

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



Distr.
GENERAL

E/CN.7/SR.801
4 March 1976

Original: ENGLISH

COMMISSION ON NARCOTIC DRUGS

Fourth special session

SUMMARY RECORD (PARTIAL)* OF THE 801ST MEETING**

held at the Palais des Nations, Geneva,
on Friday, 20 February 1976, at 2.40 p.m.

Chairman: Mr. OJEDA PAULLADA (Mexico)

CONTENTS

Illicit traffic and drug abuse prevention (agenda item 6).

(b) Drug abuse and measures to reduce demand.

* No summary record was prepared for the rest of the meeting.

** No summary record was made of the 800th meeting.

This record is subject to correction.

Participants wishing to make corrections should submit them in writing to the Official Records Editing Section, room E.4108, Palais des Nations, Geneva, within one week of receiving the record in their working language.

Corrections to the records of the meetings of the Commission at this session will be consolidated in a single corrigendum to be issued shortly after the end of the session.

The discussion covered in the Summary Record began at 3.5 p.m.

ILLICIT TRAFFIC AND DRUG ABUSE PREVENTION (agenda item 6)

(b) DRUG ABUSE AND MEASURES TO REDUCE DEMAND (E/CN.7/580 and Add.1, 2 and 3)

1. Dr. LING (Director, Division of Narcotic Drugs), introducing the item, said that it was evident from information furnished by Governments that drug addiction was still prevalent in all parts of the world. Countries previously not faced with considerable problems of addiction were now becoming more affected. New drugs were being abused, either because they were more potent or because they were being substituted for drugs not available on the market. In addition, the pattern and types of drug abuse were still changing. Indeed, there was a general tendency in all regions towards more potent drugs, multiple drug use and abuse of drugs manufactured licitly. The abuse of barbiturate-type drugs as well as of cocaine, amphetamines and cannabis showed a steady upward trend in most parts of the world. Heroin had also spread across new geographical, social and cultural boundaries. The problem of solvent use, including thinners and glues, by young people gave cause for concern, particularly in view of the pathological damage they could produce in the liver and brain. It therefore had to be admitted that there was still no indication of a definite decline in the prevalence of drug addiction in the world.

2. Dr. KILIBARDA (Division of Narcotic Drugs) said that the Note by the Secretary-General on drug abuse and measures to reduce demand (E/CN.7/580 and Add.1, 2 and 3) presented data for 1974 based on 115 annual reports received from Governments during 1975. Some Governments had communicated their annual reports for 1974 on the revised form while others had used the old form. Some important variables for interpreting a drug abuse situation, such as the number of new drug abusers and the sex of abusers, were not included in the revised form. In the document, therefore, those variables had been interpreted only for those countries which had sent their reports on the old form. The Commission might wish to take those shortcomings of the revised form into account when considering the final form of the annual report at its twenty-seventh session. Moreover, recording and reporting systems varied widely from country to country with regard to the type of drugs included and methods of obtaining data. The Manual on Drug Abuse Assessment being prepared by the Division of Narcotic Drugs in collaboration with WHO should help Government authorities to estimate the extent, patterns, essential characteristics and trends of drug abuse, and thus enable them to plan and implement effective preventive measures and supply the United Nations with fuller and more relevant reports. Despite the shortcomings of the data furnished, it had been possible to obtain a picture of the world situation with respect to drug abuse and to discern some of the trends and patterns in different regions of the world.

