg was made at Miami in January 1965, in which cocaine of unknown origin was found concealed in two false-bottomed suitcases in the possession of a Cuban who arrived at the airport from Caracas, Venezuela. The largest seizure was that of 9 kg 670 g effected in December 1964, when the drug was found in the false bottoms of three suitcases belonging to a female passenger arriving from Santiago, who stated that it had been obtained at Viña del Mar, Chile.

206. The Commission noted that there had been few cocaine seizures in Africa, Europe, the Near East, the Middle East and the Far East, and none in Oceania.

207. As far as Europe is concerned, a seizure of 215 g was reported in the Federal Republic of Germany and one of 870 g in Italy.

208. In 1964, 55 g of cocaine were seized in Lebanon. In a seizure report transmitted in August 1965 by the Brazilian Government, it was reported that a Lebanese woman had been arrested after being found in possession of cocaine of Bolivian origin on her arrival at Beirut from Brazil by air.

209. In Pakistan, 117 bottles containing cocaine hydrochloride were seized at Karachi airport on a person embarking for Doha (Qatar). They bore the names of two German manufacturers.

### *Cannabis*

210. The Commission noted that the illicit traffic in Cannabis is nearly world-wide but assumes different characteristics depending on the region. The total amount seized in 1964 was 457,000 kg, compared with 293,000 kg in 1963. The ICPO representative said that the quantities seized and reported to his organization had also nearly doubled in 1964. Unfortunately, no distinction was made in the reports between the different forms of cannabis—whole plant, cannabis prepared for smoking, or cannabis resin. There is a great difference in the effects produced by the various parts of the cannabis plant and consequently in the degree of danger involved.

211. Although the cannabis plant grows wild and is also cultivated for industrial purposes, it does not follow that a large proportion of the illicit traffic is derived from such sources, since it is doubtful whether wild cannabis or cultivated cannabis in which plants of both sexes grow together can be utilized for consumption, as the resin appears to develop only in unfertilized female plants. It is possible that in some parts of the world, such cannabis plants, though poor in resin, may be utilized, but the danger this use represents to public health is obviously much smaller than that caused by the more potent form of cannabis products. In any case, there are no reports of cannabis plants cultivated for industrial purposes having been used for consump-

tion or for the extraction of cannabis products for consumption.

212. Several varieties of the traffic may be distinguished, the first being the local traffic for which the cannabis is grown on a small scale by individual cultivators who consume it themselves or sell it directly or through local intermediaries in the immediate vicinity. This kind of traffic is found, for example, in Africa. It sometimes takes on an international aspect, since the local distributors will transport cannabis over short distances from one country to another, especially where political boundaries cut across tribal areas. Such traffic is dangerous, for it may become organized and grow.

213. The second variety is the cultivation of cannabis both for local consumption and for export semi-crude in the form of marihuana, maconha, dagga, kif, etc. This kind of traffic occurs in the Americas, either on a national basis inside a country (in that case it is still technically "domestic", but is well organized) or as an international business enterprise with organized gangs, as is the case, for instance, between Mexico and the United States. It is also in evidence when groups of people such as workers or students go to live in a foreign country where cannabis is normally not found and organize a supply of cannabis, at first for themselves and then for groups of consumers which may well include nationals of the host country. That has happened in Europe, where the cannabis traffic, which a short time ago was not a problem, now seems to have attained serious proportions.

214. Lastly, there is an organized traffic in cannabis which is transformed by industrial processes into a non-bulky standardized product known by such names as hashish, charas, etc. Such traffic appears to be as well organized as that in heroin, and it is this kind of traffic which exists in the Near and Middle East.

215. The ICPO representative pointed out that new routes are apparently being developed for the traffic in cannabis from North Africa to Europe as far as Scandinavia, and from Central Africa towards West Africa and along the Atlantic coast as far as the United Kingdom.

216. The Commission studied the situation in each main region of the world. In Africa, Algeria reported the seizure in 1964 of 382 kg of kif and the destruction of 1,198 plants. The cannabis plant is reported to be grown locally on small plots for personal use, and some kif or chiras (a mixture akin to hashish) is smuggled in from Tunisia as well as a certain amount of kif from Morocco. In that respect, the representative of Morocco reiterated his request for the full co-operation of interested countries.

217. Cameroon, the Central African Republic, French Somaliland, Gambia and the Ivory Coast report some local traffic in cannabis which does not appear to be organized. The habitual customers are the inhabitants of the large cities, especially the unemployed and the young.

218. The representative of Ghana described the situation in his country. The plant cannabis, the local

name for which is "wee", does not appear to have been known for long in Ghana, nor does it appear to grow wild there. The cultivation of cannabis is illegal, and the plant is generally grown among other crops which conceal it. The illicit traffic in cannabis is supplied by this illicit cultivation, and large plantations have been discovered by the police since 1959. Cannabis has also been brought into the country by sailors and itinerant traders. It is often smuggled in by drivers of taxis or lorries, and also by portage. Cannabis is used only for smoking and is not included in the traditional pharmacopoeia. Detection depends mainly on the receipt of information; however, cannabis is occasionally discovered by chance during other police operations. Detection is difficult because both pedlars and users are aware that cannabis is prohibited. The police play an important part in the fight against illicit traffic by organizing road blocks at night on roads leading to and from large towns where the drug is mainly consumed. The police have their own laboratory, and police officers are trained to recognize cannabis by sight and smell. As soon as the Government receives information of cases of illicit traffic, the police take action. There are no organized gangs in the country. The representative of Ghana recalled the benefit his delegation had derived from the United Nations Seminar on Narcotics Control for Enforcement Officers held at Lagos in 1964, and he stressed the desirability of planning more meetings of that kind.

219. In Kenya, there is some local production of cannabis, and the traffic seems to be spreading. Three tons of cannabis were seized in 1964. There is some local traffic in Madagascar; 91 kg of cannabis were seized and 97,000 plants destroyed in 1964. In Mauritius, 6,500 kg of cannabis leaves were seized and more than 41,000 plants were destroyed in 1964.

220. Morocco has a large illicit cultivation in the Rif (northern Morocco), in difficult mountainous areas, where about 600 hectares are grown. The kif is clandestinely carried to all parts of the country; in 1964, about 56 tons were seized and 877,000 plants uprooted.

221. In Mozambique, cannabis grows wild and is also cultivated, but few seizures have been reported.

222. The observer for Nigeria gave the Commission information about the traffic in cannabis in his country. In 1964, over 19 tons of cannabis were seized and 42 illicit plantations discovered. Twenty-eight traffickers were arrested and are liable to be fined or sentenced to imprisonment for terms of from two to four years.

223. There is local cultivation of cannabis in Senegal, and some is smuggled into the country from Gambia. The centre of the traffic is Dakar. In 1964, 217 kg of cannabis were seized and 169 kg of plants were destroyed. In South Africa, there is illicit cultivation and also illicit traffic towards the large cities, especially the ports, where cannabis is sold to members of the crews of visiting ships. A total of 172,000 kg was seized in 1964. In Southern Rhodesia, there is some local traffic in cannabis; in 1964, 158 kg were seized and 3,319 plants destroyed. Togo reports local consumption of cannabis. In 1964, 780 kg were seized in Swaziland and 567 kg in

Tanzania. In Tunisia, there is illicit cultivation and a small amount of smuggling from Algeria; in 1964, 40 kg of plants, including 21 kg of dry plants, were seized and 244 plants were destroyed. Uganda and Zambia have reported some domestic traffic in cannabis, and a parcel sent from Livingstone (Zambia) containing 3 kg 629 g of cannabis (in the false bottom of an African drum) was intercepted at the Southampton parcel post depot.

224. In practically all the countries and territories of America which have sent in reports, there is some illicit cultivation and traffic in cannabis, but the traffic appears to constitute a serious problem only in Brazil, Mexico and the United States.

225. In Brazil, the number of seizures has shown a continuous increase in the last four years, and more than 6 tons of cannabis were seized in 1964. Cultivation seems to be mainly in the north-east, with the traffic moving south towards the big cities, particularly São Paulo.

226. The representative of Mexico described the situation in his country, where cannabis grows wild almost everywhere and is also cultivated illicitly among other crops. These clandestine plantations are detected from the air and the plantations discovered are destroyed. In all, 121 tons of cannabis were seized in Mexico in 1964, and a large number of plantations were destroyed. There is some domestic traffic in cannabis, but most of the output is produced for export to the United States, where prices are higher. The representative of Mexico said that friendly and fruitful relations continued to prevail between officials of his country and those of the United States.

227. The representative of the United States informed the Commission that seizures of cannabis had doubled in 1964 compared with 1963 and were increasing still faster in 1965. The total amount seized in 1964 had been 4,270 kg, coming mainly from Mexico. Gangs of Cuban traffickers operated in South America and Mexico, and sent large quantities of cannabis to their Cuban confederates in the United States. Consumption of cannabis was increasing, particularly among secondary school and university students. The representative of the United States hoped that the Commission would draw attention to the danger of using this drug and invite all countries to strengthen their action against it.

228. As to Europe, several small seizures were effected in France in 1964, totalling 30 kg 654 g of cannabis and 1 kg 813 g of chiras; fifteen plants were also destroyed. The largest seizure took place near the Spanish border when 10 kg were found in an automobile coming from Morocco.

229. About 40 kg of cannabis, including eighteen cigarettes, were seized in the Federal Republic of Germany in 1964. The traffic was higher than in preceding years. The traffickers were in most cases foreign workers, but members of the United States forces stationed in the Federal Republic were also implicated, as well as groups of young unemployed people who appear to be travelling through Europe and North Africa and engaging in some illicit trafficking for money.

230. In Greece, cannabis grows wild and is also cultivated illegally. The police systematically destroy the plantations discovered; but, since the growers are usually migrant workers, arrests are difficult to make. Processed cannabis (hashish) is also brought into Greece from the Near East. Traffickers prefer to deal in hashish because the profit margin is larger. In 1963, 313 kg of unprocessed cannabis were seized, as well as 151 kg of cannabis tops, 27 kg of cannabis powder and 1 kg of hashish. In addition, 415,000 plants were destroyed.

231. Gibraltar, Italy, the Netherlands and Spain also report seizures of cannabis. The observer for Spain stated that cannabis was practically the only drug in which there was illicit traffic in his country, where it was not cultivated. Spain was chiefly a transit country between Africa and the rest of Europe. The illicit traffic was carried on mainly by tourists and by smugglers. Thanks to the efforts of the police and the Customs, considerable seizures had been effected: 138 kg in 1964 and nearly 300 kg during the first ten months of 1965. Traffic was conducted chiefly by land, and the Spanish police were co-operating with the police of other countries and with ICPO. They had, for example, been able to arrest three traffickers wanted by the United States authorities. The police had organized training courses for their agents.

232. In the United Kingdom, seizures were made in 1964 of cannabis originating in the West Indies, Africa, the Middle East and even Burma. The postal services continued to be used for smuggling. A significant trend was an increase in the number of young persons trying to smuggle cannabis obtained in Morocco through ports in the south of England, often concealing it in motor-cars. A common way of smuggling in cannabis was to send it in packages of local foodstuffs addressed to real or fictitious persons. In 1965, for example, an uncollected consignment of fruit and vegetables had been seized, and cannabis resin had been recovered from tins and cases which had come by freight from Karachi: 91 kg of cannabis resin had been seized. In all, 336 kg of cannabis had been seized in 1964.

233. In Yugoslavia, seizures were made in 1964 of 4 kg 522 g of hashish and 768 g of cannabis, presumed to originate in Tangiers and Lebanon.

234. In examining the situation in the Near and Middle East, the Commission had the benefit of a review by the representative of the Permanent Anti-Narcotics Bureau of the League of Arab States. According to information he had received, the situation in that region was deteriorating. Throughout the region, the competent authorities were adopting preventive measures, but at present nearly every country belonging to the League of Arab States was affected by traffic in cannabis. The representative of the Permanent Anti-Narcotics Bureau of the League of Arab States mentioned, in particular, that, in Kuwait the use of cannabis had been spreading for some years, and consumption had increased owing to foreign immigration. Traffickers were taking advantage of the situation, and increased efforts were needed to put an end to their activities. Nearly 100 kg of cannabis had been seized in 1964. In Saudi Arabia, smuggling

had increased, despite the efforts of the authorities, and 137 kg of cannabis had been seized during the year.

235. In July 1965, three seizures were effected in Bahrain, totalling about 35 kg of hashish, apparently of Pakistan origin. Cyprus and the Federation of South Arabia indicated that small quantities of cannabis were seized. In Iran, where 26 kg of cannabis were seized in 1964, cannabis traffic does not appear to present a serious problem. In Iraq, 178 kg of cannabis were seized in 1964.

236. In 1964, 106 kg of hashish were seized in Israel and 34 kg in Jordan. The observer for Israel, referring to chapter XI of the annual report of the United Arab Republic,<sup>65</sup> in which the illicit traffic routes passing through Israel are described, said that in the present political situation it was impossible that there could be regular routes from Lebanese harbours to Israel and through Israel to the United Arab Republic. The investigations conducted in Israel had not revealed the existence of any such routes. The observer for Israel stated that no plant from which narcotic drugs could be extracted was cultivated in Israel, and that narcotic consumption in his country constituted neither a serious problem nor a threat to public health. Israel had, however, to contend—and it often did so successfully—with an illicit traffic from Jordan crossing the southern desert towards the United Arab Republic. The existing traffic could be largely reduced if efficient co-operation were established between the interested countries. Israel had often offered to establish such co-operation and continued to do so; it regretted that all such offers, which would profit the consuming countries in the first place, had so far been made in vain.

237. The observer for Lebanon described the situation in his country. Owing to its geographical situation, Lebanon was a transit route for the illicit traffic, and every effort was being made to combat this traffic, particularly through co-operation with ICPO, the Anti-Narcotics Bureau of the League of Arab States and services in other countries. A 1963 decree had increased the penalties for traffickers, who were now liable to fifteen years of forced labour without benefit of extenuating circumstances. The law enforcement agencies had intensified their activities, and Lebanon had set up a new general information service and a special Customs brigade to combat illicit traffic. As a result, there had been very considerable seizures, amounting to 15,769 kg for 1964/65. Cannabis cultivation had long been prevalent in Lebanon, although its consumption was not a special problem. The area under cultivation was steadily decreasing, and plantations were now to be found only in the frontier and mountain regions. Destruction of the plant was becoming increasingly difficult owing to lack of roads, clever camouflage of cultivated areas and resistance—sometimes armed—to the law enforcement services. The Government of Lebanon was using preventive and punitive measures to remedy the situation, and in particular it was endeavouring to promote new crops. In 1963, the inhabitants of the cannabis-producing regions had been authorized to

plant nearly fourteen hectares of tobacco, the crop being bought by the Government. Prospecting was in progress to discover land suitable for cultivating sunflower and industrial cannabis. With reference to enforcement measures, the observer for Lebanon said that severe penalties were imposed not only on cannabis-growers, but also on the owners of the fields, on the village mayors and even on the village constabulary in the regions concerned. A police cordon had been placed round the suspect region with the result that no traffic in cannabis with the rest of the country had been possible in 1965. The existence of this cordon had also made it possible to prevent traffic by sea, and there was now only traffic by land between the frontier regions of Lebanon where the plant was cultivated and the adjacent countries.

238. In Qatar, 48 kg of cannabis were seized in 1964.

239. The observer for Syria thanked the representative of the Permanent Anti-Narcotics Bureau of the League of Arab States and supported the statements he had made. He added that, during the whole of the period under consideration, i.e., from the beginning of 1964 till August 1965, about 10 tons of cannabis had been seized in his country. In its annual report for 1964, Syria had announced substantial (2,826 kg) seizures of hashish at the frontier, whereas only 14 kg had been seized in the interior of the country. The traffic was conducted by organized gangs and was directed towards Iraq, Kuwait, Saudi Arabia and the United Arab Republic. Apparently the bulk of this traffic went by land. A particularly large seizure had taken place in March 1964, when, on the basis of information received that a large quantity of hashish was to be smuggled into Jordan, Customs officers had challenged the traffickers. A gun-fight had ensued in which one of the offenders had been killed and the others escaped, abandoning nine camels with 1,110 kg of hashish.

