

European Communities

EUROPEAN PARLIAMENT

Working Documents

1981 - 1982

5 March 1982

DOCUMENT 1-1079/81

REPORT

drawn up on behalf of the Committee on the
Environment, Public Health and Consumer
Protection

on the combating of drugs

Rapporteur : Mrs C. SCRIVENER

In its resolution of 10 March 1980¹ on the fight against drug abuse the European Parliament instructed the Committee on the Environment, Public Health and Consumer Protection to draw up a report on the combating of drugs.

On 30 May 1980 the Committee on the Environment, Public Health and Consumer Protection appointed Mrs Christiane SCRIVENER rapporteur.

The committee considered the draft report at its meetings on 18 February 1981, 26 January and 23 February 1982 and adopted the motion for a resolution at the latter meeting by 16 votes to 1 with 1 abstention.

The following took part in the vote: Mr Collins, chairman; Mrs Weber, vice-chairman; Mrs Scrivener, rapporteur; Mr Berkhouwer, Mr Bombard, Ms Clwyd (deputizing for Mrs Krouwel-Vlam), Mr Combe, Mr Del Duca, Mr Ghergo, Mr Forth, Mrs Lentz-Cornette, Mr Mertens (deputizing for Mrs Schleicher), Mr Muntingh, Mr Rogers (deputizing for Mrs Seibel-Emmerling), Mr Sherlock, Mrs Squarcialupi, Mrs Van Hemeldonck and Mr Vandemeulebrouke.

¹OJ No. C 85, 8.4.1980, page 15

CONTENTS

	<u>Page</u>
A. MOTION FOR A RESOLUTION	5
B. EXPLANATORY STATEMENT	7
ANNEX I : ARRESTS ON SUSPICION OF DRUGS OFFENCES (1968-1976 in FRANCE)	20
ANNEX II : JUDICIAL ORDERS AND SENTENCES (in FRANCE) ..	21
ANNEX III : SENTENCING OF MINORS (in FRANCE)	22
ANNEX IV : SIGNATURE AND RATIFICATION OF UNITED NATIONS CONVENTIONS	23
ANNEX V : MEMBER STATES' CONTRIBUTIONS TO THE UN FUND FOR DRUG ABUSE CONTROL	24

The Committee on the Environment, Public Health and Consumer Protection hereby submits to the European Parliament the following motion for a resolution together with explanatory statement :

MOTION FOR A RESOLUTION

on the combating of drugs.

The European Parliament,

- having regard to its resolution of 10 March 1980 on the fight against drug abuse,¹ in which it instructed its appropriate committee to draw up a report on drug-taking,
 - whereas drug-taking is a complex social problem which cannot be studied in isolation
 - whereas drug-taking is constantly spreading to new sections of society bringing with it serious human, social and economic consequences;
 - whereas in the light of the scale of the problem the measures taken at local and national level to combat drugs could usefully be complemented at Community level,
 - having regard to the report by the Committee on the Environment, Public Health and Consumer Protection (Doc. 1-1079/81),
1. Notes the increasing use of drugs, notably psychotropic substances, in the Community Member States;
 2. Notes that the use of drugs has dire consequences for both the drug-takers and society;
 3. Calls on the Commission to compile more detailed information on the use of drugs in the Community.
- To this end the Commission:
- a) should supplement its statistics with information from services such as the anti-drugs squad, hospital casualty departments, local associations or any other organizations,
 - b) should have appropriate financial resources to enable it to collect and collate the necessary information in each Member State;
4. Calls on the Commission to set up a Community organization which would:
 - (a) coordinate the studies and research carried out in the various Member States on drug problems,
 - (b) promote the exchange of information between the relevant organizations in the Member States and international organizations such as the UN Commission on Drugs and the International Organization for the Control of Drugs,
 - (c) prepare and distribute information pamphlets to educate the public,
 - (d) organize recurrent information campaigns on the organizations concerned;
 5. Calls on the Commission to submit a report to the European Parliament in time for the necessary financial arrangements to be provided for in the Community's 1983 budget,