3. Traditional opium use was still prevalent among both rural and urban populations in a number of countries in Asia and the Far, Near and Middle East. The abuse of heroin had spread to the populations of countries not previously affected by it. The Far and Middle East and North America were the areas most affected by heroin abuse. Heroin addicts were often younger and more educated than opium addicts. Governments in all regions reported very widespread abuse of methadone and other synthetic morphine-like narcotics. The abuse of other opiates, such as morphine, had also been reported by many countries, mainly in Asia and the Far East and Europe.
4. Traditional abuse of cannabis had long been known in a number of countries. Recently, abuse of cannabis had spread rapidly more or less throughout the world. Cannabis was now the most widely-abused illicit drug. Twenty African countries reported abuse of cannabis and most countries in other regions of the world reported that cannabis was a leading drug of abuse. Young people were predominant among cannabis abusers. Smoking was the most common mode of use. Cannabis was often taken in combination with other drugs. The recent development of extremely potent cannabis derivatives, with high tetra cannabinol content, which were known to have serious social and health effects was a new source of concern.
5. Coca-chewing was still a serious social, economic and health problem for some countries of the Andean region. Cocaine, although available for many years in many countries, had not been significantly abused until recently. Its abuse, especially in combination with other drugs, had been observed by government authorities in all regions of the world. In Canada, for example, 700 cases had been reported in 1974, compared with only five in 1969.
6. Another characteristic of drug abuse in the world was the growing problem of abuse of psychotropic substances. The abuse of barbiturate-type drugs, tranquillizers and sedative hypnotics was increasing. Barbiturates, which were ranked among drugs creating serious personal and social problems, were usually diverted from licit sources. The abuse of methaqualone was a special source of concern in many countries; that had been indicated by Peru, for example, and Singapore had reported 4,000 Mandrax addicts. A large number of countries in Africa, Asia, the Far East, the Americas and Europe had reported extensive abuse of amphetamine-type drugs. According to some authors, hallucinogens were no longer as popular with abusers as they once were, but many Governments in Asia and the Far East, the Americas and Europe had reported widespread abuse of hallucinogens. Some countries, such as Canada and Japan, had indicated increasing trends in their abuse.
7. It was obvious from Governments' reports that the use of combinations of drugs was extremely widespread and on the increase in almost all countries. New drugs were used either to replace those which were difficult to obtain or to experience a new or stronger effect. As was pointed out in Iran's report, the availability and price of a drug were often the factors determining what drug was used. Nevertheless, those who had used heroin preferred it to other drugs.

8. Turning to the question of reduction of demand for drugs and preventive activities, he said that a considerable number of Governments, including those of the Philippines and Australia, had reported that they were placing greater emphasis on information and education activities. Educational programmes which took account of the problems affecting young people and did not concentrate on drug abuse alone seemed to be more effective.

9. Methods of treatment and rehabilitation of drug abusers varied greatly from country to country, ranging from detoxification, chemotherapeutic programmes, maintenance therapy and psychiatric treatment to a variety of social supportive or community-based treatment programmes, development of vocational skills and other activities aimed at helping the individual to regain his place in society. The treatment was provided in various settings including psychiatric or general hospitals, prisons, halfway houses, day care centres, residential or rehabilitation centres, counselling centres, youth institutions, "drop-in" centres, out-patient facilities, and so forth. Most countries provided treatment on a voluntary basis and some required compulsory treatment of addicts. In some instances, voluntary social organizations were operating drug-free rehabilitation services of various types. Several Governments had referred to plans to expand existing facilities and improve methods of treatment.

10. Mr. CASTRO y CASTRO (Mexico) said that his delegation's main statement on the item would be made by the Director of the Mexican Drug Abuse Study Centre (CEMEF). Before that, however, he wished to make one comment on the Note by the Secretary-General on drug abuse and measures to reduce demand (E/CN.7/580). Those responsible for preparing the Note were to be congratulated. He wondered, however, whether it was appropriate to present only summaries of reports furnished by Governments. His Government had provided a very full description of its efforts to prevent drug abuse, yet Mexico was not even mentioned in paragraph 20 of the Note. Anyone reading that paragraph would think that the results of Governments' efforts to prevent drug abuse were very poor. There was a striking contrast between the coverage given to Governments' reports in the Note and in the working document on problems of drug abuse and measures for prevention and education in Latin America and the Caribbean prepared for UNESCO's regional meeting on drug education (EPDAL/4). As far as the prevention of drug abuse was concerned, the latter document contained, inter alia, references to Mexico's educational programmes at the secondary school and university levels (paragraphs 102 and 110), to the establishment of information units in Mexico (paragraph 96), and to the growing importance Mexico attached to the mass media (paragraph 130).

11. Mr. BELSASSO (Mexico) said that drug abuse was one of the problems of the modern world; it should be tackled calmly and frankly. The manner in which it manifested itself differed from country to country and from population group to population group. It also varied according to the social, cultural and economic context in which it occurred.