240. In 1964, 810 kg of hashish were seized in Turkey. The cannabis plant is clandestinely cultivated for its resin; the areas where cultivation is presumed to exist are under constant surveillance, and plantations are destroyed by the police.

241. The representative of the United Arab Republic stated that cannabis was a grave problem in his country. Despite the Government's efforts, the situation remained serious. Cannabis-growing was forbidden in the United Arab Republic. During 1964, only fifty-seven cannabis plants, cultivated for private use, had been seized. The principal problem was cannabis-smuggling from abroad. In 1964, 1,382 cases had been recorded, and the quantity of cannabis seized had amounted to 17,359 kg. Eighty per cent of that quantity was seized at the frontiers. It had been observed that the quantity of cannabis seized was increasing from year to year: from 4,737 kg in 1962 to 13,037 kg in 1963, and 17,359 kg in 1964. The representative of the United Arab Republic concluded that, in combating the illicit traffic, all the countries concerned should combine their efforts; it was no good blaming one's neighbours; all should co-operate in seeking a remedy for the evil which the traffic represented.

<sup>65</sup> E/CN.7/R.15/Add.84.

242. The Commission noted that, in the Far East, where traffic in opiates is the main problem, very large quantities of cannabis are also seized.

243. In Burma, cultivation is prohibited, but there is illicit production, and ganja is manufactured clandestinely. A total of 6,914 kg of ganja was seized during 1964.

244. In India, the consumption and production of charas (cannabis resin) is prohibited, but the use of ganja (flowering tops of the female cannabis plant) is still permitted. Production, however, is very limited. The representative of India informed the Commission that the illicit traffic in cannabis in his country was supplied mainly from abroad. He also pointed out that bhang (cannabis leaves) was not a narcotic drug under the terms of the 1961 Convention. During 1964, nearly 45 tons of ganja were seized, as well as 1,130 kg of charas and 329 cannabis plants.

245. The representative of Japan stated that, after the Second World War, the use of cannabis had become current in certain regions in which United States military bases were situated. A few cases involving musicians who smoked cannabis had recently been reported. In 1964, fifty-nine cannabis cigarettes and 151 g of powdered cannabis had been seized in Japan.

246. The cannabis plant grows wild in Malaysia, but the traffic is small; 38 kg were seized in 1964. It should be noted that there used to be an illicit traffic in cannabis between Indonesia, Singapore and Penang, but this has been disrupted by the recent political situation in the region. A report for 1965 indicated a seizure of 19 kg 350 g.

247. In Pakistan, there is legal cultivation, and the use of cannabis for medical purposes; production is controlled. There is also some illicit cultivation and consumption of charas. In 1964, 2,336 kg of charas were seized and about 10 kg of ganja.

248. In Thailand, cannabis is smoked, especially in the south of the country, by elderly people. A total of 23 tons was seized in 1964, but the figure applies to whole plants, so that the amount has much less significance than if consumable forms of cannabis had been involved.

249. Cannabis does not seem to present a serious problem in Oceania. Australia reports practically no cannabis seized, but some wild growth which extended forty miles along a river was discovered and destroyed. New Zealand reported seizures of about 5 kg of cannabis.

#### *Other natural drugs and their preparations*

250. Compared with seizures of opium, morphine, heroin and cannabis, seizures of other "natural" drugs appear to be almost negligible. The only noteworthy quantity of such drugs reported seized in 1964 was 3 kg 470 g of codeine seized in Poland. The observer for Poland informed the Commission that the 3 kg of codeine seized in her country were contained in parcels sent to Polish nationals by friends or relatives abroad.

251. Japan reported 532 g of codeine seized and India, 397 g.

252. Other drugs such as hydrocodone, oxycodone, etc., are sometimes seized, but in extremely small amounts.

#### *Synthetic drugs*

253. Only a few seizures of synthetic drugs were reported in 1964, and they usually involved very small quantities. In Canada, 178 g of pethidine were seized. The United Kingdom reported a seizure which took place at Liverpool in January 1964, when small quantities of a number of drugs and preparations stolen from a chemist's shop were seized. Among them were 49 ampoules of pethidine, 48 tablets of pethidine, 28 ampoules of levorphanol, 6 ampoules of methadone, etc. Italy reported the seizure of 91 phials of pethidine and Argentina the seizure of 10 ampoules of the same drug.

254. The memorandum on illicit traffic prepared by ICPO for 1964, and its addendum, indicated no seizure of synthetic drugs either in that year or in the first half of 1965.

#### *Miscellaneous*

255. The Commission noted that a number of Governments had reported seizures of drugs such as amphetamines and barbiturates. Hong Kong, for instance, reported the seizure in 1964 of 129 kg of barbitone, which is classified at Hong Kong as a dangerous drug and is used by addicts in conjunction with heroin. A quantity of acetic anhydride which had been sent into the colony in a postal packet with a false Customs declaration was also seized at Hong Kong. Amphetamines were also mentioned, especially by Sweden, which reported that a considerable amount of these drugs was smuggled into the country, and by the United Arab Republic, which seized 2 kg 500 g of amphetamines, 462 tablets of amphetamine sulphate and 3,840 ampoules of maxiton. A clandestine laboratory for the manufacture of amphetamines was discovered in that country.

256. Replying to the representative of India, who asked for further details of the seizure of 129 kg of barbitone at Hong Kong, the representative of the United Kingdom explained that a large number of seizures were involved and that the substance was generally used in conjunction with heroin.

257. The representative of France stressed the danger of that kind of use, which gave rise to a double dependence; he thought that the Commission should be particularly vigilant on that point.

258. It might be of interest to note that fake narcotic drugs have sometimes been seized. For example, at Hong Kong in April 1964, three blocks marked "999" were found in a postal parcel declared to contain groundnuts sent from Pnom-Penh. They were in fact blocks of quinine hydrochloride (1 kg 360 g). The culprit was sentenced to one year's imprisonment.

259. The ICPO representative, commenting on the general tendencies noted by his organization regarding the illicit traffic, said that the number of seizures — particularly seizures of opium — had been higher in 1964 than in previous years, but that that might merely mean that his organization was better informed and that co-operation was functioning more smoothly. He stressed the fact that traffickers were adapting themselves

to new police methods by changing their distribution circuits, their methods of operation and their means of transport. The representative of France said that success in combating gangs of traffickers depended on perfect co-ordination and speed of contact; he welcomed the excellent co-operation between a number of countries and hoped that it would be extended to a still greater number.

#### CHAPTER IV

### ABUSE OF DRUGS (DRUG ADDICTION)<sup>66</sup>

260. Drug addiction is the primary reason for the international control of narcotics and may therefore be considered the central point around which all the other items on the agenda revolve. Under this item, however, the subject was dealt with more directly. In view of the resolution adopted by the Commission at its seventeenth session<sup>67</sup> and recalled at its nineteenth session,<sup>68</sup> requesting Governments to encourage research on the problem of drug addiction and illicit drug consumption, with special emphasis on its socio-economic and medical aspects, and to furnish the Secretary-General with reports on the results and findings, it was possible to give more attention to the extent, nature and causes of addiction, methods of prevention, and the treatment and rehabilitation of addicts. Reference was made to the difficulty of obtaining from all countries sufficiently clear, specific and comprehensive material to serve as a basis for preparing documents that could give a clear picture of drug addiction. Not only did definitions of addiction vary, but many countries did not attempt to estimate the seriousness of their addiction problem, even though they reported important seizures which confirmed its probable extent. Nevertheless, on the basis of the information supplied to the Secretariat in the annual reports of Governments, a document including a classification of countries according to the extent of addiction was prepared on the same lines as in former years.<sup>69</sup> It was explained that this classification was tentative and based on available information, including seizure reports, prosecutions and convictions; and Governments were invited to suggest any corrections that would make the document more accurate. The most recent information received confirmed the extensive misuse of such manufactured drugs as morphine and heroin in most parts of the world. Large-scale misuse of opium continued in the Far East and in the Middle East, and there was a disquieting shift to heroin in some areas. Misuse of cannabis was reported all over the world, and a serious problem of coca-leaf-chewing persisted in some Latin American countries. There was also some misuse of synthetic drugs in a number of countries.

261. The Commission recognized that although the causes of addiction were complex, an important part was played by the social and economic environment and by individual personality traits, including criminal tendencies. The illicit traffic in itself was also a factor making for addiction. The situation varied from time to time and from place to place. Tradition often played an important role and must be taken into account in both the prevention and the treatment of addiction. There were various lines of approach to treatment, some of them primarily legislative and criminological, others involving psychological analysis of addicts and, finally, general preventive treatment. Valuable studies had been made of the techniques being developed in the United States, the United Kingdom and the Union of Soviet Socialist Republics. The Secretariat was requested to make a further intensive study to determine which techniques were most appropriate in a given situation. The problem of drug addiction had plagued humanity for hundreds, even thousands, of years, and it would be unrealistic to expect that it could now be solved in a brief span. It was, however, encouraging to note that international bodies were combining their efforts in a general attack on the problem.

262. The Commission expressed its appreciation of the material which the delegation of the United States had made available for distribution to the members of the Commission.<sup>70</sup> The Commission also took cognizance with great interest of the second report of the Inter-Departmental Committee on Drug Addiction, known as the *Brain Committee*, copies of which were made available by the delegation of the United Kingdom. This very interesting report gave rise to considerable comment and discussion. It was highly commended by the Commission, and was described as a courageous document, containing an excellent definition of drug addiction which might well be adopted by the Commission.

263. Generally speaking, countries continue to underestimate the extent of their addiction problems and often minimize the situation in their annual reports. The representative of the United States recalled that, at the seventeenth session, his delegation had been one of the original sponsors, together with Brazil and the United Arab Republic, of the resolution requesting

<sup>66</sup> Agenda item 5; (E/CN.7/SR.549, 550, 562 and 563).

<sup>67</sup> Report, seventeenth session, resolution 2 (XVII).

<sup>68</sup> Report, nineteenth session, para. 115.

<sup>69</sup> E/CN.7/475.

<sup>70</sup> E/CN.7/468, para. 93, and E/CN.7/468/Add.1, para. 93.1.

additional information from Governments on the socio-economic aspects of the problem. There was a scarcity of research, and most rehabilitation programmes were inadequate. In the opinion of his delegation, it was important that certain sections of the general review prepared by the Secretary-General<sup>71</sup> should not be quoted out of context, since they might give the impression that drug-abuse was not a serious menace to individual health. In addition, the experience of the United States had shown that 85 per cent of the addicts belonged to the underworld and had previous criminal records. Although Governments used different methods of collecting data, the best source of material remained their annual reports, and the Secretariat should continue to collect it in this manner. In the United States, despite misguided efforts by such groups as LEMAR (an organization dedicated to legalizing the sale of marihuana (cannabis)) to break down the control of drugs and to allow the unchecked spread of drug-abuse, the basic lines of policy that had proved so effective over the years would remain unchanged.

264. In the United Arab Republic, drug addicts were always regarded as psychiatric problems, and even those in prison received psychiatric treatment. Efforts were being made to establish an institute for drug addicts sentenced by the courts. Since 1962, the addict and his family had received group therapy and follow-up care. This programme would be described in greater detail at the next session of the Commission. The United Arab Republic maintained strict control over narcotics and followed the recommendations of WHO as closely as possible. Experience had shown that hashish gave rise to psychotic symptoms in mentally unstable and immature persons, but that such psychoses were temporary rather than permanent.

265. Experience in Canada had shown that the question of addiction was the very hub of the international control of narcotics. Furthermore, in addition to such side effects as malnutrition, a prolonged use of drugs had a deteriorating effect on the user. It was important that the public should understand this fact and that public opinion should not encourage policies designed to legalize the use of drugs for self-gratification. In Canada, the main drug of addiction was heroin, illicitly smuggled into the country. It was estimated that there were at present about 3,000 addicts to this drug on the streets or engaged in crime. Addiction generally arose through association with addicts. In Canada, these were principally found in two centres, Vancouver and Toronto. There was a tendency in some quarters to believe that addicts were poor, sick, unfortunate people, who, but for drugs, would lead useful lives. Experience in Canada did not confirm this, but rather suggested that people who became addicted were seldom gainfully employed, that they often lived on theft and prostitution, and had criminal records which antedated addiction. In addition to heroin, there was a small but alarming problem of cannabis-abuse among young people, mainly students. This was aggravated by the activities of LEMAR, which had opened a branch in

Canada and was attempting to legalize the sale of marihuana. The Canadian authorities were resisting this attempt. Owing to Canada's strict law-enforcement system, which made it difficult to obtain heroin, many addicts were forced to seek treatment. This, however, was seldom motivated by a desire for cure and was rather a device on the part of the addict to secure an adequate supply of drugs. The Government had no intention of sanctioning the legal maintenance of addicts or of opening clinics for this purpose. On the other hand, two approved centres, one in Vancouver and the other in Toronto, had recently been set up. They were also used as research centres. It should be recalled that not all addicts sincerely wanted to be cured. The narcotics control authorities had access to the case-histories of addicts. The Canadian Medical Association had set up a committee to study the treatment of addiction, and in May 1965 that Committee had published its findings, which had been formally endorsed by the Government. It had recommended that addicts should be treated only in approved centres under medical supervision, and that doctors treating addicts should consult specialists and ensure that the patient was kept under supervision. Its definition of addiction was almost identical with that formulated later by the Brain Committee. Canada had a very clear view of the policy it intended to pursue. Its present policy was quite effective and it would resist attempts to weaken or destroy its system of narcotics control. It believed in a sensible, humane but realistic solution to the problem of addiction.

266. Addiction was a particularly complex problem in China, where it could be compared to an epidemic disease. There were, however, important differences. Narcotic drugs were, for instance, absolutely necessary in medicine. There was no immunity from the traffic, and the addict, unlike most sick people, felt a compelling desire for something that was bad for him. Lastly, the environmental influences which produced addicts were more complex than those which produced disease. Action had long since been taken to control drugs, to combat traffic and to treat addicts, but only recently had attention been paid to environmental influences. The Government of the Republic of China would welcome a request from the Commission to Governments to undertake detailed studies of those influences. Fortunately, strict control and enforcement measures had kept the number of addicts low in the province of Taiwan.

267. The representative of the Union of Soviet Socialist Republics stated that scientific research had shown that drug addiction had deep social roots. Statements to the effect that the addicts were immature and hedonistic could not, therefore, be generalized. There were areas of the world where almost all the inhabitants used drugs, and it would be incorrect to say that they were all "immature". Clinical experience in the Soviet Union had shown that abuses of any kind, including drug abuse, led to psychological deterioration and physical change. It should be stressed that a certain amount of damage was always caused by the use of drugs. The importance of legislation was rightly emphasized in

<sup>71</sup> E/CN.7/474.

the documents presented to the Commission, and it should always be linked with the problem of treatment. In the Soviet Union, legislation covered both the prevention of addiction and the treatment of addicts. The distribution of drugs was strictly controlled, and the treatment of addicts, based on psychiatric methods, was carried out in special psycho-neurological centres ("dispensaries"). Emphasis was placed on health education, which was considered an important factor in the prevention of addiction. When addiction was discovered early, the only treatment given was a course of psychotherapy and health education, which had proved very effective. Early detection of addiction was important; and, under Soviet legislation, dispensing chemists had to notify the special psycho-neurological centres of persons seeking an excessive quantity of drugs or showing symptoms of addiction. Early detection not only prevented deterioration in the individual but also prevented the spread of addiction. Each addict was treated individually in accordance with his own needs. The centres determined which cases were to be treated in hospital, which in open institutions, and which should receive special treatment in closed institutions in accordance with the law. Treatment by medicaments, psychotherapy and other types of therapy, including work therapy, had been used. Cases were invariably followed up and rehabilitation treatment was given; though not all the addicts were cured, a considerable measure of success was achieved. The special psycho-neurological centres had statistical departments which analysed data relating to each addict. The representative of the Union of Soviet Socialist Republics thought that the exchange of views on the subject at the Commission's annual sessions was very useful; his delegation was interested in learning of the work done in other countries.

