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COMMISSION ON NARCOTIC DRUGS

Fourteenth Session

SUMMARY RECORD OF THE FOUR HUNDRED AND EIGHTEENTH MEETING

held at the Palais des Nations, Geneva,
on Thursday, 30 April 1959, at 10.30 a.m.

<u>Chairman:</u>	Mr. NIKOLIC (Yugoslavia)
<u>Rapporteur:</u>	Mr. ARDALAN (Iran)
<u>Joint Secretaries:</u>	Mr. DAVID Mr. JHABVALA Mr. NICHOLS

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The list of government representatives and observers and of representatives of specialized agencies and intergovernmental and non-governmental organizations attending the session is contained in the Report of the Commission on its fourteenth session (E/3254).

ABUSE OF DRUGS (DRUG ADDICTION) (item 5 of the agenda) (E/CN.7/356 and Add.1, E/CN.7/360, 362, 365, 374, E/NR.1957/Summary and Add.1)

The CHAIRMAN invited the Secretariat to introduce item 5.

Mr. LANDE (Secretariat) said that the Commission had before it, in addition to the work prepared by or at the request of the Secretariat, a report on progress by the Government of India (E/CN.7/374) and a document submitted by the International Federation of Women Lawyers (E/CN.7/362) reproducing a resolution which emphasized the need for compulsory treatment of addicts in closed institutions.

The Secretariat's work during the past year had concentrated mainly on collecting and analysing quantitative and qualitative statistical data received from governments. If they were more complete, such data would throw some light on evolutionary trends in and the aetiology of drug addiction. It was to be regretted that the defective data received from some countries might be used inappropriately for the domestic discussions of another country which was considering the best way of dealing with drug addiction, and that, since they came from official sources, their significance might be overestimated.

The data contained in the annual reports of governments had been necessarily incomplete and of little value for purposes of comparability, but it would be noted that the situation had improved somewhat in recent years, and it could be assumed that this was due to the revisions in the chapter of the form of annual reports dealing with drug addiction. The Brazilian Government had stated in the annual report for 1958 that the authorities had decided to use the table in the form of the new chapter for the current census of drug addicts in Brazil.

The available statistical data were presented in a document (E/CN.7/360), which was the third in a series (E/CN.7/318 and E/CN.7/345 having been the first two) of compilations of data drawn from the annual reports. In addition, the Secretariat had prepared a graphic study of drug addiction, illustrating the distribution of addicts according to age group in several countries. The countries had been selected mainly on the basis of the statistical material available, not necessarily on the basis of any one country's representative position. At most, one could infer from that graph that a trend seemed to be emerging towards increased addiction among younger age groups (especially, persons between twenty and thirty-five). The increase was, however, only in relation to the number of older addicts; the data available could not warrant any conclusion that addiction among the young was increasing absolutely.

The other main topic in the documentation before the Commission was the role played by the medical profession in connexion with narcotic drugs; he referred in particular to an article on drug addiction in the medical and allied professions in the Federal Republic of Germany published in volume XI, No. 1 of the Bulletin on Narcotics. The problems connected with the medical profession included those of addiction among doctors themselves and the role doctors played in the addiction of others. The incidence of addiction seemed to be high in the medical profession, a circumstance attributable, apparently, to the strain of work and to the fact that narcotic drugs were ready to hand. One of the basic assumptions in the present system of narcotics control was that easy access to narcotic drugs contributed to the spread of drug addiction. Since the competent co-operation of the medical profession was essential in any effective system of narcotics control, the incidence of drug addiction among members of the profession was a very serious problem. If the doctor was an addict, he would not be reliable and competent in dealing with any addicts he might come across in his practice and, because he would not be cautious in prescribing narcotic drugs, would probably not play his part in preventing addiction. The medical profession might help to prevent addiction by a careful and conservative approach towards the prescription and administration of narcotic drugs. The possibility that drug addicts might be supplied illicitly by members of the medical profession was another danger. The World Health Organization (WHO) was obviously competent to study several aspects of that problem. It was important to obtain data concerning addiction. The professional secrecy observed by the medical profession made the collection of such data more difficult than it would otherwise be.

Mr. ÜZKOL (Turkey) observed that certain governments were still failing to submit proper information. The Commission had drawn attention to that fact for several years, but had never received any satisfaction. Some of the countries which failed to send in any figures or full figures were precisely those which complained that they suffered greatly from the problem of drug addiction. The Commission should send yet another reminder to those countries especially. Information from certain other countries was of no great use because they failed to indicate what drugs the addicts used.