12. Mexico had evolved and was implementing a national strategy to deal with the problems of illicit traffic in and abuse of narcotic drugs using such means as research on causes and legislation. Attention was paid to both the supply and demand factors of the question. The Procuraduría General of the Republic was taking systematic action on supply to protect Mexicans and the international community. With respect to demand, integrated systems of scientific research, staff training, prevention, treatment and rehabilitation had been developed and efforts were made to co-ordinate the activities of the various institutions dealing with the problem. To that end, the Mexican Drug Abuse Study Centre (CEMEF) had been established in 1972. The Centre's tasks were to plan activities and make the necessary organizational arrangements for implementing, co-ordinating and evaluating the strategy. The National Council on Drug Dependence Problems, a technical and advisory body of the Secretariat of Health and Public Assistance, had been turned into the National Mental Health Council, and responsibility for dealing with problems stemming from drug use had been allocated to CEMEF. In the three years of its existence, CEMEF had developed the human, technical and auxiliary resources it needed, standardized administrative, planning, evaluation and information procedures, effected the necessary changes in laws and regulations, carried out basic and operational research, brought the problem to the attention of the community and worked out prevention and treatment programmes.

13. The aims of the Centre were to protect the uncontaminated population and those at risk, facilitate access to treatment, assess the prevalence and impact of the problem and conduct research on various aspects of it, disseminate specialized information, co-ordinate the activities of the various State and private organizations working in the field of drug addiction, and maintain constant contact with foreign and international organizations. The authorities realized that, although Mexico, unlike its neighbour to the north, was not currently affected by the problem of abuse of opiates, unless preventive measures were taken, the contagion would cross its northern border and the country would be faced with a problem which was not easy to eradicate.

14. The policy and decision-making body of CEMEF was its Governing Board, which was composed of officials from the Ministries of Health and Public Assistance, the Interior, Public Education and Justice. Included in the operational infrastructure developed by CEMEF were the Youth Integration Centres, which, besides providing specialized clinical services, gave valuable assistance to community programmes and co-ordinated activities in the areas in which they were located. The success of the Youth Integration Centres was evident from the fact that since their establishment there had been a dramatic drop in the number of drug addicts admitted to psychiatric hospitals. A promising development was that the 1976 National Health Plan's objective to establish a Youth Integration Centre in every federal administrative division would be achieved. That meant that before the end of the year 11 such Centres would be added to the 29 already in operation, thus providing a broad network for the detection and treatment of addiction and for preventive and research activities.

15. The effectiveness of CEMEF's preventive work had been enhanced by proper use of mass information media. Officials and journalists had been taught how to deal frankly and effectively with the problem of drug addiction. Care was taken to ensure that the media emphasized the health aspects of the problem and encouraged the fight against the illicit traffic in narcotic drugs.

16. In Mexico, various factors had combined to stimulate co-ordinated action against drug abuse: in the first place, there was recognition of the fact that drug abuse was a social problem which must be overcome by social action; secondly, there was an understanding of the serious threat to public health posed by drug abuse; and, thirdly, there was awareness of the country's responsibility, at the international level, in the matter.

17. Mexico and the United States of America had taken joint action to deal with the problem. Initially, the two countries had collaborated on enforcement measures. Later, their collaboration had extended to health activities at the frontier and more recently there had been exchanges of scientific material and trained staff. Mexico also collaborated actively with other countries and various international organizations and had signed agreements with CEMEF-like organizations in Europe and Latin America. In collaboration with WHO and UNSDRI, two seminars had been organized in Latin America and attended by 15 countries of the region. It had been found that the results of the seminars could be applied to other regions of the Third World.

18. Action against drug addiction must be strengthened. The promotion and integration of control activities must not be impeded by lack of political or economic support. The Commission must stress the urgent need for international co-operation in research, training, prevention and treatment activities.

19. Mr. SMITH (Canada) said that misuse of most types of drugs in Canada had continued to increase during 1975. As far as drugs controlled under the 1961 Single Convention were concerned, cannabis and cannabis products, including cannabis plant material, cannabis resin and the new liquid cannabis, continued to be the most widely used prohibited substances in Canada. There appeared to be a levelling off or even a slight decrease in the number of cannabis cases before the courts, but it was much too soon to know if that represented a trend in cannabis use. Dependence on opiates, principally heroin, was still a problem in the country. The illicit use of cocaine continued to increase and was causing health and enforcement personnel considerable concern. During 1975, problems had arisen with two opiates marketed for medical purposes, namely hydromorphone and hydrocodone. Both those drugs appeared to be popular with addicts, and persons suffering from drug addiction attempted to divert supplies by breaking and entering, forging prescriptions, or persuading physicians to issue prescriptions. Those drugs therefore received high priority in Canada's programmes and the situation was under control. The use of hallucinogens, primarily LSD and MDA, as well as the stimulant methamphetamine, continued in Canada, all of those drugs being either imported illicitly or manufactured within Canada in clandestine laboratories.