268. It was also stated that in certain regions where addiction to a particular drug was prevalent, the cultural aspect of the question was highly important because of the interdependence of the social, cultural and economic aspects. In Peru, for instance, an educational campaign conducted among groups of coca-leaf-chewers had been very successful. Many habitual coca-leaf-chewers gave up the habit when their cultural development improved. That aspect should not, therefore, be overlooked when the Commission considered the various aspects of coca-leaf-chewing.

269. The Commission was informed that in Hong Kong, the Tai Lam Chung institution was managed by the prison authorities. The Centre at Castle Peak Hospital for the voluntary treatment of addicts during withdrawal was no longer in use; and voluntary patients now received this treatment at the Shek Kwu Chau Island centre. Projects were under way to extend prison institutions for treating prisoner addicts. The Narcotics Advisory Committee in Hong Kong had set up a medical working party in 1964 to consider the effectiveness of out-patient treatment and to determine whether this form of treatment could contribute to reducing drug addiction in Hong Kong. This working party was also to consider whether any therapeutic agent could be successfully used in such treatment. Copies of this working party's report could be supplied to members of

the Commission. In addition, there were within the Action Committee against Narcotics sub-committees which dealt with treatment, rehabilitation and research. It was hoped that they would produce valuable information on drug addiction and the treatment of addicts in Hong Kong.

270. Addiction did not present social problems in France, but was still an individual evil which called for close attention. No country could be sure of being exempt from the scourge. In France, drug addiction was mainly of therapeutic origin and, thanks to the strict regulations and to the co-operation of doctors, the number of cases could be kept quite small. The representative of France congratulated the United Arab Republic on the initiative it had taken in requesting the Commission to concentrate on obtaining a better knowledge of the economic and social effects of drug addiction. The question of "doping", in particular with amphetamines, might be a profitable subject for study by the Division of Narcotic Drugs. Eighteen European countries members of the Council of Europe had already prepared an international Convention on the subject, and the Commission would be well advised to keep itself informed of developments in that field.

271. The Commission was reminded that the non-medical use of opium had been prohibited in India since 1959. The number of addicts had been reduced to half the 1959 figure, and at present there was only one addict per 1,500 of the population. Ninety per cent of the addicts were over fifty years of age, and although the Government allowed these old addicts a minimum dose of opium, it permitted no new addicts to be registered. Two addiction treatment centres had been set up in Assam, and the state government conducted anti-addiction propaganda campaigns, the success of which was shown by the fact that the families of addicts often insisted on their applying for treatment and rehabilitation. Cannabis addiction did not constitute a problem in India. There was a limited use of ganja linked to social, religious and medical practices in some areas. There was no problem as far as manufactured drugs were concerned. In considering addiction, the factors of poverty and unemployment must be taken into account. The Indian addict usually took the drug quietly by himself and often only in small quantities. India did not attempt to justify drug abuse in any way, but considered that the problem must be studied individually against the particular background in each country. It must also be realized that, in many poor countries, other social problems had higher priorities. Only a general improvement of the cultural and educational level could bring about lasting changes.

272. Little work had so far been done on the problem of drug addiction in the region of West Africa. For that reason, document E/CN.7/474/Add.3 was an important step forward. Although cannabis was not used in medicine or religious practice in Ghana, there had been some arrests of so-called "Gospel" preachers for using cannabis to put them into a trance. Although the problem of drug abuse was not acute in Africa, Governments were becoming increasingly aware of it and were attempting to prevent it from spreading. It

would be advisable for copies of the above-mentioned document concerning West Africa to be circulated to Governments in that region.

273. In the countries members of the League of Arab States, an addict was defined as a person who could not live without a drug. The vitality of addicts gradually declined, and as soon as they realized their inability to work, they increased the dose, thus increasing their physical, mental and social maladjustment. Finally, the drug affected their nervous systems, and they lost their awareness of the world around them, acting abnormally without realizing it. The problem was particularly acute in the United Arab Republic and Lebanon. In the United Arab Republic, addicts consumed cannabis and opium, in that order of preference. It was extremely difficult to detect cannabis addiction until it had reached its last stages. Opium was far easier to detect. All the Arab States were attempting to rehabilitate addicts and ensure that they received effective physical and psychological treatment. Certain countries merely estimated the number of addicts by counting those in prison or undergoing treatment, but that procedure was obviously incorrect. Moreover, there was an important difference between the addict and the occasional consumer. It would be extremely useful if Governments could be informed of scientific and accurate methods of evaluating the true number of addicts in their countries.

274. There was at present no problem of addiction in Yugoslavia. The representative of that country was of the opinion that the dissolution of religious ties, mentioned as a factor in the aetiology of addiction, bore no relation to the fundamental causes of the problem. It was also important to stress that poverty and hunger alone were not causes of addiction. Yugoslavia had known of hunger and poverty during the Second World War; yet, though an opium-producer, it had never experienced addiction on a large scale. Upper-class addiction also showed how difficult it was to generalize about such causes as poverty in relation to drug addiction.

275. Thanks to the strict control exercised by the police and health authorities, addiction in Italy had declined in the past few years. A census that was being taken through questionnaires sent out by the Ministry of Health would give complete details of addiction in that country. The results so far available showed that there were not more than two or three hundred addicts in Italy. Almost all of these cases were of therapeutic origin, and the addiction was to opiates. A few cases of cocaineism had been reported. Addiction to cannabis was practically unknown in the country, as was addiction to heroin. Addiction was not at present a serious problem in Italy.

276. There were estimated to have been about 40,000 addicts in Japan in 1963, but the number had since declined as a result of an increase in the penalties provided for by law as well as of a general educational campaign. Heroin was becoming almost unobtainable, and there had been a sharp decrease in the number of heroin addicts. At present there seemed to be a tendency for addicts to try and obtain their supplies by fraud

through doctors and pharmacists. Cannabis addiction had been unknown in Japan until after the Second World War. A few musicians, particularly among those in contact with foreign performers, had, however, begun using marihuana.

277. The use of opium in Iran had hitherto been traditional, and pathological addicts had represented only a small minority. The campaign being conducted against addiction had altered that situation. Withdrawal of the mass of addicts who had become addicted through custom was relatively easy, particularly when it was reinforced by strict laws and when it was made difficult to obtain opium. However, the cases of chronic addiction had proved much more difficult, and such addicts today represented the majority. In 1955, when poppy cultivation had been prohibited in Iran, the number of addicts had been estimated at 1.5 million; the figure today was only about 200,000. The fight against addiction must be waged on two fronts—the education of individuals and the reduction of opium production. Under new laws, young people who had completed their secondary or university studies, instead of doing military service, took a special four months' training course and were then assigned to the health corps or the teaching corps, depending on whether their duties were medical or not, to work in the villages. The programmes of these two recently-established services were drawn up by the Ministries of Health and Education. There was a special hospital in Teheran for the treatment of addicts on a voluntary basis; addicts in prisons were also given treatment. A rehabilitation centre was also being planned.

278. The problem of addiction in Thailand was due to the country's geographical position in the centre of an area where the narcotics problem was rife. The situation had been aggravated by the switch from opium to morphine and heroin which was now becoming noticeable among addicts in South-East Asia. In its fight against drug addiction, the Government of Thailand not only attempted to limit the production of raw opium and combat illicit traffic but also to treat and rehabilitate addicts. Lastly, a determined effort was being made to re-educate wide sectors of Thai society. This campaign was being conducted by, *inter alia*, the Anti-Narcotics Association of Thailand, which was trying to eradicate the attitude of tolerance towards drug-abuse among all groups of society.

279. The Commission considered that the exchange of views on methods of controlling and treating addiction had proved highly profitable, and it reaffirmed the necessity of evolving methods appropriate to the region or country where they were to be applied. Where addiction was clearly linked to crime and illicit traffic, a legislative, informational and enforcement approach had proved effective. In other countries where the problem was widespread and was linked to poverty or poor social conditions, it was necessary to attack addiction on a broad socio-economic front, the cultural background also being taken into account. Where the problem was extremely limited, certain countries preferred a purely medical and psychiatric approach. It was clear that the treatment of addiction was a complex as its origins, and deserved further study.

SCIENTIFIC RESEARCH ON OPIUM <sup>72</sup>

280. The Commission reviewed the progress made in the United Nations opium research programme, as outlined in the note by the Secretary-General.<sup>73</sup>

281. The period under review had been characterized by a considerable broadening of international collaboration in this field. More scientists had been nominated by the Governments of the Federal Republic of Germany, Switzerland and the United States of America to participate in the programme. Interesting contributions to the research had been received from scientists in Canada, Italy, Norway, the United States of America and the Union of Soviet Socialist Republics, and the results of this work were to be found in the documents in the ST/SOA/SER.K/. . series. For the continuation of the research, the Secretariat had sent, on request, authenticated samples of opium to scientists in Canada, the Federal Republic of Germany, Italy and the United States of America.

282. As directed by the Commission, the United Nations Laboratory had continued its research on the development and application of simple, rapid and easily reproducible methods for the determination of the origin of opium and, in particular, on the method of colour reactions and direct absorption spectrophotometry. No further modifications or changes had been made in these methods. The Laboratory had analysed a considerable number of authenticated samples, which were the basis for the investigation of seizures, and had also analysed samples of seized opium which had been submitted by Governments for the determination of origin. The Laboratory had been able to indicate the geographical origin of seizures in approximately two-thirds of the cases. Its inability to do so in others had been almost entirely due to the lack of authenticated samples from certain regions. Recently, the Laboratory had also received some samples of seized opium which were completely different from any of the authenticated samples and also from the seizures previously encountered. This might indicate that there were now some new areas of opium cultivation.

283. During the period under review, the Laboratory had received authenticated samples of the licit production of opium from the Governments of Japan and the Union of Soviet Socialist Republics. The Governments of Burma, Mexico and Thailand had provided authenticated samples of illicit production. However, further authenticated samples were still needed, particularly from countries situated in areas directly affected by the illicit traffic.

284. At the Commission's request the Secretariat had prepared a preliminary report on heroin,<sup>74</sup> based on information received from collaborating scientists. There seemed to be some possibility of comparing heroin seizures by determining the degree of acetylation and the nature and amount of impurities present. Since heroin was a manufactured product, however, the problem of the determination of geographical origin was considerably more complex than in the case of opium. The representatives of Japan and the United States of America described the research which was being carried out on heroin in their countries, using gas chromatography and neutron activation analysis respectively. The Commission agreed that the determination of the origin of heroin was an extremely difficult problem, to which it was unlikely that a solution would be found in the near future.

285. As recommended by the Commission, the Laboratory had given a higher priority to the indexing of the scientific literature on narcotic drugs, and a considerable proportion of this material had now been classified. This rapid reference system had proved to be of great value, not only for research, but also for the provision of scientific and technical information.

286. As in previous years, technical assistance in the form of training had been provided at the United Nations Laboratory. During 1964 and 1965, the Laboratory had received fellows from China, Hungary, India, Senegal and Turkey. The Commission was informed that while they had been at the United Nations Laboratory, the fellows in question had visited other laboratories and scientific institutions in Europe. Appreciation was expressed for the co-operation of the authorities in Denmark, France, the Federal Republic of Germany, Italy and Switzerland in this matter.

287. The Commission expressed its appreciation of the progress achieved in the opium research programme and of the work accomplished by the United Nations Laboratory during the period under review. It noted the important role of the Laboratory in bringing together scientists from many countries who were working in the field of narcotic drugs. It was agreed that the research on opium had reached an advanced stage, and that the methods developed for the determination of the origin of opium were very satisfactory. Some delegations also expressed the view that the Laboratory should now devote more attention to the much-needed research on cannabis and other drugs of interest to the Commission.

<sup>72</sup> Agenda item 6 (E/CN.7/SR.538 and 561).

<sup>73</sup> E/CN.7/476.

<sup>74</sup> E/CN.7/476/Add.1.

THE QUESTION OF THE COCA LEAF <sup>75</sup>

288. The Commission welcomed the opportunity — which it had not had at its preceding session — to give proper consideration to the question of the coca leaf.<sup>76</sup> It was informed that the Inter-American Consultative Group, which had met at Lima, Peru, in December 1964, had discussed the problems involved in great detail and had made several interesting suggestions. The Commission expressed its appreciation to the Government of Peru for acting as host to the Group at such short notice, and commended that Government on the measures it was taking in accordance with the spirit of the meeting.

289. It noted with regret that, despite the many efforts made during the past sixteen years, the problems of over-production and chewing of the coca leaf persisted on a virtually undiminished scale among the highland Indians of the Andean Indian region in Bolivia, Colombia and Peru. It also noted that the absence of fully effective control over the cultivation of and trade in coca leaves made it relatively easy for clandestine manufacturers of cocaine to procure this raw material. Concern was expressed at the spread of addiction to cocaine in urban areas and among occupational groups which had benefited materially from recent economic growth. It recognized the relationship between the twin evils of cocaism and cocaineism and, in particular, their connexion in Latin America with social and economic underdevelopment.

290. It was asserted that coca-leaf chewing, which manifested itself in the first place as a public-health and nutritional problem, was basically a socio-economic phenomenon. Arising out of a complex of unfavourable factors, at once social, economic and cultural in character, it tended to impede social and economic advancement. Measures of prohibition could not in themselves be regarded as an adequate remedy, but were to be viewed as complementary to long-term measures of planned social and economic development. It was felt that the relative scarcity of resources available to the affected countries pointed to the need for substantial foreign assistance, to which the assistance that could be provided by the specialized agencies of the United Nations would make a major contribution.

291. The Commission was gratified to learn that Peru had taken steps to eliminate coca-leaf chewing in accordance with the obligations laid down by the 1961 Convention.

292. The Commission noted with satisfaction the official view taken by WHO on the status of cocaine. The WHO expert who had participated in the meeting at Lima in 1964 had expressed the opinion that the use of cocaine in modern medical practice was virtually obsolete, an opinion which was later endorsed by the

WHO Expert Committee on Dependence-producing Drugs at its fourteenth session. It would appear, therefore, that the sole admissible purpose of coca-leaf production will shortly be the manufacture of flavouring agents. Underlining these developments, the Commission recalled the recommendations made by the Inter-American Consultative Group on Coca Leaf Problems, which had met in Lima in December 1964. In particular, it noted that the Group had recommended, as a first urgent step, the initiation or continuation of a cadastral survey of coca-growing areas. It was accepted that an adequate scheme of crop substitution would have to be worked out by the countries concerned — Bolivia, Colombia and Peru — in collaboration with technical experts of the United Nations family of organizations.

293. The representative of Peru informed the Commission that his Government accorded a high priority to the eradication of the coca-leaf-chewing habit in its programme of social reform. A number of measures had accordingly been taken to this end — ratification of the 1961 Convention, the establishment of a Permanent Advisory Commission on Narcotic Drugs, a programme of land reform and an epidemiological study of the coca-leaf problem. The Permanent Advisory Commission on Narcotic Drugs was an inter-ministerial body with a broad membership, reflecting the evolution of governmental measures adopted to meet the problem of cocaism. Its establishment resulted from the realization that cocaism, while arising historically as a health problem among a relatively unintegrated sector of the population, had, because of its wide incidence, become a brake on social and economic progress.

294. A major achievement of the Advisory Commission had been the drafting of the Regulatory Decree, which had been promulgated on 11 December 1964. In providing for a programme of crop substitution phased over a period of two decades, it aimed at the complete eradication of any coca output in excess of the quantities necessary for scientific and other legitimate purposes. Such a measure should thus meet the requirements of the 1961 Convention. The epidemiological survey recently undertaken had provided the Peruvian authorities with vital information; in particular, it had provided quantitative information on the extent of coca-leaf chewing and revealed the relationship of this phenomenon to psycho-cultural factors. It was now known that the number of coca-leaf-chewers was of the order of 800,000, and that their average daily consumption was 30 g of coca leaf.

