SUMMARY RECORD (PARTIAL)*/ OF THE SEVEN HUNDRED AND FIFTY-THIRD MEETING

held on Monday, 18 February 1974, at 2.45 p.m.

Chairman: Mr. KIRCA Turkey

The discussion covered in the summary record began at 3.15 p.m.

DRUG ABUSE (agenda item 4) (E/CN.7/560 and Corr.1 and Add.1 and 2)

Dr. MÅRTENS (Director, Division of Narcotic Drugs, and Acting Executive Director, United Nations Fund for Drug Abuse Control) said that the new revised form of annual reports had made the Secretariat more aware of the extreme complexity of the international reporting system with respect to drug abuse. Information was transmitted to the Secretariat in accordance with national legislation, and the criteria followed in recording the different categories of drug addicts, the types of drug they used, the legal or illegal methods by which they obtained them and the sources of information, for instance, varied considerably from one country to another. Certain countries relied on police reports only; others used medical reports, while a third group of countries used both sources. Many reports did not contain any information on the method of recording used and almost half of them gave no data on the way in which drug addicts were registered.

Another difficulty arose from the fact that some States did not differentiate between new cases of abuse detected in the year under review (incidence) and cases already reported (prevalence). Lastly, little information was given in the majority of reports on the abuse of cannabis or psychotropic substances.

In the note by the Secretary-General on drug abuse (E/CN.7/560 and Corr.1 and Add.1 and 2), an attempt had been made to standardize the data as far as possible. For lack of information on the abuse of cannabis, the main source used had been the chapters on illicit traffic in the reports submitted, which gave the number of prosecutions for possession of cannabis. The figures for incidence and prevalence had been dealt with separately in the body of the text and in the tables (E/CN.7/560, chap. III). What information was available on the different types of treatment had been tabulated in paragraph 21 of the text and in the corresponding table.

The Division of Narcotic Drugs hoped that the new form of annual reports would enable many of the methodological problems to be solved. However, in order to remedy some of the fundamental difficulties, the Division and the United Nations Fund for Drug Abuse Control were considering a project that would serve as a guide to the standardization of the international reporting system.

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*/ The rest of this meeting is not covered in the summary record.

Despite the inadequacy of the data, the broad international trends could be singled out. The six regions had reported cases of cannabis abuse and, in several instances, it had been stated that its abuse was on the increase. Traditional opium consumption was still a matter of concern for several countries in Asia and the Far East, despite a progressive decline in some countries (India and Hong Kong). The problem was aggravated by the increased consumption of heroin, particularly in North America. Opium and heroin also caused serious problems in the Middle and Near East. Except in Sweden, morphine addiction seemed to be related to prolonged analgesic treatment.

A large number of countries had reported cases of abuse of synthetic narcotics, particularly in North America, South America and Europe. Coca chewing was still endemic in some of the countries of the Andean region, while cocaine had appeared in non-producing countries, although the number of cases of abuse was still fairly low.

With regard to psychotropic substances, the 1973 report of the Ad Hoc Committee on Illicit Traffic in the Far East Region (E/CN.7/563 and Corr.1) confirmed the data already available and presented supplementary information on the abuse of psychotropic substances in that part of the world. The report also noted that the abuse of barbiturates and methaqualone was assuming serious proportions in a few countries. It further indicated that abuse of amphetamines and LSD in certain countries was less common than that of sedatives and tranquillizers.

A few African and American countries and several European countries had also reported the abuse of amphetamine-type stimulants. Barbiturates were abused in every region and abuse of hallucinogens was also general, except in Africa and the Near and Middle East.

Cases of abuse of drugs by young people were reported in most regions, and in a few countries the number of young drug addicts was increasing. Cannabis and LSD were the main drugs abused but others were also involved. In most cases, the young addicts were of middle-class origin, but cases of drug abuse by young workers had been reported as well. An interesting development was the increase in cases of multiple drug abuse, mainly of opium with barbiturates, opium with stimulants and stimulants with tranquillizers. Some Governments had also reported cases of abuse of khat and volatile solvents.

Mr. VAILLE (France) said that the analysis of government reports was complicated by the fact that many countries did not give precise and detailed replies and that national laws on drug addiction were not based on the same concepts. Paragraph 4 of the introduction to the note by the Secretary-General on drug abuse was particularly relevent but itself gave rise to confusion by stating that Governments provided data on addiction but not on the abuse of drugs, without giving an adequate explanation of those two terms. Furthermore, it was often difficult to distinguish delinquents from drug addicts, especially as the category of drug addict-traffickers was increasing with the so-called "ant" traffic.