20. At its previous session, the Commission had adopted a resolution recommending that Governments take all appropriate measures to prevent drug abuse and to provide treatment for addicts. It had also recommended that the appropriate international bodies should promote worldwide exchange of information and expertise on prevention, treatment and research. The resolution had also reflected the view that measures to reduce the illicit supply of drugs could not be effective in the long run unless measures were taken concurrently to reduce demand. The fact that multiple drug abuse was increasing in most countries of the world confirmed the truth of that statement. The growing availability of psychotropic substances would make it even truer in the future. For that reason Canada was giving a great deal of attention to measures intended to reduce demand. Educational programmes that would be integrated into school curricula and fit the particular needs of students at the primary and secondary school levels were being developed. Interdisciplinary research was being conducted with a view to obtaining a better understanding of the processes and outcomes of treatment. An epidemiological field station had been established to provide knowledge of patterns of drug and alcohol use in a major city. Emphasis was placed on the development of training materials for persons working in treatment programmes. Means of using social welfare services to intervene at an early stage in the emergence of drug abuse were being explored.

21. Canada would like to see greater attention given to the exchange of knowledge and expertise called for in the resolution adopted by the Commission at its previous session. It believed that the convening of an international group of experts by the Director of the Division of Narcotic Drugs would greatly help that process. Such a group should be selected for its expertise, and its geographical balance should be such as to enable the views of both developed and developing countries to be presented. His delegation hoped that other delegations would support that proposal and that the Director of the Division would be able to proceed expeditiously with the project.

22. Dr. BAYER (Hungary) said that his delegation noted with satisfaction the improvements made to the report and the fact that its suggestions concerning presentation of information had been adopted.

23. Paragraph 39 seemed to indicate that abuse of barbiturate-type drugs occurred in only four countries in Europe. That low number was probably due to the incomplete information furnished by Governments. It was essential to ensure that Governments sent more precise data on the patterns and trends of drug abuse in their country.

24. The abuse of coca leaf and cocaine were two entirely different questions and should be dealt with separately in future reports. Coca-chewing involved a large number of persons. There was some doubt whether cocaine played a role in coca-leaf chewing. Even if a person chewed a large amount of coca leaf, the effect was never identical to that obtained through the use of cocaine.

25. Mr. VAILLE (France) said that, in 1975, 3,088 people in France had been charged with using narcotic drugs or psychotropic substances - an increase of 5 per cent over the previous year. It should be noted that the number had levelled off between 1972 and 1973, but had begun to increase again in 1974, with 13 per cent more than in 1973. Of the persons in question, 84 per cent had been men and 16 per cent women. There had, in fact, been a continuous fall in the percentage of women charged with the abuse of narcotic drugs since 1971. There had been no significant change with respect to age groups. In 1971, 89.7 per cent of the persons concerned had been under 25 years of age while, for 1975, the corresponding figure was 89.3 per cent. The most significant age group was 15-20, which represented 51.5 per cent of the total as against 36.4 per cent for 21-25, 9.8 per cent for 26-40, 1.4 per cent for under 15 years and 0.9 per cent for over 40 years.

26. In terms of social categories the breakdown was as follows: 55 per cent: no particular profession; 14.5 per cent: students or secondary school children; 12.5 per cent: blue-collar workers; 12 per cent: white-collar workers; 3 per cent: "intellectuals"; 2 per cent: members of the armed forces (mainly young conscripts); and 1 per cent: agricultural workers. With respect to the drugs used, the figures were: 64 per cent: cannabis; 12.7 per cent LSD; 11 per cent: stimulants, depressants and other pharmaceutical products; 5.8 per cent: heroin; 3.5 per cent: morphine; 1.2 per cent: cocaine; and 1 per cent: opium;

27. It was quite clear that the persons abusing psychotropic substances, morphine, heroin, cocaine and opium were multi-drug users. However, there had been some significant changes over the years since. In 1971, heroin addicts had represented 37.7 per cent of the total number charged while, in 1975, they had been only 5.8 per cent. That development was linked with the gradual disappearance of heroin from the Marseilles area on the domestic market. In parallel with the disappearance of heroin, there was a major increase in the consumption of pharmaceutical products, from 7.5 per cent in 1974 to 11 per cent in 1975.