295. The relationship of coca-leaf chewing to the agrarian problem was fully appreciated, and the representative of Peru drew the attention of the Commission to the measures of agrarian reform now being implemented by his Government. He expressed great faith in the ameliorative effects of the planned changes in the pattern of land-holding and use, the institution of a

<sup>75</sup> Agenda item 7; (E/CN.7/SR.541, 552, 555, 559, 561).

<sup>76</sup> E/CN.7/474/Add.4; E/CN.7/482.

system of agricultural credit and the installation of irrigation facilities. The combined effects of these measures should go far to secure an improved living standard for Peruvians on the land and particularly for the indigenous peasantry afflicted by the coca-leaf chewing habit.

296. The Commission noted with satisfaction the statement of the representative of FAO, who linked the habit of coca-leaf chewing with cultural traditions and with social and economic stagnation and its effects on nutrition and income. As the Andean highland region has a limited agricultural potential, the FAO representative emphasized the need for long-term measures of industrialization to broaden the economic base of the region. In the short run, he envisaged the adoption of measures in the planning of which his organization could give significant assistance. The following measures were specifically mentioned:

- (1) regional and local surveys to establish new farming patterns and compensate for loss of income;
- (2) surveys to inventory existing coca-growing areas by means of photogrammetric analysis;
- (3) establishment of pilot areas in which to carry out experiments with new crops and with nutritional programmes for population groups, which would receive additional food-stuffs when they gave up coca-leaf chewing;
- (4) industrialization of the Andes region;
- (5) resettlement of the inhabitants of the mountainous regions in tropical or semi-tropical regions.

297. An approach embodying these measures would be applied simultaneously to the production and consumption aspects of the coca-leaf problem. In dealing with the latter aspect, the assistance of the World Food Programme might be sought, especially in connexion with resettlement schemes.

298. The view was expressed that the situation in Bolivia presented both an opportunity and a challenge. In some areas of that country, coca leaf was the major cash crop and made a major contribution to regional and national revenue. While it was necessary to restrict coca leaf output, such action was impeded by the fact that coca bush cultivation assured the typical peasant-producer family an income greatly in excess of the average for the country as a whole, and determined the rhythm of general economic activity for entire regions. Although FAO assistance was not at present directed

towards a solution of the coca-leaf problem as such, existing projects could be adapted to place explicit emphasis on anti-coca-leaf measures, especially if the national authorities so desired. FAO was already participating, as an executing agency, in a number of resettlement projects financed by the United Nations Special Fund, and its expert services could be further expanded whenever the financial problems could be solved.

299. The Commission regretted that Bolivia had not been able to submit fuller information at the session, especially as the problem in that country was the most acute in the Andean region. The country had, however, availed itself of United Nations technical assistance in matters of narcotics control, and it was hoped that the Government would find it possible to accede to international agreements with a bearing on the coca-leaf question, notably, the 1961 Convention and ILO Convention No. 95. It was also noted with regret that the statistical information which Bolivia made available to the Commission was not at present sufficiently comprehensive to enable the Commission to assess the progress made by that country towards solving the coca-leaf problem.

300. The Commission recommended the adoption by the Economic and Social Council of a resolution submitted by Peru, Argentina, Mexico and the United Kingdom. This resolution noted the efforts made by Peru to further regional co-operation and to formulate remedial measures, and invited the United Nations and the specialized agencies whose terms of reference permit their doing so, and within the existing financial resources, to give sympathetic consideration to such requests for technical and financial assistance as they may receive from States Members of the United Nations for the purpose of combating the habit of coca-leaf chewing and replacing the coca bush by other crops.

301. The following draft resolution was adopted unanimously:

#### Resolution 2 (XX). The Question of the Coca Leaf

##### *The Commission on Narcotic Drugs*

Recommends the adoption of the following resolution by the Economic and Social Council.

[For this part of the text of resolution 2 (XX), see chapter XII, draft resolution B.]

## CHAPTER VII

### THE QUESTION OF CANNABIS (INCLUDING SCIENTIFIC RESEARCH ON CANNABIS)<sup>77</sup>

302. At the present session, the Commission fully reviewed the problem presented by cannabis, having been unable to do so for two-and-a-half years, since the subject had only been touched upon briefly at the nineteenth session in 1964. In its general discussion on

cannabis at its eighteenth session,<sup>78</sup> the Commission had proposed that future work on cannabis might be on the following lines:

- (a) further research to establish with certainty the active principle of cannabis;

<sup>77</sup> Agenda item 8 (E/CN.7/SR.551, 552, 562 and 563).

<sup>78</sup> Report, eighteenth session, para. 210.

- (b) further improvement in methods of identifying cannabis so as to strengthen the enforcement services in their efforts to suppress the illicit traffic;
- (c) clarification of the cannabis situation in countries to the north of the India-Pakistan sub-continent;
- (d) collection of more information about the situation in the countries of Africa.

303. In addition, the Commission had specifically requested<sup>79</sup> the Secretary-General to collect data from the Governments concerned with a view to meeting the suggestions in (c) and (d) above. This request had been repeated by the Commission at its abridged nineteenth session.<sup>80</sup>

304. At its eighteenth session, the Commission had also suggested that a complete bibliography on cannabis should be compiled by the Secretariat.<sup>81</sup> It had also considered the research being done on methods of identifying cannabis, and had expressed the hope that such work would be extended.<sup>82</sup>

305. At the present session, the Commission considered some general aspects of the problem posed by cannabis, and gave particular attention to defining once again its policy and findings regarding cannabis as a dangerous drug which should be subject to control. In addition, in accordance with the programme it had adopted earlier, its discussions covered the problem of cannabis in African countries and in Nepal,<sup>83</sup> the cannabis bibliography,<sup>84</sup> and scientific research.<sup>85</sup>

#### General considerations and the place of cannabis in international control

306. The Commission noted that the cannabis problem was wide both in terms of its geographical extent and in terms of the number of persons using this drug throughout the world. The problem also differed in scale from that posed by opium and the opiates, the synthetic drugs, cocaine and the coca leaf. Cannabis was grown licitly for consumption as a drug only in a very few cases, but it also grew wild, which made its control more difficult. In addition, there was some cultivation of the plant for industrial purposes, for its fibre and its seeds. While work was continuing with a view to the definitive determination of its active principle (which seemed to be tetrahydrocannabinol), it was generally recognized that the resin, the flowering and fruiting tops, and the leaves of cannabis, if mixed with some resin, had a descending order of toxicity. There was little use of cannabis as a remedy in Western systems of medicine, but it still had a place in certain traditional and indigenous systems.

307. The Commission noted with interest that the representatives of the United States and Canada had referred to an organization known as LEMAR, which, in the United States, was trying to organize public opinion with a view to legalization of the use of marihuana. That organization had now established a branch in Canada, which was mainly supported by a group of young people and which was working for legalization of the drug in Canada just as the parent organization was, doing in the United States. While research would continue on certain technical aspects, such research could not, so far as the Commission was concerned, alter the basic fact that the use of cannabis was harmful and that the drug should accordingly continue to be controlled with the strictness envisaged by the narcotics treaties, including the 1961 Convention.

308. In this connexion, the representative of the United States found reason once again to deplore the publication in the United Nations *Bulletin on Narcotics* of an article which could be used for propaganda against controlling cannabis. That had in fact already happened: on 3 January 1965, *The New York Times* had published a news item stating that a United Nations report had cast doubt on the dangers of cannabis. In addition, the misguided proponents of ending control in the United States had now brought out a *Marihuana Newsletter* which referred to the article published in the United Nations *Bulletin on Narcotics*, and were claiming that United Nations literature now supported their campaign for legalization of the use of cannabis.

309. The representative of the United States noted that the author of the article in question was an official of a ministry of health. That appeared both surprising and regrettable, since chapter XI of the annual report of the author's country showed that the official view of cannabis was altogether contrary to the alleged findings set out in the article. The Commission had already taken note of this document.<sup>86</sup>

310. The representative of the United States referred to the report of the Permanent Central Narcotics Board,<sup>87</sup> which had considered the opposition to the control of cannabis and had found that it ran counter to authoritative international scientific opinion and to the recently reaffirmed policy of the United Nations and its specialized agencies. It had mentioned the article by Eddy, Halbach, Isbell and Seevers, published by WHO in 1965.<sup>88</sup> The authors of that article, while confirming that cannabis does not produce physical dependence, had concluded that the harm to society derived from abuse of cannabis consists of the impairment of the individual's social functions and his enhanced proneness to asocial and antisocial behaviour. The Board had fully accepted this opinion, and had stated in its report that to exempt cannabis from narcotics control would undoubtedly be seriously prejudicial to public health.

311. So far as the international regime applicable to this drug was concerned, the most recent position was

<sup>79</sup> Report, eighteenth session, para. 219.

<sup>80</sup> Report, nineteenth session, para. 131.

<sup>81</sup> Report, eighteenth session, para. 211.

<sup>82</sup> Report, eighteenth session, para. 225.

<sup>83</sup> E/CN.7/478 and Add.1.

<sup>84</sup> E/CN.7/479.

<sup>85</sup> E/CN.7/476.

<sup>86</sup> E/CN.7/R.15/Add.45.

<sup>87</sup> E/OB/21.

<sup>88</sup> E/CN.7/470/Add.1; Bull. Wld. Hlth. Org. 1965, 32, 721-733.

that taken by the Plenipotentiary Conference of 1961, which had regarded cannabis as a very harmful substance. The PCNB report, the representative of the United States continued, had pointed out that the 1961 Convention subjected cannabis to a comprehensive regime covering all phases: cultivation, manufacture, trade and consumption. If, after all these considerations, there could still be any doubt about the regime applicable to this drug, the representative of the United States would point out that, under the 1961 Convention, cannabis was one of the four substances placed in Schedule IV, in which particularly dangerous drugs such as heroin, ketobemidone, etc. were listed.

312. The ill effects of cannabis had also been noted in other parts of the world. There was, for instance, the careful study by Chopra and Chopra published in an earlier issue of the *Bulletin on Narcotics*,<sup>89</sup> which should leave no doubt of the dangers presented by the abuse of the drug. A study made in Tunisia had also drawn attention to severe behavioural disorders in chronic smokers of kif. In the United States itself, fifty recent cases, even including some of murder, could be attributed to marihuana-taking. The rising number of serious accidents on the highways, both in the United States and in many other parts of the world, could be attributed at least partly to the use of cannabis.

313. The views expressed by the representative of the United States were strongly supported by the delegations of Canada, France, the Union of Soviet Socialist Republics, and other delegations. The Commission should discharge its responsibility to the Economic and Social Council, and indeed to the world community, by making absolutely clear its view of the individual and social consequences of cannabis-abuse. While the pharmacology of the drug might provoke endless scientific discussion, the Commission must be guided by other factors. Cannabis was dangerous in itself, and the danger was aggravated by the drug's being easily available all over the world and at a moderate price.

314. The representative of the United Kingdom also agreed with those earlier speakers who had taken a serious view of the problem presented by cannabis. In the United Kingdom, there had been evidence in the last few years of small increases in trafficking in and consumption of various forms of cannabis, reflecting the world-wide trends disclosed in the Secretariat's review of the illicit traffic in 1964,<sup>90</sup> and in the ICPO memorandum.<sup>91</sup> There had been little evidence of the association of cannabis with crime that had been described by the representative of the United States. In 1964, the law had been strengthened by making it an offence for occupiers or managers to allow their premises to be used for smoking cannabis, and by prohibiting the deliberate cultivation of the cannabis plant. There was a total prohibition of import or export except under licence. In some quarters, opinions had been expressed minimizing the dangers of smoking cannabis, but this tendency had not taken any organized form.

315. The Commission recognized that the situation differed from one country to another. While cannabis must be subject to the same type of control at the international level, there was perhaps a need to adjust the strictness of control at the national level. In India, for example, cannabis was considered to be medically useful, and it had a place in the *ayurvedic* and *unani* systems of medicine. The Commission was aware that under article 49 of the the 1961 Convention India had reserved the right to allow the use of cannabis as a drug for non-medical consumption in the form of ganja for a period of twenty-five years. The Commission had been informed of the Indian Government's firm intention to prohibit the use of ganja completely at the end of this period, and steps were already being taken in that direction. In 1955, 472 hectares of cannabis had been cultivated licitly for the production of ganja; in 1965, this acreage had been reduced by 60 per cent to 123 hectares in accordance with the Government's policy of ending the use of ganja by stages. In the interim period, until the ban was complete, legal cultivation was necessary in order to exclude any illicit traffic in cannabis obtained from outside the country. The use of cannabis in medicine, however, was another matter, and the Government could not say at present when such use would become obsolete in India. The Commission was informed that a government department in India was carrying out research on the indigenous systems of medicine, and the adviser to the Government in this field had recently reported that 85 per cent of the population, living in 500,000 villages, depended for medical help on about 150,000 doctors who practised the indigenous systems in which cannabis was considered useful. The position of cannabis in India might become analogous to that of morphine in western medicine today: fully controlled but used. Indigenous systems of medicine could not be rejected out of hand. Indeed, research at present in progress might some day show that cannabis could be used for medical purposes not recognized today.

316. The representative of WHO referred to the fourteenth report of the WHO Expert Committee,<sup>92</sup> section 9 of which stated that tetrahydrocannabinol was in all probability the active principle in cannabis. The isomers were known, and it remained to determine their exact chemical configuration. Derivatives of the active principle in cannabis might have medical applications, as had been pointed out by the WHO Expert Committee. Thus, the view that cannabis was obsolete in medicine might be reconciled with its present use in some traditional systems whose experience dated back for thousands of years. With reference to the definition adopted by the WHO Expert Committee for the type of dependence caused by cannabis, he wished to say that while the definition or description of a type of dependence was confined to its medical aspects, the socio-economic characteristics and implications should not be overlooked. Thus, the anxiety and the distortion of perception which were among the effects of the drug might lead to the disruption of interpersonal relationships, and abuse of the drug to criminal behaviour.

<sup>89</sup> *Bulletin on Narcotics*, vol. IX, No. 1.

<sup>90</sup> E/CN.7/472.

<sup>91</sup> E/CN.7/473 and Add.1.

<sup>92</sup> E/CN.7/470.

317. As to the permanent or residual effects of the chronic use of cannabis, further studies were being pursued at an institute near Rabat, Morocco, with the collaboration of a WHO expert. They would supplement the observations made ten years before in Morocco and published in the *Bulletin on Narcotics*.<sup>93</sup>

318. The Commission wished to reaffirm its position with regard to cannabis. The subject should no longer appear on the agenda as the "question" of cannabis. There could be no question but that cannabis presented a danger to society, although more and more people were attempting to cast doubt on the necessity of controlling this substance. The Commission reiterated the view that cannabis, the drug that moved most in international traffic, should be fully subject to international control. Under the 1961 Convention, it was indeed subject to the strictest regime of control. Governments should act accordingly, therefore, and while there might be some variations in the type of national control, the principle as such could not be called in question.

319. The Commission requested the Secretary-General to bring the views expressed in the previous paragraph to the particular attention of all Governments.

### The cannabis situation in African countries

320. The Commission noted that the Secretary-General's review<sup>94</sup> of the problem in the African countries had been prepared on the basis of replies to a questionnaire addressed to the Governments of African countries. In cases where no replies had been received, information had been abstracted from the annual reports of the Governments concerned. The Commission also recalled that articles on the problem of cannabis in African countries had been published in the *Bulletin on Narcotics*.<sup>95</sup> The information before the Commission showed that, except in regions which are extremely arid, cannabis grows, and indeed flourishes, in every country in Africa. There was no licit production for its use as a drug, but it was grown illicitly in almost every African country, some of this clandestine cultivation being in mountainous and forest areas.