The task was complicated for everyone concerned by legal and medico-social factors. The 1961 Convention, while not universally accepted, was widely observed, whereas the 1971 Convention was not yet in force. Some countries nevertheless placed psychotropic substances under control; in France, for instance, the use of and

trade in LSD, psilocybine, injectible amphetamines and other substances were subject to the same prohibitions as narcotic drugs. As far as the medico-social aspect was concerned, certain substances were being used and propagated by drug addicts before they had been brought under control. In many countries, for example, it had been found that young people were making increasing use of methaqualone in association with alcoholic beverages.

There were sometimes discrepancies in the figures furnished by the different sources of information. In France, for instance, in 1973, the information provided by the courts, the police and the Customs authorities indicated that the number of cases had been stabilized and that consumption of heroin was decreasing, whereas some doctors found, on the contrary, that the number of drug addicts had increased by about 30 per cent during the same period.

It was necessary to seek for the deep-seated causes of drug addiction. Among adolescents, in particular, it seemed to be a symptom of maladjustment which could also lead to attempted suicide, fugue or delinquency.

To deal with that scourge, it was necessary to have a clearer understanding of the situation in the world. Vast numbers of people were at present addicted to opium and the coca leaf and the abuse of cannabis had gained a foothold in almost every State. As far as the development of the situation in France was concerned, before the Second World War drug addiction had mainly been of therapeutic origin, but since 1967 it had insidiously established itself as a social scourge; heroin addiction was increasing, the abuse of psychotropic substances, and sedatives in particular, was gradually replacing abuse of morphine and it was to be feared that cocaine addiction could reappear, as it had already done in other countries. A major feature of the structure of drug addiction in France was the high proportion of young people of 18 to 24 years of age who were involved (72.5 per cent) and of males (65.1 per cent). The latter phenomenon was also observed in other countries, like Hong Kong and India, and especially in Thailand, where out of 1,405 drug addicts only 35 were females. However, in the countries where drug addiction was usually of therapeutic origin, it was fairly equally divided between males and females. That had been the case in France immediately after the War and was now true of other countries, such as Bulgaria and the German Democratic Republic. He noted that the trends in the Federal Republic of Germany resembled those in France; males accounted for 67.3 per cent of the total number of addicts in 1972 and there was a large proportion of young people; the number of addicts had also increased from 7,227 in 1971 to 8,665 in 1972. Lastly, the addicts were using new medicaments, mainly sedatives.

Before any conclusions were reached on the role of society in the etiology of drug addiction, more detailed studies were needed. WHO, in particular, could play a useful part in that respect with the collaboration of Governments. It would also be desirable for the United Nations Secretariat, in analysing the reports submitted by Governments, to deal separately with each category of addiction, such as dependence on morphine, on psychotropic substances, on cannabis, on the coca leaf, etc., if necessary, studying the trend of development over five instead of two years. He welcomed the draft form of report on addiction to narcotic drugs and psychotropic substances which the Secretariat was now considering.

Mr. MURDOCH (Australia) said that the main substances abused in Australia were alcohol, cannabis, hypnotics, tranquilizers and stimulants. Their abuse was not confined to particular social groups but affected all levels of society. The Australian Government was vigorously combatting the abuse of amphetamines and similar anorectics, the use of which had now been restricted to the therapeutic treatment of narcolepsy and children suffering from hyperkinetic brain damage. At the request of the Government, the Royal Australasian College of Physicians had prepared a brochure on the legitimate use of anorectics for therapeutic purposes, for distribution to all medical practitioners in Australia. The drop in amphetamine imports from 247 kg in 1969 to a consumption of 19 kg in 1973 testified to the success of the measure taken to reduce amphetamine consumption.

Considerable progress had also been made with regard to methadone. A monitoring service reported any unduly large quantities delivered to hospitals, doctors or pharmacists, and the Australian Government was taking steps to encourage drug addicts to go for treatment to the official clinics. In the last 12 months, a great effort had been made to educate the general public. The need to adopt broad-based programmes no longer had to be demonstrated, and he thought that the problem could be contained by the application of stringent control measures together with expanded education, treatment and rehabilitation programmes. However, there was little hope of eliminating the international drug traffic unless each country exercised strict control over its domestic trade.