¹ OJ No. C85, 8.4.1980, page 15

6. Calls on the Commission to study the operation and results of earlier programmes to promote the diversification or substitution of crops from which drugs are manufactured and to consider whether new initiatives could be made in conjunction with other countries and organizations such as the United Nations Fund for Drug Abuse Control, UNESCO and the World Health Organization;
7. Urges the Commission to examine ways in which it could make a useful contribution to the work of the 'Pompidou' group, particularly in the light of the final communiqué of the sixth Conference of Ministers issued on 18 November 1981;
8. Instructs its delegation for relations with the United States Congress, to consider the matter at interparliamentary level and to examine the possibilities of joint action between the United States and the European Community;
9. Urges the governments of Member States which have not signed or ratified the 1972 protocol amending the 1961 United Nations Convention on Drugs to complete this formality;
10. Urges the governments of the Member States who have not signed or ratified the 1971 Vienna Convention on psychotropic substances, their classification and control to complete this formality;
11. Calls on the governments of the Member States to substantially increase their contributions to the United Nations Fund for Drug Abuse Control, which is financed by voluntary contributions;
12. Instructs its President to forward this resolution and the committee's report to the Council and the Commission of the European Communities and to the governments and parliaments of the Member States; the Council of Europe and to both Houses of the United States Congress.

B
EXPLANATORY STATEMENT

Introduction

The drug problem is a serious challenge to Western societies. In view of its size and complexity, one is bound to admit that purely national measures are scarcely likely to provide an effective remedy by themselves.

Drug abuse and drug trafficking tend, moreover, to reflect social trends. Thus, there has been a sharp increase in drug consumption in the more vulnerable social categories - young people, the unemployed and immigrants.

Efforts to promote rational measures to combat drug abuse and addiction are hampered at present by unproductive competition in the research field, insufficient pooling of experience and information and a lack of collaboration between researchers and medical practitioners.

o
o o

I. DRUG ABUSE IS SPREADING

1.1 Developments in drug taking

Drug taking, as it has evolved in recent years, today represents a serious social danger in Europe. The problems associated several decades ago with the use of natural narcotics from the East have now been replaced by those arising from the ease with which it is possible to obtain synthetic narcotics and psychotropic drugs in Western countries.

This is also the situation depicted in the reports produced since 1979 by the Council of Europe's Select Committee of experts on the treatment of drug dependence. Among the points made there we note the following:

1. Drug addiction is on the increase in a large number of countries;
2. It seems that the new addicts are getting younger all the time, and
3. Young addicts cannot benefit from existing treatment facilities.

However, in the absence of epidemiological studies, it is not possible to assess the extent of the problem more precisely. This is why the Council of Europe's committee of experts observed in the same report that

'there are very few figures available on these trends. Therefore more statistical data on drug addiction and its growth are needed to assist in combating it'.

Even without precise figures and taking into account the various kinds of drug, one can state with certainty that:

- (a) heroin abuse is still increasing;
- (b) psychotropic substances, such as sedatives and tranquillizers, and also anaesthetics, are being used in alarming quantities by all sections of the population and by all age groups;
- (c) the increase in alcoholism among women and young people has been particularly marked in recent years;
- (d) widespread abuse of cannabis continues;
- (e) there is growing evidence of a general trend towards multiple-drug addiction.

Furthermore, excessive consumption of legal drugs by adults clearly has the effect of encouraging young people to use 'hard drugs'. Such, at any rate, is the conclusion drawn from a vast epidemiological study carried out to ascertain the extent and social pattern of heroin addiction in West Berlin:

'In approximately 38% of cases the parents of heroin addicts have indulged in excessive consumption of alcohol (33.5%), medicines (4.2% or other drugs (1%).

This proportion of 33.5% of alcoholics among the parents of addicts represents an appreciable figure by comparison with estimates of the number of people on the verge of becoming alcoholic or already alcoholic, thought to make up 2% of the total population.'

1.2 Trends

Currently available statistical data indicate an increase in the use of both 'soft' and 'hard' drugs, but also of the misuse of glues and chemical solvents for their hallucinogenic effect.

Without going into detail, we need to summarize briefly the situation with regard to drug abuse in some Community countries.

Belgium: As regards the school-age population, the brochure on drugs published by the Ministry of Public Health indicates that 4% of school children have taken drugs (chiefly marijuana) at least seven times and 6% have taken drugs up to six times. It thus follows that 10% of the school population have tried drugs at least once. Statistics are highest for the upper forms of secondary schools and for large cities, and twice as many boys as girls are affected.

Denmark: Drug taking, which was very infrequent in the 1960's became widespread in the '70's, especially as regards cannabis, the hallucinogens and amphetamines.

Recently, the trend has been towards opium, the opiates and other depressants. Current figures for the consumption of some opiates are very high: heroin, cocaine and cannabis are increasingly used, and cases of the use of inhalants are also reported. On the other hand, the use of amphetamines seems to have diminished.