28. The most disturbing statistic was that of deaths due to drug abuse, which had increased from 13 in 1973 to 29 in 1974 and 37 in 1975, twenty of the latter being due to abuse of pharmaceutical products.

29. The number of thefts from pharmacies continued to increase: 795 burglaries of pharmacies; 46 armed robberies of pharmacies; 90 thefts of toxic products from hospitals, clinics, laboratories, etc.; and 137 thefts of toxic products from doctors.

30. Military doctors had reported a considerable increase in the misuse of drugs affecting the central nervous system, often in association with alcohol. It was noteworthy that the persons in question were very young. In civilian life, the increase over 1974 in the number of addicts reported by doctors was 30 per cent. Several new substances had made their appearance and young addicts were using a proprietary product with a pyrovalerone base. In normal use the product was swallowed but abusers injected it intravenously. The effect sought was a "flash" of the amphetamine or cocaine type, which was followed by a period of aggressiveness during which violence might occur. Vein tolerance was very poor and various diseases could be caused. There had been several deaths. In social terms, doctors had reported a considerable fall in the average age of addicts, an increase in the number of girls involved, greater violence and a larger number of drop-outs. Trips abroad by young people continued to play a role in the etiology of addiction. The most popular destinations were India, South America and Indonesia.

31. The significant disparity between information obtained from enforcement services and from medical services showed there was an urgent need for WHO to develop its epidemiology research.

32. Miss FRIDERICH (United Nations Educational, Scientific and Cultural Organization) said that the working paper prepared by her organization for a recent regional meeting at Lima constituted an excellent example of the complementary nature of the work of the Division of Narcotic Drugs and of UNESCO (as a specialized agency). Furthermore, UNFPA assistance had enabled her organization to have the services of a consultant, who had visited various countries in the region to obtain more detailed information on their activities in the field of prevention.

33. With regard to a question raised by the observer for the International Arab Narcotics Bureau, she said that provided assistance could be obtained, UNESCO planned to prepare a report for the Arab countries by using the services of a consultant in a similar manner. Her organization was concerned with prevention of drug abuse through education and after launching activities in Latin-America in 1975 and Africa in 1976, intended to take up the question of drug abuse in South-East Asia in 1977; it hoped to be able to prepare a broader synthesis of more universal value at a later stage.

34. Mr. EL HAKIM (Egypt) said that the new addicts referred to in paragraph 46 of the report (E/CN.7/580) were persons who had applied for treatment for the first time. The number of actual new addicts was unknown because his country lacked a system for registering such persons. It hoped to be able to establish such a system with the assistance of UNFPA in the near future. The largest quantities of drugs seized in 1975 in his country had involved hashish. It was usually smoked and was rarely eaten. Opium smoking was unknown in Egypt and the drug was mostly taken orally. The majority of abusers were men, a substantial percentage of whom were in the older age group. No cases of drug abuse had been recorded in schools.

35. Drug abuse was found in all sections of society and cases had been recorded in both urban and rural areas. Most amphetamine abuse involved the use of anti-obesity tablets. A clandestine laboratory making amphetamine ampoules had been discovered a few months previously. There had been a significant increase in the consumption of codeine preparations in the past few years.

36. In September 1975 an inter-ministerial committee had been formed to organize and co-ordinate the work of various agencies in the field of narcotic drugs. His Government had invited Dr. Mårtens and regional advisers to Egypt in May 1975 to study the rehabilitation and treatment situation there. It was hoped that in the near future UNFEDAC would co-operate with the efforts being made by his Government in that field.

37. Mr. HUGHES (World Health Organization), describing WHO action on measures to reduce demand for drugs, said that, in addition to a programme in Thailand, WHO staff had during the past year participated in missions sent by the United Nations Division of Narcotic Drugs to Burma and Pakistan to work with country counterparts on proposals for private treatment programmes. A WHO staff member was in Viet-Nam working out, with a country counterpart, a national programme of measures to reduce demand for drugs and a few months previously a WHO consultant had visited opium-producing areas in Afghanistan on a fact-finding mission. Its regional officers had attended a number of seminars on drug-dependence prevention in the past year. He drew attention to a new publication entitled "A Manual on Drug Dependence", which reviewed many of WHO's activities in recent years. His delegation had already described the international network for developing the data-gathering potential of drug dependence treatment programmes for epidemiological study and the evaluation of low-cost treatment methods and service systems.

