EUROPEAN PARLIAMENT

Committee of Inquiry into the Drugs problem in the Member States of the Community

Report
on the results of the Enquiry

Rapporteur:
Sir Jack STEWART-CLARK

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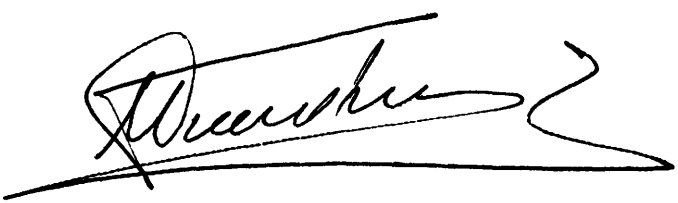
Introduction

by Mrs Marietta GIANNAKOU-KOUTSIKOU

Chairman, Inquiry Committee on the Drugs Problem in the Member States of the Community

The European Parliament, in setting up an inquiry committee into the drugs problem, has shown its commitment to study in depth the factors that favour the demand for drugs, that permit their continued production and distribution and to make a series of concrete proposals for action on a Community scale.

The resolution adopted by a large majority, and the report drawn up by Sir Jack STEWART-CLARK on behalf of the committee, are the fruit of a year's work during which each aspect of the problem was examined with the help of very many eminent specialists in each field. The importance of cooperation, not only at Community level, but on an international scale cannot be emphasized enough. This is a problem that affects a great number of citizens and our aim is to bring home to all the Community institutions the realities of the situation in Europe and to compel them to declare war on drugs. The European Parliament has shown yet again its capacity to be a driving force in the elaboration of Community policies and I am proud to have been associated with this effort.



RESOLUTION OF 9 OCTOBER 1986

on the drug problem

The European Parliament,

A. having regard to the report and recommendations of its Committee of Inquiry on the drugs problem (Doc. A2-114/86),

B. having regard to the declaration at the Hague Summit, indicating the willingness of Member States to take concerted action against the drug problem,

C. appalled by Member States' reluctance to acknowledge the extent of the problem,

D. whereas the policies pursued so far by Member States have not prevented the further extension of the problem which has now reached alarming proportions,

E. alarmed at the worrying increase in the drug problem,

F. whereas the illegal drug traffic is carried on by criminal organizations with immense resources and capital at their disposal,

G. whereas the activities of these organizations extend far beyond drug trafficking, even influencing the political and economic system in many cases and many countries,

H. whereas furthermore the policies pursued to date by Member States have been of little avail with regard to:

   (i) suppression, with an average of 5 % of illegal substances actually seized,

   (ii) prevention, with too little and often inappropriate action,

   (iii) rehabilitation and reintegration into society, owing to a lack of resources and the unwillingness of society as a whole to offer proper solutions, especially for young people,

I. pointing out to all the institutions of the Community their duty to improve living and working conditions which is the basis of the EEC Treaty,

1. Submits the attached draft resolution to the Council of Ministers;

2. Urges the Council formally to adopt this resolution without delay;

3. Instructs its President to forward this resolution, together with the report and recommendations of the Committee of Inquiry into the drugs problem in the Member States of the Community, to the Council and Commission;

COUNCIL RESOLUTION

on concerted action to tackle the drugs problem

The Council of the European Communities,

— having regard to the Treaty establishing the European Economic Community,

— recalling the declaration of the European Council at The Hague which recognized the need for action at Community level to tackle the drugs problem,

— having regard to the report and recommendations of the European Parliament's Committee of Inquiry into the drugs problem in the Member States of the Community (Doc. A2-114/86);

Undertakes to:

1. Develop joint Community policies to alleviate the alarming rise and rapidly changing nature of the drugs problem by tackling all links in the international chain from production and supply to demand and final consumption, while confirming the illegality of those drugs as laid down in the United Nations Conventions;

2. Asks the Commission to organize a European conference to study all the effects and implications of drug use in order to assess *inter alia* the activities of criminal organizations and in particular the health and social consequences of drugs;

3. Provide increased funds for drug crop substitution programmes and to bring greater political and economic pressure to bear on producer countries to ensure their full cooperation in these programmes and in the elimination of clandestine processing laboratories;

4. Tackle the problem of crop conversion in the spirit of solidarity of the Lomé Convention and in the framework of comprehensive help for the producer countries which are usually poor, backward and under despotic rule;

5. Establish strict controls on Community exports and imports of known chemicals and precursors used in manufacturing illegal drugs;

6. Take concerted action at the forthcoming meeting of the Ministers of Justice on 20 October 1986 to establish practical guidelines for the sentencing

of drug traffickers, procedures for their extradition and the freezing and confiscation of their assets;

7. Spare no effort to combat those criminal organizations which exercise control over the institutions of the state in many producer countries and are furthermore engaged in arms trafficking and terrorism;

8. Introduce effective measures for dealing with money laundering by drug traffickers and their accomplices, *inter alia* by the introduction of a Community directive on currency transaction reporting;

9. Amend existing customs regulations providing for the seizure of goods to the extent necessary to cover the seizure of all illegal drugs traded within the Community on a common basis, and to ensure a common approach to *inter alia* controlled deliveries;

10. Provide support for the establishment of new mechanisms for closer cooperation between the customs authorities of the 12 Member States with respect to the detection of drugs;

11. Ensure that every Member State of the Community has a central drugs intelligence agency and that mechanisms are established to coordinate their activities. In order to facilitate exchanges of information and research, resources will be provided when necessary so that action can be taken to ensure that the police and customs computer information systems in the various Member States are compatible;

12. Improve as a matter of extreme urgency the facilities and provide adequate resources for:

(a) preventive education at all levels of society, which is the most important strategy in tackling drug abuse in our society,

(b) rehabilitation and treatment of addicts;

13. Calls on the Commission to ensure the early implementation of a decision to place consumer education on the school curriculum; indeed only a conscious attitude towards consumer goods, drugs in general and medicines, can save people, especially the young from the pleasure of imitation and following the fashion of their peers;

14. Draw up a set of guidelines to be used by local authorities in planning for the reintegration of treated addicts into society, using, where possible, the European Social Fund;

15. Draw up proposals for the establishment of a Community research and information centre on drugs problems in its next preliminary draft budget;

16. Participate fully in and contribute to the activities of international organizations involved in the fight against drug trafficking and drug abuse, prevention and treatment.

CONTENTS

Each main section is preceded by a list of sub-sections. Recommendations are incorporated in the text in italics.

We should like to thank the very many people who have helped us in our enquiry. A full list of those who have given evidence at our hearings and with whom we have had discussions is contained in Annexes I and II.

SECTION I

INTRODUCTION

— Reasons for setting up the Committee

— Aims of the report

— Escalating use of Heroin and Cocaine

— Dealing with drug traffickers and criminal organisations

— Public perception and knowledge

— Education and prevention

— Research

— Basis of recommendations

— A comprehensive approach

Reasons for setting up the Committee

1. The Committee of Enquiry into the drugs problem in the Community was set up as a result of the direct will of the Members of the European Parliament. Nearly half of those elected signed a resolution demanding the formation of such a Committee and it has had the backing and participation of all political groups. Consequently, it is a Committee which crosses all political and national boundaries within the European Community.

2. In March 1982 a report was drawn up for the European Parliament's Environment, Public Health and Consumer Protection Committee by Madame Christiane Scrivener on the combatting of drugs abuse. Since then the problem has escalated considerably. It has also become clear to the members of the Inquiry Committee that drug addiction constitutes just one aspect of the global problem of drugs and the enormous profits made from their illegal trade. It has also been recognised that the problem of drug abuse affects general areas of European policy including external relations, trade customs, law and order, health, social affairs, education and citizens rights. There was, therefore, a need for a special committee which could cover all these aspects of the drug problem, which no single Standing Committee of the European Parliament could do.

3. The special committee on drugs was given one year in which to complete its findings and to bring its report before the Plenary of the Parliament. This has proved to be a short period of time in relation to the complexity and breadth of the subject. Nonetheless, it was recognised that there was an urgency to complete our work as soon as possible, in view of the dramatically escalating problem of drugs across the EEC. It was also recognised that in directly representing 320 million citizens, our committee, its rapporteur and its members were in a unique position to go straight to the 'grass roots' to learn about the problems at first hand and to bring influence to bear upon the Council of Ministers and the Commission to take action on the basis of the findings and the recommendations which are contained in this report. It has also been the intention to point the way, not just to those in authority at European Community and national level, but also to help those at local community level to take greater action in the battle against drugs.

Aims of the report

4. This report cannot offer a solution to the drug problem. It aims, however, to increase awareness of the mounting drug menace in a manner which is based on fact and not fiction and provide help towards achieving both short and long term improvements in the present critical situation. We hope that the report will be of value to many sections of society including community leaders, for it is clear to us that however effective our Governments, police, customs and judges may be in combatting drug trafficking, their efforts can only succeed if the problem of drugs is also tackled at local community level.

Escalating use of Heroin and Cocaine

5. Over the past ten years Heroin has become an epidemic of serious proportions. Despite the many economic and social problems of contemporary society, where the habits of parents and peers often set bad examples to the young, the rapidity with which hard drugs, particularly Heroin, have taken hold on all Western European countries is alarming. There are perhaps as many as 1.5 million regular users of this drug in the Community, mostly in the younger age bracket from 17-25. Crime committed at street level by addicts seeking to finance their habit is mounting daily. Drug related offences are accounting for an estimated 50% of all arrests made by the police and jails are becoming overcrowded. There is a major problem of drugs in prisons themselves. All countries in the Community have found themselves unable to cope with the escalating Heroin problem and rehabilitation facilities have proved totally inadequate for the needs of the situation. As a result addicts who need and want treatment are often unable to obtain help or find themselves at the end of a waiting list. When treatment is made available it is often inadequate and of far too short duration to give any real hope of cure. If this was not enough, Western Europe finds itself on the brink of a further drug explosion with the coming of Cocaine — a drug of equally serious and addictive proportions. The United States is saturated with this drug, which has ripped American society apart and where there are estimated to be a minimum of 8 million regular users.

Dealing with drug traffickers and criminal organisations

6. It is important to emphasise that the serious problems of drug addiction and usage across Europe are not the most visible signs to the general public of an equally great danger to the countries of the Community in particular, and to all democratic countries in general. This is the emergence in strength of drug traffickers and their criminal organisations, operating at multinational levels, which are involved in the whole gamut of producing, processing, transporting and marketing of drugs and the laundering of 'black' money from the drugs trade. The activities of these organisations constitute an unprecedented attack on national and international social order and potentially against the economic and financial system of the democratic world. If this seems an exaggeration, it should be noted that drug traffickers are already in the position of influencing the institutional life of entire countries, particularly in Latin America. It is also clear from information given by various official sources, including Interpol, that the illegal drugs trade is inextricably linked to the illegal arms trade. Further, the big drug trafficker operates internationally and knows no frontiers. Until now, traffickers in both producer and consumer countries have had it nearly all their own way. It is estimated that the annual takings from the sale of narcotic and psychotropic drugs worldwide amounts to a staggering $300,000,000,000 of which over a third is in the United States. This is equivalent to ten times the Community budget or a figure approximating to the GNP of a Member State such as Italy.

7. In the face of this international problem one would expect the European Community to be girding up its loins to tackle it on an integrated basis. Yet we see a lack of coordination and no existence of a European strategic plan. As Dr. di Gennaro, head of the United Nations Fund for Drug Abuse Control said to the

committee 'The drug traffickers' influence on all nations in both the economic and political sphere is increasing all the time. No country is immune. Yet the count-down has only just begun and if we continue to do nothing we shall witness disastrous consequences.

8. Despite the enormous efforts of police and customs there is evidence that about 95% of all drugs destined for users in the EEC are reaching the streets. By any standards, this must be unacceptable; we therefore need to reconsider the methods employed across the whole field of law enforcement and take into account the differing views which are being expressed by those in authority across the Community. A thorough assessment of successful and unsuccessful measures taken in the different countries should be made.

Existing International Action

9. There are several inter-governmental agencies which are already active, particularly on the supply side, in combatting the supply and abuse of illegal drugs in Europe. The major ones are: United Nations Fund for Drug Abuse Control and Interpol, Customs Cooperation Council and the Pompidou Group. The latter is the only organisation specifically at European level and we know it is carrying out excellent work. Nevertheless, a more open approach to sharing of information and ideas would be welcomed by other organisations active in the field. Whilst recognising the staff limits of the group and its essentially informal nature, it seems there has been an unnecessarily high level of secrecy in the past. We note the excellent series of bulletins issued by the United Nations and by Interpol and welcome the moves within the Customs Cooperation Council to increase dissemination of their information.

Public perception and knowledge

10. We find that the public generally, and often the media, do not differentiate sufficiently between the drug trafficker, who probably has never been a drug user and the small-time pusher. The large-scale drug operators should be given no hiding place and the full resources of our nation states should be brought to bear to trace them, to sentence them and to confiscate their assets in a way which is commensurate to the scale of their crimes. Small-time drug pushers must also be subject to the law, but in a way which distinguishes their offence from the crimes of the big-time trafficker. Those drug addicts who commit offences such as minor robbery and prostitution should be prosecuted in the same way as non addicts according to the law of the land.

11. People today all too often see drug addicts as being social outcasts rather than the victims of present-day stresses and our inability to stem the flow of drugs. In doing so they compound the problem. We must involve the hearts and minds of the people in helping to overcome the drugs problem. To rely only on law and order measures and state-sponsored rehabilitation and education programmes is not enough. We need to look at ways of involving the family and the local community, both in discouraging those young people at risk and in helping those who have become addicts. A continuous review and open discussion should take place on the effects of the growing wealth of organised crime based on the drug traffic, on the attitude and role of society in dealing with drug

addicts and the effects of law enforcement policies on drug users themselves.

Education and Prevention

12. At present, resources being allocated to the demand for rehabilitation, and preventive education in all countries of the Community is woefully inadequate. For those governments which hold back in allocating resources, we point to the estimated cost of drugs on society. In the United States, estimates of the social and economic cost of drug abuse, prevention, treatment, related crime, and lost productivity totalled around $100,000,000,000 in 1984. No similar estimates exist for the EEC, but the cost is still enoromous. At the very least, rehabilitation facilities should be available to every drug addict who asks for treatment, at the time of request; every primary and secondary school should include some education about drugs in its curriculum.

Research

13. There is a lack of knowledge across the EC about drugs and drug taking and insufficient research, even on a national basis. We need to know much more about the developing trends in drug trafficking and drug taking, about why drugs are being taken by young people, about the various forms of rehabilitation and their degrees of success and the methods of education most likely to influence young people and their parents positively to prevent drug taking. It is a major aim of this report to suggest how this can be done.

Basis of Recommendations

14. *The recommendations contained in this report aim to be complementary to and integrated into the activities of existing bodies such as the Pompidou Group, Interpol and the Customs Cooperation Council in Western Europe, and the United Nations at world level, by trying to concentrate on all those important aspects of the fight against the effects of the present situation in our societies. At the same time, information flow between these bodies and the Community institutions should be actively maintained to ensure good communications and to avoid duplication.*

15. *The drugs problem is a worldwide one. The consumption of drugs is becoming an increasing threat, not only in the Western industrialized countries, but also in the regions where drugs are cultivated and produced, the countries of Eastern and Central Europe and the Soviet Union. Actions to help stem the flow of supplies need to be tackled at a global, as well as at an EEC, national and local level. In recommending European Community action in this report, the international aspects must always be kept in mind.*

16. *The Committee of Inquiry emphasizes here that the drug traffic and the arms traffic are inextricably linked and that drugs have often become the unit of currency for the payment of arms supplies.*

17. *Measures to combat the network of criminal organizations must therefore be taken at international level, with a common strategy, laws and suitable*

coordinated measures and international legislation, the enforcement of which should be rigorously coordinated.

18. *The European Community, combining the political and economic forces of 12 countries, is especially well-placed to bring pressure to bear at an international level for action such as crop substitution, and the control of chemicals. The European Parliament itself can use its considerable political influence by increasing the awareness of those it represents and encouraging national authorities, on their behalf, to work more closely together in reducing drug abuse.*

19. *The purpose of this report and its recommendations is to provoke thought and to create a basis for the discussion, development and implementation at European level of new strategies to tackle drugs problems as society sees them and as they exist in reality. We are critical of the fact that drugs problems have so far not been addressed adequately at either national or European level. A radical change in drugs policy is essential and should be brought about as quickly as possible.*

20. *It also aims to provide an impetus and a base from which new strategies in tackling the problem of drugs can be worked out and implemented by the Commission of the European Communities and the EEC Council of Ministers. We are critical that these two institutions have as yet been unwilling to address themselves adequately to the drugs problem but we welcome the recent agreement by the European Council in the Hague at the end of June to recognize the need for rapid and effective (albeit belated) action to make up, at least in part, for the inertia so far shown by most national and Community institutions. Without the corresponding political will, drug abuse cannot be combated effectively.*

A comprehensive approach

21. *Whether at international, national or local level, it is recommended that all links in the chain of production, supply and demand for narcotic drugs must be tackled in order to deal successfully with the problem. Appropriate resources should be allocated to each area of action.*

22. *It must be recognized that during the last decade there has been an expansion of zones of production, many of which are controlled by the organizations which produce and market drugs despite the efforts of international organizations specializing in crop conversion, and the dramatic rise in the number of drug addicts, estimated at tens of millions of individuals.*

23. *Crop substitution programmes must be developed and coordinated. Efforts designed to substitute crops which are grown particularly in certain underdeveloped countries must be more vigorously pursued, though it should be borne in mind that destruction of the drug crop at that stage is a drastic method which is, at the social level, unsatisfactory from the point of view of reducing supply, inasmuch as it strikes at the weakest and most uninformed link in the drugs chain. So efforts must be pursued in the supplier, transit and recipient countries to get at the processing laboratories and the trafficking networks, without, however, bringing about a situation in which cooperation*

with other states on combating drugs constitutes a violation of national sovereignty. Moreover, in Europe, surveillance of the manufacture and export or import of chemicals and precursors used for drug manufacture must increase. The investigation and intelligence resources of our police and customs forces need to be strengthened and effectively coordinated.

24. *Whatever measures are taken against the production of drugs and the illegal cultivation of source crops, they will remain ineffective as long as demand in the consumer countries is not eradicated or substantially reduced. On the demand side, strenuous efforts therefore need to be taken to reduce consumption by a comprehensive series of measures to be taken in the fields of preventive education, rehabilitation and training. At all levels of action, a flexible approach is needed to take account of the wide availability of different drugs and polydrug use and the widely differing reasons which lead to drug use and abuse. This results in a constantly changing pattern of drug-taking. There is no typical addict and no set drugs of addiction: there is therefore no one simple solution, but rather a variety of solutions which may be subject to rapid change according to the country and the various individual and collective cultures concerned.*

25. *Effective action to reduce or halt the trend of drug misuse must be multi-disciplinary and involve coordinated action between the various statutory services. In order to prevent the misuse of drugs, comprehensive education measures, based on facts rather than social taboos, must be introduced. There is currently clear evidence of insufficient cooperation, even at national or local levels, between different services such as police and customs forces, or health, education and legal authorities. Efforts should be made to establish a national drug abuse coordinating committee, which would have contact with all governmental and voluntary organizations and coordinate their activities.*

26. *The large number of bilateral agreements already in force on this subject between certain Member States or with the United States and other third countries should be gradually converted into agreements involving all European Community countries.*

27. *It is essential to remember that, as shown in the 1985 report of the International Narcotics Control Board of the United Nations, there is in many areas throughout the world a close connection between drug-trafficking, organized crime, subversion and international terrorism.*

28. *All Member States should carry out in full the provisions of the two major international treaties on drug control systems: the 1961 Single Convention on Narcotic Drugs (amended in 1972) and the 1971 Convention on Psychotropic Substances.*

29. This report will look at each of these aspects in turn.

SECTION II

NATURE OF THE DRUGS PROBLEM

— Terms of reference

— Characteristics of various drugs

— International controls

— Who takes drugs and why?