Dr. BABAIAN (Union of Soviet Socialist Republics) said that all cases of drug addiction were registered in the USSR. The reports showed that there were no cases of abuse of amphetamines, LSD or other psychotropic substances. An exception was, however, constituted by a few (52) patients suffering from insomnia, who had become habituated to barbiturates. There were also a few cases of abuse of morphine or codeine that were of therapeutic origin. Abuse of opium and wild cannabis was rare, but it had nevertheless attracted the attention of the authorities, who were taking the necessary measures to destroy wild cannabis seedlings. The number of drug addicts was the same as in 1971. According to information supplied by hospitals and police, 1,070 addicts were registered with out-patient clinics. Apart from such "passive" measures, there was an active programme for tracing new cases. The registration of drug addiction had made it possible to follow the development of drug addiction and to assess the trends of its incidence during the past 20 years. On the basis of those data, it could be stated that drug addiction had not increased in the Soviet Union.

There were major differences of opinion as to the criteria for registration. Some experts considered that an addict should be listed in the national registers all his life. Others considered that addicts who had followed a course of treatment should be removed from the register after three years without a relapse. Still others believed that the names of all addicts who had followed a course of treatment should be deleted. Such differences of opinion made it difficult to analyse national reports. In his view, only a comparison of data covering a number of years could show what trends were emerging.

It should be emphasized that strict control was needed at all stages of the manufacture and distribution of drugs, as a preventive measure. Thus, the control measures taken by the USSR, particularly with regard to LSD, had been a factor in preventing the spread of drug addiction in the country.

With regard to the note by the Secretary-General on drug abuse, paragraph 11 of chapter I should make it clear that the registration of drug addiction cases in the Soviet Union was carried out not only through reports by doctors or health authorities but also through special programmes for tracing addicts. With reference to paragraph 49, the Soviet Union had not mentioned any case of abuse of sedatives and tranquillizers but only cases of abuse of barbiturates.

He thought it important to consider the principles underlying the treatment of drug addicts. Since total abstinence resulted in withdrawal symptoms and sometimes death, some experts recommended methadone treatment, which was tantamount to replacing one drug by another and thus to increasing the number of addicts. His own view was that it was preferable to adopt the method of total abstinence and to replace morphine in medical treatment by other preparations that did not have the same drawbacks. In July 1973, atrophine-based preparations had been used instead of morphine with great success. Thanks to such methods, it was possible to cure an addict in three or four years and to help him to resume his place in society.

He reserved his right to speak again at a later stage.

Mr. ORAKZAI (Pakistan) said that although the note by the Secretary-General on drug abuse contained very useful information, a comparative study of that nature required more accurate and exhaustive information than was being furnished by Governments. He hoped that more reliable statistics would be obtained as a result of the preparation of a revised form of annual reports. In fact, many countries had difficulty in supplying relevant information on narcotic drugs, since they were faced with matters of much greater urgency in the field of public health and other socio-economic spheres and could not therefore afford to give the narcotics problem all the attention that was desired. Moreover, in many countries, there were no special arrangements to deal with the question of drug abuse in all its varied forms. The position was, however, improving and there was now a greater awareness and determination to deal with the situation effectively.

In Pakistan, the problem of drug abuse was at present confined to opium and cannabis, but it was feared that the use of psychotropic substances entering the country illegally was spreading. Opium smoking and use of cannabis resin was prohibited, but in spite of the prohibitions, there was some misuse of cannabis and to a very limited extent of opium. The opium smokers used opium produced under the reservation provided for in the 1961 Convention. There was also abuse of other drugs, obtained illegally, such as pethidine, methadrene, morphine and amphetamines. By any standard, however, the over-all situation could not be regarded as giving cause for concern.

The newly-organized Narcotics Control Board was taking measures to ensure that all addicts, and not only opium addicts, were registered in centres being established for the purpose. Distribution of legally produced opium for quasi-medical purposes was subject to strict rules; opium could not be supplied except on medical prescription and through licensed chemists. Addicts needing treatment, or voluntarily submitting to it, were to be treated in clinics being established in provincial centres. Obviously, such measures required substantial resources, which Pakistan could not afford without international financial and technical assistance. His Government had approached the United Nations Fund for Drug Abuse Control, WHO and the ILO, with a view to obtaining such assistance, and negotiations were now proceeding. It was expected that the situation would improve and that such measures would enable the new organization to make a better assessment of the problem and to supply more dependable statistics on the nature, extent and the special characteristics of drug abuse in Pakistan.