F.R.G.: Studies carried out in 1973, 1978 and 1979 for the Federal Bureau of Health Education, on young people aged 14 to 25 show that between 1973 and 1976 there was a drop in the use of illegal drugs by young people aged 14 to 20. On the other hand, the 1979 survey indicates a new upsurge in drug consumption among this age group, but without reaching the level of 1973. The percentages are as follows:

	aged 14 to 25 %	aged 14 to 17 %	aged 18 to 20 %	aged 21 to 25 %
1973	19	12	26	22
1976	15	5	20	23
1979	20	10	25	26

United Kingdom: From the studies and surveys carried out it has not been possible to collect the data necessary to determine accurately current drug abuse trends. There are, however, indications suggesting that the number of registered drug users has increased.

France: Omitting details, we can say that the relevant report indicates that the use of drugs and multiple drug addiction have increased in recent years. Thus, both the number of addicts and of those seeking help have been steadily rising since 1971. The use of amphetamines, cocaine and heroin has increased. The number of deaths attributable to drug abuse, and of burglaries of pharmacies grows from year to year (see Annexes, pages 19, 20, 21).

Luxembourg: The statistics show a steady increase in traffic in and consumption of cannabis. They do not take account of occasional smokers, although it is among these that a not inconsiderable proportion of future heroin addicts are to be found. The most disturbing feature is indeed the increase in the traffic in and consumption of heroin. The figures also indicate that the pusher-user phenomenon is spreading.

Italy: Drug addiction has reached epidemic proportions. Addiction is not a criminal offence in Italy and the country is now second only to Germany in the rate of drug-related deaths (300 for Italy as against 400 for Germany in 1979).

The percentage increase in registered addicts is constant; between the ages of 18 and 25 the increase was more than 80% (1979). The actual number of drug users in 1979 was estimated to be about 65,000. Two social classes are mainly involved: the lower middle class and the lumpenproletariat.

Greece: Problems concerning drug abuse are not particularly acute in Greece at present. No research has been carried out and no statistics exist as to its exact content and the nature of the problems.

Since 1974 there has been a change in the average age of users from 30 - 50 years to 15 - 25 years. There have also been changes in the substances used from cannabis products to opium-based substances. All social classes are represented. Statistics for the years 1974-78 show an increase in the number of persons arrested or sentenced from 200 to 400.

Holland: Consumption of illegal drugs is limited to specific sub-groups in the population. As to types of drugs, hallucinogenics were never popular in Holland, and the consumption per capita would be negligible. Cocaine is currently in demand, but the relatively high price, limited availability and specific effects are deterrents to widespread use. Consumption of heroin is currently situated at around 2,000 kg per year and the number of users at 25,000, i.e. 7,000 addicts and 18,000 'experimental' users; their average consumption would be thus 80 gms per capita per year. Consumption of cannabis was estimated at 150,000 kg per year, and the number of users at 1 million; their average consumption would be thus 150 gms per capita per year.

1.3 The economic and social aspects

Apart from the cost in human terms, the drug problem also imposes a heavy economic and social burden on our societies.

Although we have no recent estimate of the social cost of drug abuse in the European Community, we can get some idea of it by looking at the United States, where expenditure relating to alcoholism alone has been put at the equivalent of DM 25,000 million. (Federal Department of Youth, Family Affairs and Health, 1976). The government of the Federal Republic of Germany also drew attention to the financial cost to the State as long ago as 30 October 1972 in an opinion on the problem of drugs and narcotics.

Notwithstanding support from the international organizations, the measures taken up to now at national level have not succeeded in bringing the existing problems under control. Measures therefore need to be drawn up within the framework of the Community to improve the exchange of information and cooperation between the national bodies responsible for public health in the Member States and the international organizations.

II. SIGNIFICANCE OF THE DRUG PHENOMENON

We cannot hope to progress in combating drug abuse unless we first make the effort to gain an objective understanding of this phenomenon. We regard a number of aspects as particularly deserving of attention.

The most popular view of drug-taking is probably one that regards it as something of a natural calamity, although in fact it has none of the inevitability often ascribed to it. Until recent years young people started on 'soft' drugs out of curiosity, 'to see what it was like'. Then, gradually, they went on to hard drugs and were quickly 'hooked'. Today, however, this 'escalation' process among the young tends to be replaced by two parallel phenomena: on the one hand, initiation immediately with hard drugs, on the other, the use of highly toxic substances such as ether or other solvents.