— The number of Heroin users in the European Community today

— Changing patterns of drug-taking

— Cocaine

Terms of Reference

30. In this report the term 'Drug' is used to describe those chemical or plant-derived substances which can cause a user to experience physical, mental or emotional change and are illegal. 'Drug abuse' is the use of a drug for other than medicinal purposes and which results in altered behaviour. A 'drug user' is someone who consumes drugs whether addicted or not. A 'drug addict' is someone who has become dependent on the need for a drug. This need can be characterised by mental and/or physical changes in users, which reinforces their dependence. A drug addict can be psychologically addicted by believing that he must have the drug to feel good, normal or just to get by. Some drugs like Heroin and Barbiturates change the body's physical system so that it needs the drug to function. When a user subsequently stops taking these drugs he or she will experience withdrawal symptoms like vomiting, tremors, sweating, insomnia, and even convulsions.

31. Drugs of abuse are either processed from natural sources or are purely chemical in origin. Heroin, Cocaine and Cannabis fall into the former category, L.S.D., Amphetamines, P.C.P., Barbiturates, and Inhalants into the latter.

32. Alcohol is also a drug of abuse and one of enormous proportions for society but is not treated as a main subject for consideration within the context of this report. It is a worthy subject for separate comprehensive analysis.

33. Tobacco should also be regarded as a drug which can lead to addiction and cause harmful effects on the human organism, which in quantitative terms, rather than in those of human misery, cause more deaths than drugs. Like alcohol, tobacco is not considered within the framework of this report.

Characteristics of various drugs

34. Below is a brief description of the main drugs of misuse.

Heroin — is derived from the Opium poppy. In its pure form Heroin is a white powder. Before being sold on the street it is usually diluted or 'cut' with another white substance, such as flour or talcum powder. Heroin can either be injected or 'mainlined' into a vein after being dissolved in water. It can also be heated on tin foil and the fumes inhaled. This is often called 'Chasing the Dragon'. However it is used, Heroin can be a highly addictive drug. Heroin blocks both physical and mental pain by producing a sense of well-being which makes pain, depression or anxiety seem of no importance. It is possible to die from an overdose of Heroin, if the drug is stronger than expected. When a regular user of Heroin stops he will experience withdrawal symptoms.

Cocaine (1) — is derived from the leaves of the Coca bush which is grown principally in South America. Cocaine is supplied as a white powder. It is usually sniffed or can be smoked in purified form. Cocaine is a stimulant drug and produces feelings of great mental and physical powers, a sense of being on top of the world. The effects are short-lived and the dose needs to be repeated in half an hour or so to maintain the effect. Cocaine can be highly addictive.

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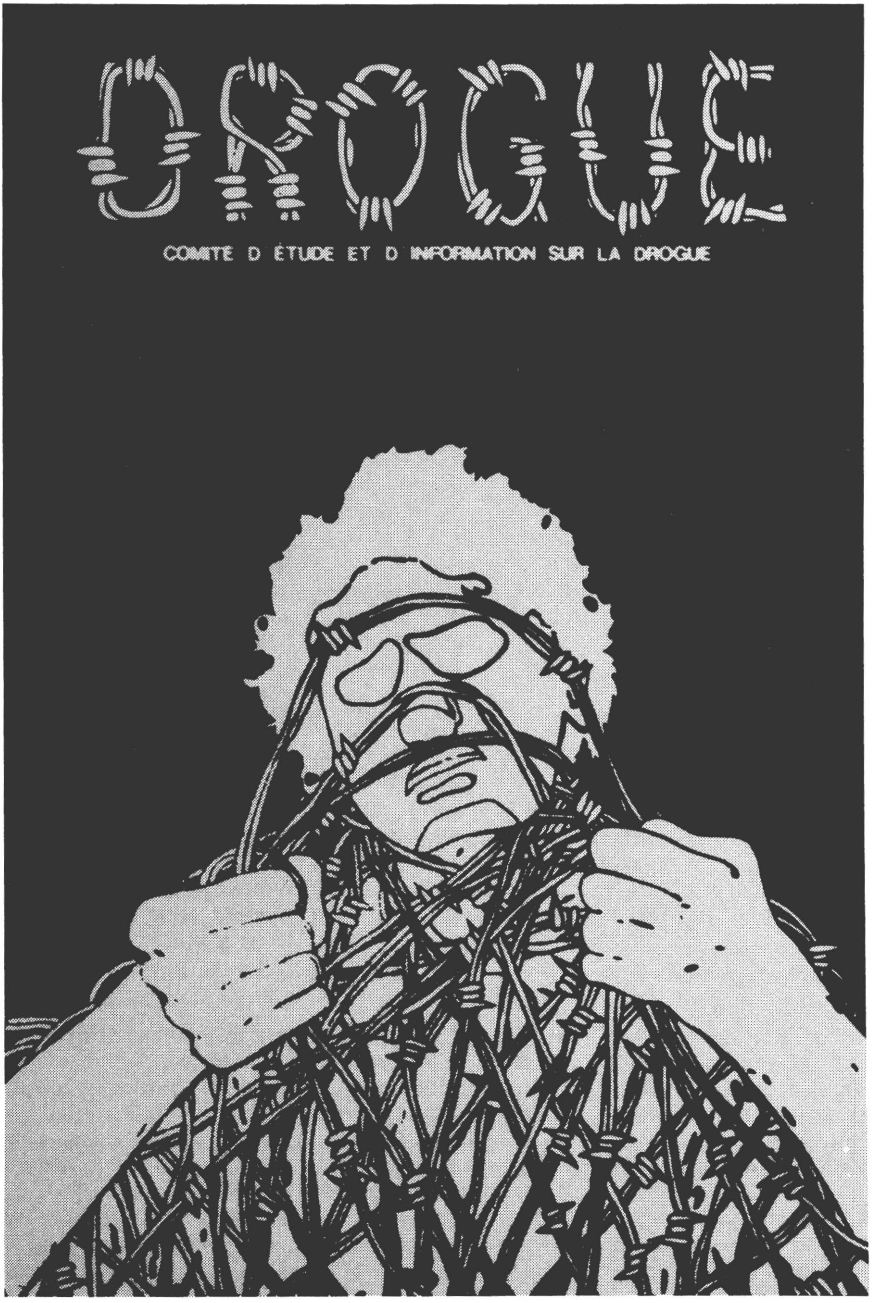
1) See also separate chapter


DROGUE
COMITÉ D ÉTUDE ET D INFORMATION SUR LA DROGUE

Although the drug does not produce physical withdrawal symptoms, it can produce intense craving to start using again. Tests with monkeys have shown that the desire for Cocaine exceeds that of food.

'Crack' or 'Rock' is a purified free-based form of Cocaine which is currently raging across parts of the United States. It is smoked in conjunction with tobacco or Marijuana and is almost instantaneous in its mind blowing effect. It is highly addictive.

Cannabis — is by far the most commonly used mood altering drug. Two forms are available: Marijuana, which is prepared from the dried leaves and flowering tips of the Cannabis plant and Hashish, which is made from the dried resin of the plant. Cannabis is usually smoked in a roll-up cigarette. the effects tend to be mild and pleasant, giving a sense of relaxation. Most users come to no harm in smoking Cannabis. It is by no means proven that people who smoke Cannabis are bound to go on to Heroin. Whilst most Heroin users say they have previously smoked Cannabis, most Cannabis users state they have no intention of going on to Heroin. There is, however, a danger when Cannabis is mixed with other drugs such as 'Crack' and PCP.

LSD or 'Acid' — is a chemical drug which gives very powerful hallucinations. It is normally supplied in the form of small pellets or is impregnated into sheets of paper, which look like pages of small postal stamps. It can lead to mental images of indescribable beauty or horror. An LSD trip lasts several hours and can drastically alter the user's perception of reality. The drug itself is not addictive.

P.C.P. (Phencyclidine) is a chemically processed drug, which is supplied in liquid form. It can be recognised by its pungent smell. It is usually sprayed onto Marijuana leaves for smoking. It can provide a tremendous high for relatively little money. $15 will buy enough P.C.P. to make up three cigarettes, which will be enough for a day. The drug is dangerous, heightens a person's strength and causes violent reactions. P.C.P. is relatively easy to manufacture; $300 of chemicals will produce $1 to 1.5 million as street value. In the United States young people under 18 years old have been heavily involved in the distribution of the drug. It started in California but has spread rapidly through the entire country. It is not controlled by the big Cocaine and Heroin trafficking organisations.

Amphetamines — are chemical stimulant drugs. They make the user feel alert, energetic and confident. Prolonged heavy use can lead to irritability, anxiety and sometimes irrational feelings of persecution which may lead to violence. Regular users are often thin and haggard because they are burning energy faster than normal and are likely to be going for long periods without sleep and eating badly. Withdrawal effects include exhaustion, hunger, deep sleep and severe depression. Amphetamines come in pill form or as a white powder known as 'sulphate'. Amphetamines can be sniffed, swallowed or injected. The effects last for 3 or 4 hours.

Barbiturates — are sedative drugs. They slow the body down and induce sleep. When Barbiturates are misused they have an effect similar to alcohol. Someone

who has taken a large dose of Barbiturates will appear confused, will stagger about in a drunken way, may become agressive and may lapse into unconsciousness. The effects last from 3-12 hours. Barbiturates are very addictive and the withdrawal effects severe. They may include anxiety, twitching, dizziness, distorted eye-sight, nausea and seizures. Death may occur through overdose or by unsupervised withdrawal. Alcohol reacts with Barbiturates and makes their effects very much worse.

International Controls

35. Of the drugs described above as the main drugs of misuse, Heroin, Cocaine and Cannabis are covered by the provisions of the United Nations Single Convention on Narcotic Drugs of 1961 and its amendment by the 1972 Protocol. This effectively makes their production, manufacture and use, outside very limited and strictly controlled medical uses, illegal. All Community Member States are party to this Convention with the exception that the Netherlands has not signed the 1972 Protocol of amendment.

The other drugs (LSD, Amphetamines, P.C.P., Barbiturates) are all included in the United Nations Convention on Psychotropic Substances of 1971, which deals with substances that, at the time, were not considered suitable for inclusion in the Single Convention. It imposes controls on the use of most of these drugs by requiring medical prescription and a reporting system on production.

Colloquial names of various drugs

Heroin: Smack; Scag; Horse; Stuff; Joy Powder; Harry Boy.
Cocaine: Coke; Snow; Angel Dust; Charlie.
Amphetamines: Speed; Whizz.
Hashish: Dope; Blow.
Marijuana: Grass; Dope; Tea; Mary Joan; Wacky Backy.
L.S.D.: Acid.
Heroin and Cocaine mixed: Speedball.
Free-based Cocaine: Rock; Crack. (See notes)
Inhaling Heroin: Chasing the Dragon.
Injecting: Mainlining.

Who takes drugs and why?

36. There are many sociological theories on why people, especially young people, turn to using illegal drugs. Most theories are based on the need of the individual to 'escape' certain problems or pressures. These can be caused by a variety of factors, from failure to achieve certain goals set by society or the stress of adolescence, to social or material deprivation. Once someone starts taking drugs, however, the social consequences, in terms both of group activity and of the illegal nature of drugs, tend to lead them to continue the habit and isolate themselves from society.

37. Having expressed this view, it is no doubt true that certain types of young people are more likely to take to drugs than others. The personalities of drug

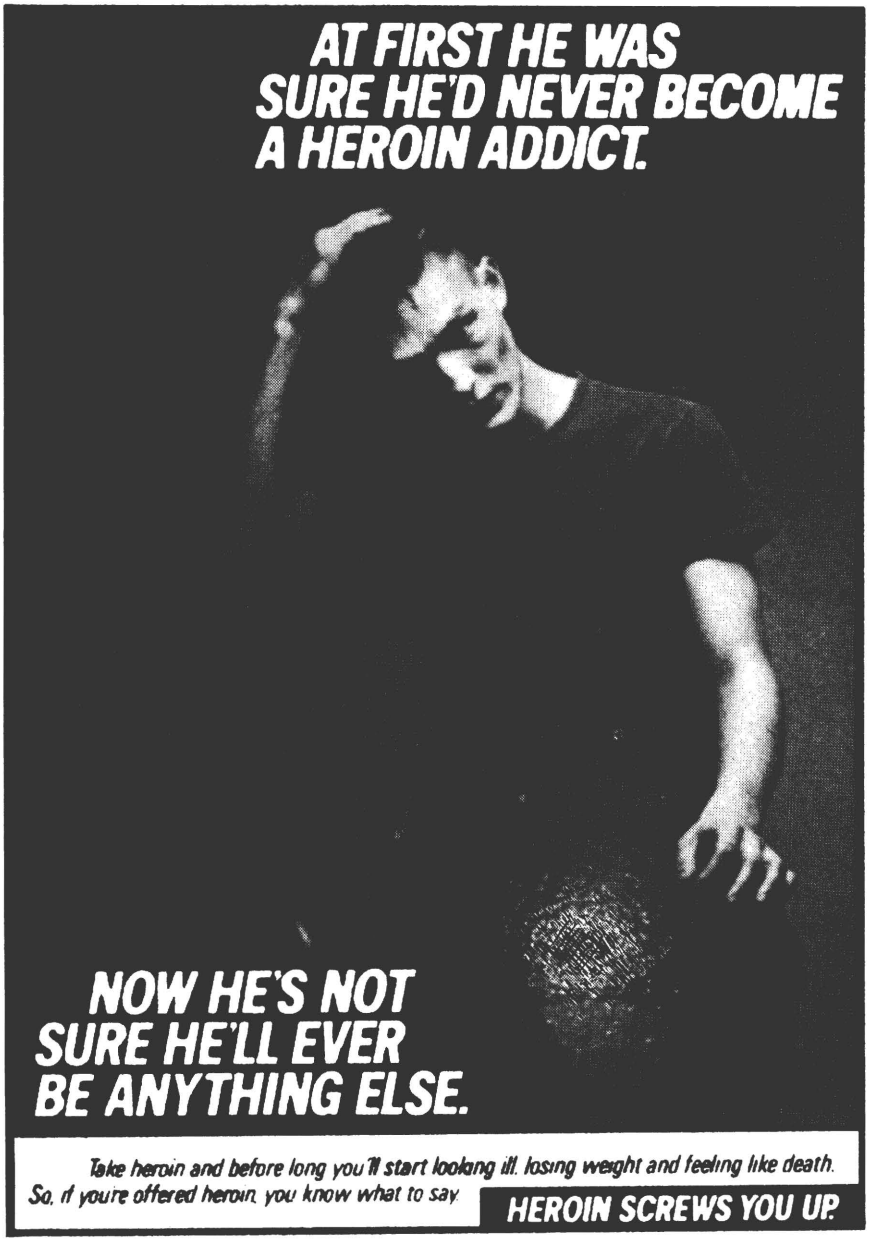
users often point to non-conformism and the readiness to take risks. Often, they are interested in spiritual matters or have artistic leanings. They are the ones who outwardly rebel against the existing order but who, at the same time, feel uncertain and question in themselves who they are, where they are going, and what their relationship is in a basically hostile world. Having more permissive, eccentric or casual natures, they are more likely to find themselves out of sympathy with their parents. If they come from broken homes or have experienced difficult childhoods, they are more likely to be tempted into seeking escape in a world of illusion, euphoria or stimulation, where they can temporarily forget or overcome the conscious or sub-conscious troubles and preoccupations which they feel. It must be recognised, however, that the great majority of young people, who start taking drugs, although they may display certain personality traits, are in no sense mentally disturbed.

38. We live in an unstable world, where life is increasingly materialistic. Social and economic patterns often result in both parents working, leaving their children to return to an empty house where, particularly in the cities, neighbourhood communities no longer exist. Instability in all areas of life produces stress which is also passed on to the young. It is not surprising, therefore, that the ground is fertile for drugs of escape and of stimulation, and that the young are the most vulnerable. It has been clearly established that most young people who take to drugs do so because they are offered them by friends. In many cases, peer group pressure persuades the individual to take the drug offered because he or she does not want to be seen as a 'chicken' or non-conformist. Some young people take to drugs because they are unhappy and depressed by reason of their surroundings or family circumstances. Of all the reasons given by young people for starting on drugs the element of curiosity is by far the highest, followed by the wish to do something daring and because 'drugs make you feel good.'

39. *Unfortunately drug use and abuse has become a permanent feature of our society albeit in a constantly changing pattern. In view of the physiological and psychological effects, drugs can be divided into three broad types, depressants, stimulants and mind-altering drugs; it is therefore highly probable that there are also differences in the reasons for taking drugs. The use of a variety of drugs is not an exception but generally a question of preference.*

If an explanation for drug-taking is sought in the psychology of the individual, it should therefore be said that this can only be relevant in the case of one specific drug which is used within a specific pattern of social conditions. The empirical fact that the use of Heroin and Cocaine is found in quite separate social groups, supports the view that, as a rule, addiction to illegal drugs cannot be explained by specific personality traits.

40. *It is important that people in society recognise, when speaking of drugs problems, that we are mostly referring to drug addiction which commences during adolescence. No responsible case can be made for any drug use by adolescents during this critical stage of physical, emotional and psychological growth. Every effort must be made to prevent drug abuse by teenagers both by educating them and particularly through educating parents. It is essential to keep in mind that the majority of 'chemically' dependent people today are polyabusers and that it is rare to come across a hard drug addict who has not*


AT FIRST HE WAS SURE HE'D NEVER BECOME A HEROIN ADDICT.
NOW HE'S NOT SURE HE'LL EVER BE ANYTHING ELSE.
Take heroin and before long you'll start looking ill, losing weight and feeling like death.
So, if you're offered heroin, you know what to say.
HEROIN SCREWS YOU UP.

progressed to his/her dependency through softer drugs and alcohol. We must also recognise that boys and girls much more often than not become introduced to drugs at school or at parties and are frequently perfectly ordinary healthy fun-loving kids and not those with inherent psychological problems, let alone those with built-in criminal tendencies.

The number of Heroin users in the European Community today

41. Statistics should be treated with extreme caution. Nonetheless, it is important to demonstrate the extent of the Heroin problem by trying to reach a tentative conclusion on usage, which will at least demonstrate the seriousness of the problem. **We contend that there are in the region of 1.5 million Heroin users in the EEC today** and that five major countries have approximately 200,000 in each. As an example, the British customs seized around 325 kg of Heroin in 1985. Customs themselves estimate that seizures were between 5 and 10% of the total imports. We believe the figure is much more likely to be 5% or less. If the seizure figure is rounded up to 365 kg and one assumes it was 5% of total imports, this means that 7,300 kg or 7,300,000g came into the U.K. during 1985. This works out at 20,000 grammes on average per day. By the time Heroin is sold at street level, it is adulterated to between 20 and 50% purity. Since Heroin is entering the country at less than 100% purity, it is a reasonable, if optimistic assumption, to assume that Heroin is not cut by more than 50% of its imported purity level before its sale at street level. This would indicate that the daily level of consumption, tends towards 40,000 grammes. The average regular Heroin user consumes between one quarter and one half of a gramme per day — taking the mid figure the number of regular users therefore would be approximately 120,000, if only regular users took Heroin. We know that not to be the case, however, and that there are large numbers who consume Heroin on an occasional basis only and at well below an average daily dose of one third of a gramme. Consequently, we see the total number of Heroin users as being around 200,000. We consider that the high availability of Heroin supports our contention. We have seen that major seizures of Heroin have done virtually nothing to affect the price of Heroin, even in the locality in which it has been seized.