321. The countries where the problem of illicit cultivation was important or serious included Algeria, Congo (Brazzaville), Morocco, Nigeria, South Africa, Swaziland and Tunisia. In most of Africa south of the Sahara, the preferred way of consuming the drug was to smoke it in cigarettes or pipes. In North African countries, in addition to being smoked, cannabis was sometimes consumed in beverages or mixed with dates, sweets or other kinds of food. It appeared from the available information that illicit trafficking in cannabis in Africa was both domestic and international. In the North African countries, there was active trafficking both within national boundaries and across frontiers. In the West African countries, the illicit traffic within national

boundaries was more active, but it sometimes flowed over those boundaries and also gave rise to international coastal traffic. South Africa was the market for many producing areas contiguous to that country, although much of the cannabis used was of domestic origin. Among African populations, there seemed to be some faith in the value of various home-made cannabis preparations for the treatment of high blood-pressure, apoplexy, asthma, rheumatism, diabetes, nervous and stomach disorders and some other ailments. The Commission noted that most reports from the African countries made it clear that cannabis-users were generally poor people. It seemed that programmes for combating cannabis-abuse would have to be closely associated with social and economic development in the continent. Most African countries had an established administrative structure, and they were all, in the main, applying the laws and regulations on cannabis control. The administrative efforts of these Governments in the field of narcotics control would bear good fruit if supported by the necessary measures of economic and social reform.

322. The Commission noted that a United Nations Seminar on Narcotics Control for Enforcement Officers had been held at Lagos, Nigeria, in August 1965. The Seminar had been an important step forward in combating the illicit traffic in and the misuse of cannabis in the African countries.

323. The observer for Nigeria said that the Seminar had given a general picture of the narcotics problem in Africa by means of exhibits, discussions, reports and exchanges of information. Participants in the Seminar had come to realize the importance of co-ordinating their activities in order to fight the illicit traffic. The methods of traffickers and counter-measures had been discussed to the great benefit of the participants. He added that cannabis mainly grew wild in the region but was being increasingly cultivated by unscrupulous persons for purposes of illicit trafficking. Nigeria was aware of the situation and was determined to take strong enforcement action. It was trying to apply the best techniques to fight the illicit traffic; it was, for example, using the ICPO cross-index card system and making checks at road-blocks set up without warning. A recent fellowship awarded by the United Nations to a Nigerian official was bound to have a salutary effect on control of the illicit traffic. It was noted in his country that students and travellers were often requested to carry the drug by smugglers. Some of this traffic was aimed at other West-African countries, such as Senegal and Liberia. A disturbing feature of the use of cannabis was its spread among young people and professional drivers.

324. The observer for Algeria said that his country was fortunate in having inherited an excellent administrative infrastructure from France. The enforcement and health services were young and dynamic and determined to curb the misuse of drugs in the country. The Government recognized that cannabis was used in Algeria. The plant was grown in small plots which were never more than 50 square metres in area, and the

<sup>93</sup> *Bulletin on Narcotics*, vol. IX, No. 4.

<sup>94</sup> E/CN.7/478.

<sup>95</sup> *Bulletin on Narcotics*, volume XIII, No. 3; vol. XV, No. 1; vol. XVI, No.2 and vol. XVII, No. 1.

drug was used mainly to satisfy the needs of the cultivator and other consumers within the country. The effectiveness of the enforcement services was shown by the high price that the drug commanded at the Tunisian frontier.

325. The representative of the United Arab Republic said that it continued to be his Government's policy to give prime importance to suppression of the use of cannabis in the country.

326. The representative of Ghana remarked that the problem in Africa concerned only cannabis and was not one of mixed addiction as in the United States and elsewhere. In these other regions, users appeared to take cannabis as a part-time drug when they could not obtain their preferred narcotic drug. The severe prison sentences that had been imposed in his country did not seem to him to have served as a deterrent.

### The cannabis situation in Nepal

327. The Commission noted that the information presented in the Secretariat document<sup>96</sup> was based mainly on the text of a law received from the Government of Nepal and issued separately;<sup>97</sup> some information of a general nature available to the Secretariat had also been included. The Commission noted that supplementary information had been requested from the Government, but that no reply had so far been received.

328. The representative of India stated that the information put before the Commission was inadequate, and that efforts to obtain further information should be maintained.

329. The Commission requested the Secretariat to seek more detailed information from the Government of Nepal and expressed the hope that an observer for Nepal would attend forthcoming sessions of the Commission. It was evident from the recent law enacted in that country that the Government was anxious to reduce cannabis cultivation. The Commission would be prepared to assist Nepal by all possible means, including technical assistance, to achieve this aim.

### Cannabis bibliography<sup>98</sup>

330. The Commission welcomed the publication of a cannabis bibliography<sup>99</sup> by the Secretariat. It considered the bibliography a comprehensive and competent work which would be of great use to all persons and organizations interested in the drug.

331. the bibliography dealt with cannabis both as a narcotic drug and as a medicament. It listed all publications pertaining to cannabis from the points of view of botany, pharmacognosy, pharmacology, chemistry, medicine, psychology, sociology, and national and inter-

national control. It also included references to the technical aspects of the processing of the cannabis plant for textile or other industrial uses, although these references were not complete. It contained a total of 1,854 entries. To facilitate consultation, it was provided with an index which had been prepared by Dr. N. B. Eddy, Consultant on Narcotics at the National Institute of Health, Bethesda (Maryland), USA.

332. The Commission was satisfied that the bibliography could be considered a basic reference work, and it expressed the hope that supplements to it would be issued, possibly every three years.

### Scientific research on cannabis

333. The Commission reviewed the progress made in the United Nations cannabis research programme, as outlined in the note by the Secretary-General.<sup>100</sup>

334. Interest in this programme had increased significantly during the period under review. The Governments of Brazil, Israel, Switzerland and the United Kingdom had nominated further scientists to participate in the research. Important contributions for the ST/SOA/SER.S/. document series had been received from collaborating scientists—from Hungary, on the pharmacology of cannabis grown for industrial purposes in that country; from Israel, on the isolation and structure of cannabinolic, cannabidiolic and cannabigerolic acids; and from Yugoslavia, on the chemical characteristics of the resin from experimentally-grown cannabis of various origins, and on the infra-red spectra of cannabis resin.

335. It was noted that one of the difficulties in cannabis research in the past had been the fact that scientists had worked on cannabis from different parts of the world, and that the results had been not comparable because the amount and potency of the resin varied according to ecological conditions in the region where the cannabis was grown. At the suggestion of Professor G. Joachimoglu of Athens, the United Nations Laboratory had therefore prepared a reference sample of cannabis. As this sample would make it possible to compare techniques and results, it should be of value in both chemical and pharmacological investigations. It had already been requested by several collaborating scientists.

336. For the continuation of the research, the Secretariat had sent samples of cannabis to scientists in Brazil, Czechoslovakia, Greece, Switzerland and the United States of America. Since the Commission's nineteenth session, the United Nations Laboratory had received samples of cannabis from the Governments of India and South Africa. The increasing interest of collaborating scientists in the programme had, however, resulted in greater demands for the basic research material, and it was noted that the cannabis samples available in the United Nations collection had been seriously depleted.

337. During 1965, the Laboratory had had the benefit of two consultants. Dr. Z. Krejci of Czechoslovakia

<sup>96</sup> E/CN.7/478/Add.1.

<sup>97</sup> E/NL.1964/69.

<sup>98</sup> Report, eighteenth session, para. 313.

<sup>99</sup> E/CN.7/479.

<sup>100</sup> E/CN.7/476.

had advised on the application of thin-layer chromatography to the study of the chemical constituents of cannabis. Dr. N. B. Eddy of the United States of America had made general recommendations concerning the cannabis programme. He had stressed the important role of the Laboratory in co-ordinating research and in maintaining liaison with scientists.

338. The representatives of Italy and Japan described the research being carried out on cannabis in their respective countries, and the representatives of India and the United Arab Republic expressed the hope that it would be possible for their scientists to participate in the programme. The representative of France indicated that it would be useful to have tests for identifying cannabis consumers.

339. In reply to a question, the Secretariat stated that it seemed unlikely that pharmacologically useful substances would be isolated from cannabis in the future. Collaborating scientists might, however, wish to work on this aspect of cannabis research in the course of other investigations.

340. Reference was made to a seminar held in London by a private foundation at the end of 1964 at which distinguished scientists from many countries had agreed that considerable research on cannabis was necessary in order to elucidate all its constituents, to establish definitively its active principle or principles, to study its pharmacological effects and its fate in the body and also to determine the chemical transformations occurring when cannabis was smoked.

## CHAPTER VIII

### SUBSTANCES NOT UNDER INTERNATIONAL CONTROL (BARBITURATES, TRANQUILLIZERS, AMPHETAMINES)<sup>101</sup>

341. The Commission discussed the control of substances not under international control (barbiturates, tranquillizers and amphetamines), fully realizing that the problem posed by these substances was growing in importance each year. It had before it two documents prepared by the Secretariat,<sup>102</sup> the first of which discussed the effects of the main substances under discussion, while the second considered the effect of their use on accidents in general and road accidents in particular. On the latter question, the Commission also had before it a report on the medical aspects of the problem of psychoactive drugs and road safety, submitted by WHO.<sup>103</sup> The Commission first took up the general question of the dangers resulting from the misuse of these substances and the problem of controlling them adequately, and then went on to discuss their relationship to accidents.

#### The general problem and the question of controls to be applied

342. At its seventh session in 1957, the WHO Expert Committee had recommended that barbiturates should be sold only on medical prescription,<sup>104</sup> and the Commission at its twelfth session,<sup>105</sup> held the same year, had also recommended that Governments should take appropriate measures of control. As early as its eleventh session in 1956, the Commission had adopted a resolution<sup>106</sup> recommending Governments to take adequate

measures of control to prevent the abuse of amphetamines. At its twelfth session, the Commission had adopted a resolution recommending Governments to keep careful watch for any abuse of tranquillizers with a view to taking such measures of control as might be necessary.<sup>107</sup> At its seventeenth session, it had adopted a resolution<sup>108</sup> recommending that Governments should take appropriate measures to place the production, distribution and use of barbiturates under strict control.

343. The Commission had thus expressed concern about the dangers resulting from abuse since 1956 in the case of amphetamines and since 1957 in that of barbiturates and tranquillizers. Each year, more and more information had been received regarding the effects of the abuse of these substances; in certain countries the problem had now assumed alarming proportions. Both prescriptions of these substances and, in a very large number of countries, sales without prescription, had increased by leaps and bounds. The astonishing expansion in their use in recent years was almost certainly attributable to their consumption not so much as medicaments, but as agents capable of procuring sleep, euphoria or relaxation. Despite differences in the pharmacological properties of the various products, the peril, indeed the mortal peril, that might sometimes be entailed by the unrestricted consumption of barbiturates and amphetamines had been clearly brought out in the Commission's discussions.

344. The disquieting feature of the present situation was that younger persons were being attracted to certain of these substances on account of their allegedly stimulating and thrilling effects. WHO had referred to this development as an "epidemic" among young persons in certain countries. It was quite evident that the recom-

<sup>101</sup> Agenda item 9 (E/CN.7/SR.552, 557, 558, 561 and 563).

<sup>102</sup> E/CN.7/480, E/CN.7/481 and E/CN.7/481/Corr.1 (English only).

<sup>103</sup> MNAR/13/65; WHO/PT/128/65.

<sup>104</sup> E/CN.7/323; Wld. Hlth Org. Techn. Rep. Ser. 1957, 116, section 9.

<sup>105</sup> Report, twelfth session, annex H, resolution VI.

<sup>106</sup> Report, eleventh session, annex II, resolution IV.

<sup>107</sup> Report, twelfth session, annex II, resolution VII.

<sup>108</sup> Report, seventeenth session, resolution 4 (XVII).

mendations made by the Commission and by WHO for the strict national control of these substances were not being universally applied. Manufacture and trade were on so large a scale that supplies in excess of medical requirements were readily available. In many countries, it was quite often possible to obtain supplies without prescription, although prescriptions had, in fact, been made mandatory. Part of the difficulty might be due to differences in the degree of national control: in countries where control was lax, drugs became available for movement into other countries where control was strict. While it was true that the problem now appeared to be gravest in the more developed countries, it was quite likely also to make its appearance in the developing countries. In spite of the recommendations made by international bodies, many Governments were still apparently closing their eyes to the danger and had not adopted the precautionary measures of control that were needed. Some delegations held that the potential dangers appeared so great that a time might come when the problem of the abuse of sleeping pills, soothing pills and "pep" pills might overshadow that of the abuse of narcotic drugs. The Commission should be alive to that danger.

345. In this connexion, the Commission recalled that, at the Plenipotentiary Conference which had adopted the 1961 Convention, a resolution<sup>109</sup> had been submitted proposing that these substances should be studied with a view to determining what action the international community should take with respect to them and how far it should go in the matter of control. That resolution, which had been supported by twenty-five countries, had failed by one vote to obtain the required majority; it would otherwise have been annexed to the official records of the 1961 Conference. It should also be remembered that, at the Commission's seventeenth session, following a roll-call vote, a paragraph providing for a study of measures of international control had been deleted from the Commission's resolution on barbiturates by 10 votes to 8, with 1 abstention. It was also a matter of record that, at the same session, the Commission had affirmed, by 13 votes to none, with 6 abstentions, its competence to deal with questions relating to all these substances. Those examples showed that there had been a tendency to envisage international measures for some time among a considerable number of countries.

346. The World Health Assembly, at its eighteenth session in 1965, had adopted a resolution<sup>110</sup> in which, *inter alia*, it had requested the Director-General "to study the advisability and feasibility of international measures for control of sedatives and stimulants". WHO had brought this resolution and the corresponding recommendations of its Expert Committee on Dependence-producing Drugs to the attention of the Commission as the policy-making organ in matters of international narcotics control.

<sup>109</sup> E/CONF.34/L.38. (See also *United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs, Official Records, Vol. 1: Summary Records of plenary meetings, 40th plenary meeting* (United Nations publication, Sales No.: 63.XI.4)).

<sup>110</sup> WHA 18.47.

347. The specific measures which the WHO Expert Committee had recommended for these substances in its fourteenth report<sup>111</sup> were:

- (a) availability on medical prescription only, as repeatedly recommended in earlier reports;
- (b) full accounting of all transactions from production to retail distribution;
- (c) licensing of all producers;
- (d) limitation of trade to authorized persons;
- (e) prohibition of non-authorized possession; and
- (f) establishment of an import-export authorization system.

348. Commenting on these recommendations, the WHO representative said that paragraph (a) was being applied in many countries and paragraph (b) broke new ground, while paragraph (e) was the most stringent and paragraph (f), proposing an import-export authorization system, represented an entirely new departure. Referring to paragraph 5 of the above-mentioned resolution of the World Health Assembly, which concerned the study of international measures for control of sedatives and stimulants, he said it was the first time that the World Health Assembly had turned its attention to that matter.

349. The WHO Expert Committee had considered the question which of these various substances should be controlled, and had concluded that the criterion should be the power of the substance to produce effects, whether depressing or stimulating, on the central nervous system (alcohol was not taken into account in this connexion). The representative of WHO recognized that this criterion was wide, but it would be the duty of an expert body to apply it in each case.

350. The problem had been growing both in extent and gravity, and was a source of widespread concern, but the Commission felt that it might be wise not to be precipitate in deciding upon international control measures for these substances without obtaining a clearer picture of the situation on the basis of the fullest possible information. The concept of "international measures" in this field should be precisely defined. International control of narcotic drugs was founded on the estimates system. As suggested by the WHO Expert Committee, it would not be necessary to go so far in the case of barbiturates, amphetamines and tranquillizers.

351. The Commission was informed that these substances were being misused in Canada and several other countries, in some instances as substitutes for other drugs: as rigorous enforcement made supplies of heroin or opium, for example, scarce in the illicit market, addicts tended to seek consolation in these other substances which were not yet under international control. Canada was applying all the measures recommended by the WHO Expert Committee in its fourteenth report, except for the prohibition of non-authorized possession. In Canada, possession was an offence only if it

<sup>111</sup> E/CN.7/470; Wld. Hlth. Org. Techn. Rep. Ser. 1965, 312, section 7.

was for the purpose of trafficking. The gravity of the offence was assessed in terms of the quantity of the substances seized, since a large quantity created the presumption that it was intended for trafficking. The Commission noted that there was a medical difference between the use of narcotic drugs and these other substances. Narcotics were prescribed in small quantities and for short periods, but barbiturates, amphetamines, etc., could be prescribed in large quantities, and their use could be sanctioned for much longer periods. There was also an element of "borrowing" among users of barbiturates, amphetamines and tranquillizers.