It would, in any case, seem that the 'escalation' theory which links 'soft' drugs to 'hard' does not necessarily apply to all young drug users.

Of even more fundamental importance is the addict's attitude to society and vice versa. Addicts reject out of hand the traditional values and standards transmitted by society.

As pointed out in Mrs Monique PELLETIER's report, the 'stuff' plays a pivotal role in a community, which may be real or imaginary, where there is communication and where the young person hopes to find the warmth and human contact he failed to find at home or at school.

In the face of the growing inability of young people to communicate with the society which surrounds them, drugs appear to provide in the first instance a new expression for anguish, a new language after all other forms of contact seem to have failed.

In all societies tolerance for the use of drugs stops as soon as it becomes clear that those who take them thus seek to compensate for society's inadequacies or to challenge its functioning.

At the same time, it would seem that the harsher the repression of drug-taking, the more it grows into a symbol of escape and of destruction of established values.

The difficulty is that when official policy is to shut up young addicts in prisons or psychiatric hospitals, it only serves to deepen the gulf separating them from the adult world and exacerbates their alienation.

Nevertheless, in view of the serious nature and growing scale of the phenomenon, action by the authorities is indispensable.

III. PROBLEMS IMPLICIT IN THE DRUG PHENOMENON

Problems arising from the growing use of drugs are many. Some among them require special mention in this paper. These are the medical and the legal aspects.

3.1 The medical-legal approach

In nearly all the Community countries this is the main approach. The judge and the doctor still seem to play the principal part in dealing with drug dependence.

The doctor comes into the picture mainly at two points: his professional services are required in all those cases where the law permits the judge the choice between judicial punishment or ordering medical treatment but, in a more general manner, he is also involved in diagnosing the condition. Finally, as regards the public at large, it is the doctor who has the necessary authority to protect addicts from hostile prejudice.

Does this mean that the roles of judge and doctor fully and satisfactorily complement each other? Experience proves otherwise. What is law-breaking to the judge is an illness to the physician, a repetition of the offence for the one is a relapse for the other. In a word, the judge punishes what the doctor seeks to cure.

3.2 Medical treatment

Medical treatment is essential but is doomed to failure unless it is accompanied by long-term care going beyond the psychotherapy which is generally given in a hospital environment.

The doctor's work is also extremely difficult because in drug addiction the patient's situation is such that it requires the doctor's personal involvement in a search to find the best way of helping the addict.

This means that he must exercise extreme care and must be on the lookout for symptoms and reactions which are only incompletely understood by science.

IV. YOUNG PEOPLE AND DRUGS

4.1 The general attitude

It can be said on the whole that the drug problem affects similar proportions of young people irrespective of their social origin or professional status. Specific attitudes do not seem to be associated with different age ranges.

Young people in general do not recognize the distinction between legalized and illegal drugs, and thus see no difference between the drinking of alcohol, smoking of tobacco, the use of barbiturates and many other legally permitted pharmaceutical products and the taking of a banned drug such as cannabis.

4.2 Group attitudes

Five major groups can be distinguished according to whether and how they use drugs.

Each of these groups exhibits a specific attitude.

- Definite non-users: social intervention measures do not apply to them,
- those marginally at risk: young people who are interested in the drug problem, however have not yet been affected by it and for whom the danger is slight,
- possible drug users: comprise those individuals whose psychological make-up makes them eminently vulnerable in any encounter with drugs,
- drug users: occasional or regular users who show no sign of psychological or physical dependence,
- the addicts: habitual users of drugs who can no longer control their intake and, without special treatment, cannot free themselves from their dependence on drugs.

v - NEED FOR CONCERTED ACTION

5.1 At Community level

The dangerous consequences of lack of action at Community level can be categorized under three headings:

- growing numbers of young drop-outs. Such estrangement is likely to lead to suicide and death. We must therefore ask ourselves whether any society can tolerate such a 'quota' of deaths, whether consciously sought or otherwise.
- serious erosion of the authority of the institutions whose task it is to provide information, education, prevention and care.
- development of a situation in which gratuitous and unprovoked violence, theft and murder abound.