The changing pattern of drug taking

42. In recent years Heroin has increasingly been smoked by young people rather than being injected. It is often mistakenly believed that by taking Heroin in this way, the risk of addiction is substantially less. Further the undeniable risks of catching 'AIDS' when injecting and some sense of abhorrence at the use of a needle has caused more and more young people to move towards smoking Heroin or 'Chasing the Dragon'. This in turn has resulted in Heroin being taken across a broader spectrum of society than before and to the drug having less social stigma. Another effect of smoking rather than injecting has been to raise the proportion of females taking Heroin. Generally the pattern of increased smoking compared to injecting has resulted in drug misusers being less visible and less easily identifiable. A further factor, mentioned elsewhere in this report, is that the greater the purity of Heroin the more likely that smoking of Heroin will take place, since below a certain purity, say around 30%, it is not possible to

obtain the euphoric effects of Heroin by smoking and resort is then made to mainlining.

43. It is widely accepted that the average drug misuser is taking an increasing variety of substances. More often than not Heroin is taken alongside other drugs. As Cocaine becomes more available, Heroin and Cocaine are being mixed to produce the dangerous combination called 'Speedball'. Marijuana is mixed with PCP. Hard drug taking is frequently interspersed with the taking of barbiturates, prescribed drugs and alcohol. There can be considerable changes in drug use during the lifetime of a drug user.

44. *We need to recognise the extent to which a wide range of drugs is being used and will continue to be used in our society. Our attitudes, therefore, need to attune to drug-taking as a whole. Whilst Heroin is undoubtedly the single most pernicious drug available in Europe today, other drugs such as Cocaine, its new, dangerous derivative, 'crack', use of which causes extreme dependency and the so-called 'designer drugs' will become more widely used in time. Whilst the war on drug smugglers of Heroin has to continue unabated, we must recognise that the taking of mind-altering drugs will continue in a changing pattern. Rehabilitation services and educational policies need to be formulated to allow for differing types of drugs and to be prepared for changes in drug use as these come about. Equally, education for young people should not concentrate on one single drug, but on the dangers of drug-taking as a whole and the obverse benefits of sound health and clean living. Styles and ways of life should be suggested which contrast with the use and abuse of narcotics, though campaigns designed exclusively to intimidate young people or focussed purely on the damaging effects on health should be avoided.*

Cocaine

45. We include in this report a section about Cocaine because of its impending dangers for our European society. All too often one sees or senses relative complacency over Cocaine. Far too many people concentrate their attention on Heroin and believe that in some way Cocaine will pass us by. It will not. Cocaine will become in the next twenty years as much and more of a scourge than Heroin. To appreciate the inherent danger we need only to look at the United States today where Cocaine has ripped American society apart, and despite the enormous efforts of the U.S. authorities, the situation is out of control. There are estimated to be over one million Cocaine addicts, eight million regular users and up to 20 million people who use the drug at some time or other. Unlike Heroin, Cocaine is seen as a more socially acceptable drug because it stimulates the user and does not, like Heroin, result in physical degradation. Nevertheless, Cocaine has proved to be no benevolent drug and has ruined the careers, marriages and family lives of hundreds of thousands families across North America and has brought about a new and increasing wave of crime. The big drug traffickers have in the process made thousands of millions of dollars profit and achieved in some countries of South America a position of unassailable power and influence. Everything now tells us that Cocaine is on its way to Europe in steadily increasing quantities. We, therefore, need to prepare ourselves for the onslaught before it is too late.

Cocaine, origins and manufacture

46. The cultivation of the Coca leaf has been part of the culture of the indigenous population of the Andean regions of South America for thousands of years. It has been traditionally chewed and has helped to ward off cold, to numb hunger pangs and to restore energy levels. Besides this the Coca leaf is used legally for processing into medicine, for soft drinks and as a base in tea and liqueurs. These traditional uses require about 35,000 metric tons annually.

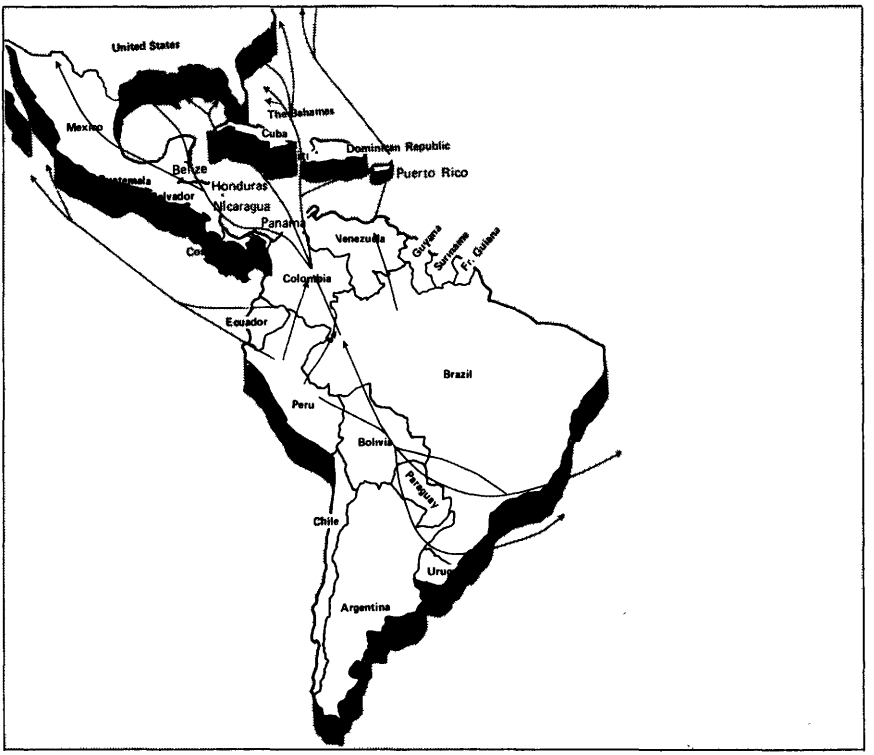
47. The illicit manufacture of Cocaine Hydrochloride (HCL) or 'Coke' as it is mostly referred to in the drug trade, requires a much greater tonnage of Coca leaves. In 1984 it is estimated that demand was around 100 to 150,000 tons. To produce this enormous crop, cultivation has spread from the traditional growing areas in the Andes to new zones. However, even today over ninety per cent of all Cocaine is cultivated in Bolivia, Columbia, and Peru. The enormous demand has distorted the agricultural economies of these countries and has become the principal livelihood of a multitude of small farmers and thousands of middlemen working within the domain of the drug lords.

48. There are two species of Coca leaf: the first is called E. Coca and is known generally as 'Bolivian' or 'Huanico' coca. It is cultivated in the moist, tropical valleys of the Eastern slopes of the Andes from Equador south to Bolivia. Most of the world's Cocaine comes from these sources. The second species is called E. Novogranatense and is known as 'Columbian' coca or 'Hayo'. It thrives in hot seasonally dry climates. It is important to recognise that the Coca plant can be grown in a wide variety of ecological conditions from wet and tropical to desert conditions. It can prosper in many different soils and in temperature levels from 0 to 40 centrigrade. It can thrive in elevations of 200 metres to greater than 2000 metres, on the flat or on steep gradients. Coca bushes are presently cultivated not only in Bolivia, Peru and Columbia but in Brazil, Equador, Panama and Venezuela. The Coca plant can be harvested three or four times a year during its life cycle which lasts from 15 to 30 years. An average dry leeaf yields one metric ton per hectare (2.2 acres).

49. Cocaine is extracted from the coca leaf in two stages. Firstly the leaves are placed in a steel drum together with sulphuric acid and are then crushed into a mash called cocaine sulphate or pasta. The pasta is further processed by the addition of a solvent, hydrochloric acid, to get rid of other chemicals. The result is Cocaine Hydrochloride, which is sold either in crystal form or ground into a white powder. At street level the powder is usually adulterated with inactive sugars, other white powders or even Heroin and other addictive drugs.

50. The Cocaine trafficking community, has become firmly established in all aspects of production of Cocaine from cultivation through processing to international distribution. Columbia is the principal country for processing and distribution. The business is controlled by a small number of Columbian families which have extended their tentacles inside the United States. Their power has become so great that they have succeeded in taking over much of the Cocaine trade from the Mafia. However, Bolivian traffickers have recently become more self-sufficient. They have established processing facilities capable of producing 100 kilogram quantities of Cocaine HCL and are importing essential chemicals from Brazil or from other producing countries through Argentina and Paraguay.

Cocaine Trafficking Routes



The expansion of the cocaine traffic in the Western Hemisphere is exemplified by the number of seizure incidents involving 100 kilograms or more.

Major Cocaine HCl Seizures
(number of incidents 100 kilograms or more)

Country/Area	*1984*	*1985 (3 mos.)*
Bahamas	5	1
Bolivia	1	—
Brazil	4	—
Caribbean Windward Passage	—	1
Colombia	8	—
Costa Rica	1	—
Ecuador	—	1
Haiti	1	—
Honduras	1	—
Jamaica	1	—
Mexico	1	1
United States	32	10
Venezuela	1	—

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Processing plants have also been identified in Brazil and northern Argentina, where production seems to be destined for Europe. Traffickers in Paraguay have also had easy access to Cocaine paste and processed Cocaine from Bolivia.

Cocaine trading routes to Western Europe

51. Cocaine, which is smuggled into Western Europe comes mainly from Columbia, Bolivia and Peru, but it is frequently smuggled to various other South American cities before being shipped to Europe. Reported transit points are Rio de Janeiro and Sao Paolo in Brazil; Buenos Aires, Argentina, Montevideo and Uruguay. Seizures and intelligence indicate that Madrid, Lisbon, Amsterdam, Frankfurt and Copenhagen are common points of entry for Cocaine shipments. From these cities Cocaine is distributed to other European countries. Spain and Portugal present particular risks because of the language facility and other links with South America. South American nationals, particularly Columbians, living in the EEC are most likely to be involved in the trade and its development. A similar pattern was followed for the Heroin trade into the United Kingdom: early on it was relatively disorganised and supplied largely by couriers from South East Asia; later, professional traffickers took up the trade, using the 'Pakistan connection'.

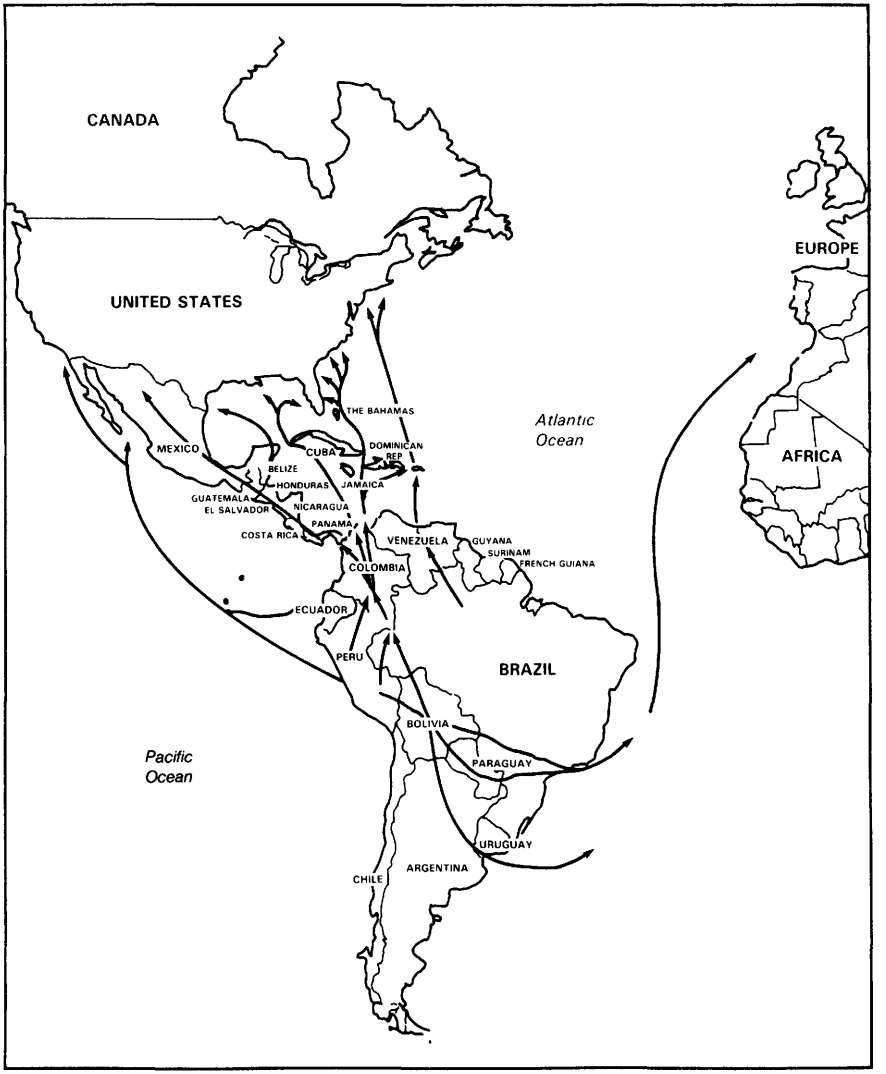
52. Cocaine began by being smuggled into Western Europe by air courriers but increasingly large quantities are now being shipped by air cargo and in vessels. Methods of smuggling have been ingenious and disturbing. Cocaine has been discovered in the carcasses of parrots and crocodiles. Crocodile skins have been covered in a white powder described as a preservative but actually being Cocaine. Traffickers have also killed a number of birds in a live consignment and then stuffed them with Cocaine. Since a percentage of birds are expected to die while in transit, customs officials have been deluded. We have also heard of babies taken across borders having been made to swallow small condoms containing Cocaine. Seizures of Cocaine in Western Europe amounted to 843 kilogramms still infinitessimal compared to the 40,000 kilos seized in the same period in North and South America.

Cocaine use and addiction

53. Cocaine is usually sniffed or snorted through a straw or a rolled up dollar bill. Generally a 'line' of Cocaine used for snorting contains about 25-30 milligrams. It is called a line because the user lines up the Cocaine on a mirror or other shiny surface measuring about 1/8th of an inch wide by one inch long. The effect of Cocaine, when snorted, comes in about 3 minutes. The user then feels exhilarated, self-confident and strong. Fatigue and hunger disappear. When the effect of Cocaine wears off, the user is likely to 'crash' and feel very tired, depressed and irritable.

54. Cocaine has recently become available in free based form for smoking, in this case the Cocaine is separated from its adulterants by mixing it with water and ammonium hydroxide. The Cocaine base is then separated from the water using a fast-drying solvent such as Ether. Until recently Cocaine free-basing was generally carried out by the user himself, however recently ready pro-

Cocaine Smuggling Routes
from Latin America to the Unites States and Europe



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cessed free-based Cocaine has become readily available in the form which is known as 'Rock' or 'Crack'. This is mixed with tobacco or Marijuana and smoked. The intense effect is almost instantaneous. After repeated use, but often in a matter of weeks, the user will crave more of this form of Cocaine at any cost. 'Crack' is more addictive, and therefore more dangerous, than powdered Cocaine.

Cocaine addiction

55. Cocaine users, particularly those using free based Cocaine, run a considerable risk of becoming addicted to the drug. Addiction takes the form of an irresistible compulsion to use the drug at increasing doses and frequency even in the face of serious physical and/or psychological side effects and the extreme disruption of the user's personal relationships and system of values. Although there are no physical withdrawal symptoms, there is intense craving for the drug along with deep depression, loss of energy and irritability. It has been found that the only cure for Cocaine addiction is complete abstinence. This can usually only be achieved by a complete change of activities, keeping away from other Cocaine users and outside help.

56. *As it is anticipated that Cocaine may become a major drug abuse problem in the coming decade, it is important that an awareness campaign about the dangers of Cocaine is included now in all programmes of education and prevention. Although Heroin is the major problem of the present, and has therefore attracted most government and media attention, Cocaine must have an equally high priority. Any misconception that Cocaine is a relatively harmless drug must be dissipated. The audiovisual media must be mobilised to depict Cocaine for what it is: a dangerous, unglamorous and entrapping drug.*

57. *The EC must play a role in facilitating the exchange of information and experiences on prevention and make successful materials widely available.*

58. *The Committee welcomes the EC Commission's initiative in setting up a study group to look into all aspects of Cocaine.*

59. *It is vital to keep the drug traffickers off balance. In view of the strong Iberian-Latin American connections, particular attention must be given at all Spanish and Portuguese points of external entry to ensure that intelligence is fed to Member States about the movements of both traffickers and Cocaine.*

SECTION III

DRUG PRODUCTION: CROPS, PROCESSING AND MANUFACTURE

— Crop substitution

— Precursors and chemicals used to manufacture drugs

— Psychotropic substances and Substitute Drugs

Crop substitution

60. One of the western world's greatest failures has been its inability to galvanise the diplomatic muscle necessary to persuade all nations of the paramount need for effective crop substitution and the creation of sufficient resources for this purpose.

61. Today, 90% of the world's Heroin comes from the North Western regions of Pakistan, the neighbouring territories of Afghanistan and the three countries of the golden triangle — Thailand, Laos and Burma. A similar percentage of the world's Cocaine comes from Bolivia, Peru and Columbia. The number of countries to be tackled are, therefore, small. They are also all developing countries with weak economies and often unstable governments. Consequently, it should not be beyond the wit of the powerful western world to combine to produce sufficient diplomatic pressure and adequate resources to help improve the overall economies of these countries, as an integral part of the action needed to reduce the growing of drug crops.

62. The United Nations Fund for Drug Abuse Control (UNFDAC) has had considerable experience and has achieved success in crop substitution programmes, particularly in Pakistan and South-East Asia. Since this vehicle already exists, Community funds could effectively be channelled through UNFDAC to provide joint funding for future crop substitution projects. At present UNFDAC is woefully underfunded. In 1983 its annual budget was a paltry $9 million, and even in 1985 it had risen to only $20 million. We attach at page 99 a list of the donations which have been made to UNFDAC, from which it will be seen that certain EEC countries are providing no funds at all.

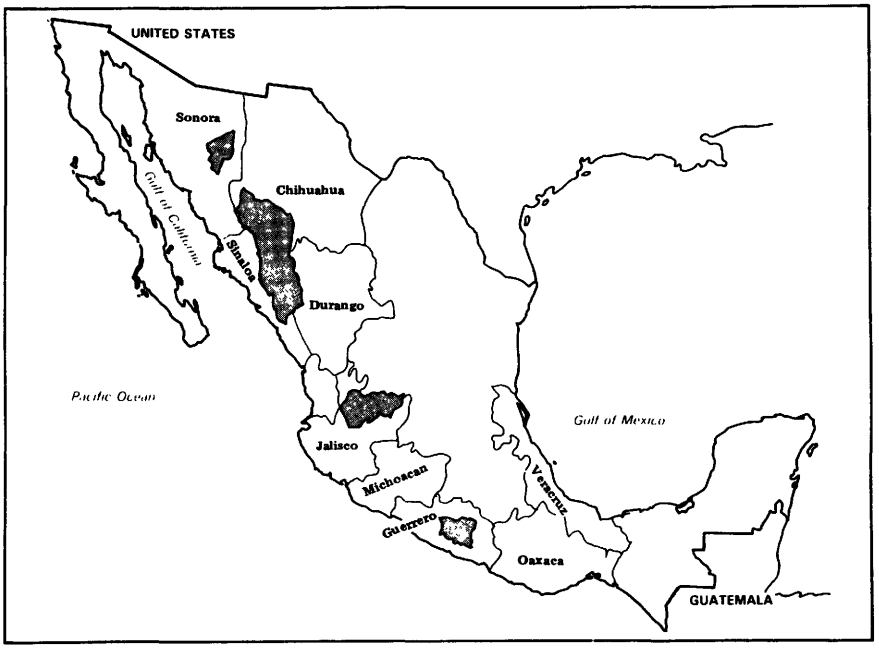
63. However, there is still considerable room for the EEC to contribute under the special agreements which exist with Latin America and South-East Asia both in terms of trade and aid to help these economies whilst exerting pressure upon them to cooperate fully in reducing opiate and coca-leaf production and taking forceful action against drug traffickers.