38. Mr. OUMA (Kenya) said that in his country there had been three known addicts who were very old and had a long medical history of treatment for drug addiction. No new cases had been recorded. There were no known cocaine or cannabis addicts. Some 3,900 persons had been prosecuted for trafficking in narcotics but were not themselves addicted to cannabis.

39. Mr. HALBACH (Observer for the International Council on Alcohol and Addictions), speaking at the invitation of the Chairman, said that the Council welcomed the new presentation of information in the report under consideration (E/CN.7/580), which constituted a valuable source of additional data.

40. During the discussion on the treatment of drug addiction, there had been enthusiastic references to the maintenance and blockade methods, but caution had been advocated in their application. A WHO expert committee had dealt in principle with the two methods and had tried to put them into proper perspective. His Council suggested that the two methods should be given more systematic testing and that an opportunity should be provided for a survey of technical aspects and an evaluation of the results achieved. Failure to do so might give rise to misinterpretation and mishandling of the promising possibilities offered by the two methods. Any success achieved in the use of those methods would also have a bearing on reduction of demand, although the maintenance approach admittedly shifted demand from one drug to another, less objectionable, drug.

41. It appeared from the discussion in the Commission that some attention should be given to the question of terminology, especially with regard to psychotropic substances.

42. Some documents had been circulated to members to inform them of the activities and intentions of the Council, including a new publication entitled "Drug and Alcohol Dependence". Although the material published in the new journal was scientific in nature it was designed to suit the needs of the Commission.

43. Mr. GARCES-GIRALDO (Colombia) said that, owing to circumstances which were currently being corrected, no information concerning Colombia had been submitted for inclusion in document E/CN.7/580. He therefore proposed to give a brief summary of the efforts being made by the Colombian Ministry of Public Health, through its Mental Health Division, to combat drug dependence.

44. In order to establish the facts of the situation, the Ministry had initiated a nation-wide survey directed towards the most vulnerable members of the population - those of school age. Some 350,000 schoolchildren were covered by the survey, which was based on a sample of approximately 4,500 persons. Inquiries had been completed in Bogotá and three other major Colombian cities and were currently in progress in a further four large population centres, while consideration was being given to the possibility of extending the survey to all cities with a population of more than 100,000 inhabitants. The results thus far obtained showed that between 37 and 120 schoolchildren per thousand were taking some kind of psycho-active drug, with cannabis and tranquillizers predominating; the highest rate of consumption for marijuana was at Medellín, where 50 schoolchildren out of each thousand were abusers.

45. Acting on the basis of Decree No. 1188 of 1974, the Ministry of Health had embarked on a range of activities designed to reduce the demand for substances producing physical or psychic dependence: material aimed at youth groups, parents and teachers had been prepared for radio and television broadcasting; a booklet containing comprehensive and scientific information on the drug abuse problem had been distributed; and other types of information material such as leaflets and posters were being prepared. As part of its prevention campaign, the Ministry of Health was co-operating actively with other bodies, such as the Ministry of Justice, the Ministry of Education, the Colombian Family Welfare Institute and national and regional cultural institutions, in training personnel to deal with the drug problem. A number of lectures and seminars had been held in various cities to bring the drug abuse phenomenon to the attention of authorities and the public in general. The Ministry of Health, through its Division for the Control of Drugs and Biological Products and the Revolving Fund for Narcotics, had adopted measures relating to the control, sale and distribution of dependence-producing substances.

46. The Ministry of Health also provided treatment and rehabilitation services through Drug Dependence Assistance Centres which it had already established in Bogotá and other major Colombian cities, and planned to open in other cities during 1976. The Centres, which furnished a variety of services ranging from hospital care to individual and group therapy, were staffed by multidisciplinary teams comprising psychiatrists, social workers, nurses and others. They staged lectures and gave advice to parents, educators, police, community leaders, etc. That effort was supported indirectly by the mental health institutions of the national health system, which dealt with a variety of psycho-social aspects of the drug dependence problem.

47. With the assistance of the United States, Colombia had established a special fund to finance programmes of activities approved by the National Narcotics Board, such as local seminars and workshops on the prevention of drug abuse and rehabilitation, training of professional staff to carry out the programmes, information work and education campaigns, and the purchase of materials for information purposes and for use in the prevention of drug abuse and the rehabilitation of abusers.

48. Mr. REXED (Sweden) said that, by and large, the drug abuse situation in Sweden had stabilized. The substance most frequently misused was cannabis, but even there some reduction in demand appeared to have occurred, especially among the young. The Swedish authorities attributed the progress in that regard to their intensive campaigns of information and education in the schools and the mass media, and among youth groups. Emphasis had been placed on the passivity which could result from drug abuse.