On the question of pooling information, the neurologists Dr Kapp and Dr Kleiner, members of the 'Wissenschaftliches Kuratorium der Deutschen Hauptstelle gegen Suchtgefahren' in Hamm have observed that the national organizations involved in research into and prevention of drug addiction are inadequately informed of what is being done in this field in the neighbouring countries (studies, findings, methods, policies and publications.). The member countries of the European Community suffer from the lack of a coordinating centre to provide a link between researchers and doctors, transmit documents and key specialist publications and, through its translation service, overcome the existing language barriers. This would certainly help in the long run to improve the standard of work on drugs, while avoiding

the situation whereby costly studies on the causes and effects of drug addiction, on the effectiveness of preventive measures, on therapeutic measures, etc. continue to be carried out without any coordination among the Member States'.

For this reason we recommend that serious consideration be given in the Commission to the possibility of setting up a coordinating centre to combat drug addiction.

5.2 At the international level

The administrative arrangements and preventive measures in the Member States are inadequate in the face of this disconcerting problem.

Many initiatives have already been taken at the international level. In Europe, the most outstanding was undoubtedly 'the Pompidou initiative', as a result of which between 1971 and 1977 a number of meetings of the Council of Ministers of the Community took place.

However, while the 'Pompidou initiative' has led to cooperation in the repression of drug abuse and to a useful exchange of information, the overall results so far have been modest.

It is essential to undertake concerted action with the United Nations Organization, Unesco and the World Health Organization.

VI - POSSIBLE MEASURES AT COMMUNITY LEVEL

The drug problem must be placed once again in the general context of problems faced by young people in industrialized societies.

Any measures to be undertaken must be seen as part of an integrated whole and hence a variety of specific actions will have to be envisaged.

Our view of the taking of drugs, of whatever kind, cannot be reduced to that of a commonplace act deprived of any deeper significance, because addiction should be regarded as an illness rather than a crime. It follows that the main stress should be on prevention, information and education to dissuade people from taking drugs.

The need for this type of action at Community level is further justified by the fact that all the European Community countries are affected by the problem to the same degree, and also because movement between the countries is extremely easy.

6.1 Legislative measures

The Single Convention on Narcotic Drugs of 1961 has been usefully complemented by the Vienna Convention (21 February 1971) on psychotropic substances and their classification and control, and by the 1972 report where it is concluded that action on a European scale is needed to implement the provisions of the Convention. It would be desirable for all the member countries of the Community to ratify the Convention.

6.2 Measures to improve knowledge of the drug phenomenon

Estimates of the extent of the use of narcotics are very incomplete. Figures provided by national public authorities are usually incomplete. Use must therefore be made of information from other sources, such as that provided by police narcotics squads, hospital emergency services, etc.

The Community could provide financial aid for the establishment of statistical services in each country to collect and collate such data.

6.3 The dissemination of information - some general observations

While the dissemination of information is a key method of prevention in the fight against drug abuse, it is essential that the effectiveness of the methods to be used is ascertained beforehand. For example, in the schools in the Member States the subject of drugs is dealt with in a haphazard way. Experts like H. Feser believe that

'even quite young children can be taught about the problems of drug addiction in a manner appropriate to their stage of development ...', but 'most teachers have neither the training nor the motivation to take on this task'.

Attempts aimed at prevention by information using unsatisfactory methods have resulted in incorrect and incomplete information being passed on concerning both legal and illegal drugs. Following an investigation carried out in Switzerland, Professor Biener noted:

'Young people obtain most of their information about intoxicants from other youngsters of the same age or from the media'.

At the same time, Professor Biener warned against unsustained information campaigns.

'It can be said that the fact of listening to a single talk on drugs, far from diminishing the wish to try them, can actually stimulate it'.

German experts working in the same field came to the same conclusion after an 'anti-drug festival' held in Hamburg in May 1978 under the auspices of the city health authorities: 'It was found that the unconditional resolve not to touch drugs expressed by some 70% of adolescents aged from 15 to 16 was shaken rather than strengthened'.

Spectacular methods such as these must give way to information campaigns designed to have a lasting impact. Professors Kielholz and Ladewig believe that 'All measures aimed at informing broad sections of the population in a systematic manner on the causes of drug abuse and alcoholism should be encouraged!.

The work of disseminating information should be conceived of more in terms of health education.

The debate on educational programmes both in and out of school should be given a new direction through an ongoing exchange of information and lead to the adoption of Community programmes.

We are bound to say that at present ideas of what is needed in the way of up-to-date teachings on drugs still differ widely in the Member States.

All the foregoing remarks point to the need for careful evaluation of any information before it is disseminated. That said, however, no-one could deny the preventive value of information of a high standard and disseminated in a manner likely to have a lasting effect.