64. A new budget line (949) has been proposed in the Commission's 1987 Preliminary Draft Budget for a concerted programme of North-South cooperation schemes in the context of the campaign against drug abuse. It has so far been allocated only a 'p.m.' mention.

65. Actions taken in crop substitution of the Opium poppy, show that significant progress has been made in certain areas. After major efforts throughout the 1970s, illicit cultivation of poppies was almost eradicated in Turkey by a combination of strict enforcement and agricultural diversification. In Thailand, a second five-year plan of crop substitution has just begun. In the first five years, estimated Opium production fell from 300 to 35 metric tons. In Pakistan, it is claimed that production of Opium has fallen from 800 tons in the crop year 1978-79 to 45 tons in the year 1984-85. However, in the North West frontier province of Pakistan and the adjoining mountainous areas of Afghanistan, the Pathan tribesmen live according to their own laws, heavily armed and in fortified dwellings. Their principal source of income is often from the Opium poppy and no crop substitution programme is likely to succeed unless it can more than replace the lost income from their Opium trade.

66. It is, however, indisputable that Heroin availability throughout Europe has escalated during the past five years, indicating that crop eradication and substitution programmes have not prevented extensive illicit poppy cultivation. One notable example is the border area of Pakistan and Afghanistan, a mountainous area inhabited by Pathan tribesmen. For years the growing of the Opium poppy has been a principal source of revenue to these tribesmen. With the coming of both an expanding Heroin market and the occupation of Afghanistan by the Russsians, the trade has taken on new dimensions. Today, it appears that the freedom fighters in Afghanistan are largely paying for their arms with Heroin. The drug trade has, therefore, become an indispensable element in the resistance movement and this presents a moral dilemma to those who support that movement. A further problem also exists in the Shan province of Burma, which produces 90% of that country's Opium crop. In this case, the growing and trade is controlled by the Kun Shah revolutionary groups, who are fighting the Burmese government. The problems of Heroin production in these countries are compounded by the existence of mobile Heroin laboratories, which can easily escape detection. Despite these difficulties, we note that both the Pakistan and Burmese governments are increasingly cooperating with UNFDAC as they see greater funds being made available to assist with crop substitution programmes. A clear incentive for action is the serious Heroin addiction problem developing in the cities of both producing and transit coun-

Mexico: Significant Opium Poppy Cultivation Areas



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tries. A prime example of this is Karachi, Pakistan, which in a space of less than ten years has developed a new and serious Heroin epidemic.

67. Turning to South America, we find that the problem of Coca bush substitution is even greater than that of Opium poppies. A large percentage of the farm population in Peru and Bolivia is involved in growing Coca; market conditions and depressed economies give little opportunity for providing farmers with anything like a comparable income from alternative crops. Also crop substitution programmes have been embarked upon, which have not included compensation for farmers for displaced crops, with the result that they have virtually been forced into supporting the drug traffickers. Some of the difficulties may be better appreciated, when it is known that over half of the Gross National Product of Bolivia ($2.5 billion in 1984) comes from the production of the Coca leaf and its products. It is reported that the wealth of the drug traffickers is so immense that in both Bolivia and Columbia offers have been made by them to pay off a substantial portion of the national debts of both countries in return for amnesties and the facility for trading in Cocaine. But Bolivia is feeling the adverse effects of Cocaine addiction, which is a rapidly growing problem. Estimates of the number of addicts range from 200,000 to 300,000 or 4-5% of the population. (The Times 19.6.86). Because a sufficiently large and coordinated campaign of crop substitution and processing laboratory eradication has taken so long to be put into force, the wealth and operations of the drug traffickers have extended to include ownership and cultivation of land, as well as manufacture and shipping. The situation in Bolivia has got so far out of hand that almost no-one dares to support openly the forces of law and order against the drug trade. In a state which has no money to take action and an economy where a local chief of police is paid $40 a month, it is hardly surprising that the multi-million dollar traffickers reign supreme.

68. Despite these obstacles, major programmes are being initiated by the United States and UNFDAC in Bolivia and Peru. Over the next five years, a $20.5 million crop substitution programme in the Youngas region of Bolivia will take place, which will involve the campesino in a share ownership and management scheme for developing coffee, citrus and tea as alternative crops to coca. In Peru, a $26.5 million crop substitution project was launched in 1981. The programme was, however, the target for a violent raid in November 1984, when 19 project workers were murdered.

69. *We support the objectives and actions of Member State governments and the United Nations Fund for Drug Abuse Control (UNFDAC) in funding crop substitution programmes in producer countries, but also realize the great difficulties involved in terms of practicability and 'selling' of such programmes. We therefore call for a new budget line to be proposed by the European Parliament to provide Community financing for the work of UNFDAC.*

70. *Member States are called on to increase their contributions to the UNFDAC while requiring guarantees as to the use to which the contributions are put and following these guidelines:*

i) individual donations to UNFDAC should be increased and targetted on jointly-agreed actions with transparency of destination for each donation;

ii) funds should also be allocated to effective law enforcement provisions which are essential to the success of crop substitution programmes;

iii) elimination of traditional illicit cultivation cannot be based on agricultural techniques alone but must address the broader economic, social and infrastructure situation of each area. In cases where it is necessary to prevail upon poppy or coca leaf growers to switch to another product, it is essential to ensure that they do not suffer any loss of income;

iv) since markets must be available for the substitute crops, the Community itself must undertake to purchase a certain percentage of the crops in order to compensate for the losses caused by the measures for which it is responsible;

Southwest Asia: Opium Poppy Cultivation Areas

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v) emphasis must be placed on winning the support not only of the local farmers but of the communities around them and on introducing the measures required to discourage farmers from moving into drug producing areas. Financial support for public projects is one effective way of achieving this;

vi) concrete measures may be necessary to increase the participation of growers in the restructured economy. These may include short-term subsidised imputs, share ownership in marketing cooperatives or guaranteed purchase of a certain percentage of crops;

vii) regular studies and surveys should be undertaken to establish the areas where opiates or coca leaf are being cultivated;

viii) funds and resources should also be directed at the eradication of illegal processing laboratories, many of which are mobile and therefore difficult to trace;

ix) administrative structures in the producer countries should be strengthened and the efficiency of the enforcement agencies improved so as to ensure the application of the laws adopted.

71. *As well as the necessity for coordination of funds within UNFDAC, there is still considerable room for the EEC to contribute under the special agreements which exist in terms of trade and aid to help these economies whilst exerting pressure upon them to cooperate fully in reducing opiate and coca-leaf production and in taking forceful action against drug traffickers;*

72. *We urge European Community countries to use their joint trade and diplomatic muscle to persuade producer countries to cooperate. More favourable trade agreements should be negotiated with those countries which cooperate. In addition, combined diplomatic pressure of EEC foreign offices should be applied to those countries which persist in taking little action. A code of practice should therefore also be set up for the granting of IMF and World Bank loans to the producer countries.*

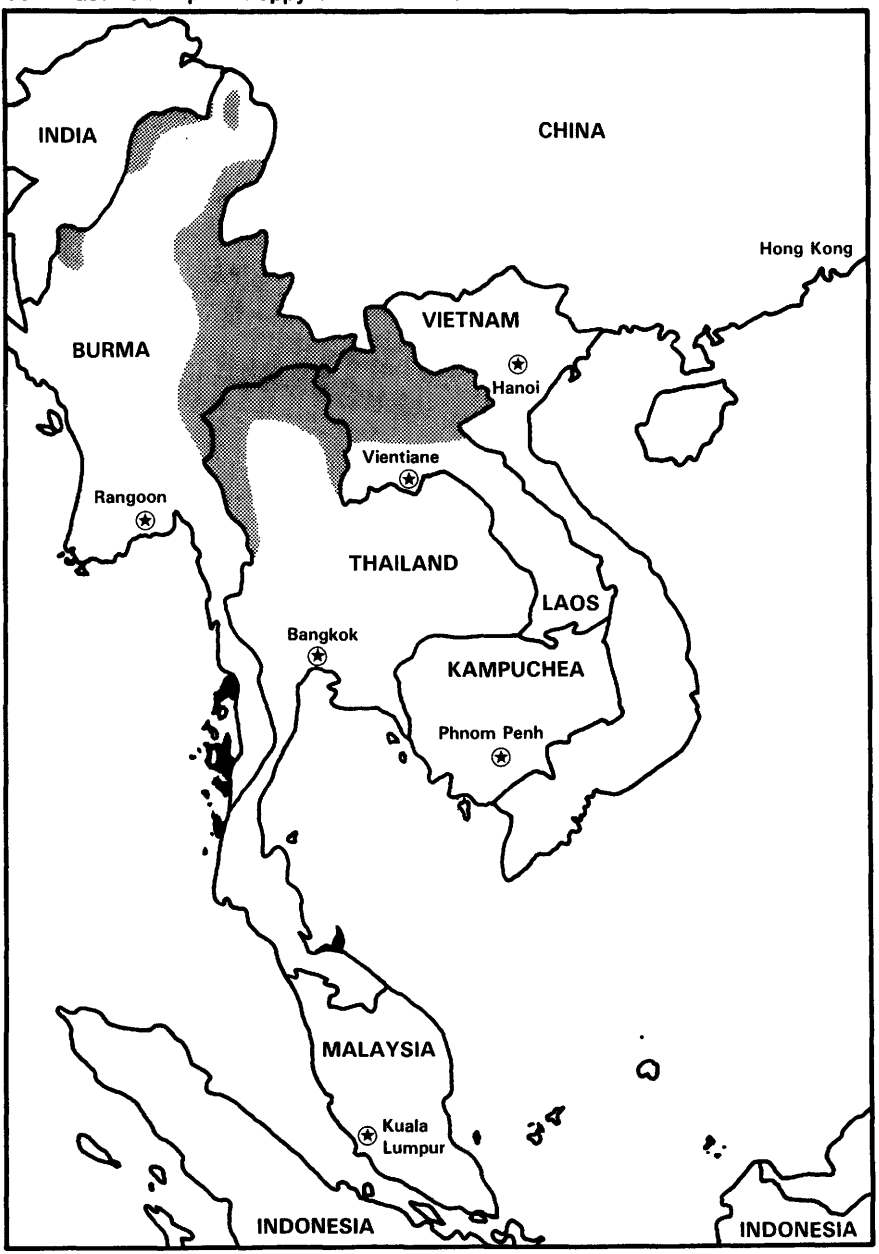
Precursors and chemicals for manufacture of illegal drugs

73. The chemicals Acetic Anhydride and Ethyl Ether are essential for the manufacture of Heroin and Cocaine respectively. Ephedrine and Phenyl-Propanone are precursors used to manufacture Amphetamine and LSD respectively. Controlling the manufacture, the export and the import of chemicals and precursors used in the illicit manufacture of drugs can be a most effective way of thwarting traffickers — but only if stringent measures can be applied universally.

74. *At present a draft convention on illicit traffic in narcotic drugs and psychotropic substances is under discussion within the UN Commission of Narcotic Drugs. We urge EC Member State governments to participate fully in this discussion.*

75. *Uniform EEC legislation, similar to the regulations on the trade in narcotics for clinical purposes, should be introduced with a view to the monitoring or*

Southeast Asia: Opium Poppy Cultivation Areas



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control of specific chemicals and precursors of drugs liable to abuse. It is suggested that a workable system might consist in drawing up a list of the most dangerous chemicals, setting up an informal monitoring system of the controls performed at the national level, and relying on both bilateral and EC cooperation between exporting and importing countries, in particular the fast communication of relevant information. All chemical manufacturing companies should be provided with a special list of chemicals known to be essential for manufacturing illicit drugs. Any suspicious purchases of chemicals should be reported. Appropriate personnel should be aware of the ways in which chemicals can be used to make illicit drugs.

76. *A central EEC data base should be set up in cooperation with the INCB in Vienna to trace all movements of such chemicals, for example, via Interpol or the Customs Cooperation Council.*

Psychotropic substances and substitute drugs

Psychotropic substances

77. The United Nations Convention on psychotropic substances of 1971 covers a large range of chemical products, most of which are widely used in medical practice to treat psychiatric and psychosomatic disorders, such as obesity, depression and insomnia and are recognised as being potential drugs of abuse. Addiction through long-term medical prescription has already been established for substances such as tranquillizers and sedatives of the benzodiazepine and barbiturate type, for example. Amphetamine stimulants are now no longer used medically and are almost exclusively drugs of abuse. The Convention also covers hallucinogens, like LSD, which have no medical use, but are widely abused in various parts of the world.

78. Most of the stimulant and tranquillizer drugs can still be obtained on medical prescription. However, numerous illicit manufacturing points for these drugs, in several Community countries, have developed in recent years and large quantities are now available at much cheaper prices than the so-called 'hard' drugs. Not surprisingly, their abuse, especially of amphetamines, has greatly increased as a result.

79. Under the 1971 UN Convention (Article 13), any country can apply for protection from imports of any of the controlled psychotropic substances. Furthermore, the Convention clearly states that signatory countries are free to adopt more severe measures of control than those provided for in the Convention, if they feel it necessary. It is clear that, until now, little attention has been paid to the system of controls for these substances. Only limited research has been undertaken in individual countries on the consumption, prescription patterns and trends of abuse of these drugs and hardly any reports have been made to the United Nations under the 1971 Convention.

Substitute Drugs

80. A new category of substitute drugs is now appearing throughout Europe in the form of substances like glues, solvents, varnish, etc. which are abused through inhaling and are attractive because of their cheapness. Only limited national measures to discourage their abuse have so far been undertaken in the Community; for example, in the United Kingdom retailers can refuse to sell glues to young people under 18. Similar measures could well be adopted in other Community countries. The manufacturing industries could also help by reducing vaporisation of their products and making it difficult for them to be inhaled.

81. *In view of the steadily increasing importance of substitute drugs (glues, varnish, thinners, solvents, etc.), which are attractive because of their cheapness, the industry should be induced to include additives in these products to prevent their abuse through sniffing.*

82. *Drugs legislation should be standardized throughout the Community and uniformly applied.*

83. *Amphetamines, fenethyllines, benzodiazepine and sevomethadone should be registered under uniform Community drugs legislation.*

84. *An early warning system should be set up to pinpoint medicaments which might be used as substitute drugs.*

SECTION IV

COMMUNITY WIDE LEGAL MEASURES

- Dealing with the drug trafficker
  a) Sentencing
  b) Extradition
- The cash connection
  a) Seizure of assets
  b) Financial transactions
- The law and the addict
- The case for legalisation of drugs
  a) Narcotics
  b) Cannabis

Dealing with the drug trafficker

85. One of the main difficulties encountered today in Europe is the lack of standardisation in the laws and penalties applicable between one country and another. The matter is complicated by the fact that Napoleonic and Common law exist in different countries within the Community. In addition the individual Constitutions of some countries make it difficult to apply certain laws across the Community. Nonetheless we need, within the EEC to ensure that similar penalties are given to drug traffickers by the courts of each nation state with similar provisions concerning the extent to which prison sentences can be commuted through good behaviour.

86. At present criminals are well aware of those countries providing the most lenient sentences for trafficking in drugs and will choose to operate out of those entailing least risk of being caught, sentenced and losing their assets. Although draconian measures such as the imposition of the death penalty for smuggling relatively small quantities of Heroin and Cocaine in Malaysia and Signapore do not exist within the Community, there are still substantial differences in sentencing within the EEC. For example, in the United Kingdom under new laws recently passed life imprisonment without parole can be awarded for large scale drug trafficking offences along with the confiscation of assets, yet in Spain there is a maximum penalty for smuggling drugs of 12 years with reduction to 6 years through good behaviour and no confiscation of assets. Extradition policies also vary widely.

87. In many countries of the EEC the judicial system is much too slow. It is not uncommon for the process from arrest to prosecution of a drug trafficker to take two years. Under the system of Napoleonic law the judiciary enter at a much earlier stage than under Common law and the police have less wide-ranging powers. This severely limits the ability of the police and customs to follow through a trail in the country concerned and, at times, makes it impossible to do so between different countries.

88. The timely disposal of seized drugs is also complicated by laws which require that seizures be maintained intact until the completion of often lengthy judicial proceedings. Security is best guaranteed by the prompt destruction of drugs following seizures. Certified samples of particular seizures should be admitted as evidence of entire seizures in judicial procedures.

89. In the following paragraphs we make recommendations with regard to sentencing, extradition, freezing of assets and money laundering. Throughout it will be important to ensure as far as humanly possible that the law is applied in equal measure in all countries of the Community. If we cannot find the joint will to do this we shall continue to offer the drug trafficker and his accomplices a relative freedom of operation which can only be to the detriment of society.

Sentencing

90. The present situation, under which vastly differing sentences are carried out between countries and between courts in individual countries, means not only that there is unfairness but also that drug traffickers seek out those countries operating with greatest leniency.

91. *We recommend that a common approach to sentences should be adopted throughout the Community for all drug-related offences, including smuggling and supplying. Both at international level and at institutional level, there should be rapid harmonisation of sentencing in this field and harmonisation of legislation in general or even a Community position in this area. Consideration should be given to setting up an advisory commission to encourage a greater consistency of approach to sentencing to provide guidance wherever needed.*

Extradition

92. There are differences in extradition laws which have enabled criminals literally to bask in the sun, knowing that they could not be tried in one country for offences committed in another, nor be extradited to the country in which they committed their crime. Progress in this area has until now been very slow.

93. *There should be a multi-lateral European agreement on extradition of drug criminals so that national legal borders cannot be used as an escape.*

Drug transactions

94. *The setting-up of drug transactions should be made a punishable offence.*

The Cash Connection: Criminal Organisations

95. Criminal organisations are increasingly being set up to handle the large sums of cash which have been generated from the sale of drugs at street level and which need to be disguised to make them appear legitimate. This process is known as laundering. Since very large sums of money are involved, sophisticated and complex techniques are used for hiding their true source. This has resulted in the creation of a new profession of money launderers, who know the details of international finance and foreign secrecy laws and who have at their finger tips all the most up-to-date technology resources to help them in their work. Cities such as Panama and Hong Kong are banking centres for the Cocaine and the Heroin trade respectively, as well as being meeting points for the traffickers. In Hong Kong bank secrecy laws have hampered foreign law enforcement agencies in obtaining the information they need in their investigations. In addition a South East Asian underground banking system exists outside of commercial banking which moves vast sums of drug money through gold shops, trading companies and money changers, many of which are operated in different countries by members of the same Chinese family. The system has the ability to transfer funds from one country to another in a matter of hours, provide complete anonymity and total security for the customer, convert gold or other items into currency and convert one currency into that of the customer's choice.

96. It is clear that drug monies can be more easily detected in the early stages of the laundering process. It is a fact, however, that financial institutions in Europe have built up a reputation for keeping their customers' affairs private

and have, in consequence been unwilling to question these customers closely about their financial transactions or to notify law enforcement authorities of their suspicions, unless the evidence has been clear and unambiguous. In some European countries, a bank can be open to legal prosecution if it releases information about its customers' financial records without first of all receiving the customers' authority or an official summons or search warrant.