Mr. SAFWAT (United Arab Republic) said that addiction to cannabis (hashish) was increasing steadily in the Egyptian Province of the United Arab Republic, whereas the consumption of opium appeared to be decreasing. As there

were no sanatoria for drug addicts, no accurate figures could be given. He had drawn the attention of his Government to the importance of establishing sanatoria for drug addicts who registered voluntarily and he was glad to be able to report that plans were now under way. A national society had been formed with the object of curbing the use of narcotic drugs and establishing sanatoria, and its prospects were promising. Campaigns had been started by broadcasting and through the Press for encouraging research into the problem and enlightening the public upon the dangers of addiction. The Government had, in addition, begun to put into execution some of the suggestions he had submitted at the Commission's previous session. A vigorous enforcement campaign had good prospects of putting an end to narcotic drugs smuggling.

After an exchange of views with Mr. ÖZKOL (Turkey), he stated that the number of cannabis addicts in the Egyptian Province in 1958 had been estimated very approximately at 400,000 and that of opium addicts at 106,000.

Mr. PANOPOULOS (Observer for the Government of Greece), speaking at the invitation of the Chairman, said that the problem of drug addiction could not be completely solved by the same methods and in a short time in all countries. Administrative measures must be applied strictly by the authorities. The question of funds was very important, since even in small countries one or more hospitals were needed in order to prevent addicts from obtaining fresh supplies from the illicit traffic. The Greek Government had begun to study that question in 1958 but had not yet been able to take any action. It had asked for technical assistance but its request had not yet been granted.

Experience in certain countries showed that the system of State monopolies could be successful in checking addiction. Such a monopoly had been set up in Greece in 1932 for the purposes of the import, control and sale of narcotic drugs. The monopoly distributed the drugs to the pharmacies, where a very strict control had to be exercised. No violations had been recorded in the pharmacies. The police dealing with narcotics must be given every facility and special training in the requirements of inspection. Another step forward might be the complete abolition of heroin, the favourite drug of most addicts, which could be replaced by other drugs equally effective in therapy. Most countries had in fact abolished heroin, but a few still believed its therapeutic use necessary. Furthermore, the completion of the single convention and its ratification by all countries as soon as possible was vitally necessary, as there was an increasing danger of addiction

from synthetic narcotic drugs and many licences had been obtained without adequate control. The licences which had already been issued should be reviewed and their number reduced to what was strictly essential. Another requirement was a unified and easy method of analysing synthetic narcotic drugs, which should be worked out by the United Nations laboratory and be made available to all the police and customs authorities concerned. Similar action should be taken with respect to pharmaceutical preparations containing synthetic narcotic drugs. Licences for sale should be issued only after the preparations had been shown to correspond with the specifications. It would be much more difficult to control the manufacture of synthetic in the same way as that of natural narcotic drugs, since the former required the production of a great many allied substances. The only solution, admittedly not a very hopeful one, would be to appeal to the manufacturer's patriotism.

Mr. ARDALAN (Iran) said that unfortunately there were still many narcotic drug addicts in Iran. Registration of addicts had never existed and there had never been a census of them. When figures purporting to indicate the incidence of addiction in Iran had been cited in the Commission at its eleventh session (1956), the Iranian delegation had promptly disavowed them, since it was quite impossible to give any accurate figures for that country*. All that was certain was that the number was high. Unless the demand decreased, the Government would be faced with a very serious situation. Addiction to opium had been reduced by about two-thirds in the past two years, but that still left a very considerable problem. A new problem was the relatively high price of opium, which was now some forty times higher than it had been in 1956. As a result, the richer addicts were substituting cocaine, while the poorer were using adulterated opium, and smuggling into Iran continued in order to fill the gap left by the prohibition of production. A fifty-bed hospital for addicts had been opened in Teheran and beds had been reserved for them in hospitals elsewhere. In addition, the severest penalties were prescribed by law for any failure on the part of any authority to enforce the anti-narcotics laws.

* Cf. Summary records of the three hundred and third and three hundred and fourth meetings (E/CN.7/SR.303 and SR.304).

Mr. GREEN (United Kingdom) said that the form of heroin use in Hong Kong described in the Bulletin on Narcotics (vol. X, no. 3, 1958) known as "chasing the dragon" was still in favour among addicts, but a new method had been devised known locally as "firing the anti-aircraft gun." In the latter method, grains of heroin were inserted into ordinary cigarettes and the drug was inhaled with the tobacco. As the heroin was loose, the smoker had to point the cigarette upwards; hence the name. The disadvantage of the method was that it needed a higher grade of heroin than "chasing the dragon".