6.4 Educational measures

Education on drugs must be regarded as an important element of prevention. In the past, prevention was mostly regarded as consisting in efforts to reduce or prevent non-medical uses of narcotics. Since this form of prevention has not proved effective, we must today work out and lay down realistic objectives. It follows that an educational programme entrusted to a single organization is not enough. Side by side with the function that should naturally be performed by schools, the work of education on narcotics should be undertaken by parents, by youth clubs, etc. The problem of drugs should also be made part of an overall programme of health education. Educational establishments and community groups should provide education on drugs within the framework of an integrated programme rather than as an isolated item within conventional curricula.

6.4.1 Teaching in schools and training of teachers

To ensure maximum results from the measures adopted, there must be a link between measures directed at children in school and activities outside schools, between preventive measures and medical action. The European Community could make available substantial amounts of aid to finance the training of a body of organizers whose job would be to promote seminars for parents, meetings between parents and children, activities involving the participation of the local communities and seminars for teachers.

The Community cannot undertake the educational role which is properly that of the government of each Member State. Nevertheless, prevention of drug abuse cannot be pursued effectively unless children are taught about drugs from the earliest age. Pretending that a problem does not exist is no way to solve it. Prevention of drug abuse must therefore become part of the educational system starting with the school.

Information on narcotics should be accorded an important place in schools and universities and should be disseminated by education teams equipped with the necessary means to implement an effective policy of education and information.

The Community can provide a significant stimulus here by organizing special 'information days' during which young people can be objectively instructed on the dangers of narcotics. It is found that extra-curricular activities can as often as not play an important role in preventive education.

6.4.2 Activities outside schools

These should be aimed at reaching all those who are not direct targets of narcotics.

Among measures which could be undertaken at Community level we should particularly stress the part that the Community can play in providing information to groups specifically concerned with the drug problem, such as associations for combating drug abuse. Such publicity could be channelled through the media, health and social authorities, and regional and local bodies.

In particular, the Community could set up on its own account a service for the distribution of documentation and audio-visual material and for organizing large-scale campaigns.

Publicity campaigns could also be undertaken at Community level by means of the mass distribution of films and travelling exhibitions.

6.5 Measures to reduce the supply of drugs

If a Community policy aimed at reducing the intake of narcotics is to have any chance of success, we must concentrate first on defining the principles according to which strict control of the production of drugs is to be effected.

Reducing production does not seem practicable unless substitute crops can be offered in compensation. This, however, presupposes that such substitute crops are completely suitable to local technological development and to local traditions, and that they can offer comparable incomes to the growers.

The second, and admittedly somewhat unrealistic, solution would be for the countries concerned by the drug problem to buy up together the entire amounts of drugs produced. This would require a system of very strict controls and the permanent overseeing of the production laboratories in order to ensure that additional quantities are not manufactured for sale at exorbitant prices on the black market.

In view of the costs involved, any such measures should be undertaken by the Community in coordination with the United States.

6.6. Measures in the medical field

At the European level there is a need for specialist training, particularly in the health services.

Action could be along two lines:

- . development of the teaching of toxicology in medical faculties,
- . the establishment of a common core of study and research in the faculties of medicine and pharmacology in Europe so as to promote the pooling and exchange of experience and research findings.

Preventive measures should also concentrate on helping young people in trouble. The Community could help the Member States to finance flexibly organized reception centres for young people to help drug addicts return to a normal life. Teams of prevention workers could seek out drug addicts to encourage them to undertake treatment.

6.7 Research

The need for scientific investigations on which to base strategies for action against drug abuse and addiction was reaffirmed by the United Nations in 1979 when it stressed the need to redouble efforts and show a united front to combat the illicit production of drugs and drug traffic and abuse.

A united front, for, as the criminologist Kreuzer observes:

'Nobody is able to supply reliable data on the present situation. This is due principally to the fact that we in the research field engage in competition which is sometimes fertile, but also sometimes sterile, and there is virtually no coordination between these very costly studies. We lack a central research body. In the absence of reliable and comprehensive observations and faced with the need to interpret the underlying causes of the available data, it is tempting to interpret them in one way rather than in another...'.
'

More precise assessment of the dimensions of the drug problem in the Member States has made it possible to renew the search for the

causes of the pathological symptoms and to shed light on the interdependence between legal and illegal consumption of drugs.

As regards therapy and post-cure treatment, other studies are needed.

Despite the advances made over the last ten years in the treatment of drug addiction, the situation in regard to therapy (above all among young addicts) can hardly be called satisfactory.