97. Typical methods of money laundering include converting small-denomination bank notes into larger denomination bills, large cash deposits in several different banks, the setting up of shell corporate entities for deposits to be made into their accounts, corporate inter-transfers and the use of false bills of lading to substantiate the deposit and transfer of funds between export and import companies.

98. Invariably the big drug trafficker will use one chain of people to process and ship, or import and sell drugs and another entirely different chain to handle the money side. Big money launderers, too, take care to deal only with intermediaries who deliver the money to them and in this way create a buffer between them and the drug dealers.

Seizure and freezing of assets

99. *We should like to see common legislation across the Community on the seizure of assets and on proof of origin of unexplained assets of those implicated in drug smuggling, taking into account the UK and Italian examples. This will require a review of individual constitutional implications and of bank secrecy laws and a harmonisation to allow banks to provide information and freeze accounts, pending legal proceedings against suspected 'launderers' or illegal drug trading profits.*

100. *Powers should be given to the legal authorities to freeze assets at the same time as bringing the charge. If freezing takes place before the suspect is charged, he can easily disappear. If it takes place after the charge, he has time to dispose of his assets.*

101. *Member States should be allowed to keep the assets which are seized in their own country after sentencing of a drug trafficker from another Member State. This will give the country in which the assets are seized a much greater incentive to work to detect the drug-funded assets.*

102. *Member States are requested to enact legislation to ensure that assets confiscated due to the work of local customs and police are made available directly to the cost of combatting drugs, rather than as at present, where legislation exists, into a general Treasury account. Funds could be used, on the one hand, to help police and customs become better equipped with modern communication equipment and systems, and on the other, to provide better rehabilitation facilities.*

Financial transactions

103. *Guidelines should be drawn up by the European Commission to alert all Community financial institutions to money laundering techniques and ways of dealing with them. Every financial institution should be aware it is a potential target for money laundering by criminal organisations and that participation in laundering operations will have serious legal consequences. Bank tellers should be trained in the existing regulations in force and to notice suspect individuals and bank accounts.*

104. *We recommend that a Community Directive be drawn up requiring all EEC financial institutions to operate a Currency Transaction Report for all cash transactions above a certain amount (for example, 10 000 ECU), both nationally or internationally. A single Community form should be used. The acquisition, possession, use or laundering of assets arising from drug trafficking should be treated as a statutory offence.*

105. *Information on investigations and prosecutions of persons and institutions involved in laundering should be collected centrally in the EEC and be accessible to the relevant Member State authorities.*

106. *We also ask the Commission to take more decisive and effective action to ensure that EEC funds are not fraudulently diverted into the funds of the Mafia or other criminal organizations, thereby helping to increase the drug trade.*

The law and the addict

107. Our society has an ambivalent approach to the drug taker, particularly to the Heroin addict. On the one hand, it is recognised that he is victim to circumstances of environment and drug availability, whilst on the other he is breaking the law and, therefore, a criminal by being in possession of those same drugs. The problem is compounded when to pay for the drug of his choice, an addict has to resort to theft, prostitution or pushing in order to finance his or her habit. Frequently, there are serious divisions in society between those who want to see drug addicts cleared from the streets and those who wish greater care to be given to these victims of big time crime. The fact that in all cases the police report to an Interior Ministry or its equivalent and those in charge of treatment report to the Health Ministry makes the problem no easier. Drug addicts all too often find themselves in the position where they are pursued by the law but at the same time are encouraged to register as addicts. It is small wonder, therefore, that in most European countries the number of registered addicts is a fraction of the real total.

108. Clearly the law must act to protect the majority of the population. Laws should, however, be administered with an even hand. In the first place, there must be a complete distinction between the way the big time criminal is dealt with as compared to the small time pusher or addict. There must be no quarter given to the former and his accomplices but relative tolerance to the latter. We see an increasing tendency in many EEC countries to give prison sentences to addicts caught, perhaps more than once, in possession of Heroin or Cocaine, even if the quantities taken are sufficient for their own use. Such sentences can

all too often be counter-productive. It can bring the person who is sentenced into contact with criminals and create a much greater problem. We hold the view that custodial sentences should only be given for possession where facilities for rehabilitation exist. In this event, there should be an assessment made by probation officers to establish whether the addict is fitted for rehabilitation. Where addicts are not found suitable, or where rehabilitation facilities are not available, then they should either be fined or better given a form of social work or hard labour, depending on the seriousness of the crime.

109. The worst thing that can happen is that the police become burdened with a system that requires arrest, forensic testing and delays because of inadequate penal and rehabilitation facilities: for the inevitable result is that the law adapts to the pressures existing in each area of a country, with resultant unfairness. Sentences in different parts of the same country do tend to vary considerably according to the facilities and to the training, experience and attitude of individual judges.

110. We wish to make it clear that we are not questioning the necessity for the law to deal justly with crimes committed by drug addicts, whether in pursuit of financing their habit or not. Society has a right to be protected from violence and robbery and the punishment in this event must be made to fit the crime. We ask only for a close study into the treatment of the addict, who is caught in possession of hard drugs in a way which is consistent, fair and understood by those who administer the law.

111. *A comparative examination should be carried out in all Community countries with a view to achieving greater consistency on the range of legal penalties for possession of illegal drugs, the processes by which offenders are brought to court, and the actual sentences awarded, the aim being to draw up Community guidelines and proposals for sentencing the big-time operators controlling the illegal drug business, who should be distinguished from small-time pushers, themselves drug addicts, and from occasional users. In many cases indeed, occasional users actually fall prey to serious addiction while in prison.*

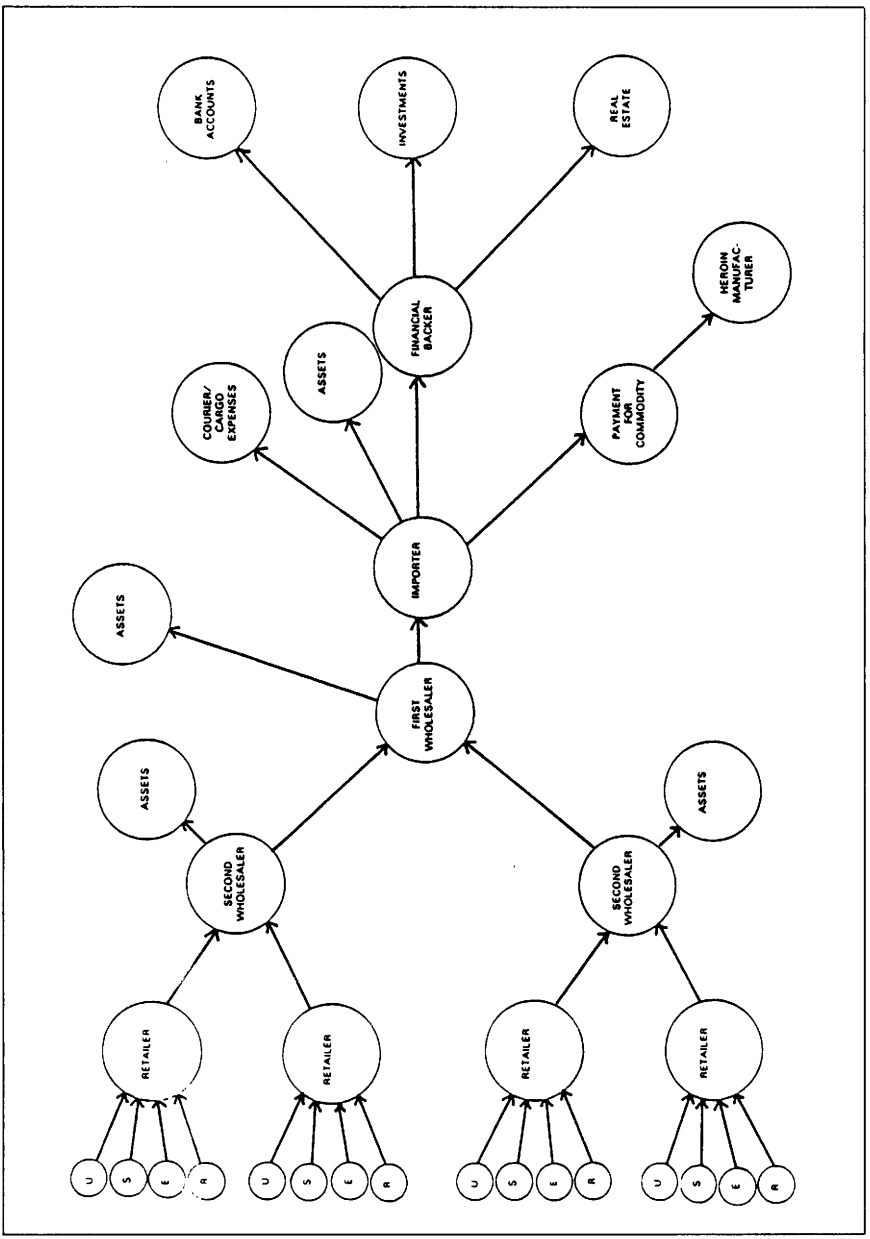
Where rehabilitation facilities exist spending a period at one of these units should be a possible alternative to custodial sentences for small-time pushers and addicts convicted of possession.

As part of this rehabilitation, addicts in prison should be prepared for reintegration into society on their release, to ensure they are not isolated and can be encouraged to start a new life.

112. *There should be a compulsory medical report for addicts carried out by suitably qualified persons before the sentence is pronounced. It is vital to recognise that when an addict is brought before the court for possession, it should be an opportunity to use this crisis productively and, hopefully, to give the addict a choice between rehabilitation and prison.*

113. *Community guidelines to police, customs and the courts should, however, be drawn up recommending that it be the general practice to caution rather than to prosecute those in possession of Cannabis in quantities for*

Sample Cash Flow Chart



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personal use. In the event that sentences are passed for such possession, imprisonment should not be an alternative.

114. *A detailed review should be carried out of the costs of prison sentences for addicts as opposed to the costs of rehabilitation and treatment to reduce the number of addicts with a view to developing legal provisions for treatment outside prison instead of detention. The prevailing response to addicts in the EC, of prison and penal sentencing, is not cost-effective: it does not reduce the number of addicts, rather it tends to criminalise them.*

115. *An enlightened policy which gives the addict the choice of rehabilitation or prison should be aimed at:*

a) Establishing a means for courts to distinguish between addicts charged with possession and drug traffickers.

b) Enabling prison welfare services to facilitate those who conclude that rehabilitation would be preferable to imprisonment.

c) Establishing prison services which would help prisoners who are addicts to reflect on their state and therefore consider treatment.

d) Establishing therapeutic communities or other treatment facilities within prisons. There are models available.

The case for the legalisation of drugs

116. We have, during our hearings and discussions, heard strong arguments for the legalisation of Cocaine and Heroin. Although we do not agree with them, we are of the view that the arguments in favour of legalisation need to be put forward as an essential part of this report, if only to show that we have considered them carefully and put them in their most realistic form, before reaching our conclusions against legalisation. There are far too many entrenched views in established circles on both sides of the Atlantic, which brook no argument on the matter of legality or otherwise of drugs.

117. Today in the United States, despite the allocation of massive resources to tackle drug smuggling, drugs are as freely available as ever and the situation is considered to be out of control. In Europe efforts to contain the Heroin trade have been substantially unsucessful and Cocaine is looming on the horizon. The drug traffickers' resources increase dramatically year by year. Those who support legalisation argue that one must face up to this virtual complete failure to deal with the drug trafficker and recognise that taking away the profit motive is the only way of dealing with the problem just as it was during the days of prohibition in the United States, with alcohol. It was only by making alcohol legal that 'boot-legging' and its attendant crime was overcome. The most realistic of those who argue for legalisation would still wish to pursue the drug trafficker. It would also be necessary to develop a full-scale education programme warning young people of the dangers of drugs. Rehabilitation resources would continue to be needed. But essentially hard drugs would be available on prescription for registered addicts who would obtain their supplies from official clinics. This would have the advantage of encouraging addicts to register and so bring them to the surface, so that they could be helped more

easily. All registered addicts receiving their supplies from official sources would, of course, be free from prosecution by the police unless caught with more than their own legal entitlement or where it was found that they were 'pushing' the drug prescribed to them. The combination of legal availability of Heroin or Cocaine, together with continued pursuit of a trafficker and increased education of young people would result in a sufficiently strong disincentive as to turn the trafficker away from drug smuggling.

Narcotics

118. We can certainly support the view that if Heroin and Cocaine were made relatively freely available through prescribed sources, there would be less profit motive for the drug trafficker. However, the essential question to be asked is to what extent a drug must be made legally available before the incentive starts to reduce. We know that in the United States with an estimated 8 million users, the amount of Cocaine to be made available would be formidable. In addition, what legal source could possibly condone making available free-based Cocaine or 'Crack', both of which are highly addictive? In Europe, where Heroin is still the main drug afflicting our young people, we see that provision through registered outlets does not solve the problem. Firstly, we know Heroin to be highly addictive; secondly, in those countries such as Holland, Spain and Sweden where there have been brief periods of greater liberalisation, there have been attendant high increases in the number of addicts; thirdly, we know that in points of transit, like Karachi, where Heroin has become available the population has become hopelessly entwined with drug addiction.

Cannabis

119. The case for or against the legalisation of Cannabis is much more evenly balanced. In the first place, we know that in countries such as Holland, where the consumption as opposed to the marketing of Cannabis is allowed, consumption has not risen significantly. It is also claimed that the psychological problems connected with those illegally consuming the drug have disappeared. Against this, many people will claim that Cannabis is a stepping stone to hard drug use. We are not convinced that this has been proven, since it is unrealistic to start from the argument that most Heroin users started by using Cannabis. It is equally true that the vast majority of those who have smoked Cannabis have never turned to Heroin or Cocaine. It can even be argued that by making the smoking of Cannabis illegal and making strenuous efforts to keep it off the streets, that LESS distinction is made between 'soft' and 'hard' drugs and because of this and the scarcity factor, that Cannabis users will be MORE inclined to turn to Heroin. Nonetheless, we believe that there are other arguments which militate against the legalisation of soft drugs. Firstly, there is illogicality in making Cannabis legal to consume but illegal to import. This is what the Dutch do. Secondly, the trade in Cannabis is still conducted by criminal organisations. Thirdly, we know that there are stronger varieties of Cannabis being grown and the possibilities of mixing this drug with chemical substances such as P.C.P. can be lethal.

120. We are, however, strongly of the view that a clear distinction needs to be made in the treatment of Cannabis users. Whilst the drug should not be

made legal, equally police and legal authorities should be encouraged to take a relatively lenient view of the Cannabis user unless it can be shown that he is involved in supplying the drug in significant quantities to others. At the same time, the trafficker in Cannabis needs to be pursued, as more often than not he is the same person who is dealing also in Heroin or Cocaine.

121. *We conclude that the legalization of Heroin or Cocaine is out of the question because the increased availability of such drugs is likely to increase the number of addicts.*

122. *Having weighed the arguments for and against legalization and noted experiments with liberalization throughout the world, we recommend that Cannabis should remain an illegal drug.*

123. *However, in view of the need for new strategies for a European drug policy, measures should be taken to encourage a scientific debate on this important problem.*

124. *All the Member States should become signatories of the international conventions designed to combat drug abuse and the European Community should explore means of influencing all EEC countries to honour these conventions.*

SECTION V

LAW ENFORCEMENT

— Cooperation between Community law enforcement agencies

— Controlled deliveries

— Removal of customs barriers

— Police and customs computer network

— Means of drug detection

  a) Dogs

  b) Electronic machines

Drugs seizures reported in EEC member states

1.1.86 — 31.12.86

	Heroin		*Cocaine*	
	Seizures	Total Quantity (kg)	Seizures	Total Quantity (kg)
Ireland	3	1,319	2	0,010
U.K.	97	168,970	54	111,065
France	721	180,952	199	180,172
Denmark	43	14,775	10	7,058
Germany	279	139,927	139	161,608
Holland	66	507,879	59	175,083
Luxembourg	5	7,815	7	6,474
Italy	255	223,318	111	71,708
Greece	45	22,334	2	0,681
Belgium	79	70,689	59	119,119
Spain	223	162,935	153	274,067
Portugal	29	20,642	55	99,076

Source: Interpol

Cooperation between Community law enforcement agencies

125. The war against organised criminal organisations dealing with drugs will be lost unless steps are taken as a matter of urgency to improve the coordination and efficiency of police and customs when dealing with drugs. There is far too much evidence of internal rivalries in individual countries as well as across the Community. More often than not customs authorities report to their Ministries of Finance, whereas police report to their Interior Ministeries. In other instances there is no central police authority dealing with drugs. As a result seizures often taken place at the wrong place and intelligence is either not passed on or is transmitted tardily. On a European basis the problem is compounded and despite the existence of Interpol, the Customs Cooperation Council (both of which operate internationally) and a Customs Union office in the Commission, there is insufficient liaison. Since the drug traffickers are highly organised and pay no respect to national boundaries, it is not surprising that their way is an easy one.

Community-wide task force

126. The Americans faced the same problems as the EEC and have helped to resolve the problem by setting up a Drug Enforcement Task Force Programme. We had the opportunity to see this working successfully in New York. The goal of the programme is to destroy the operation of organisations

engaged in drug trafficking in the United States. Thirteen Task Forces have been set up covering the country. Members of each Task Force are taken from the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), the U.S. Customs Service, Metropolitan and State Police Forces, the Internal Revenue Service (IRS) and the U.S. Attorneys Office. Some 1,200 attorneys and investigative agents are members of the Task Forces. Each is a fully integrated member of his or her regional Task Force and whilst remaining under the supervision of their respective agencies, report to the head of the Task Force and work alongside their peers in other agencies.

127. The creation of Task Forces has enabled a joint focussing to take place on the drug trafficking organisations and has brought a high level of expertise together in a way that has enabled more efficient use of Federal resources. It has reduced duplication of agencies efforts and improved efficiency, since the scope of the Task Force's enquiries expand far beyond the limits of one agency's jurisdiction. In addition there have been useful spin offs. Agents serving on the Task Forces have learnt from each others experiences and about the working, procedures and practices of the other participating agencies. A further advantage has been the sharing of equipment.

128. *Urgent action is needed to improve coordination and efficiency of all law enforcement agencies involved with drug trafficking across the Community. The trafficker operates on a multi-national basis which knows no boundaries and the war against organised criminal drug organisations will be lost unless we coordinate our forces in a similar way. Therefore, we urgently recommend that a European Community Drugs Task Force be set up, to be modelled on the existing United States Task Force Programme and adapted for Community use with all possible improvements. The relevant department of Interpol should be expanded, reorganized on the basis of a number of principles and recommendations suggested in this report and given financial backing.*

129. *A National Task Force, or central drugs agency, should be created in every Community country to coordinate the activities of the national enforcement authorities (police and customs services) and to harmonize and facilitate a European-wide approach. Membership of each national task force should therefore include the various national agencies dealing with drugs.*

130. *The setting up of a European Drugs Task Force will need to be an act of political will by Member State governments. Thereafter,it must be left to the professionals involved to draw up a plan for the task force, its organisation and methods, and act out overall aims for action. We recommend that one of these aims should be to ensure frequent and effective communication between all national task forces.*

131. *One of the task force's roles should be to facilitate exchanges of drugs liaison officials with the main countries used for cultivation, manufacture and transit, and close cooperation, based on trust, with all those countries which are fighting drug trafficking.*

Controlled Deliveries

132. The technique of controlled delivery is used to help identify drug traffickers, rather than arresting couriers or seizing a consignment of drugs at the border or port of entry. What happens is that when customs officials detect drugs concealed in a consignment of goods or in hold baggage, they allow the goods to travel onwards under the surveillance of law enforcement officers so as to identify and secure evidence against those who have organised the smuggling. Unfortunately controlled deliveries cannot or do not always take place. In the first place it is against the law in some EEC countries, such as Portugal, to allow a shipment of drugs, which may have been advised by a 'tip-off' to continue through to its final destination. The law prescribes that seizure must immediately take place at point of entry into the country. Secondly, rivalry often exists between customs and police in one country or mistrust between the agencies of one country and another, which prevent a controlled delivery from taking place. This is often due to the desire of officials of one service or one country to show their success in locating drugs and taking the credit for this.