352. The Commission learned with interest that Canada had pioneered measures of national control in this field, and that these measures seemed to be succeeding even in the absence of world-wide control of the type applied to narcotics. The authorities in Canada had instituted a system of maintaining full records of all transactions concerning these substances. They knew where manufacture was taking place; they knew who were the importers; they kept imports under licence and also imposed licences on exports. They were able to do this even without an exchange of import-export authorizations. Under Canadian law, the authorities could also question doctors who were found to be prescribing these substances in excessive quantities. Doctors also had to account for the quantities dispensed in their consulting rooms.

353. In Switzerland, amphetamines were at present causing the Government the greatest concern, and the trade in these substances was to be examined with a view to improving the situation. Under existing Swiss law, they could be sold only on prescription. The Swiss authorities considered that controls on manufacture and trade, and Customs checks, would prove feasible methods of control. They were in favour of applying the first five measures recommended by the WHO Expert Committee, but were less certain of the feasibility of subjecting such substances to an import-export authorization system. So far as barbiturates and tranquillizers were concerned, the representative of Switzerland drew attention to the difficulty of determining which of them was dependence-producing.

354. The observer for Sweden explained that addiction to the classic narcotic drugs was still a comparatively minor problem in his country. On the other hand, the abuse of amphetamine-like substances, such as phenmetrazine and other stimulants, had become an important problem and was spreading rapidly, particularly in the two or three larger cities. The craving for the effects of such a substance was so overpowering that the drug was no longer taken orally but was dissolved in tap water and then injected intravenously. To sustain the characteristic elation of mood induced by the injection, the doses had to be increased rapidly by the user. At times, two injections were taken together, one being of phenmetrazine and the other of a short-acting barbiturate. The younger age groups, people in their teens and early twenties, seemed to be the chief victims. The expected socio-economic consequences, which were familiar from experience of other types of drug addic-

tion, were beginning to be felt in the country. The police had, for example, observed the influence of these stimulants in some persons who had committed crimes of violence. The insanitary self-injection method also led to infections such as inoculation hepatitis, which was becoming increasingly common among those who engaged in this practice. Not infrequently serious symptoms of paranoid psychoses of the schizophrenic type had also developed among persons abusing phenmetrazine. In these cases, psychiatrists were confronted with a difficult problem from both the diagnostic and the therapeutic points of view.

355. It should be noted that the abuse of phenmetrazine was made possible by the illicit introduction of supplies into the country. In Sweden itself, the drug had always been dispensed only on prescription, and indeed for several years had been on the narcotics list. The amounts being prescribed by Swedish physicians were decreasing steadily and were now small, but abuse continued to increase and had reached massive proportions. The situation had not been improved by the fact that the drug was now available on prescription only in the country which had hitherto been the main source of illicit supply. Phenmetrazine continued to be smuggled into Sweden in large quantities. The observer for Sweden was convinced that international measures could no longer be postponed, and that substances like phenmetrazine should be subject to the same world-wide control as narcotic drugs. His remarks also applied to some extent to methylphenidate and amphetamine, though these drugs were less common in Sweden. There was a danger that if phenmetrazine became less easily available, those who abused it would turn to these other drugs. Recent experience in Sweden, however, did not indicate that similar measures should be applied to anti-obesity drugs like diethylpropion, which did not at present seem to cause dependence or lead to abuse. Even if all the WHO Expert Committee's recommendations were not applied, Sweden would emphasize the cardinal importance of implementing recommendation (b) regarding "full accounting of all transactions from production to retail distribution" in the producing-exporting countries.

356. The Commission was informed that the United States Congress had passed a law, which would take effect in February 1966, placing stimulants and sedatives under the following measures of control: mandatory prescription; accounting for all transactions from production to retail distribution; manufactures to be registered but not licensed.

357. It had not been considered necessary to apply the import-export authorization system. The representative of the United States made the point that resolution 18.47 of the World Health Assembly, in referring to international measures, did not specify import-export authorization; the latter was a recommendation of the WHO Expert Committee. In his view, such authorization would not have helped a country like Sweden to fight the problem it was facing, nor indeed would it have contributed to solving the world problem.

358. In the United Kingdom, abuse of barbiturates did not appear to be a pressing problem, but abuse of amphetamines, especially among young people, had become noticeable by 1964. Legislation covering a number of the WHO Expert Committee's recommendations had been put into effect. In the past, these substances had been treated as poisons, and unauthorized possession had not been an offence. This was now changed; dealers and manufacturers were registered, and imports could take place only on licence. During 1965, some 600 convictions for unauthorized possession of amphetamines had been made in the United Kingdom; most of the cases involved individuals holding small quantities, but in some cases, the size of the seizure suggested that illicit traffic had been intended. There had also been thefts of large numbers of tablets. The authorities proposed to review the working of this new law, though it had only been in effect for about one year.

359. The representative of the United Kingdom suggested that there was at present insufficient evidence of international traffic in these various substances, and that an immediate decision to apply all the recommendations of the WHO Expert Committee would not therefore be justified. Careful study was needed before a decision could be taken on the difficult question of the precise level of controls.

360. The Commission was interested to learn that in Hungary, the Union of Soviet Socialist Republics and Yugoslavia, the abuse of these substances did not constitute a major problem. National controls in the form of numbered prescriptions, which could not be repeated unless re-written, and the maintenance by the State of records of all transactions in these drugs, appeared to be sufficient. Health education and the absence of advertising also contributed to this result. It was further noted that there was not much medical use of the substances in these countries.

361. The representative of the Union of Soviet Socialist Republics stressed the importance of the work of WHO in studying the properties of the new drugs which were constantly being synthesized. This was necessary to protect society against any dangers latent in their use. The Ministry of Health of the USSR, through its pharmaceutical committee, was carrying out similar studies, and it also kept all the old preparations under review to make sure they were safe to both mind and body.

362. The Commission was interested to hear that, in France, dependence on amphetamines, barbiturates or tranquillizers affected only a small number of people. Some cases that had come to light, however, were very grave, and some had indeed developed out of therapeutic treatment. The authorities had taken steps to extend the requirement of prescriptions even to preparations containing a small percentage of amphetamines or barbiturates.

363. In the Arab countries, the problem of the misuse of the substances in question had not been serious, but it now seemed that younger persons and workers were becoming interested in some of the amphetamines. The Fourth Arab Conference, which had been organized by

the Permanent Anti-Narcotics Bureau of the League of Arab States in February 1965, had adopted a resolution asking member States to treat these drugs as narcotics.

364. The Commission understood that two substances of the amphetamine group had been treated as narcotic drugs in the Federal Republic of Germany since 1941. The annual reports of the Federal Republic gave the quantities of seizures and the number of addicts to these substances. The representative of that country suggested that, since there was insufficient evidence of abuse, before action was taken on barbiturates, a questionnaire should be sent to Governments with a view to ascertaining the number of persons dependent on those substances, the number that had been treated, and the general measures that Governments were taking to improve the situation.

365. Several delegations drew attention to the practical difficulties of imposing all the controls recommended by the WHO Expert Committee, since millions of tablets might be involved, and there might be 200 or more manufacturers in a single country as well as hundreds of wholesalers and thousands of retailers. An excessive, and perhaps unnecessary, administrative burden would be placed on Governments by requiring them to apply all these controls. Other delegations suggested that the Commission should not be deterred by the mechanical and administrative difficulties, or by the number of drugs, from recommending full control if the problem so warranted. Customs tariffs in all countries, for example, listed thousands of dutiable and exempted items, yet the tariffs were applied. Some delegations also suggested that to place such substances on the narcotics list would detract from the seriousness with which the true narcotic drugs should be treated, but other delegations did not share that misgiving and considered that the recommendations of the WHO Expert Committee should be applied *in toto*.

366. Attention was drawn to certain difficulties that might be caused by the WHO Expert Committee's recommendation concerning the prohibition of non-authorized possession. Unless this provision was carefully drafted in national law, it might lead to hardship for persons legitimately using one of the substances for medical reasons. It was felt, however, that if, regardless of these difficulties, the first five recommendations were applied at the national level, and if imports were licensed (without a formal import-export authorization system), there was a fair possibility that Governments would be able to control the situation within their territory. Their task might be complicated by the fact that, as a result of the increase in international travel, individuals could bring home what they had purchased abroad, in a country which either did not keep full records from the stage of production to retail distribution or which imported from a third country quantities in excess of its strict medical requirements. It was also argued that, as in Sweden today and as in Japan in the past, amphetamines and not barbiturates were the substances most abused. There were thus a number of negative and positive arguments which would have to be carefully weighed.

367. The view was also expressed that there was a large and justified use of these drugs in medical and psychiatric practice; control should not be of such a nature as to deny the benefit of what were essentially medicines to those who needed them. While keeping this requirement in view, the Commission recognized that legitimate use would continue to grow as psychiatric treatment expanded in response to the stresses of modern times: the increase in availability would inevitably increase the risk of abuse. It was perhaps also necessary to caution the medical profession against lax prescribing. In Canada and in certain other countries, it had been noticed that some doctors had been prescribing generously. These "wonder drugs" seemed to have aroused the enthusiasm of doctors, and especially of psychiatrists, but it was worth recalling that, on its appearance in 1895, heroin had been greeted with similar enthusiasm as a means of treating morphinomania, and it was only about a decade later that the greater danger of heroin addiction had come to be recognized. The international community and the medical profession might do well to bear that experience in mind.

368. It was suggested that the national health authorities, aided by the medical profession, should classify the various substances and decide what national controls should be applied to each category. The particular situation in each country would thus be taken into account.

369. There could be no doubt that forceful sales promotion and aggressive advertising, addressed both to the general public and directly to medical practitioners, had contributed to the present large-scale prescription and abuse of these substances. Media such as radio and television were extremely persuasive, and it was not proper that they should be used for promoting the sale of medicaments which had been proved to be dangerous if used without supervision, for too long and in too large quantities. The Commission was interested to learn that many countries, including some in eastern and western Europe, prohibited such advertising practices. The other approach to the matter was a positive one: the public should be educated to understand the dangers implicit in the abuse of barbiturates, tranquillizers and amphetamines when there was no medical justification for their consumption. In Switzerland, pamphlets in the three national languages had been issued recently by an organization of pharmaceutical manufacturers to bring this home to the public. The federal and cantonal authorities were showing a proper concern in the matter. A manufacturing firm in another country had also issued a clear warning against misuse. It was recalled that the amphetamine ("wake-amine") problem in Japan after the Second World War had been fought by legislation combined with intensive public education against abuse.

370. The point was also made that the pharmaceutical industry throughout the world had an interest in expanding the market for the established barbiturates, amphetamines and tranquillizers as well as for the new products in these three groups which were being synthesized in increasing numbers with advances in chemistry. How-

ever, the pharmaceutical manufacturers should not seek commercial advantage at the risk of harming countries whose administrative machinery was not sufficiently strong to implement the necessary measures of national control. The Commission wished this consideration to be borne in mind, since it was quite possible that, in some of the developing countries, the recommended controls were not being fully applied for lack of administrative experience.

371. Individual statements made to the Commission illustrated both the complexity of the problem and the varying degrees of concern felt in different countries. They also showed some difference of opinion on the extent of the measures that ought to be taken by the Commission. The latter had so far been unable to discuss the problem with the thoroughness that it required, though it had appeared on the agenda for several years, and resolutions had been adopted on the subject.

372. The Commission, in considering this item in relation to resolution WHA.18.47 referred to in the fourteenth report of the WHO Expert Committee on Dependence-producing Drugs<sup>112</sup> and to its own former resolutions on the subject,<sup>113</sup> decided that, in the time available, it would not be able to give the matter the attention it deserved, nor would it be able to do so at its twenty-first session, which would be shorter than usual.

373. The Commission considered that a careful and detailed study should be made with a view to evolving the control and other measures required for these substances, and recommended that, subject to the approval of the Council, a meeting of a committee of the Commission should be convened before the Commission's twenty-first session at a time and place to be fixed by the Secretary-General, and that the committee should report to the Commission at its twenty-first session. WHO and the PCNB should participate in the work of this committee.

374. A note on the financial implications of the proposal was prepared by the Secretary-General (see annex II).

375. The Commission suggested that, subject to the approval of the Council, such a meeting of the Committee should be held under rules 20 and 21 of the rules of procedure of the functional commissions;<sup>114</sup> and, with this in view, the Commission nominated the following as members: Canada, Federal Republic of Germany, France, India, Japan, Mexico, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland and the United States of America.

376. The Commission also proposed that representatives of interested countries should be invited to attend such a meeting as observers.

<sup>112</sup> E/CN.7/470; Wld. Hlth. Org. techn. Rep. Ser. 1965, 312, section 7.

<sup>113</sup> Report, eleventh session, annex II, resolution IV; Report, twelfth session, annex II, resolutions VI and VII; Report, seventeenth session, resolution 4 (XVII).

<sup>114</sup> E/2425.

## The effect of the use of drugs on the accident rate

377. The Commission then considered the effect of the use of these psychotropic substances (and narcotic drugs) on the accident rate in general and on the road accident rate in particular. The Secretariat study,<sup>115</sup> prepared in accordance with the request made by the Commission at its eighteenth session,<sup>116</sup> had been based on information and literature collected from Governments; the ILO had also been consulted. The Commission recognized that, so far as the drugs under international control were concerned, it was quite clear that they would impair the exercise of any skill, including that of driving motor-vehicles, though persons dependent on heroin, morphine or pethidine were, for a variety of reasons, less likely to be using motor cars. In the case of heroin, for example, only one per cent of the addicts arrested in New York had been reported to be in possession of driving licences. In the case of cannabis, however, information had been received that it was being smoked by taxi-drivers and lorry-drivers in several African countries. The hallucinatory effects of this drug were likely to make it dangerous in such circumstances. The Secretariat study showed that the possibility of accidents was only one of the dangers created by the wide use of barbiturates, tranquillizers and amphetamines. It also referred to the side effect of medicines such as insulin, anti-histamines, some of the antibiotics and certain drugs used in the treatment of epilepsy, hypertension and heart disease and in the practice of ophthalmology, which were likely to impair driving skill or the ability to work with complicated machinery in general.

378. The study made the point that, in testing new drugs and medicines, attention should be given not only to physiological but also to behavioural toxicity. In conditions of modern living, a medicine that reduced reaction time, impaired judgement or affected the senses of sight or hearing might prove as harmful to the individual and to society as medicines with adverse effects on the kidneys or the liver, which, on account of those effects, were not marketed.

379. The paper also considered the legislative aspect of the matter and showed how in some countries the law assimilated psychotropic substances to alcohol and narcotic drugs so far as traffic offences were concerned. It was, however, difficult to establish the presence of these substances in the body of the driver with the certainty required for legal proof of the offence.

380. The study stressed the necessity of educating the public and of making the medical profession aware of the need to warn people to whom substances were administered against driving. Research so far conducted had in general established that the abilities required for driving were impaired to a greater or lesser degree by the consumption of barbiturates, tranquillizers or amphetamines. The evidence was much more conclusive when they were ingested in combination with alcohol. There were areas of research still to be covered, for example, the degree of tolerance that different persons might

show and the unknown "delayed action" effect when a psychotropic substance was taken over a long period. While the precise correlation with the accident rate could not be established, it was clear that a presumption of some correlation was justified in present circumstances. The practical line to take so far as accidents were concerned was to concentrate on making the over-all national control of the substances more effective.

381. The report presented by WHO<sup>117</sup> concentrated on psychoactive drugs, to the exclusion of the internationally controlled narcotic drugs, and dealt with the medical aspects of their relationship to road safety. It considered the problem without reference to the manner in which the psychoactive substances came to be used, whether for legitimate medical reasons on prescription or for abusive self-administration. In considering the significance, nature and extent of the problem, the WHO study brought out the fact that accident statistics were incomplete and that the incidence of the causes could only be roughly assessed. It had been estimated that only 3-5 per cent of the fatal accidents that occurred were attributable to medical factors, among which drug-taking played only a minor part. The information available on the extent and volume of abuse, and on the reasons why the substance was taken by the drivers of vehicles, was also insufficient.