A special institution for treating convicted addicts had been opened in the New Territories (Hong Kong) for short-term detainees who were physically fit. Their labour had been used to prepare the institution.

Some of the points raised by the representative of the Secretariat in his opening statement deserved further discussion, especially the role played by doctors who became addicts or supplied narcotic drugs to addicts. The problem was naturally mainly of concern to the medical profession, but the Commission might usefully consider it. The information given by Dr. Ehrhardt in volume XI no. 1 (1959) of the Bulletin on Narcotics and the WHO document on "Some Aspects of Drug Addiction in Denmark" (WHO/APD/118) required further study, but some general points might be made immediately. Steps should be taken to ensure that doctors were alerted to the dangers inherent in the handling of narcotic drugs. Medical students should be given such instruction, as they were in Canada, including warnings against the indiscriminate prescription and use of narcotic drugs in professional work, since the statistics showed that addiction to manufactured drugs was often of therapeutic origin. Care should be advised in the use of new narcotic drugs or of narcotic drugs that might prove to be addiction-producing, as it was always difficult to ensure that the information reached doctors at the same time as the new drugs. Students should also be made fully aware of the dangers they would run if they used narcotic drugs to treat themselves. The strain inherent in a doctor's professional life and the temptation to resort to narcotic drugs because they were accessible and offered ready relief should be emphasized. It was evident that too many doctors became addicts, and medical students should be warned of the dangers. It would be more difficult to see to it that doctors continued to exercise care after qualifying. General practitioners had not much time to read, but they should, if at all possible, continue to keep the danger in mind, especially the danger of new narcotic drugs. Some machinery should be

established whereby doctors who became addicts or prescribed undue quantities of narcotic drugs could be dealt with. Naturally, if they contravened the law they were liable to proceedings, but the difficulty lay in cases where they remained within the law but used the drugs unethically. The question was always a difficult one, because the medical profession was reluctant to disclose confidential information. That was perfectly proper, but the medical profession itself should curb unethical practices and might perhaps set up the necessary tribunals. In the United Kingdom and in many other countries the right of a doctor to use narcotic drugs could only be suspended if he had been convicted of abuse.

Mr. LIANG (China) stated that the principal addiction-producing drugs noted in Taiwan during 1957 had been morphine and diacetylmorphine, with a very small quantity of opium. Altogether, 406 addicts had been arrested in that year, of whom only eighteen were young people. The majority of addicts were unemployed and among the illiterate or less-educated sections of the population. Only eight addicts had been found among members of the medical profession.

The procedure adopted was to bring the arrested addicts before the courts, by which they were committed to public treatment centres. After treatment they were again brought before the courts and sentenced to a term of imprisonment. Recidivists received a longer sentence of imprisonment and any person who was arrested for a third time on a narcotics charge was liable to the death penalty.

Dr. MABILEAU (France) said that in studying the records of previous sessions of the Commission he had been struck by the recurrence of certain problems. At the thirteenth session, for instance, his predecessor Mr. Vaille had drawn attention during the three hundred and eighty-second meeting to the relative prevalence of drug addiction among doctors, the dangers of unjustified prescribing of narcotics, and many other problems which were occupying the attention of the Commission at the present session.

There was no doubt that the best approach to the abuse of narcotics by the medical profession lay in more stringent warnings to medical students of the dangers involved and the supply of regular information to doctors, preferably through the professional organizations, as to all new analgesics and the dangers of their use.

Mr. MERRILL (United States of America) said the addiction figures for his country were disturbing: a total of 46,266 active addicts were reported at 31 December 1958. Of that number, 92 per cent were heroin addicts, who depended

upon supplies illicitly imported into the country. Of the addicts as a whole, 10 per cent were under twenty years of age, 60 per cent were between the ages of twenty-one and thirty, 18 per cent between thirty-one and forty and the remainder over forty. Males accounted for 78 per cent and females for 22 per cent of the total. Only 1.8 per cent of the addicts made use of synthetic drugs. Figures for cannabis addicts were not included in the totals, although they were known to be considerable; the main danger in cannabis addiction was its tendency to lead to the use of 'white' drugs such as heroin.

Mr. NEPOTE (International Criminal Police Organization), speaking at the invitation of the Chairman, suggested that addiction to drugs was generally a voluntary process which involved a social danger and that addicts should therefore also be subject to penal as well as to medical treatment.