133. *All too often, restrictions of the law, rivalries or mistrust prevent the police or customs from tracking a shipment of drugs over its full route and so getting to the receiver of the shipment. We see it as an urgent necessity to obtain a common agreement amongst all Member States that controlled deliveries will be allowed both internally and across borders. Until this takes place, a major weapon in the hands of law enforcement officers is being substantially wasted.*

Removal of Customs Barriers

134. One of the aims of the European Community when it was set up was to create a Common Market by the removal of trade barriers and at the same time to bring about free movement of people, goods and services within the borders of the Community. Until now this has not happened and a situation exists where non-tariff barriers still restrict movement and where more customs men are employed than ever before. It has, however, been recognised by the present leaders in the Community that this situation has to come to an end and the aims of the Treaty of Rome realised, if we are not to find ourselves in Europe put into a backwater and overcome by American and Japanese competition.

135. The fact that there is greater freedom of movement of people and goods within the Community, does not mean that customs and police will discontinue checking travellers and vehicles. Such checking should continue to take place at the most effective point, whether this be at frontiers or within a country. At the same time intelligence gathering, along with the resources needed, must increase so that customs and police are able to follow up on an increased number of 'tips'.

136. *The dismantling of customs and control barriers within Community borders should not be held up due to the potential flow of illegal drugs. Given anonymity and the difficulties of pursuit the internal borders actually offer protection to drug traffickers. The border acts as an incentive to more crime. National authorities can stop any 'suspect' vehicles at any time at existing*

border points if they wish and carry out spot checks. There must, however, be substantially tighter controls at the Community's external frontiers. Once this has been achieved then any control and check of people at internal frontiers will completely cease, according to the letter and spirit of the Treaties (viz., Article 3, letter c, EEC-Treaty).

Customs Cooperation

137. More efficient cooperation between the different customs authorities in the EEC is needed. This can be achieved both within the Community's Customs Union and within the Customs Cooperation Council which sits in Brussels.

138. *Closer and more efficient cooperation between the Community's national customs authorities is needed. Information on drug trafficking should be a priority of the Community's Customs Union and should receive separate attention. Cooperation under this heading must be extended to non-EC European countries and strengthened through the Customs Cooperation Council.*

Police and Customs Computer Network

139. There is an absolute necessity to increase the degree of intelligence that is made available from outside and within the EEC concerning drug traffickers and their trade. We know that information is communicated to Interpol, but it appears that all too often this is supplied in too patchy a form and with insufficient rapidity. We see some excellent intelligence work being carried out in individual countries and some first class computer systems, but information is not always shared. As an example the British customs operate a highly sophisticated and efficient computer nicknamed 'Cedric', which provides invaluable information. It is, however, not compatible with other systems on the continent. It is clearly vital to establish patterns of shipment, export and import behaviour on a Community wide basis if we are to have any hope of dealing with the drug trafficker with success. We point towards the Automated Cargo Selection system which is being operated most successfully across the United States by the U.S. Customs. A central data base has been set up in Virginia with a central monitoring point in New York. Details of all incoming shipments likely to have relevance in building up information on drugs is fed into the computer. The data base also has within it information concerning different drugs and their varieties, trade routes, types of shipment, vessels and their owners and flags, etc. Names of those in the customs service having knowledge of these various informations is also fed in. In the event that a customs officer suspects a shipment or has information feed back to him via computer, he can consult the relevant person by telephone.

140. *At present, some of the best intelligence work on drug criminals in the Community is confined to national computer networks which are incompatible with systems of other Member States (e.g. the British customs computer system, CEDRIC). It is the relationship of one piece of information to another on a systematic basis that produces a powerful tool by enabling greater selectivity in searches and therefore much more effective use of resources. We therefore recommend that EEC police and customs authorities install a Community-wide computer information network along the lines of the UK 'Automated Cargo*

Selection System'. Community assistance should be provided, where necessary, to enable Member States whose resources are inadequate, to instal the necessary compatible computer system.

Analysis of Drugs seized

141. It is possible to build up considerable information about drugs and drug smuggling by efficient analysis of drugs seized. For instance the species of poppy, the country and area of cultivation as well as the method and region of Heroin processing can be traced by careful chemical analysis. This is presently taking place in only a few countries of the EEC on a systematic basis and then the information is not always communicated as it should be.

142. *A more widespread system of analysing seized drugs to find out their country of manufacture should be set up in all Member States. This information should be shared and systematically recorded on a central computer within the Community to ensure that trends of origin and routes of transport are logged and used Community-wide to the disadvantage of the trafficker.*

Dogs and dog handling

143. The use of dogs in the detection of drugs is of great value. In Britain last year, 30% of all the Cannabis and 9% of all the Heroin seized by Customs came about through the help of dogs. Dogs are obviously more mobile than machines and they can be used in many different situations and environments. The two breeds of dog most used in detection work are labradors and spaniels. Spaniels are particularly useful for working at heights in warehouses and where goods are stacked. It costs about £7,000 to train a dog. Basic training will normally take 14 weeks and three additional months of experience is required before the dog will be fully operational. The United States customs estimate that they get an 81 to 1 return in terms of drug seizures made valued at street value compared to budget dollars spent on training. This is a very cost-effective return by any standards. We, therefore, find it difficult to understand why so relatively few dogs are being used for detection work in the EEC. The Germans have the best record with 2,000 working dogs, most of which are dual trained for border work and for drug detection. The United Kingdom has only 7 dogs working in Heathrow and Gatwick airports combined and most smaller air and sea ports have no dogs at all. The position is little better in other countries.

144. It is obviously important that dogs should be trained in the detection of Cannabis, Heroin and Cocaine. We have been told that in many cases training only takes place in the first two drugs. Clearly, with the increased quantities of Cocaine beginning to come in to Europe, training is necessary in all three drugs. The reason that Cannabis seizures are higher than other drugs is because of its more pronounced smell. Nonetheless, a dog is only beaten if drugs are hermetically sealed in a container.

145. The German police force has recently carried out experiments in training pigs to sniff out drugs below ground and found them to be successful in detecting drugs buried up to two feet below the surface.

146. *Greater use should be made of dogs throughout the Community as a cost effective means of detecting drugs in containers, vehicles, warehouses, baggage and expecially on small sea going craft.*

147. *More dogs should be trained in all three major illegal drugs: Cannabis, Heroin and Cocaine.*

148. *Dogs should be used at the Community's external frontiers as well as on internal ferry sea-links and on cross-Channel ferries, for example, to check all vehicles during the crossing — with no need for access unless the vehicle is under suspicion. The committee points out that the experts consulted were of the opinion that pigs are even better in detecting drugs and recommends that they should be used by the various drug detection centres.*

Electronic detection

149. *Research and development work being carried out by government departments, universities and electronics companies needs to be coordinated to bring forward as soon as possible a range of effective electronic detection equipment against drugs. We should like to see the Community provide financial support to those bodies which are prepared to join together in a common research programme. This could possibly be linked to ESPRIT.*

150. *Equipment for carrying out urine tests costs about 4,800 ECU. It is a quick test which enables police or customs to release a person apprehended on suspicion of drug smuggling if the test is negative. Greater use of such equipment could usefully be made.*

SECTION VI

EDUCATION AND PREVENTION

— Education
  a) Schools
  b) Parents
  c) Public information and the Media
— The Wirral Experience
— Community involvement
— Drugs in sport and entertainment

Education

151. Everyone agrees that education about drugs is a necessity, everyone agrees that not nearly enough is being done and almost nobody agrees on how best the matter should be tackled. No doubt further research is needed into those methods which have worked well in different parts of the Community. Research, however, takes time and there is a short term need for greater action. The following paragraphs put forward a series of recommendations to encourage the setting up of new programmes for education within and outside schools across the Community.

152. Education about drug abuse needs to take place at three levels. The first at primary school level from about 6 to 12 years old, the second at secondary level from 12 to 16 years and the third for those who have left school, which will include both young people and their parents.

Childrens Views

153. The rapporteur was fortunate enough to observe 2 group sessions of young people talking about drugs with a specialist interviewer. This was set up for him by the Children's Research Unit in London. The first group consisted of boys between 10 and 12 years old and the second of girls around 15. The notes on the interviews are included in Annex III. They give an excellent picture of the problem as seen through the eyes of children in a major city.

154. Advertising campaigns against Heroin, particularly on television, and reports in the press had been absorbed. Education about drugs in schools had made a particularly big impression on the younger age group.

155. *Education and the creation of awareness about the dangers of specific drugs needs to take place on a greatly increased scale. Use should be made of the experience and knowledge of drug addicts and former drug addicts. Since the supply of illegal drugs cannot be stopped, or even significantly reduced in the short term, the reduction of demand for drugs must be a major policy objective. Education of children, parents, teachers and professional workers — at all levels — is the key to reducing demand. The old adage that 'Prevention is better than cure' was never more appropriate than in the case of drugs.*

156. *In the case of educating children it is important that children themselves should be regularly interviewed about drugs to establish what they themselves think rather than what adults imagine they think. To this end, a Community enquiry into the schemes and methods used by the Member States to train teachers and school staff in the prevention of drug abuse would be welcomed. On the basis of this information, the European Social Fund should be particularly receptive with regard to applications relating to training programmes for all categories of teachers and instructors in contact with young people.*

157. *In addition to all this, more information should be given to drug users themselves and to those who are responsible for drawing up and implementing drug policy at all levels.*

Schools

Primary Education

158. This should help young people become aware of the dangers of drugs. The following story serves as a useful example of influence on young children: An American lady working in the drugs field went to talk to children at the local kindergarten about drugs. She started by asking them if they would like to be her guests on a free trip to Disneyland. Of course all the children wanted to go. But she then said that each child who went to Disneyland would first have to walk through the alligator pit. Suddenly none of the children wanted to go on the trip. She then asked each of the children: 'Have you ever been bitten by an alligator? Has your mother, father, brother or sister ever been attacked?' Not surprisingly they all answered 'no'. Then she asked 'How do you know alligators are dangerous? One by one the children answered: 'We see alligators in our books', 'We see alligators on T.V.', 'Our parents told us about alligators'. A comparison between drugs and alligators over-simplistic, but we believe that younger children need to be made more aware at a younger age of the dangers of drugs. At this age, they are not able to weigh up for themselves the advantages of healthy living.

159. It has been said 'Drugs is not a matter for your brains. It is a matter of emotions'. We believe that everyone has a built-in propensity to protect themselves provided they instinctively know of the dangers which exist. Education into drugs at primary school level or even earlier should, therefore, concentrate on telling young children that certain drugs are as dangerous as alligators.

160. *There is a need for imparting a basic knowledge about drugs at an early age within the framework of an elementary health education programme to make young people realise clearly the dangers which exist, so that when they are older they instinctively know that they are taking severe risks by taking drugs. At this early age, it is not possible to teach more than fundamentals.*

Secondary Education

161. Drug education should be carried out with older children in relation to their own ideas, feelings and behaviour. Information imparted about drugs should at once be attractive to listen to or read about without being sensational. Above all it must be factual. Young people are sceptical at the start and will soon pick holes in exaggerated or inaccurate stories about drug misuse. Young people should not be 'talked at'. All too often, schools seek to tackle their drug education by bringing in outside experts to lecture about drugs and consider this sufficient. This is understandable because of the lack of knowledge and training of teachers themselves.

162. Nevertheless, 'outside experts' can be of great value in the right circumstances. For example, Dorset County Police force in the UK has produced a 'pop' video of extracts from famous singers and sport personalities who agreed to appear on the video to voice their opposition to drugs, and also allowed them to include, without fees, extracts from pop concerts. This has been widely shown in local schools in Dorset, in conjunction with a documentary film on the

withdrawal symptoms of a young Heroin addict. Every praise should be given to initiatives such as these undertaken by local police and other agencies which are aimed specifically at school pupils.

163. Schools should be helped to define their own drug problems, to assess their resources for tackling them and to choose the right strategy. This process should involve all parts of the schools. In particular, by involving students themselves in this process, together with staff and parents, there will be a much greater chance of successful preventive education.

164. *It is important that education programmes should be designed to involve both teachers and pupils and to rely less on outside lectures than inside participation. Case studies need to be prepared showing the most successful education programmes, which have taken place in different countries of the EEC and communicated widely.*

Peer Group Influence

165. When young people are asked whom they would turn to first if they needed help about a drug problem, the frequent answer is their friends at school. Friends are preferred to parents or the authorities as there is less fear of disapproval or punishment. In this case, it seems sensible to develop the knowledge and skills of young people, not only in refusing drugs themselves, but to take positive steps to discourage others from using them. One example of peer-led pressure is encouragement to act out imaginary scenes in the classroom showing the negative effects of experimenting with drugs or refusing offers to show one can be independent and 'grown-up' without taking drugs.

166. *We recommend that education should take account of peer group influence. The skills of young people should be developed to help them in taking positive steps to discourage their friends at school from taking drugs.*

Third level education

167. *It is equally important to recognise the need to continue drug awareness and prevention programmes at third level education institutions. The establishment or expansion of appropriate programmes should be considered.*

Training of Teachers

168. The so-called 'Matrix' system for training of school staff in drug abuse is particularly impressive. This involves a team approach to solving the problems of drugs in schools and ensuring practical education. A school identifies its own team, consisting of the principal or his assistant, two teachers, the school nurse, a school board member and a community leader. This team then attends a residential training college for 4-5 days where they learn to identify the problem, and to work out realistic ideas and strategies for tackling it, using a timetabled plan with specific responsibilities allocated to the various staff. Normally the programme is preceded by a pre-training visit to clarify the objec-

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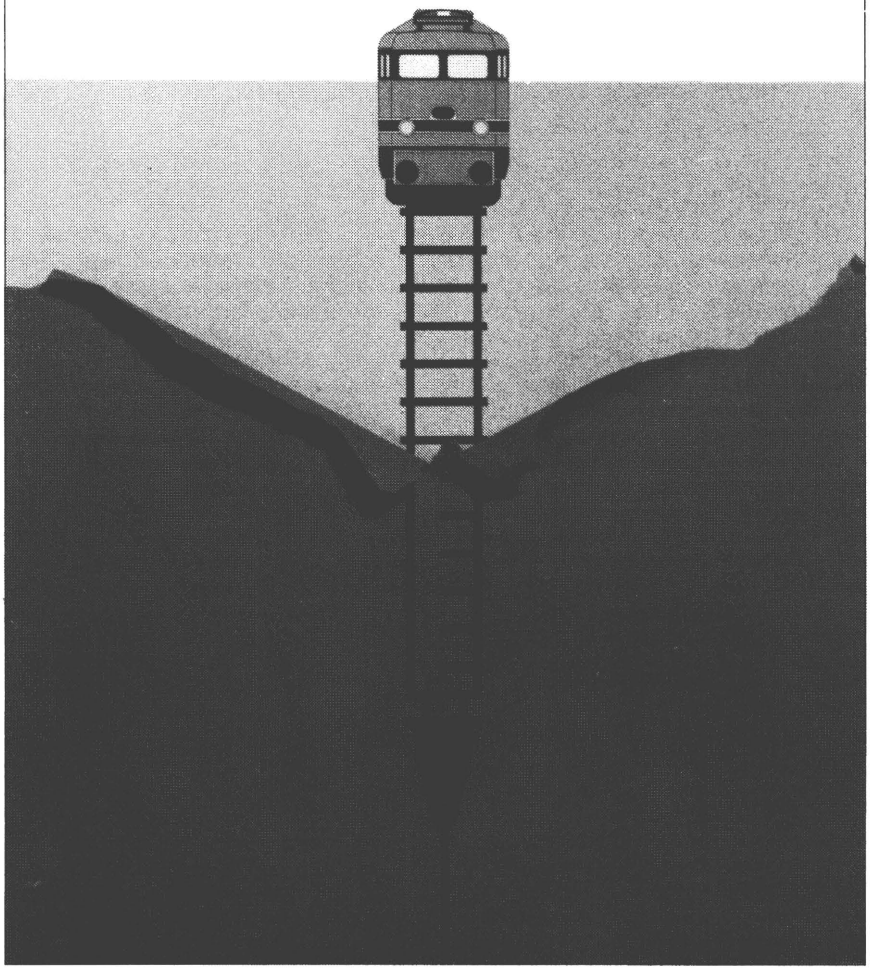

tives and methods of training . The main programme is followed up by post-training and counselling services.

169. *The danger of drugs is so considerable that a special course should be included in teacher training in order to provide greater training facilities than exist at present and help schools to tackle drug problems. Educational authorities should provide an adequate number of councellors who can be called on when any given school has a drug problem.*

170. *We should like to see a Community-wide audit take place into the current facilities which exist and the methods of training adopted for training teachers. We also believe there is a strong case for setting up a central training school for those teachers, who are going on to train teachers from schools in their own countries. Such training should involve the appropriate participation of national and international agencies involved in the prevention, intervention and treatment of chemical dependency. There can be no substitute for cross fertilisation of ideas from different Community countries at the level of teacher trainers.*

Parents

171. Parents must recognise that they are part of the drug problem. We are a drug using and abusing society, with millions of alcoholics, nicotine abusers and many more using stimulants or tranquillisers. Yet most parents fail to talk about the drug problem with their children until it is too late and it is often on the basis of inaccurate information.

172. The Australian Government this year produced 5.4 million information packs on drugs in the form of a 24-page colour brochure and sent them to every home in the country. This was done in conjunction with a national television and advertising campaign and clearly demonstrates the recognition that parents are at least as important in the drug education process as are schools.

173. *An informative report should be drawn up on the measures taken in the different Member States on the education of and information provided for parents containing, in particular, examples of the most noteworthy projects. The report should also contain as complete a list as possible of the public and private, religious, cultural, social and school measures directed against drugs.*

174. *Every parent should have access to free literature on the essential facts about drugs — what they are, who supplies them, what signs need to be looked for in children, the legal position, how to get help and treatment.*

175. *Efforts must also be made to foster cooperation especially amongst parents so that experiences in different countries can be compared.*

176. *Parents' self-help groups, like 'Families Anonymous', should be encouraged in their valuable work. They help parents of children with drug problems to share their experiences and often lead awareness campaigns on drugs for all other parents.*

Medical and nursing schools

177. *We should like to see 'Drugs of Abuse' as a regular part of the curriculum of medical and nursing schools across the Community. A review of medical schools curricula related to drug and alcohol abuse is now being carried out by WHO with the aim of improving medical and nursing schools' teaching in this area. EC Member States should be encouraged to implement any recommendations that may be forthcoming.*

Public information and the Media

178. Much controversy exists over the relative merits of advertising. Some argue that, by drawing attention to drugs and their use, any advertising increases the risk of use and abuse. Others claim that, like good health education, good advertising on drugs helps to make young people and parents more aware of the risks involved. We support the latter view, but believe advertising must be well-researched, with a specific message addressed to a particular audience. In the media, there will always be good and bad reporting. The sensational stories about drug-taking habits of pop stars, sportsmen and children of famous people tend to do more harm than good; firstly, they connect drugs with fame and popularity, and secondly they often turn public opinion against drug addicts. Nevertheless, much good press and television coverage has appeared, dealing responsibly with various aspects of drug abuse.