Dr. SMITH (Canada) said that if the drug abuse situation in Canada was to be understood, it had to be set in its proper geographical, demographic and cultural framework. The long frontier between Canada and its neighbour to the south and the concentration of a large part of the population in a small number of urban centres close to that frontier, the linguistic and cultural links with the United States of America, its traditional policy of freedom of information and movement and the combined influence of the press, radio and television meant that Canada was easily accessible to the cultural influences of other countries, and, in particular, to the "counter-culture", which included the "drug scene". Moreover, with regard to control measures, the same geographical and cultural factors had compelled Canada to adopt narcotics legislation similar to that of the United States. It should also be pointed out that there was no legal production of narcotic drugs or psychotropic substances in Canada and that any drugs used in the country came from outside. Consequently, Canada was ready to participate in international control, which called for the support of all members of the Commission. That support should take the form of close co-operation between the authorities concerned, and of contributions to the United Nations Fund for Drug Abuse Control.

He would leave it to Mr. McKim, Director of the Bureau of Dangerous Drugs in the Canadian Department of National Health and Welfare, to speak on the statistics of drug abuse in Canada, while reserving his delegation's right to make a further statement on the treatment and rehabilitation of addicts (E/CN.7/560 and Corr.1, paras. 14-27).

Mr. McKIM (Canada) said that, although all the statistics concerning drug abuse in Canada for 1973 were not yet available, it was evident from the details before the Department of National Health and Welfare that the misuse of drugs had continued to increase during 1973. In addition, some new drugs had appeared on the scene.

With regard to the drugs covered by the 1961 Convention, cannabis and cannabis products, including hashish, continued to be the most widely used substances in Canada, with 21,300 new cases of abuse during 1973. The same pattern could be seen in the number of convictions for offences involving cannabis (15,812 in 1973).

With regard to the other drugs covered by the 1961 Convention, the number of persons misusing opiates (principally heroin) and similar synthetics, such as pethidine and methadone, continued to rise. There were now over 10,000 known cases, as against 8,958 in 1972. As far as heroin alone was concerned, 1,125 persons had been convicted in 1973 for offences involving that drug, as against 923 in 1972.

Abuse of the hallucinogenic drugs included in schedule I of the 1971 Convention, and also that of LSD and MDA (4-methylene-dioxyamphetamine), was continuing to increase in Canada, with 3,025 new cases registered in 1973, as against 2,411 in 1972. There had been 1,430 convictions for abuse of those drugs in 1973, as against 1,709 in 1972, a fact which would seem to indicate that abuse might be levelling off, although it was too early to draw a definite conclusion in view of the incomplete information available for 1973.

In 1973, phencyclidine, known in Canada as PCP, had appeared in sufficient quantities to justify its inclusion in the schedule to the Narcotic Control Act. Another drug, 4-methoxyamphetamine or paramethoxyamphetamine, had made a sudden appearance in Canada in the spring of 1973 and several deaths had been attributed to it. It had been placed in schedule H to the Food and Drugs Act and was now subject to the same degree of control as LSD, MDA and other hallucinogens. That action had the effect of bringing the situation under control.

Mr. SCHROEDER (Federal Republic of Germany) said that, in his country, all known drug addicts were registered by public health offices. Doctors and pharmacists were not obliged by law to notify cases of addiction that came to their attention, and an addict could not be forcibly placed in an institution without a court order. The extent to which the notification system might be extended so as to obtain more dependable information in the future was now being considered in connexion with the amendment of the legislation on narcotic drugs.

A review of the over-all position with regard to drug abuse showed a certain stabilization. The percentage of drug users in the 12-25 age group was about 4 per cent (approximately 400,000). There was also a clear decrease in the number of so-called first users and light consumers. Investigations made by the Federal Centre of Health Education during the years 1971-1973 had shown that, in 1973, only 13 per cent of the persons questioned stated that they had once taken narcotic drugs, as against 14 per cent in 1971, and that only 17 per cent wished to try the experience, as against 22 per cent in 1971. There were at present 549 drug advisory centres in the Federal Republic and the progressive decline in the use of drugs led to the assumption that the Federal Government's recent educational campaign had been successful.