49. The misuse of central stimulants posed a major problem, although it tended to be confined to certain specific groups, particularly criminal or semi-criminal elements. Despite rigorous control measures, it had proved very difficult to eradicate the use of drugs in Swedish prisons, which were something of a breeding ground for drug dependence.

50. The misuse of raw morphine and heroin remained a matter of concern, although the work of the social and medical authorities appeared to indicate that there had been no significant increase in the abuse of these substances.

51. As previous speakers had observed, the abuse of barbiturates could arise from one of two sources: barbiturates, often fast-acting sedatives and hypnotics, might be introduced into a country illegally; or they might be prescribed legally by doctors and eventually become the subject of misuse, especially by middle-aged or old people suffering from insomnia or other ailments who increased their intake of barbiturates to a dangerous level. Because of the latter factor, it was often extremely difficult to determine the extent and type of drug abuse in a particular country.

52. Despite the progress made in combating drug abuse in Sweden, as also in the other Scandinavian countries, the Swedish authorities did not intend to relax their guard, for outside pressures continued to be very strong.

53. The basic shortcoming of document E/CN.7/580 was that the data supplied by Governments were not comparable. For instance, the figures relating to cannabis abuse in Austria and Finland given in paragraph 36 were widely divergent, although the two countries were of approximately the same size, both had good communications with their neighbours and both had a youth population of very similar culture and social behaviour. The explanation for that discrepancy was that the figures for Austria related only to cases in which there had been some kind of contact with authority, whereas in the case of Finland an attempt had been made to report the real situation. Unless Governments were given some guidance as to the type of data they should supply and attempted to convey the real situation in their countries, the report on drug abuse, although informative would be of little practical use as a basis for determining future policy. Instead of mechanically transcribing the individual country figures, the secretariat should use the information available to it, such as drug seizures, to present a coherent analysis, which, like the INCB report, would make it possible to assess the real situation in the different countries.

54. Mr. MEJIA (Observer for Peru), speaking at the invitation of the Chairman, said that the existence in his country of 270,000 habitual coca-leaf chewers who, in the main, coincided with the indigenous peasant mass, constituted a grave problem. His Government hoped, however, that the numbers would diminish as the new law on general education was gradually applied and enforcement measures against traffickers strengthened. The recommendations contained in the UNESCO Report - which had been summarized by the representative of Mexico - would also be implemented and should help to remedy the situation.

55. The Peruvian authorities were very concerned at the increasing abuse of cannabis. Many cases of smoking of cannabis in conjunction with cocaine paste had recently been encountered.

56. A particularly disturbing feature was that young people, particularly school children, were increasingly abusing drugs. They used not only cannabis but also a type of cactus and other native plants growing wild in the country. Peru had a great variety of climates and many of the wild plants had hallucinogenic properties. The use of such plants might have international implications, since the phenomenon could not fail to be of concern to neighbouring countries with similar climates.

57. Mandrax was not a serious problem in his country, since the few cases encountered had been due to failures on the part of pharmacies to observe dispensing requirements.

58. Mr. HUYGHE (Observer for Belgium), speaking at the invitation of the Chairman, said that, to determine the extent of drug abuse and its characteristics, a series of studies was required, namely, an in-depth study of consumption and its trends, a study of actual abuses, research into the causes of abuses and, finally, determination of the steps to be taken.

59. Several years previously, a very thorough study of medicaments had been carried out in Belgium by a pharmacological group. The principal conclusion of that study was that consumption was steadily increasing. In 1974, an in-depth inquiry had been carried out, through the Belgian pharmacists, into over-consumption of drugs licitly prescribed. That inquiry had now been completed and some of its results were to hand. On the basis of those results, an investigation into the causes of some of those abuses had been carried out by an expert group and a series of measures proposed to remedy the situation.

60. The measures proposed to reduce demand were first and foremost, strict control of the production, marketing and dispensing of narcotic drugs and dangerous products. In fact, such control had been in effect for many years, and had been progressively tightened up. A recent amendment to the law of 24 February 1921 had made it possible to regulate psychotropic substances in the same way as narcotic drugs. Measures to implement that amended law were in course of preparation. A new law on medicaments was being prepared and, when adopted by Parliament, would give new powers to the authorities, for example to prohibit publicity for products such as psychotropic substances. A pharmaceutical inspection department, which supervised the prescription of dangerous substances and identified cases of new abuse, had been in existence for some years and was to be expanded in 1976.