179. *Public information campaigns must be factual and not exaggerated. When such campaigns are undertaken in a responsible manner it can be a useful tool in informing and influencing the population. Wherever possible the experience of other countries should be fully taken into account and use made of research before establishing further public information campaigns.*

180. *It should be emphasized that television can play a major role in the area of education through special programmes made by experts with long experience in this field.*

The Wirral Experience

181. We have found during our investigations a few cases where the drug problem has been tackled at local level in a structured and coordinated manner. One of the main reasons for this has been the extreme rapidity with which Heroin misuse has spread during the eighties and the consequent catching off guard of those in public service, who could have taken preventative measures much quicker than they have. The Wirral is an example of a local area in the United Kingdom where quick action was taken and we give the information below as an example of what can and should be done by local authorities.

182. The Wirral is an area on Merseyside, near Liverpool with a population of 338,000. Wirral entered the eighties with no more than a handful of drug users known to local doctors. The borough had no specific structures for discussing drug misuse as such and no statutory responsibilities to deal with drug addiction. Heroin arrived in the Wirral in 1981 and started spreading like wildfire. Although initial communication between doctors and health authorities on the first hand, police, courts and probation officers on the second and families on

the third was slow — the problem was soon highlighted by the formation of a highly articulate body, which was formed called Parents Against Drug Abuse (PADA). During 1983 PADA achieved very considerable local and national media attention in its efforts to help drug users and their families. This quickly followed with the Wirral District Health Authority applying to the Department of Health and Social Security (DHSS) (i.e. Ministry of Health) for 'Initiative' money to set up an addiction clinic. The application was successful and the clinic was opened in February 1984. PADA followed this by asking the council for resources to open an advice centre and later, a long-term residential unit.

183. In October 1983 amid increasing pressure from PADA and media exposure, the council took the initiative and set up a Coordinating Committee to study the drugs problem and consider what action was necessary in terms of the coordination of the various agencies concerned with the drugs problem, health education and publicity. It was decided to set up a Drug Abuse Panel involving senior staff from all the key agencies. This brought together for the first time senior representatives of the Police, the Courts, the medical profession, the social services, politicians and the voluntary sector. Understanding from the beginning was good with the Chief Police Constable confirming that the police saw the drugs epidemic primarily as a social problem. The Drug Abuse Group and the Council's Policy and Resources Committee began developing a strategy for dealing with drug misuse in the spring of 1984. A ten point plan emerged. This included the setting-up of a Wirral-wide counselling service to help parents and children on drugs on an informed and confidential basis.

184. The education department also moved fast. Meetings of all secondary head teachers were held specifically to discuss the drug problem and a video was made for use in the in-service training of teachers. Parents' meetings were held in all 26 secondary schools and a drugs team was set up within the Youth Service. In-service training programmes were undertaken for the heads and at least one teacher from each school. With the financial help of a local charity, a primary schools education package was developed and launched.

185. Other plans which are in the making include a training project for local employed ex-offenders, with a view to helping their job prospects. Also the establishment of a Phoenix House therapeutic residential centre and setting-up of a less intensive residential unit. PADA has also set up a 'shop-front' parents' advice centre. On the police side a major operation was commenced to crack down on suppliers, with the full cooperation of the public in helping with information. This succeeded for a time in clearing 'Heroin' from the streets. Finally an independent, unified research project has been commissioned from Liverpool University to ascertain the size and scope of the drugs problem. It has been stressed that in the work to be carried out information must be gathered locally on the ground with official sources of information being used in a secondary capacity. This project has been set up on the initiative or approval of the most senior representatives of the various bodies concerned with drug abuse and so has avoided the risk of separate work being carried out by different hierarchies. Cutting across professional boundaries has been seen as a major prerequisite of this research project. Indeed it is a mark of the success of the Wirral project that inter-agency good will has been achieved throughout.

186. We have made a point of describing a successful local project because we are convinced that a major part of dealing with the problem of drugs in our society lies at local level. We point particularly to the essential rôle of parents' organisations and to the need for them to mobilise public opinion and, encourage local authorities to take action. It is clear that without the push from worried and impatient parents, little would have been done and even then only in a fragmented way with insufficient speed. Wirral reacted magnificently and all credit is due to them.

Community involvement

187. We have seen from the 'Wirral Experience' what can be done in a local area, when the problem of drugs in a Community becomes so acute as to demand action. The old adage that 'prevention is better than cure' is, however, as true with drugs as anything and it is not sufficient to react to a problem once it has arisen. In this section we put forward our recommendations for galvanising effective local action in the war against drugs.

188. From our observations there is today insufficient involvement of the local community in any EEC country in dealing with drug abuse. This is largely due to there being very limited opportunities given for the participation of the community in helping with a drug prevention strategy and consequent local initiatives. The French have shown what they can do in some instances and the 'Pont Jeune' crisis centre project in Lille is a good example of this. Here young people can come when in need of help and where round the clock seven day a week help is available. Confidentiality is assured even for the under-18s. The success of this has been due to all sections of the community, including parents, coming together and agreeing a policy.

189. However, we find that far too often at local level an assessment of local needs is carried out by local authorities with little reference to the community's perception of the drug problem. Consequently members of the community are left with inaccurate perceptions about drug misuse. Also, because crime related to drugs is on the increase, there is all too often a feeling of fear and suspicion of drug addicts and a sense of powerlessness in tackling the problem. There is almost no relationship between the Community and the criminal justice system, although often the police are making valiant efforts to help in general drug education. In short the great resources of the local community are not being made the most of in each country's strategy for tackling the drug problem. We, therefore, need to see the creation of guidelines to help the development of local prevention programmes. The following paragraphs give some pointers in this regard.

190. *Well-organized local community drug projects can be a powerful preventative influence to halt drug misuse. They encourage better liaison between the statutory agencies themselves, as well as between statutory and community groups and non-Governmental Agencies and can also reduce drug-related crime. A series of community drug projects to create a groundswell of opinion at local level would result in widespread pressure on local and national authorities to allocate necessary resources to combat the problem at all levels.*

191. *The overall aim must be to provide communities with the skills to tackle the drugs problem successfully. The following steps could be taken by the local communities:*

i) community and parent associations, associations of drug addicts and former drug addicts and other local groups to be brought together to agree local action needed;

ii) a coordinating committee to be set up as a link between community groups on the one hand and local authorities, police, general practitioner, and treatment agencies on the other;

iii) a series of local and community-based actions can then be agreed. These could include, for example:

- *education programmes for local people about the legal, health, social and cultural aspects of drug misuse, to be drawn up by local people with expert help,*
- *greater public awareness encouraged by community figures such as church members, local politicians, etc. This process could be part of a local publicity campaign, which would also include issuing guidance booklets to parents and their children about drug misuse,*
- *locally funded advice and information centres,*
- *special information channels to help police track local drug dealers and pushers.*

Drugs in sport and entertainment

192. During their visit to Washington, the Chairman and Rapporteur had the opportunity to attend a hearing of the U.S. House of Representatives Committee on narcotics abuse on the subject of Drugs and Sport. Peter Ueberroth was the main witness. He masterminded the last Olympic games in Los Angeles and is presently base-ball commissioner. The National Baseball Association has had success in getting on top of the drugs problem. Great emphasis is placed in educating baseball-players to show them that performance over a period is seriously affected by the use of drugs. All players have to keep regular contact with a doctor, but the relationship is a confidential one between doctor and player. It has been found that this approach is a better one than fining, although occasionally drug taking members of teams have had to be expelled. The most important aspects remain, however, making players aware of the dangers of drugs and giving them the means for consultation and treatment.

193. *We recommend that all associations which sponsor and organise a national sport or pastime should face up to the problem of drugs and should show that they are against drugs, that their teams are drug free and that their principal players are against drugs. Cocaine has been termed the drug of 'recreational suicide'. It is important that sportsmen and their associations should play a role in helping young people to recognise the dangers of drugs and to let them realise that far from enhancing performance, the reverse is the case. We also believe that those in the entertainment world have a responsi-*

bility to young people in setting a good example in making them aware of the dangers of drugtaking.

SECTION VII

TREATMENT AND REHABILITATION

— Rehabilitation: Government policies

— Maintenance by synthetic alternatives

— The rôle of therapeutic communities in rehabilitation

— The rôle of the General Practitioner

— AIDS

— Reintegration of former drug addicts into society

— Drugs in the workplace

Rehabilitation

194. Rehabilitation is far more than just getting a drug addict off his habit by a period of detoxification. An addict has far more to contend with than just short-term withdrawal syptoms. Through the weeks, months and even years he must continue to contend with the difficulties of post-addiction. These are a combination of anxiety, depression and craving which come intermittently in waves and which lead all too often to the taking of drugs again to obtain relief. Too frequently, rehabilitation takes the form of giving an addict a bed, drying him out, allowing him to convalesce for a little and then discharging him with no 'life line'. It is not surprising that under these circumstances the success rate is almost zero. Yet even this minimal treatment is often not achieved.

195. We recognise in many fields of illness that in-patient treatment cannot be immediately provided and we certainly do not want to single out drug addicts for special consideration, but we must recognise that the time when an addict is most likely to start the process of coming off drugs is when he himself WANTS to be cured. This may be momentarily, so it is useless to send away a young person with the request that he should come back in four months time, when detoxification facilities will be available. Yet this appears to be happening frequently either because governments have failed to supply adequate funds or because those funds have been allocated by hospitals to, what in their judgement are more important matters. Nothing can be more ridiculous than a system, which sends miscreant addicts for treatment in place of imprisonment, but refuses young people who want, of their own accord, to receive treatment because the facilities do not exist.

196. *It must be a quantified aim of all EC governments to provide treatment for all drug addicts who genuinely want it, at the time their request is made. Discussion over compulsory versus voluntary treatment becomes meaningless in the current situation of insufficient facilities for those who already want it.*

197. *It is therefore essential that Governments make available sufficient monies to regional and local health authorities and that these are specifically earmarked for the purpose of providing rehabilitation facilities for drug addicts. The responsibilities of those bodies which provide the resources for treatment facilities must be clearly defined.*

198. *Health and treatment services need to be formulated to allow for differing types of drugs and changes in drug usage and users. Treatment and rehabilitation facilities must respond to changing patterns in drug abuse, differing addict populations, cultural differences, minority groups, etc.*

Registration of drug addicts

199. Drug addicts will normally only register if they want to be treated, they know that treatment facilities exist and that confidentiality is assured. We find in many countries, among those who want treatment, a reluctance to register due to a perceived fear of the law.

200. *As many drug addicts as possible should be encouraged to register so that they can be treated. Such voluntary registration should be confidential and*

thus separate from other personal registers and from records held by the law enforcement ministries. It is essential that in-depth consideration be given to means of encouraging more addicts to seek rehabilitation. One way of doing this is by organizing self-help groups for parents, spouses and girl/boy friends who can convey information on the nature of addiction and can motivate the addict to seek rehabilitation.

201. *Young people who are at risk from drugs or are drug addicts are very often frightened of going to an advice centre. It must therefore be made easier to visit drug advice centres.*

Special needs of women

202. Women with children encounter particular difficulties in following rehabilitation programmes. Most residential programmes do not have facilities for children and experiments have shown the problems of introducing children into an intensive community of addicts under recovery. Mothers will not go into rehabilitation if they have to leave their children.

203. *It is reported that fewer women seek treatment and rehabilitation. This suggests that the needs of female addicts are not being catered for. The needs of female addicts with children is of particular concern. Special rehabilitation and treatment facilities for women with children should be considered.*

Maintenance by synthetic alternatives

204. Methadone is a synthetic narcotic, which was developed by the Germans during World War II. It is used today in many hospitals for detoxifying Heroin addicts. The patient is transferred from Heroin to Methadone. The Methadone dose is then progressively reduced over a period of from ten days to a few weeks until a zero dose is reached. Methadone detoxification treatment is considered by some experts to be preferable to direct withdrawal from Heroin because, although it takes longer, it reduces the suffering.

205. Methadone can also be used as a continuous maintenance programme, which is administered daily to addicts and in many cases is able to keep them successfully away from Heroin just so long as it continues to be administered. It has been found to relieve the craving for Heroin in substantially all addicts. This is because it blocks the Heroin effect. One of the reasons why Heroin is so disruptive is that the habit can only be maintained by purchasing on the black market and it requires an escalating dosage. Consequently an addict may spend more than £50 a day to obtain his requirements. This amount of money can normally only be obtained by some form of criminal activity. By comparison, Methadone maintenance is extremely cheap, costing a hospital 10 pence per day per patient. Also once a regular dosage has been established it does not need to be increased.

206. It has been found that addicts placed on Methadone maintenance, despite years of addiction and such handicaps as previous criminal records or poor health, can become self-supporting as well as law-abiding. When a patient's hunger for Heroin is relieved by this form of medical treatment, his normal ambition to work and intelligence to apply himself returns with the result

that he starts working for, not against society. It has also been shown that housewives whilst on Methadone treatment have been capable of bringing up a normal family.

207. We have been impressed by the maintenance programmes including the Methadone buses operated by the city of Amsterdam. We have also seen how successful the long-term programmes operated by the Beth-Israel hospital programme in New York have been. Here 7,500 patients are on regular Methadone maintenance. 50% are working. 25% are full time home making and the remaining 25% are either elderly or part of New York's unemployed. Over half of the patients being given Methadone have been receiving treatment for over ten years. Long-term patients are able to take Methadone home when it has been shown that they can be responsible citizens. Beth-Israel stress that long-term Methadone maintenance is not for every addict. It is a last resort for the hard core cases, for those for whom all else has failed.

However, there are many experts who are convinced that Methadone maintenance is not an acceptable alternative. The paragraphs below reflect these views.

208. *We are aware that opinions differ as to Methadone treatment, and that that substance has proven to be just as addictive as other opiates (Morphine and Heroin). We believe that the use of Methadone does not solve the problem. It has so far failed to produce the expected results. The original intention of the scientists who used it as a curative medium was to substitute it for the drug over a short transitional period so that a second actual stage of treatment could then take place. However, it has ended up being used as an easy way of sustaining drug addicts.*

209. *From investigations carried out so far, attempts to help addicts by the use of Methadone have proven ineffectual. This is chiefly because, according to statistics, most patients on Methadone programmes have been taking other substances such as Heroin and barbiturates at the same time (Chambers inquiry, CH 1983), leading to high mortality rates.*

210. *Furthermore, this policy may place a country's drug-combating campaign in doubt, since it casts the state in the role of dealer and distributor of a particular drug, and may at the same time stimulate the emergence of a 'black market' in Methadone, as has happened in a number of countries (the USA, etc.).*

211. *Methadone use cannot, in our view, be a preferred method of treatment.*

212. *There is a clearly recognised need for other synthetic alternatives to Methadone, which are inherently less addictive. Ongoing, well-funded research must, therefore, continue in this field.*

213. *The families of addicts and the associations they are forming should be consulted at EEC level to learn the real facts about Methadone maintenance.*

The role of therapeutic communities in rehabilitation

214. During our investigations we have had the opportunity of talking with or visiting the establishments of various therapeutic communities including Projecto Hombre in Rome and Madrid, Phoenix House in London, the Patriach in France and Belgium and the Hazeldon Foundation — Minnesota method (Dr. Ditzler) in the United Kingdom. In all these communities the addicts spend months or occasionally years in an environment where not only will he or she be taken off drugs and through the withdrawal process but will undertake a programme designed to change his or her personaltiy from one which is addiction prone and often immature to someone who has gained an inner strength and through this strength and through the help of others able to start a new life without recourse to drugs.

215. Many of the communities are fee-paying establishments and are either not funded or only partly funded by the state. Many of them cater for alcoholics as well as drug addicts. One of their features is that attendance is on a voluntary basis, that is the addict enters of his own free will and remains there on that basis. The wish to be treated is an indispensable part of all those attending therapeutic communities.

216. Most of the leaders of the communities we have talked to consider them to be essentially non-medical in nature. Rehabilitation takes place in a non-medical environment and there is no reliance on chemical substitutes. All have told us of the need for rehabilitation to take place in a group environment and place great emphasis on the importance of after-care. Above all these communities are self-help movements and although they employ trained staff, rely substantially on group therapy for the success of their methods. The great advantage of this is that it is the addicts themselves who, under guidance, analyse each other and help one another to rehabiitation. Then once they have returned to the outside world, a life-line is extended in the provision of counsellors who will help the addict in his readjustment to everyday life. We have particulary noted the Minnesota method establishments which are closely connected to Narcotic Anonymous — a development from Alcoholics Anonymous. Today in London there are over 50 Narcotics Anonymous meetings a week and others are taking place throughout the country. At each meeting up to 50 or 60 young people, all 'in recovery' will sit down and talk about their experiences with the aim of sharing their problems and at the same time making others with them realise that although they too may be experiencing trouble, help is close at hand from those who have been through similar experiences to them. This life-line is of indispensable value to those who have undertaken a therapeutic cure and wish to have help in keeping off drugs.

217. Most therapeutic communities hold the view that to have any chance of being effective, rehabilitation must be residential and must last at least two to three months. A period of detoxification of a few days to a few weeks, depending on the seriousness of the addicts illness is followed by a concentrated programme of reeducation and self-examination in an atmosphere — which is often harsh and where others in the community rip apart any pre-conceptions of uniqueness that the addict may have. Lives are fully shared, souls are bared and experiences discussed with one another.

218. The success rate in the Communities we have talked with seems high. Most claim over 50%, even though there may have been a return after a first relapse. The longer the period allowed for rehabilitation the greater the apparent success rate.

219. *We believe that therapeutic communities are one important treatment and rehabilitation modality available for drug addicts. On the other hand one has to recognise that therapeutic communities vary enormously and several of them already operating in EC countries have changed their programmes to adapt to the needs of national characteristics. Much more encouragement should be given to the establishment and maintenance of self-help therapeutic communities, which provide good value for money given by national authorities. They are not suitable for all addicts due to the special regimes, but their voluntary participation principles attract addicts already determined to recover.*

220. *There should be a sufficient number of therapeutic communities in the regions of the Community proportionate to the number of drug addicts in the population.*

221. *Governments should provide appropriate funds to local authorities which are earmarked for funding of these communities.*

222. *The European Federation of Therapeutic Communities could be a valuable resource for Member States in deciding the type of Therapeutic Communities required, the character of communities and their standards.*

223. *However, because of the changing patterns of drug-taking, involving casual use referred to as 'Saturday night drug-taking', attention should be given to short-term social and educational measures within rehabilitation programmes as well as to long-term therapeutic treatment.*

224. *Since many addicts find therapeutic communities rather intimidating, there should be other facilities, possibly as preparation for this type of treatment — such as out-patients' clinics for drug addicts, group and family therapy, detoxification programmes and non-traditional forms of treatment such as acupuncture, etc.*

The rôle of the General Practitioner

225. We believe that the general practitioner has an indispensable rôle to play in helping society to cope with the drug problem and we are convinced that not enough use is being made of the services which he can provide. Everyone will agree that it is the general practitioner who is the first line of contact for members of families who have medical problems and, in practice, he is very often a counsellor as well. He is a discreet source of advice, where confidence can be assured and objective advice given.