At its fourth session in Strasbourg (18-21 September 1979), the Select Committee of the Council of Europe came to the following conclusions:

- (a) documentation and statistics are still very poor (in regard to therapeutic methods, results, efficacy, etc.);
- (b) the failure rate is still very high.

Qualitative studies on the various approaches used to combat drug abuse and addiction, an analysis of the situation in regard to therapy in the Member States of the Community and the pooling of experiences through the setting-up of committees of experts - all these are measures which would ultimately lead to an improvement in the scientific work which is a sine qua non in the fight against drugs.

ARRESTS ON SUSPICION OF DRUGS OFFENCES
1968-1976 (in FRANCE)

Year	1968	1969	1970	1971	1972	1973	1974	1975	1976
Prosecutions.....	213	485	913	1,224	1,281	1,181	1,213	1,438	1,784
Arrests on suspicion	361	1,000	1,861	2,592	3,016	2,830	3,241	3,503	4,152
International traffickers.	108	116	108	108	139	170	184	261	183
Local pushers	125	111	125	125	111	58	115	154	130
Users - sellers	20	7	37	415	472	545	810	804	1022
Users	1944	2294	2294	2294	2294	2056	2132	2284	2817
Males	2062	2417	2417	2417	2417	2313	2657	2953	3507
Females	530	599	599	599	599	517	584	550	645
French	2025	2443	2443	2443	2443	2335	2793	2857	3416
Non-French	567	573	573	573	573	495	448	646	736
Aged under 15	961	49	49	49	49	65	39	43	21
Aged 15 to 20	1025	33.98	33.98	33.98	33.98	800	1162	1649	1719
Aged 21 to 25	1289	49.72	49.72	49.72	49.72	1529	1156	1266	1750
Aged 26 to 40	286	79.50	79.50	79.50	79.50	436	332	486	605
Aged over 40	52	1.60	1.60	1.60	1.60	52	52	59	57

ANNEX I

JUDICIAL ORDERS AND SENTENCES
(in FRANCE)

	1971	1972	1973	1974	1975	1976
No. of persons brought before the Public Prosecutor's Office	1,063	1,502	1,771	1,957	2,598	3,501
Referred directly to court for trial in case of 'flagrante delicto'	35	41	25	43	82	142
Referred directly to court for trial	192	109	202	211	317	547
Filed without further action	339	552	496	667	662	804
Ordered by Public Prosecutor's Office to undergo treatment	352	532	598	732	815	847
Case referred to investigating judge	690	821	1,144	1,246	1,823	1,977
Remanded in custody	618	775	804	867	1,105	1,360
Released on bail under court supervision	227	364	342	485	676	879
Ordered by investigating judge to undergo treatment	87	111	132	161	219	232
SENTENCED FOR USING DRUGS ONLY:						
IMPRISONMENT - up to 3 months ...	29	48	69	127	106	140
IMPRISONMENT - 3 months to 1 year	45	106	70	109	140	204
IMPRISONMENT - 1 to 5 years	20	12	5	9	26	40
IMPRISONMENT - over 5 years	—	—	—	—	—	—
'MIXED' SENTENCE - time on remand in custody counted towards prison term	29	94	18	51	124	123
SIMPLE SUSPENDED SENTENCE	104	168	193	331	376	502
SUSPENDED SENTENCE - subject to conditions	48	48	127	175	217	250
Fine, or fine and prison term ...	92	140	179	268	189	327
Subsidiary punishment	22	53	21	23	24	104
Treatment	25	38	31	24	31	72
Acquittal	8	20	17	56	32	81
TOTAL	304	418	561	766	933	1,415
SENTENCED FOR USING DRUGS AND TRAFFICKING:						
IMPRISONMENT - up to 3 months ...	30	54	57	52	82	93
IMPRISONMENT - 3 months to 1 year	98	159	171	130	159	284
IMPRISONMENT - 1 to 5 years	102	142	84	85	82	147
IMPRISONMENT - over 5 years	54	36	5	15	17	17
'MIXED' SENTENCE - time on remand in custody counted towards prison term	50	81	122	115	133	191
SIMPLE SUSPENDED SENTENCE	53	161	191	78	128	406
SUSPENDED SENTENCE - subject to conditions	89	129	155	75	176	200
Fine, or fine and prison term ...	91	157	200	104	140	225
Subsidiary punishment	87	61	47	52	55	132
Treatment	12	6	15	11	24	40
Acquittal	17	26	16	37	12	30
TOTAL	444	711	696	508	780	1,483
SENTENCED FOR TRAFFICKING ONLY:						
IMPRISONMENT - up to 3 months ...	38	39	27	47	36	39
IMPRISONMENT - 3 months to 1 year	42	42	77	101	59	165
IMPRISONMENT - 1 to 5 years	75	79	92	114	92	123
IMPRISONMENT - over 5 years	58	42	57	61	30	45
'MIXED' SENTENCE - time on remand in custody counted towards prison term	24	23	46	65	56	100
SIMPLE SUSPENDED SENTENCE	53	39	66	126	131	107
SUSPENDED SENTENCE - subject to conditions	12	34	20	15	40	37
Fine, or fine and prison term ...	76	115	91	111	65	85
Subsidiary punishment	72	53	52	58	50	46
Treatment	—	—	—	—	—	—
Acquittal	8	0	9	43	18	23
TOTAL	232	315	398	493	440	619