Dealing with the role of the police in connection with narcotic drugs, he pointed out that the apprehension of addicts required the use of large numbers of ordinary members of the police forces, whereas the suppression of the illicit sources of drugs could best be effected by small numbers of specialized police in each country working in close international collaboration.

The problem of synthetic drugs would remain almost insoluble until their complex scientific names had been simplified so that they could be understood by ordinary police officers.

Mr. HOSSICK (Canada) stressed the importance of education as a means of preventing the abuse of drugs by the medical profession. In Canadian universities, lectures were given annually to new entrants into the profession at the time of their graduation, and a 75 per cent reduction in addiction had been secured. The remaining addicts were largely in the older age groups, and no case of addiction was known amongst members of the medical profession who had graduated during the previous ten years and who had attended such lectures.

The relative absence of addiction amongst pharmacists was possibly due to the stringent controls to which they were subject. In Canada, all pharmacists had to account for every grain of narcotic drugs which they bought and sold.

The total known addict population in Canada remained fairly constant at rather more than 3,000 of whom only forty were addicted to synthetic drugs. No explanation could be given for the fluctuations in the total number of addicts, which had risen in some years but fallen in others (e.g. in 1956, when there had been a drop from 3,425 to 3,241). It was possible however that increased police activity resulted in more convictions.

The number of addicts under the age of twenty years had almost doubled between 1957 and 1958, rising from twenty-five to forty-seven. In general, however, the position had been stabilized by adequate controls, and the latest Canadian figures indicated a ratio of 1 : 5,000 for addicts in relation to the population.

Mr. NARGEOLET (Observer for the Government of Morocco), speaking at the invitation of the Chairman, said that his Government was making every effort to supply the figures asked for by the Commission, but that it was extremely difficult to obtain information about the "traditional" use of locally produced narcotics. He hoped, however, that figures dealing with the use of cannabis would be available in 1959.

Mr. ÖZKOL (Turkey) pointed out that his country, although a large producer of narcotics, had a very small number of addicts. The implication was that addiction did not necessarily bear any relation to production.

Mr. ISMAIL (United Arab Republic) stated that an inspection of the records of pharmacies in certain areas of the Egyptian Province during 1957 had disclosed grave irregularities in the prescribing of narcotics. Over a period of two years 50,000 prescriptions had been made out, some of them for very high daily doses of morphine. Eleven doctors had been sentenced to terms of imprisonment and deprived of the right to practise. Legislation was at present under consideration to limit the maximum doses which might be prescribed, and the doctors' professional organization had been urged to ensure that addiction-producing drugs were not prescribed when any other type of drug could be used in their place.

Dr. HALBACH (World Health Organization) supposed that a national health service, by establishing particularly close contact between the government and the members of the medical profession, might assist in educating them in the dangers of narcotics.

He felt that more attention might perhaps be devoted to addiction to the so-called "minor" drugs, such as barbiturates and tranquillizers, which might soon, if they did not already, present a greater danger to public health than the traditional drugs of addiction.

It would be useful if for statistical purposes an agreed definition of the term "addict" could be formulated. In some countries a person was classified as an addict after he had been treated with addiction-producing analgesic drugs for a period of at least six weeks, and in those countries the figures for addiction were naturally higher than in countries where registration of declared addicts was not compulsory.

The figures given by the representative of the United States of America showed that the vast majority of addicts in that country were between the ages of twenty and thirty. On the assumption that the death rate among addicts was normal, the figures would appear to indicate that the majority of addicts could be cured before they reached middle age.

Mr. OBERMAYER (Austria) agreed with previous speakers that education provided the best means of eliminating the abuse of narcotics by members of the medical profession. Nevertheless, the penal law should also be invoked where necessary; under Austrian law, for example, any doctor who prescribed narcotics in a case where other drugs could reasonably have been used instead was liable to prosecution. A further safeguard was provided by the careful checking of literature on new narcotics before its publication to doctors.

Mr. PANOPOULOS (Observer for the Government of Greece), speaking at the invitation of the Chairman, stated that of the 237 addicts registered in Greece in 1957, 37 per cent had been addicted to heroin and 63 per cent to cannabis. In 1958 the number of addicts had increased to 407 and the proportion of addicts to cannabis had increased at the expense of the addicts to heroin.

It was noteworthy that the greater part of the addicts lived in the provinces and not in the capital.

The meeting rose at 12.30 p.m.