Cannabis continued to be the most commonly abused drug, but, contrary to what was often stated, it was rare for its consumption to begin at a very early age. The survey by the Federal Centre of Health Education had shown that in the 12-13-year age group, most of those questioned had a very deprecatory attitude towards narcotic drugs and only 5 per cent admitted that they had already taken drugs.

In contrast to that positive development in the case of "first users", there had been a deterioration in the position with regard to the so-called "hard core", in particular with regard to the use of opiates. In the 12-15-year age group, about 0.4 per cent (40,000) were habitual users, and a quarter of those (0.1 per cent = 10,000) could be considered to be genuinely drug-dependent. Psychiatric institutions reported a slight, but distinct increase in admissions, while the number of offenders remained the same. However, the offenders in question were to a very large degree recidivists. Since the entry into force of the amended Narcotic Drugs Act at the beginning of 1972, the courts had tended to impose more severe sentences for the illicit trade in narcotic drugs and at the same time to order educational rather than punitive measures in the case of young first offenders.

Lastly, it should be noted that, among registered addicts, there had been a clear rise in the percentage of men as against women, whereas in the case of young users, the trend was the opposite.

Mr. TRAIN (United Kingdom) said that his country had unfortunately been unable to submit information on the drug abuse situation in 1972 in time. The delay had been due to difficulties with a new electronic data processing system which, he hoped, had been overcome. No significant change in opiate abuse had occurred in 1972. There had, however, been a fall in the total number of heroin addicts and in the number of drug addicts under 20 years of age. He hoped that the 1973 statistics would confirm that the position had been maintained. They would also provide a basis for some conclusions on the social aspects of drug addiction (criminal activity, etc.) and on the progress achieved in the treatment and rehabilitation of drug addicts. Conviction statistics could sometimes be misleading, because they did not necessarily reflect actual trends, but might simply indicate a strengthening of control and enforcement activities. However, there had been a decline in convictions connected with hallucinogens and amphetamines, which might suggest that the abuse of some of those drugs was growing less rapidly than in the past.

Dr. REXED (Sweden) said that, despite its merits, the note by the Secretary-General did not give an idea of the present situation or of possible developments, mainly because information had been collected by different bodies and by different methods in each country. Statements by representatives were therefore an essential supplement to the note, since they put the information supplied by each country into perspective, giving it greater unity and consistency.

In his view, a single authority in each country should be responsible for collecting data by appropriate methods, which might be based on those adopted by WHO.

A serious shortcoming of the note was its failure to mention alcohol, whose destructive effects were much more widespread than those of narcotic drugs. Without information on alcohol, there could be no complete picture of the situation, firstly because one form of abuse often led to another, and secondly because alcoholism was similar to drug addiction in that it was affecting increasingly young sections of the population and was tending to become heavier among women.

The reports submitted by the Secretary-General on the subject should also give more attention to the sometimes indistinct borderline between the use of drugs for medical and therapeutic purposes and abuse proper.

As was the case in most countries, the situation in Sweden was not absolutely clear. The fullest and most reliable information was certainly available for children of school age and conscripts. The situation, however, appeared to be better than it had been in the two previous years. Nevertheless, although there seemed to be a decline in the abuse of hard drugs, the use of cannabis in the form of hashish, at least experimentally, seemed to be spreading slowly but surely among young people. Cannabis as such also had its adherents. Central nervous system stimulants, it was thought, were being consumed by several thousand persons belonging mainly to criminal circles. The abuse of morphine base was increasing slightly in large towns.

The medical prescription of sedatives, tranquillizers and anorectics had declined following warnings given to doctors about the habit-forming dangers of those substances. There were only a few isolated cases of hallucinogen abuse in Sweden.

Dr. ARTIGAS NOVOA (Chile) said that morphine and other drug addicts in her country totalled 30 and were under treatment. Measures had been taken against cannabis users; they had been more severe for adults than for adolescents since the law had been changed in 1973.

Mr. DUPONT (United States of America) said that heroin abuse, which had been a problem since the end of the Second World War, had worsened in the 1960s, the number of heroin users in the United States of America having risen from 50,000 to about half a million. To combat that widespread menace, intensified efforts had been made at the beginning of the 1970s to reduce supplies of, the demand for and the consumption of illicit drugs. As a result of those efforts, the trend towards a continuous increase in the number of drug addicts had been reversed. The price of heroin had increased from 44 cents per milligramme early in 1972 to $1.52 for a much less pure product, by mid-1973. There had been a shortage of heroin for more than 18 months.