382. The report went on to consider various factors modifying the effects of these substances on driving performance. The degree of impairment of skill might vary considerably depending on the type of drug taken, the dose, the duration of its effect, the mental state of the person and other circumstances. Several psychoactive drugs taken in combination could give rise to unusual symptoms not associated with any one of them in isolation.

383. The WHO report then reviewed current research into the effects of these substances on driving performance, *grouping them into barbiturates and allied substances and tranquillizers taken alone or in combination with alcohol and stimulants*. This main part of the report reviewed experiments made to gauge the effects of the substances in question on the performance of tasks requiring the skills involved in motor-vehicle operation. While the effects of alcohol had been thoroughly studied, and while those of barbiturates were also quite well understood, the situation was less clear as regards the stimulants, though there was some justification for saying that their effects were negative. The report concluded that many psychoactive drugs had been shown to impair driving ability, but that there were not enough statistical data to assess the part played by these drugs as a causative factor in motor-vehicle accidents.

384. Some countries had special committees dealing with this aspect of the problem of accidents. The following preventive measures had been proposed: the use of the substances under medical supervision and on prescription only; the warning of patients against driving; the avoidance of public advertising and exaggerated distribution of promotional literature to doctors;

<sup>115</sup> E/CN.7/481.

<sup>116</sup> Report, eighteenth session, para. 246.

<sup>117</sup> MNAR/13/65; WHO/PT/128.65.

warnings on package labels and in promotional literature against driving while these substances were used. Research should be continued, together with education of the public and of the medical profession, attention being given to the similarity between the effects of psychoactive drugs and those of alcohol on driving performance. In campaigns concerning alcohol and road traffic, attention should also be drawn to the effects of the psychoactive drugs.

385. As to the question of legal proof of ingestion, it was recognized that simple tests had not yet been developed which could be made at a police station or at the site of an accident, as had been done in the case of alcohol. Work was being undertaken in Sweden to determine whether these substances could be detected in small quantities of blood and urine. A systematic study was being made in that country of persons who had been hospitalized after accidents, and the question of the drugs taken by these persons during the period prior to the accident was being investigated. Similar research was being undertaken in Switzerland, where gas-chromatography and infra-red spectrophotometry were at present being used in analyses.

386. In reviewing the wide ground covered by these reports, the Commission was informed of the work of Dr. Asuni, medical director of a hospital in Nigeria, on the relationship between cannabis and motor accidents. In parts of Africa and the Middle East, enquiries had established that cannabis-taking among lorry- and taxi-drivers had become a real professional risk and had contributed to many accidents.

387. In the Altiplano region of Peru, coca-leaf-chewing had also been found to play a part in many road accidents. It was known that cocaine had the effect of slowing down reflexes, an effect which was increased when the coca leaf was chewed in association with alcohol. A large number of accidents had occurred, and the mining companies had now taken measures to see that no coca-leaf-chewer was entrusted with the driving of motor vehicles or put on jobs like the operation of mine-shaft elevators.

388. While the contribution of these psychotropic substances to the accident rate presented a problem, it

should be emphasized that alcohol was a much more important contributory factor. There had so far been relatively few convictions for driving under the influence of drugs, even where appropriate penalties were sanctioned by law.

389. The Commission concluded that, apart from being generally beneficial, stricter control of the dispensing and use of these substances would have a salutary effect on the accident rate. It was considered that in any case, as a practical measure, Governments should consider withdrawing the driving licences of drug addicts and persons known to use other psychotropic substances. The same provisions as for drunken driving should therefore apply in this field. Withdrawal of the driving licence might provide an incentive to seek treatment for addiction or dependence.

#### Misuse of psychotropic substances by athletes and sportsmen

390. The representative of France, in association with the representative of Mexico, drew the Commission's attention to this topical problem. The Commission was informed that dependence-producing substances had been used by athletes and sportsmen, especially professionals, to increase performance, for example by suppressing the pain of muscular exertion. Amphetamines seemed to be most widely used. A study by the Council of Europe Committee on Out-of-School Education had been published under the title "Doping of Athletes" (Strasbourg, 1964).

391. At the request of France, an international conference had been held at Strasbourg, and eighteen countries had considered the possibility of drawing up a convention for the purpose of combating doping. The problem had a dual aspect in that non-medical use was dangerous to the individual and introduced an element contrary to the sporting spirit. If the Council of Europe's convention was signed, the Commission might wish to consider drawing the attention of the Economic and Social Council to the possibility of adopting similar measures.

### CHAPTER IX

#### TECHNICAL CO-OPERATION IN NARCOTICS CONTROL <sup>118</sup>

392. The Commission had before it a report by the Secretary-General<sup>119</sup> giving information on technical assistance projects relating to narcotics control, carried out in 1964 and 1965 under General Assembly resolution 1395 (XIV) or under the Expanded Programme of Technical Assistance. The report also gave particulars of the projects planned for 1966.

393. The Commission learned that three regional

projects had been completed since its last session. The Inter-American Consultative Group on Coca-Leaf Problems met in Lima, Peru, from 14 to 24 December 1964. It was attended by senior public health and enforcement officials from Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador and Peru. In addition, the Governments of Paraguay, the United States of America and Venezuela sent observers. The ILO, FAO, UNESCO and WHO participated in the meeting, at which ICPO was also represented. The group considered various questions regarding the coca-leaf problem, in particular the illicit

<sup>118</sup> Agenda item 10 (E/CN.7/SR.555, 559, 560 and 563).

<sup>119</sup> E/CN.7/477.

manufacture of and illicit traffic in cocaine, the legitimate uses of coca leaf, the socio-economic aspects of the problem, and the possibilities offered by the Andean Programme of the ILO and by the technical assistance programmes of the United Nations and specialized agencies in the endeavour to find a solution. The report of the group has been circulated in document TAO/LAT/51.

394. The second regional project was the United Nations Seminar on Narcotics Control for Enforcement Officers from Asia and the Far East. This seminar was held in Manila, the Philippines, from 20 January to 3 February 1965. Eleven countries and one non-self-governing territory in the region participated in the seminar: Cambodia, Ceylon, China, India, Iran, Japan, Laos, Malaysia, Philippines, Thailand, the Republic of Viet-Nam and Hong Kong. Experts were provided by the United Nations, and guest speakers were introduced by the Philippine Government. ICPO also participated. The report of the seminar was given restricted distribution in document TAO/AFE/15. The subjects studied by the seminar were as follows: narcotic drugs and other dangerous non-narcotic substances and their identification; world sources of production of narcotic drugs entering the illicit traffic; the main routes of the illicit traffic and the principal areas of its destination; national narcotic drugs inspection procedures; recognition, treatment and rehabilitation of convicted narcotics addicts; trafficking in narcotic drugs and organized crime, with special reference to techniques of counter-measures; the international control system and its intergovernmental and non-governmental agencies, with special reference to the role of national central bureaux; training schools for national narcotics officers and interregional training seminars; case studies of local illicit traffic and addiction problems. The participants agreed on a number of general conclusions, which were embodied in the report of the seminar.

395. The United Nations Seminar on Narcotics Control for Enforcement Officers of African Countries, which took place at Lagos, Nigeria, from 17 to 27 August 1965, was arranged in accordance with the recommendation of the meeting of developing African countries, held at Addis-Ababa in 1963. The following countries nominated participants: Cameroon, Central African Republic, Congo (Brazzaville), the Democratic Republic of the Congo, Dahomey, Ghana, Guinea, Ivory Coast, Nigeria, Senegal, Sierra Leone and Togo. Experts were provided by the United Nations and the Nigerian Government. ICPO was also represented. The subjects covered by the seminar were essentially the same as those mentioned in paragraph 394 above. However, the emphasis of the lectures, discussions and documentation was on the narcotic drug problems encountered by African countries, more especially as regards cannabis.

396. Some representatives pointed out that the Lagos seminar had been of great benefit to the participants and thus also to their countries. Ideally, seminars in the region should be held annually, but such a programme would clearly be impracticable because of the shortage of funds.

397. On being informed that two seminars had had to be held in English only owing to lack of funds, the Commission expressed the opinion that savings should be made in other ways in order to provide, whenever necessary, interpretation facilities into French and, if required, into Spanish. The wish was expressed that such interpretation should be provided for the seminar on enforcement to take place at Teheran in 1966.

398. The representative of Japan informed the Commission that a seminar had been held in Tokyo in 1965 under the Colombo Plan. It had dealt mainly with questions relating to the investigation of narcotics offences in South-East Asian countries.

399. The representative of ICPO gave details of his organization's participation in United Nations technical assistance programmes. He also informed the Commission of a seminar which had been held by ICPO in November 1964 for the training of enforcement officers. Nine fellowships had been granted to enable officials from developing countries to attend. The representative of ICPO, while recognizing the usefulness of regional seminars, expressed the opinion that local training schools might include a series of lectures on narcotics control in their training programmes.

400. The Commission was also informed that, under General Assembly resolution 1395 (XIV), twelve fellowships had been granted for the benefit of six countries in 1964, and ten fellowships for the benefit of eight countries in 1965; the fields of study had been enforcement, rehabilitation of drug addicts and laboratory techniques.

401. It was pointed out that African countries needed more technical assistance in the form of fellowships in the field of enforcement. The establishment of regional centres for the training of enforcement officers would also be useful.

402. The representative of WHO pointed out that, although WHO had no special funds for technical assistance relating to the health aspect of narcotics control, provision could be made through its units of pharmacology and toxicology, and of mental health, for training in pharmacological research, or diagnosis, treatment and rehabilitation. Favourable consideration would be accorded to requests whenever sufficient priority was given to them by the requesting country. Requests should be addressed directly to WHO through its regional offices. He also stressed that the integration of different approaches, for instance, between control, prevention, treatment and rehabilitation, should begin at the training stage.

403. The Commission was of the opinion that fellowships in the field of rehabilitation of drug addicts would best be provided by WHO from 1966 onwards, thus releasing funds for other United Nations technical assistance projects.

404. The opinion was expressed that fellowships in laboratory techniques should in future not be awarded for opium identification but only for the study of cannabis.

405. In 1965, two experts had been made available to the Government of Iran under the regular Programme. During 1964 and 1965, the Expanded Programme of Technical Assistance had continued to make available to the Government of Iran the services of the expert appointed as adviser to the Narcotics Control Administration. In addition, the services of a consultant had been made available to the Government of Honduras to advise on legislation in the sphere of narcotics control.

406. The representative of Iran expressed his Government's appreciation of the services of the experts made available to his country in the field of administration, information and rehabilitation. In his opinion, other countries experiencing difficulties in narcotics control could benefit from similar assistance.

407. The Commission was informed that the outposting of one of the officers of the Division to Latin America in accordance with Council resolution 914 E (XXXIV) had been continued in 1964 and 1965, as had the outposting of an officer to South-East Asia during the same period. In this connexion, some representatives expressed a desire for a brief report on the activities of these officers in their respective regions.

408. The Secretary-General had reported that the film library compiled by the Division was expanding, and that an increasing number of films was being made available on loan to interested countries. The view was expressed that the Division should further increase its audio-visual material on narcotic drugs for loan to Governments on request.

409. As to projects for 1966, the Commission learned that there were two Category I projects in the 1966 regular Programme: one in Iran—a seminar for enforcement officers to be held at Teheran in April 1966—and one in Latin America, which was to consist of a study tour on points of convergence of illicit drug traffic as a follow-up to the recommendations made by the Inter-American Consultative Group at its meeting at Lima in December 1964.

410. The Commission considered that the Latin-American study tour did not merit inclusion in Category I, especially in view of the resolution on coca leaf<sup>120</sup> adopted by the Commission at its present session. However, since certain commitments had already been undertaken, it seemed too late to consider reclassifying the project in Category II and transferring the project for a study tour in Africa back to Category I, in which it had originally been included.

411. The Commission was informed that the Government of India had proposed to act as host to a seminar in 1967.

412. The WHO representative drew attention to the promising character of the proposed field study tour on treatment and rehabilitation in the area between Burma and Tokyo, a project for which co-operation between the Division of Narcotic Drugs, WHO and the Social Defence Section might be established along the lines

suggested in the fourteenth report of the WHO Expert Committee.<sup>121</sup>

413. The Commission was informed by the representative of the Secretary-General of the various needs of Governments in the field of narcotics control, particularly so far as concerns fellowships and experts. To meet these needs, funds greatly in excess of the present allocation of \$75,000 under General Assembly resolution 1395 (XIV) would have been required. The Commission noted that the Council, in its resolutions 1008 (XXXVII) and 1062 (XXXIX), had endorsed the level of appropriations for the Regular Programme of Technical Assistance under part V (Technical programmes) of the United Nations budget, including the provision under the section relating to narcotic drugs control, which had remained unchanged at \$75,000. It was observed that it had been possible to implement only a small number of the projects included in Category II.

414. The Commission considered the question of the programming and implementation of the Regular and Expanded Programme of Technical Assistance in narcotics control as a whole. The Commission felt that, under General Assembly resolution 1395 (XIV) and Council resolutions 730 I (XXVIII) and 1062 (XXXIX), it might provide the Secretary-General with general guidance in implementing the above-mentioned programmes. It expressed the opinion that the expenditure of \$75,000 under the Regular Programme should, so far as possible, continue to be apportioned equally between regional and country projects.

415. As regards country projects, assistance in the training of officials, either through fellowships or through national or regional seminars, should be given on a priority basis to the newly-independent countries which requested it. Some assurance should be obtained from receiving Governments that any of their officials who benefited from training under the United Nations technical assistance programme would continue to be employed for a reasonable time in the narcotics field.

416. As to training seminars in the field of narcotics control, efforts should be made to require participating Governments to bear a portion of the costs, the United Nations defraying only the cost of such technical and secretariat staff as were necessary for the organization of the seminars. Other international agencies participating in the seminars, such as the PNCB, ICPO and the specialized agencies, should normally do so at their own expense.

417. The Commission noted that some countries such as Iran and Thailand had received special consideration for technical assistance in view of the urgent problems they faced; but it was felt that, if such countries needed further assistance, they should include such requests in their applications for assistance under the Expanded Programme of Technical Assistance. This would also apply to requests for experts.

418. If the principles suggested by the Commission were implemented by the Secretary-General and the

<sup>120</sup> Resolution 2 (XX).

<sup>121</sup> E/CN.7/470; Wld. Hlth. Org. tech. Rep. ser. 1965, 312, para. 3.2.

technical assistance authorities, some savings would certainly result. Such savings should be used profitably and, in this connexion, the Commission stressed that, whenever necessary, seminars and regional meetings should be organized with full regard to language requirements.

419. The Commission took note of the many requests for technical assistance in the field of narcotics control which it had been impossible to meet owing to lack of funds, and decided that if that situation persisted, it would consider at its next session ways and means of meeting such requests.

420. The Commission requested the Secretary-General to include in his reports to the Commission at future sessions a statement showing the technical assistance

projects that had been approved, as well as the Government-proposed projects which it had not been possible to approve.

421. The Commission expressed its appreciation to those Governments which had acted as hosts to seminars, extended training facilities to fellows or made available the services of experts. The Commission also expressed its satisfaction with the Division's efforts in the field of technical assistance in narcotics control.

422. With a view to the timely programming of technical assistance projects, the Commission requested the Secretary-General to draw the attention of Governments to the facilities available to them in the field of narcotic drugs control and to the importance of complying with required procedures.

## CHAPTER X

### PROGRAMME AND PRIORITIES; CONTROL AND LIMITATION OF DOCUMENTATION<sup>122</sup>

#### Programme and priorities in the field of narcotic drugs

423. The Commission reviewed its programme and priorities as set out in document E/CN.7/483. It approved its work programme and that of the Division of Narcotic Drugs, as contained in paragraphs 5 to 13 of that document. The Commission's observations on the subject of technical co-operation in narcotics control and out-posting are included in chapter IX of the report.