Source: Ministère de la Justice - Direction des Affaires criminelles

SENTENCING OF MINORS
(in FRANCE)

		Age 13 to 16			Age 16 to 18			Overall		
		Boys	Girls	TOTAL	Boys	Girls	TOTAL	Boys	Girls	TOTAL
1972	Misuse	6	9	15	78	38	116	81	47	131
	Trafficking	-	-	-	3	3	6	3	1	6
	Trafficking and misuse	4	1	5	82	15	97	86	16	102
	TOTAL	10	10	20	163	56	219	173	66	239
1973	Misuse	13	7	20	90	25	115	103	32	135
	Trafficking	-	-	-	14	2	16	14	2	16
	Trafficking and misuse	8	5	13	57	10	67	65	15	80
	TOTAL	21	12	33	161	37	198	182	49	231
1974	Misuse	15	10	25	95	24	119	110	34	144
	Trafficking	1	-	1	22	12	34	23	12	35
	Trafficking and misuse	5	2	7	56	13	69	61	15	76
	TOTAL	21	12	33	173	49	222	194	61	255
1975	Misuse	22	13	35	157	56	213	179	69	248
	Trafficking	6	-	6	25	6	31	31	6	37
	Trafficking and misuse	8	2	10	99	26	125	107	28	135
	TOTAL	36	15	51	281	88	369	317	103	420
1976	Misuse	27	20	47	196	67	263	223	87	310
	Trafficking	7	-	7	14	3	17	21	3	24
	Trafficking and misuse	12	8	20	87	17	104	99	25	124
	TOTAL	46	28	74	297	87	384	343	115	458

Source : Ministère de la Justice - Direction de l'Éducation surveillée.

SIGNATURE AND RATIFICATION OF UNITED NATIONS CONVENTIONS

All Member States of the European Communities have signed and ratified the United Nations Single Convention on narcotic drugs of 1961. Not all, however, have signed and ratified the 1972 Protocol amending this Convention (which expanded the authority of the International Narcotic Control Board and added provisions on the social side of drugs control) or the 1971 Vienna Convention on Psychotropic Substances and their Classification and Control.

	1972 Protocol		Vienna Convention 1971	
	Signed	Ratified	Signed	Ratified
Belgium	x			
Denmark	x	x	x	x
Federal Rep. of Germany	x	x	x	x
France	x	x	x	x
Greece	x		x	x
Ireland	x	x		
Italy	x	x		
Luxembourg	x	x		
Netherlands				
United Kingdom	x	x	x	

MEMBER STATES' CONTRIBUTIONS TO THE UN FUND FOR DRUG ABUSE CONTROL

	\$ 1978	\$ 1979	\$ 1980	\$ 1981 (to date)
Belgium	-	25,000	-	-
Denmark	19,932	28,022	27,382	-
Federal Republic of Germany	247,824	268,928	1,149,425	697,674
France	100,000	100,000	100,000	-
Greece	2,000	2,000	2,000	1,918
Ireland	5,000	5,000	-	-
Italy	-	-	124,339	240,259*
Luxembourg	-	-	-	-
Netherlands	-	-	-	-
United Kingdom	-	113,575	116,400	92,750
Percentage of total contributions	7.4%	11.7%	32.1%	10.0%

*possible two year contribution

The relatively high percentage of total contributions accounted for by EEC Member States in 1980 is not explained only by certain increased contributions but by a lower level of total contributions. This was because the US Congress claimed that Western European countries were not paying their fair share and decided that in 1980 the US would contribute no more than 25% of the total. In 1981 however Congress decided that the US could contribute up to 50%.

PE 74.291|fin.