There had been about 700,000 heroin addicts in the United States in recent years; about 160,000 of them were in treatment (about half with methadone and the other half drug free), 100,000 were in prison and about 200,000 had stopped using heroin. The remaining addicts, more than 200,000, were not being treated; that number, though large, was only half what it had been several years before.

The programmes designed to reach users that were now in operation, together with the curtailment of supplies, were expected to reduce the number of heroin users still further in coming years. In the 1974 fiscal year, the Federal Government would spend about $690 million on programmes to combat drug abuse, of which $445 million would be devoted to prevention activities and $245 million to law enforcement programmes; those two budgets had increased tenfold and eightfold respectively since 1969.

The programmes available in the United States for treatment of heroin addicts ranged from simple counselling to methadone treatment, which permitted regular contact with patients and made them more receptive to counselling and other services needed to achieve full recovery. The quality and efficiency of State-financed treatment programmes were continually monitored and improved.

The United States had also attacked the problem of non-narcotic drug abuse, the extent of which was difficult to determine because it did not necessarily arise from illicit traffic but could be of therapeutic origin.

The number of United States citizens who had used marijuana was now estimated at more than 30 million, with 8 million regular users. The relatively small proportion of them who became dependent on marijuana mostly had other psychiatric problems which had to be treated at the same time as their addiction. More potent forms of cannabis derivatives were becoming available, including hashish oil - a liquid form of the concentrated resin of cannabis which was much more potent than marijuana or hashish and whose long-term effects were not yet fully understood.

In 1974 and 1975, the Federal Government intended to continue its vigorous campaign against drug abuse and research on the many aspects of the problem.

Cases of drug addiction among young people mainly involved those who demonstrated deviant social behaviour. The root of the evil would be attacked through efforts to identify those young people and provide them with special programmes.

In that connexion, information programmes which emphasized the dangers of drug abuse or provided scientific facts on the subject might actually increase abuse by arousing curiosity and allaying fears, and it was difficult to reach any firm conclusions regarding the role which education should play in drug control activities.

The functions of the Special Action Office for Drug Abuse Prevention, which had been set up to co-ordinate Federal activities to combat drug abuse between 1971 and 1975, would be taken over on 1 July 1975 by a National Institute on Drug Abuse within the Department of Health, Education and Welfare.

The United States, which was convinced that the problem of drug abuse should be attacked through a co-ordinated effort directed at both supply and demand, believed that a similar approach was also needed at the international level. For that reason,

it was prepared to co-operate in multilateral and bilateral exchanges of drug abuse prevention knowledge, and supported epidemiological studies throughout the world to determine the extent of the problem and the ways in which it spread across national and cultural borders. In particular, it intended to pursue its research on Papaver bracteatum and to continue to study possible substitutes for opium and various addictive analgesics and antitussives.

The United States firmly supported the activities undertaken in various spheres by the United Nations and other international bodies to combat drug abuse; it welcomed the epidemiological programme developed by WHO, which was of immense importance and it would be glad to co-operate, participate and assist in the implementation of that programme.

The United States appreciated the system of annual reporting, but felt that the collection of information must be improved. It hoped that the United Nations, WHO and other international bodies concerned would increase their efforts to co-ordinate national activities and to assist countries in controlling drug abuse.

The example of the United States showed the value of co-ordinated action; countries could only hope to combat the drug problem by pooling their resources. That would be a humanitarian endeavour of benefit to all.

Mr. KEMENY (Switzerland) said that, although the statistics provided for the note by the Secretary-General covered only the years 1971 and 1972, the situation in Switzerland appeared to have changed little during the past 12 months.

He endorsed the comments of the Swedish representative concerning the incompleteness of the data given in the report. He also supported the views expressed on the difficulty of distinguishing between drug abuse and genuine dependence.

In Switzerland, 50 to 60 per cent of those who had replied to questions put during surveys carried out in different towns had stated that they had consumed cannabis, 21 to 24 per cent that they had used psychotropic substances, 10 per cent that they had taken amphetamines and 6 to 7 per cent that they had used opiates. 80 per cent had stated that they had started by using cannabis. Several survey methods had been used; the most satisfactory method seemed to be to ask those questioned whether they had used the substances concerned once or several times.

The meeting rose at 5.20 p.m.