424. The Commission then discussed the priorities of its work programme and made some modifications in the order of priorities adopted at its nineteenth session. It considered that greater attention should be given to questions relating to the control of substances not under international control, such as barbiturates, amphetamines, tranquillizers, etc., as well as to scientific research on cannabis. Accordingly, it unanimously recommended the following order of priorities:

#### FIRST PART

##### Continuing functions

###### First priority

(a) Functions arising out of the implementation of the existing international treaties on narcotic drugs. (These functions, listed in paragraphs 6 and 7 of document E/CN.7/483, are considered necessary to the working of the international narcotics control system and represent a large part of the workload of the Division of Narcotic Drugs.)

#### SECOND PART

##### Continuing projects

###### First priority

(b) Questions relating to control of other substances (barbiturates, amphetamines, tranquillizers, etc.);

<sup>122</sup> Agenda item 13 (E/CN.7/SR.559, 560 and 563).

(c) Abuse of drugs (drug addiction);

(d) Scientific research on cannabis and opium, indexing of scientific literature on narcotic drugs;

(e) Coca leaf;

(f) Cannabis;

(g) *United Nations Bulletin on Narcotics*; narcotics bibliography.

###### Second priority

(h) Synthetic and other new drugs;

(i) Scientific research on substances which engender dependence.

#### THIRD PART

##### Ad hoc projects

###### First priority

(j) Arrangements for the implementation of the 1961 Convention — administrative guide;

###### Second priority

(k) Arrangements for the implementation of the 1961 Convention — legal commentary.

425. Some representatives expressed the opinion that in view of the value of the Multilingual List of Narcotic Drugs under International Control (E/CN.7/436), the Secretariat should consider the possibility of issuing a supplement or a revised edition, subject, of course, to available budgetary and staff facilities.

#### Control and limitation of documentation

426. Several members of the Commission remarked that, in view of the duration (two-and-a-half weeks) of its twenty-first session, to be held in 1966, it would be desirable for the documentation relating to each agenda

item to be reviewed by the Secretariat with a view to facilitating the Commission's task. In this connexion, it was pointed out that, wherever possible, there should be not more than one basic document for each agenda item, and that that document should include all the

relevant background information as well as indicate the main lines of action for the Commission to consider. Furthermore, the basic documents for the Commission's use should be better co-ordinated to avoid overlapping.

## CHAPTER XI

### LIST OF RESOLUTIONS ADOPTED BY THE COMMISSION

Number	Title	Reference
1 (XX) ....	The control of new narcotic substances .....	Ch. II, para. 60
2 (XX) ....	Question of coca leaf .....	Ch. VI, paras. 300-301; Ch. XII, B

## CHAPTER XII

### DRAFT RESOLUTIONS RECOMMENDED BY THE COMMISSION FOR ACTION BY THE ECONOMIC AND SOCIAL COUNCIL

#### A

#### Report of the Commission on Narcotic Drugs<sup>123</sup>

##### *The Economic and Social Council*

*Takes note* of the report of the Commission on Narcotic Drugs (twentieth session).

#### B

#### Question of the coca leaf<sup>124</sup>

##### *The Economic and Social Council,*

*Recognizing* that in the highland of the Andean region coca-leaf chewing constitutes a grave human problem, being a negative factor in the socio-economic and cultural development of the region,

*Taking into account* that it has been recognized generally by medical science and by the Consultative Group on Coca-Leaf Problems, which met at Lima, Peru, in 1962 and 1964, that coca-leaf chewing is a noxious habit and that the coca bush should be gradually replaced by non-noxious crops,

*Recognizing* that the Single Convention on Narcotic Drugs, 1961, requires in any case that the habit of chewing the coca leaf be abolished within twenty-five years.

*Noting that* the causes of coca-leaf chewing are manifold, embracing social as much as economic, educational,

nutritional and health factors and that, in spite of its efforts, Peru lacks adequate resources to solve this problem unaided,

*Having been informed* by the Commission on Narcotic Drugs that the Inter-American Consultative Group on Coca-Leaf Problems, which met at Lima, Peru, in December 1964, reviewed the progress made by the countries concerned with regard to coca-leaf questions in all their aspects and recommended, *inter alia*, that all possible international assistance, particularly from the United Nations and its specialized agencies, should be made available in order to implement an integrated programme of action,

1. *Notes* with appreciation the efforts of the Government of Peru to further regional co-operation by again acting as host to the Consultative Group;

2. *Notes* with deep satisfaction the extensive administrative and educational efforts made by Peru to restrict the production and chewing of coca leaf, its illegal utilization for the manufacture of cocaine, and gradually to replace coca bush cultivation by other viable agricultural and industrial activities;

3. *Invites* the Secretary-General of the United Nations and the Directors-General of the specialized agencies whose terms of reference permit their doing so, and within the existing financial resources, to give sympathetic consideration to such requests for technical and financial assistance as they may receive from States Members of the United Nations for the purpose of combating the habit of chewing coca leaf and for the substitution of the coca bush.

<sup>123</sup> E/4140, E/CN.7/488.

<sup>124</sup> See paras. 300 and 301.

## ANNEXES

### ANNEX I

**TABLE SHOWING THE MEMBERSHIP OF THE COMMISSION AS AT 31 DECEMBER 1965  
AND THE DATES OF EXPIRY OF TERMS OF OFFICE**

<i>Term of office expires on 31 December</i>		<i>Term of office expires on 31 December</i>		<i>Term of office expires on 31 December</i>	
Argentina .....	1967	Iran .....	1965	Union of Soviet Socialist	
Canada .....	1967	Japan .....	1966	Republics .....	1966
China .....	1966	Mexico .....	1965	United Arab Republic .....	1965
Federal Republic of Germany	1965	Morocco .....	1965	United Kingdom of Great	
France .....	1967	Peru .....	1967	Britain and Northern Ireland	1966
Ghana .....	1966	Republic of Korea .....	1965	United States of America ...	1967
Hungary .....	1965	Switzerland .....	1967	Yugoslavia .....	1967
India .....	1966	Turkey .....	1966		

### ANNEX II

#### FINANCIAL IMPLICATIONS OF DECISIONS TAKEN BY THE COMMISSION AT ITS TWENTIETH SESSION

##### Statement by the Secretary-General

*Control of substances not under international control, such as barbiturates, tranquillizers and amphetamines<sup>a</sup>*

1. The Commission considered it desirable that a committee, consisting of members of the Commission, should meet at a suitable place to be determined by the Secretary-General during the spring or early summer to study the question of the control of substances not under international control, such as barbiturates, tranquillizers and amphetamines; the committee would report to the Commission at its twenty-first session in December 1966.

2. In accordance with rule 28 of the rules of procedure of the functional commissions of the Economic and Social Council (E/2425), the Secretary-General may advise as below regarding the extra costs of the proposal.

3. It is anticipated that the committee would sit for approximately two weeks and would require interpretation and translation services in line with those provided for the Commission.

4. The terms of General Assembly resolution 1798 (XVII) are

<sup>a</sup> See chap. VIII, paras. 372-376.

precise and would not permit the Secretary-General to pay or reimburse travel (or subsistence) expenses for the committee.

5. While the servicing costs at either Geneva or Headquarters will be affected by the timing of the meeting and the extent of any overlap with other meetings, it may be estimated, in general, that the cost of temporary assistance for interpretation, translation, reproduction and related services for such a meeting at Geneva would amount to approximately \$9,000. It might be anticipated that some of the costs could be absorbed, should the meeting take place at Headquarters. A meeting at that location would, however, involve the travel of the Director of the Narcotics Division and one professional staff member to New York, at a cost for travel and subsistence of approximately \$1,700.

6. It is understood that the Commission intends to establish such a Committee solely on an *ad hoc* basis and not to set up an advisory group on a continuing basis.

7. It will be necessary for the Commission to give consideration to the designation of the committee members, as provided by rule 21 of the rules of procedure.

## MODEL FORM OF IMPORT CERTIFICATE \*

Certificate of Official Approval of Import No. ... (date) ...

SINGLE CONVENTION ON NARCOTIC DRUGS, 1961  
INTERNATIONAL OPIUM CONVENTION OF 1925

## 1. To be completed in all cases:

(a) Name, address and business of importer

(b) Exact description and amount of drugs to be imported, including the international non-proprietary name, if any

(c) Name and address of firm in exporting country from which the drug is to be obtained

(d) State any special conditions to be observed, e.g. not to be imported through the post

I hereby certify that (name of Authority) .....,  
being the Authority charged with the administration of the law  
relating to the drugs to which the 1925 and 1961 Conventions  
apply, has approved the importation by

(a) .....

of (b) .....

from (c) .....

subject to the following conditions  
(d) .....

## 2. To be completed only if the consignment is required for other than medical or scientific purposes.

2. See note below

## 3. Duration of validity.

3. ....  
Signed on behalf of (name of Authority)(Signature) .....  
(Official rank) .....

Note: It should be indicated for which of the following purposes the consignment to be imported is required:

(a) for the preparation of a flavouring agent, in the case of coca leaves;

(b) for legitimate purposes, in the case of poppy straw;

(c) (i) for smoking, in the case of opium; (ii) for quasi-medical and non-medical purposes other than smoking, in the case of opium; (iii) for chewing, in the case of coca leaves; (iv) for non-medical purposes, in the case of cannabis, cannabis resin, extracts and tinctures of cannabis and their preparations (article 49 of the 1961 Convention).

\* See para. 85 (d).

## LIST OF DOCUMENTS RELEVANT TO THE REPORT OF THE COMMISSION

Chapter	Documents
<b>I. Organizational and administrative matters</b>	
Adoption of the agenda .....	Provisional agenda: E/CN.7/467 and Add.1 and 2 Provisional time-table: E/CN.7/L.276
Adoption of the Commission's report to the Council on its twentieth session .....	E/CN.7/L.277/Rev.1 and Add.1-14
<b>II. Implementation of the treaties and international control</b>	
Report of the Division of Narcotic Drugs .....	Report of the Division of Narcotic Drugs: E/CN.7/468 and Add.1
Signatures, ratifications, acceptances, accessions and declarations concerning the multilateral treaties on narcotic drugs .....	Status of multilateral narcotic treaties: E/CN.7/468/Add.3/Rev.1
National authorities empowered to issue certificates and authorizations for the import and export of narcotic drugs .....	Note by the Secretary General: E/NA.1964/1 Note by the Secretary-General: E/NF.1964/1 List of drugs international control: E/CN.7/468/Add.2 Summary of annual reports of Governments for 1963: E/NR.1963/Summary United Nations publication, Sales No.: 65.XI.2 Cumulative Index 1947-1964: E/NL.1964/Index United Nations publication, Sales No.: 65.XI.4 Summary tabulation of changes in national schedules of drugs: E/CN.7/469
Manufacture of narcotic drugs .....	Single Convention on Narcotic Drugs, 1961: United Nations publication, Sales No.: 63.XI.1
List of drugs .....	Changes in the Schedules proposed by WHO which were deferred by the Commission until its twentieth session: E/CN.7/486
Annual reports of Governments .....	Changes in the Schedules proposed by WHO in accordance with article 3 of the 1961 Convention: E/CN.7/486/Add.1 Resolution of the World Health Assembly, WHA 18.46: E/CN.7/467/Add.1 Draft resolution submitted by Canada, Ghana, India, Mexico, Switzerland, the United Kingdom and Yugoslavia: E/CN.7/L.280 Preparations for the coming into force of the 1961 Convention: form and dates of information to be furnished to the Secretary-General Form of Import Certificate: E/CN.7/449, E/CN.7/485 and Add.1 Report of the working group on questionnaires: E/CN.7/L.285 Revised draft administrative guide to the 1961 Convention: E/CN.7/484 Report of the working group on the revised draft administrative guide: E/CN.7/L.281 Procedure for election of members of the International Narcotics Control Board, under article 9 of the 1961 Convention: E/CN.7/487
National laws and regulations .....	Reports to the Economic and Social Council on the Work of the Board in 1964 and 1965: E/OB/20 and Addendum, United Nations publications, Sales Nos.: 64.XI.9 and 65.XI.5; and E/OB/21, United Nations publication, Sales No.: 65.X.19 Estimated World Requirements of Narcotic Drugs in 1965 and 1966: E/DSB/22 and Add.1, 2 and 3, United Nations publication, Sales No.: 65.XI.1; and E/DSB/23, United Nations publication, Sales No.: 66.XI.1
Implementation of the 1961 Convention .....	Fourteenth report of the WHO Expert Committee on Dependence-producing Drugs: E/CN.7/470; Wld. Hlth. Org. Techn. Rep. Ser., 1965, 312; E/CN.7/470/Add.1, Bull. Wld. Hlth. Org. 1965, 32, 721-733: "Drug Dependence: its Significance and Characteristics"
Reports of the Permanent Central Narcotics Board .....	Note by the Secretary-General: E/CN.7/471
Statements of the Drug Supervisory Body .....	Review of the illicit traffic in narcotic drugs during 1964: E/CN.7/472 Memorandum by the International Criminal Police Organization for 1964: E/CN.7/473; and Addendum for the period 1 January - 30 June, 1965: E/CN.7/473/Add.1
Work of the World Health Organization in the field of narcotic drugs .....	
Review of the Commission's work during its first twenty years .....	
<b>III. Illicit traffic</b>	
Reports on the illicit traffic in 1964 .....	

Chapter	Documents
	<p>Chapters XI of annual reports for 1964: E/CN.7/R.15 and Add.1-87  Summaries of reports on illicit transactions and seizures:  E/NS.1964/Summaries 3-12  E/NS.1965/Summaries 1-10  Statement by the delegation of the United States of America: E/CN.7/L.278</p>
<p>IV. Abuse of Drugs (drug addiction) .....</p>	<p>Drug abuse (drug addiction), in particular its socio-economic aspects; general review: E/CN.7/474  North Africa: E/CN.7/474/Add.1  Middle East: E/CN.7/474/Add.2  West Africa: E/CN.7/474/Add.3  South America: E/CN.7/474/Add.4  Hong Kong: E/CN.7/474/Add.5  Incidence of drug addiction: E/CN.7/475</p>
<p>V. Scientific research on opium .....</p>	<p>Scientific research on opium and cannabis: E/CN.7/476  Scientific research on heroin: E/CN.7/476/Add.1</p>
<p>VI. The question of the coca leaf .....</p>	<p>Abuse of drugs (drug addiction); South America: E/CN.7/474/Add.4  Permanent Narcotics Advisory Commission of Peru: E/CN.7/482  Draft resolution submitted by Argentina, Mexico, Peru and the United Kingdom: E/CN.7/L.282</p>
<p>VII. The question of cannabis .....</p>	<p>Scientific research on opium and cannabis: E/CN.7/476  The cannabis situation in African countries: E/CN.7/478  The cannabis situation in Nepal: E/CN.7/478/Add.1 Cannabis bibliography: E/CN.7/479</p>
<p>VIII. Substances not under international control (barbiturates, tranquillizers, amphetamines) .....</p>	<p>Questions relating to the control of substances not under international control: E/CN.7/480  Effects of the use of narcotic drugs and psychotropic substances on accidents in general and road accidents in particular: E/CN.7/481 and Corr.1  Report by WHO on the medical aspects of the problem of drugs and road safety; psychoactive drugs and road safety: MNAR/13/65; WHO/PT128.65 (E and F only)  Committee to study the control of substances not under international control, such as barbiturates, tranquillizers and amphetamines: statement of financial implications submitted by the Secretary-General: E/CN.7/L.284/Rev.1</p>
<p>IX. Technical co-operation in narcotics control .....</p>	<p>Report of the Secretary-General: E/CN.7/477  Statement by the Director of the Division of Narcotic Drugs on technical co-operation in narcotics control: E/CN.7/L.283</p>
<p>X. Programme and priorities in the field of narcotic drugs; control and limitation of documentation ...</p>	<p>Note by the Secretary-General: E/CN.7/483</p>

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