61. Every effort had been made by the authorities to ensure that information concerning dangerous drugs and drug abuse were available to all who needed it. There was, for instance, an information service in the Ministry of Health, which could be used by doctors, pharmacists and dentists, if they encountered a problem related to dangerous drugs. The increasing use made of that service showed that it met a genuine need. Roughly speaking, the number of inquiries had doubled every year since its inception and, in 1975, there had been 3,000 such inquiries. In addition, a broadsheet - the "Folia Pharmatherapeutica" - was circulated monthly free of charge to all doctors, pharmacists and dentists. That publication gave information on narcotics and their prescription, with particular reference to relatively new products which had produced cases of dependence. The Ministry had published some brochures on dangerous drugs for teachers and educators and arranged a series of lectures for various bodies, such as youth clubs and parents' associations.

62. Close co-operation had been developed between the various ministries and departments concerned with dangerous drug problems such as the police and the Ministries of Justice, Health and Education. A hospital infrastructure had been built up for the treatment of drug addiction and there was a rehabilitation service. Although the situation in Belgium was not as alarming as in most of the neighbouring countries, it was clear that drug dependence was on the increase and that there was intense trafficking from the neighbouring countries. There had been a few thefts from pharmacies and, more seriously, a wave of thefts of prescription forms and doctors' rubber stamps towards the end of 1975. The resulting forged prescriptions had been used to procure drugs, particularly methadone, from pharmacies. A number of Belgian doctors had tried out the methadone maintenance therapy system and methadone dependence had resulted. Thanks to the early-warning system and the co-operation of doctors and pharmacists, however, most of those implicated had been arrested.

63. Some interesting statistics had emerged from the inquiry into overconsumption that he had mentioned previously. In the first place, the breakdown of the medicaments overconsumed were, in percentage terms: narcotic drugs: 6 per cent; stimulants: 7.5 per cent; hypnotics: 23 per cent; tranquillizers: 13 per cent; and analgesics: 36 per cent. Persons misusing licitly-prescribed medicaments consisted of 30 per cent men and 70 per cent women, 67 per cent being married, 10 per cent unmarried, 12 per cent widowed and 5 per cent divorced. It should be noted, however, that, compared with the proportion in the population generally, there was a very high percentage of divorced persons. In terms of age, 12 per cent of the persons concerned were between 15 and 30 years of age, 49 per cent between 35 and 50, 27 per cent between 51 and 65 and 11 per cent over 65. Educationally, 50 per cent of them had received primary education only, 37 per cent secondary education, 6 per cent higher education; in the case of 7 per cent, no details of education were given. The inquiry had also examined the incidence of cases of multiple misuse of medicaments: 75 per cent had used one drug, 17 per cent had used two drugs and 7 per cent had used three drugs. Although the inquiry was a voluntary one, 30 per cent of all Belgian pharmacists had responded, so the pattern revealed could be taken as reliable.

64. Mr. LO (Senegal) said that his country seemed to have furnished no information on drug abuse. That was undoubtedly due to a lack of co-ordination between the various departments dealing with the problem of narcotics. Although he had no precise figures, he would attempt to fill the gap.

65. There was certainly drug abuse in Senegal. Hardly a day passed without the newspapers reporting cases of arrests of traffickers, seizures by police or customs, or sentences passed on users or traffickers. The only narcotic drug which constituted a problem was cannabis, although there had been a few isolated cases of abuse of other narcotic drugs. The major problem was the abuse of psychotropic substances, whether or not in combination with alcohol. Young people would go to any lengths to procure psychotropic substances. It was, for instance, quite commonplace to hear of the theft or forgery of prescriptions.

66. A particularly disturbing phenomenon had recently been reported, namely, the abuse of aromatic hydrocarbons by very young boys. Those substances were used in the manufacture of varnishes and paints and were very easily obtained. The authorities had undertaken studies to discover ways of halting that evil before the habit spread. If the practice occurred in other countries, it was a dangerous development that merited the attention of national and international bodies.

67. Considerable efforts had been made by Senegalese authorities to provide for the treatment of addicts, but the situation was still very unsatisfactory, particularly with regard to rehabilitation. Foreign aid was urgently needed in that field.

The meeting rose at 5.25 p.m.