226. At present there is little information available as to the scale and nature of the treatment of drug misusers by general practitioners. However, a recent study carried out at the Institute of Psychiatry Addiction Research Unit in London gives some very useful pointers. In the period between 1926 and 1966 a framework for treatment of addiction was established. Within this it was con-

sidered good clinical practice for the general practitioner to undertake the prescribing of opiate drugs for treatment of addiction when withdrawal had proved unsuccessful and when the patient was thereby enabled to live a normal and productive life. However in the late 1960's a new system was established in response to a growing pattern of drug misuse and because it had been found that a small number of doctors had been overprescribing to addicts. The rôle of treating drug addicts was handed over to specialist hospital-based units under the direction of a consultant psychiatrist. Only doctors licenced by the British Home Office — in practice, those working in the hospital units — were able to supply Heroin or Cocaine in the treatment of addiction. This new practice may have worked for a time but it has become all too apparent that with the explosion of drug, and particularly Heroin, addiction in the last ten years, these hospital units have been unable to cope. It is a sad fact that patients typically have to wait for about four weeks for a first appointment at a drug clinic. Consequently the rôle of the General Practitioner in attending to drug addicts has, by default, again come to the fore. This is shown by a striking growth in the general practitioners' share of the total of notifications made to the British Home Office by doctors attending addicts. Of all first time notifications, general practitioners were responsible for 15% in 1970, 29% in 1975, 49% in 1980 and 55% in 1984. We have little doubt, that though the figures may vary, family doctors in other parts of the Community are playing an increasingly important rôle in helping families and drug addicts to deal with their drug problems. However we do know that very often general practitioners are unwilling to treat drug addicts or to let them into their consulting rooms. This appears to be partly because they see addicts as being an on-going and unproductive nuisance and partly because they can be an embarrassment to other patients waiting to be treated. The Dutch claim to have overcome these difficulties by referring addicts with whom their 'Corner Street' clinics have come in contact to family doctors only when they consider the addict to be sufficiently in control of himself, so as not to be a liability for the family doctor. In this way, pressure is relieved on the State clinics and the general practitioners' rôle is increased in a willing fashion.

227. *The importance of the role of the general practitioner as the 'first stop' for many addicts must be recognised as being educational and primarily as that of a point of referral to specialized agencies.*

228. *As far as possible, general practitioners should work with local health authorities and parent and community groups.*

229. *Training in drugs and drug abuse should become an integral part of medical training and be given to all existing general practitioners, school doctors and works doctors.*

230. *In addition to the positive contribution that can be made by general practitioners, medical specialists in this field should also be involved. Where necessary, this speciality should be created.*

231. *Urgent investigation of the prescription practices of general practitioners should be carried out by national Ministries of Health, compiled at the EC level, and appropriate recommendations made with the aim of improving medical practice and avoiding indiscriminate prescribing.*

AIDS (Acquired Immune Deficiency Syndrome)

232. Although AIDS is not a main part of the drugs problem, we need to highlight it because of its effects on drug users. This deadly illness is caused by a virus which destroys the ability of the body to fight off infections and cancers. The virus is passed from one person to another when body fluids are exchanged. The most common source of infection is intimate sexual activity, particularly amongst homosexuals. However those drug users who become infected by the virus can transmit the disease by heterosexual activity. This presents a particular problem for those who resort to prostitution to pay for their drug taking habit.

233. There is also a steadily increasing number of AIDS cases reported amongst drug users, who have been injecting. Here the danger is the ease with which AIDS can be transmitted by the sharing of needles. This presents an unpleasant dilemma, because the more successful drug enforcement becomes in preventing the import of Heroin, the more likely it is that the purity of the drug will decrease. As the purity decreases, so the greater is the tendency to move from smoking to injecting to achieve the desired euphoric or stimulant effects. This is not in our view a sufficient argument for any letting up on the war against traffickers. There is, however, a greater argument in favour of making syringes and needles more easily available in order to reduce the inevitably increased risk of AIDS being transmitted through shared needles.

234. It seems to be the case that drug addicts developing AIDS die more rapidly than non-drug users who develop the disease. The latter tend to die of cancers, whereas drug users die of infections, which most of us can ordinarily resist.

235. Particular attention must be given to what is happening in the United States, since that country has encountered the problems of AIDS several years in advance of Europe and the experience that they have built up in dealing with that problem will be invaluable. It is then incumbent on the Governments of the Community to share any information which nation states have obtained and to coordinate in producing a well-funded and coordinated plan for informing our public, on the basis of FACT, what the dangers of AIDS are and what is the particular relevance of the disease to drug users. There too is a risk of something akin to panic developing, as AIDS takes a greater hold on our society. Half-myth, half-fact must not be allowed to make the risks of this panic even greater.

236. *Urgent and coordinated research to establish the links between AIDS and drug use/abuse in the EC should be carried out.*

237. *There must continue to be ongoing research into AIDS and drug users in a systematic way over the coming years, so that an impressive well-documented factual case history can be built up, which can be made available in an understandable form to all those who should be using and benefiting from the information obtained.*

238. *A coordinated Community-wide public information campaign should be carried out to give the facts about AIDS, minimise panic, avoid unjustified fears and prevent undue persecution and discrimination against certain groups of*

people. Drug-users should be given all the necessary information on AIDS. Availability of clean syringes must also form part of the education programme on AIDS prevention since it must be assumed that drug addicts will not necessarily be persuaded to change their method of drug taking.

239. *The EC should cooperate in this field with the World Health Organization (WHO) regional office as the competent authority.*

Reintegration of former drug addicts into society

240. It is of little benefit to provide drug addicts with the rehabilitation facilities needed for a cure, if no steps are taken to help them reestablish themselves into the Community. We have already criticised the inadequacy of rehabilitation centres in the Community, we note an even greater lack of planning to help addicts who have successfully overcome their drug ailments to build a new life. The situation is made even worse by those who recognise that drug dependence is frequently a recurring form of behaviour and assume, therefore, that efforts to help addicts back into society and in a new life-style are mostly wasted. It is a sad fact that this attitude all too frequently results in an addict being pre-judged and his reintegration into society being made a virtual impossibility. It is incumbent upon all those who profess to want to help in the rehabilitation of drug addicts to be made to recognise that an integral part of this, is the subsequent and continued help once the former drug-dependent has completed his cure.

241. Local communities must be made to realise that successful rehabilitation programmes are dependent on positive community attitudes towards drug addicts who are undergoing treatment or trying to build a new life without drugs. Indeed the success of community rehabilitation programmes should be judged by the successful placing of ex-addicts into jobs or social work or eduction. To achieve this we believe that local authorities should be encouraged by central government to set up a committee specifically to deal with the reintegration of drug addicts. This should consist of representatives of health, welfare and rehabilitation agencies along with those from the private and public sector who can help in job or activity creation. The committee should be responsible for putting together a programme which will include educational opportunities, vocational training, public service projects such as assistance to older citizens in the community and a job-finding and placement programme. In this the use should be made of job counsellors, who can assist in matching the skills of each addict with jobs available. Counsellors should also have as part of their responsibilities, the keeping in contact with the person who has been taken into employment to help when problems arise on the part of the rehabilitated addict or the employer. It goes without saying that the attitudes of employers towards former drug-dependent persons will frequently determine the success or failure of employment programmes, such as we have indicated.

242. *It is recommended that the EC Commission should provide a set of guidelines to be used by local authorities in planning for the reintegration of treated addicts into society and work, using, for this purpose, the European Social Fund. The guidelines should include:*

a) adequately funded programmes in vocational training, bearing in mind the possible job openings within the country concerned;

b) the establishment of a social workers' network in the aftercare process;

c) the establishment of employment opportunities and special assistance to find work for treated addicts;

d) provision of suitable social work;

e) the possibility of part-time work in order to be able to carry out rehabilitation programmes.

243. *Funds should be earmarked for the specific training needs indicated and would act as an incentive for local authorities to get programmes underway. We stress that ex-addicts having had limited contact with normal society, require special assistance in finding work opportunities and gaining employment. Private and public sector employers should therefore be persuaded to offer training places for former drug addicts, so as to ensure the essential integration of ex-addicts into employment. It is also important that they should be provided with a lifeline in the form of counsellors, who can monitor their progress and assist in clearing up trouble points.*

244. *The role of Narcotics Anonymous and similar bodies in helping ex-addicts to re-establish themselves should be recognised and encouraged.*

Drugs in the workplace

245. We are convinced that drugs at work is going to become a matter of increasing concern and debate. On the one hand it is clear that drugs are likely to become an increasing hazard in the workplace and that pressures will grow for compulsory urine testing and banning of drug users from employment. On the other hand the more human face of society including many in industry and commerce, will recognise the need to help addicts in recovery by offering them employment. Others too will object to any form of compulsory testing on the grounds that this infringes personal rights. We must define a policy which satisfies the needs of those on both sides of the argument and we believe this is not as difficult as it may seem.

246. *The first priority is to recognise that illegal drugs — as is now the case with alcohol — are likely to become a problem in the work situation. In occupations which involve the safety of others, such as airline pilots, train drivers, power station workers, etc., there is a clear need to keep those involved free from drugs.*

247. *The European employers' and trade union organizations should, jointly with the European Commission, adopt and implement the guidelines currently being developed by the International Labour Organization (ILO), and establish Community policies in this field. These should, in any event, include*

i) education about drugs,

ii) testing for drugs,

iii) measures for assisting drug addicts,

iv) employment and incentives for employment of ex-addicts.

SECTION VIII

RESEARCH

Research and information

248. Throughout our enquiries we have been confronted with conflicting views on almost all aspects of drugs. The great social problem of drugs has come about with such rapidity that we are still grasping for many answers to unresolved questions.

249. For instance, there seems to be no clear view on the fundamental question as to whether the real problem of drugs is concerned primarily with supply or with demand. On the supply side we do not seem to know how drugs markets are set up, whether they are creeping, or the result of a determined strategy amongst big-time criminals. On the demand side, there is considerable lack of clarity over both Heroin and Cocaine addiction. Certain people can use either drug and continue an otherwise normal life, whereas many others become hopelessly addicted and ruin their lives in consequence. However, even amongst addicts, some become quickly addicted, whilst others take much longer before they become dependent. No-one seems to know why this is so and what can be done about it. Are our educational programmes for drugs taking due note of these different circumstances and does it matter in any case?

250. Looking further at addiction, it is clear that becoming addicted to a drug like Heroin is very dependent on the environment in which the addict lives. We need to know therefore, to what extent improved environmental conditions will help the drug problem and also to what extent a change of environment will enable an addict succesfully to respond to treatment. Another question raised is the extent to which young people overcome their drug addiction as they grow older. The changing habits and different life-styles of young people, for example between northern and southern Europe, also need to be taken into account. For example, there is an increasing trend for the young to smoke less and drink more in northern European countries; we need to know if this is likely to provoke changes in drug-taking habits.

251. We have to accept that supply will always exist because the money to be gained in drug trafficking is so vast that smuggling will never be stopped entirely. Equally, the desire for drugs will always be present and therefore young people will seek alternative means of obtaining them. However necessary effective law enforcement and adequate treatment facilities may be, there is more to the problem than just these aspects. Our responses have been too traditional; we need concentrated research into the root causes of drug taking in order to develop a whole range of measures to minimise the bad effects of drug misuse on society.

252. In doing this we need to encourage a greater exchange of views between those working on drugs in different fields and in different countries.

253. *Independent scientific research should be policy orientated and carried out with the ultimate objective of helping national drug policy formulation and/or modification as based on research results.*

254. *We propose setting up a European Research and Information Centre. Most EC Member States have their own drug abuse research institutes or at least research teams (UK — Home Office and DHSS, FRG — Max Planck*

Institut Rauschgift projekt; France — Inst. Recherche Medicale; Italy — LABOS), all carrying out epidemiological and other social science oriented research projects. The Centre should make full use of and coordinate the work being done by these institutes.

255. *A European data bank should be established in the Research Centre for gathering together all existing initiatives aimed at tackling drug abuse.*

256. *It is also proposed that the most highly qualified research institutions in the Member States be entrusted with the task of compiling information on specific sectors that may be of relevance to the fight against drugs (composition of illegal drugs sold in the EEC, drugs most frequently used, cooperation against drugs, pilot projects, statistical data of all kinds).*

Scientific research

257. *The Research Centre should be urged to study new remedies to combat any addiction and indicate precisely the harmful effects arising from taking 'new drugs'.*

258. *The results of the various methods of treatment and prevention should be assessed periodically so that the methods used can be adjusted, if necessary.*

Information

259. *Research studies being undertaken throughout the EEC should be collected and redistributed, in translated form, to relevant organizations in the Member States. Information about the work of the Research Centre should also be disseminated across the Community.*

Statistics

260. *Statistics should be compiled from all sources, including criminal and justice authorities, medical and social sciences, and analysed to provide authoritative projections of the extent of the drugs problem in the EEC.*

Economic and social audit

261. *The current and projected costs to society should be calculated in terms of the cost of rehabilitation and preventive educational measures compared to costs of policing, drug-related crimes and lost productivity.*

Education and prevention

262. *Resource materials are produced on a regular basis to support the development of adequate education programmes. The EC could well play an important role in their dissemination.*

Treatment and rehabilitation

263. *There should be close collaboration between the EC institutions and the WHO regional office, taking into account successful experimental programmes existing in EC Member States, to ensure a continual exchange of ideas and information concerning innovation in preventative and treatment techniques.*

Seminars and meetings

264. *The EC Commission should furnish facilities based on the concept of the Cocaine Steering Group, to allow experts in the field to meet and discuss together with a view to comparing experience, adopting a common methodology and approach and making policy proposals in the field.*

The European Parliament

265. *Study should be made of the possibility of the European Parliament establishing a drug abuse control committee to work in collaboration with the Council of Europe Pompidou Group whilst a coherent European drug policy is in the process of formulation.*

266. Overall we see this centre as being a relatively small high efficiency unit consisting say of a director, five assistant directors, covering the areas of statistics, economics, legal aspects, rehabilitation, prevention, educational support and training. These should be supported by say ten multilingual secretaries and assistants all equipped with state of the art data processing facilities. The Centre would be supported by consultant professionals appointed in all specialist fields, who it may be hoped will provide a measure of free time.

267. As regards the cost it should be possible to run the centre effectively on an annual budget of not more than two million Ecus. The budget and the policy of the Centre should be governed by a Board appointed by the European Commission and by representatives of those who contribute and who will have the most interest in the work of the Centre.

MINORITY VIEW

In accordance with Rule 100(4) of the Rules of Procedure, the following full members of the Committee of Inquiry into the drugs problems in the Member States of the Community, Mrs B. HEINRICH, Rainbow Group, Germany; Mrs H. d'ANCONA, Socialist Group, Netherlands; Mrs H. SALISCH, Socialist Group, Germany ; Mrs B. SQUARCIALUPI, Communist Group, Italy ans Ms C. TONGUE, Socialist Group, United Kingdom are presenting the following minority report as part of the final report by the committee.

They believe that the views set out in recommendations in Section A of the report reflect votes which were partly caaried by Members who took little or no part in the hearings conducted by the committee. As a result, and because of the tendentious approach of the rapporteur, Sir Jack STEWART-CLARK, the findings of the report do not reflect adequately the different views expressed at the hearing.

The minority views expressed here largely refer tot the following sections:

1. Basis of recommendations

The growing illegal drug usage in the countries of the European Community is creating a complex set of problems. Firstly, that of the physical and mental health of the addicts themselves and secondly, the dramatic effects on the immediate and wider social environment of illegal drug users and finally, the problems associated with the demoralization and corruption of the police force and the development of a financially sound and highly-organizad illegal drug trade.

It is important to emphasize that the problem of drug usage by a number of addicts in the countries of Europe is only the aspect most visible to the public of a much greater danger tot the countries of the Community in particular and to all democratic countries in general, in the emergence in strength of multi-national criminal organizations producing and marketing drugs.

The activities of such organizations, even more than the drug problem itself, constitute an unprecedented attack on the social, international, community and national order, against laws and even against the economic and financiel system of the democratic world, to such an extent that such organizations now seem able to control the institutional life of entire countries, particularly in Latin America and the Far East.

It is now obvious from various information from official sources that the combined arms and drug traffic is protected and exploited by totalitarian countries, and by certain other regimes and large multi-national organizations, in an

attempt to destabilize democratic countries as well as those in the Third World.

Measures to combat the network of criminal organizations must therefore be taken at international level, with a common strategy, laws and suitable coordinated measures and international legislation, the enforcement of which should be rigorously coordinated.

2. A comprehensive approach

In the light of this a diversified European drug policy is required. In the present situation, this means, on the one hand, looking at all links in the chain of production, supply and demand for illegal drugs at international, national and local level and, on the other, encouraging research and debate on the problems associated with the illegality of drugs. This specific European drug policy should be developed by the Commission.

Instead of simply combating drugs, the main aim should be to normalize society's approach to drugs, drug use and, regrettably, drug addiction. Mankind has used drugs in a variety of ways for thousands of years and will continue to do so in future.

In order to normalize the approach to drugs, drug abuse and drug addiction, comprehensive measures must be taken in the fields of rehabilitation, training and education. At all levels of action it must be recognized that different drugs and combinations of drugs are available, so that various forms of drug addiction may occur. Since there are no typical drug addicts and no established addictive drugs, there can be no simple solution.

3. Nature of the drug problem

Who take drugs and why?

Drugs are taken by a wide variety of people for a very wide variety of reasons and needs. The most harmful and most commonly used drugs in Europe today are alcohol, nicotine and mind-altering pharmaceutical products. However, these drugs are clearly not regarded as socially problematic. It does not make sense to treat separately the use and misuse of these legal drugs and the use and misuse of drugs which have been made illegal, since the causes and effects are often the same. It is incomprehensible that possession, use, manufacture, cultivation and marketing should be criminal offences in the case of one drug and not in the case of another, when both are equally damaging to health, simply because one is an acceptable habit in our western societies, whereas the other, although an acceptable habit or medical remedy in other societies, is not.

While the use of heroine seems to stabilizing to some extent, the taking of different drugs at the same time is on the increase, particularly following the emergence of *cocaine*. Cocaine is initially taken mainly by the 'trendies', people with jobs and/or money. The use of cocaine appears to be an integral part of their lifestyle but developments in the United States show that after a number of

years some of these socially integrated drug-takers nonetheless become socially isolated, in trouble with the law and lose their social position.

Education policies and rehabilitation facilities for former drug addicts must therefore be designed to cover all types of drugs. Education programmes should focus not on individual drugs, and certainly not simply on the illegal drugs, but on a generally healthy lifestyle.

4. Crop substitution

Since the countries illicitly producing and exporting narcotic substances are usually extremely poor and socially backward and most have authoritarian, dictatorial governments, we call on the Commission to spare no effort to provide them with economic aid in the spirit of the Lomé Convention. The primary aim should be to help to free these countries from economic dependence on the huge revenue they earn from the illicit production of drugs.

The objectives and actions of Member State governments and the United Nations Fund for Drug Abuse Control (UNFDAC) in funding crop substitution in producer countries are to be supported only insofar as they can be justified as necessary and ethical.

Such objectives and actions must take due account of the culture and economic situation of the producer countries and remain quite separate from political or military goals.

Trade and diplomatic possibilities should not, however, be used by the Member States as a means of blackmail. There can be no justification for interfering in other cultures to solve one's own problems. It should not be forgotten that it was in many cases the colonial powers, i.e. the precursors of certain Community Member States, which forced drug cultivation on the countries of the Third World and profited from it. Nor should it be forgotten that Community Member States export the problems of alcohol of pharmaceutical products to Third World countries.

5. Community-wide legal measures

So long as large-scale drug trafficking remains in the hands of criminal organizations we recommend that a common approach to sentences should be adopted throughout the Community for all large-scale drug trafficking.

Both at international and institutional level, there should be rapid harmonization of sentencing in this field and harmonization of legislation in general or even a Community directive in this area.

A distinction should be made here between 'hard' and 'soft' drugs and between the possession of illegal drugs for personal use and actual dealing.

Uniform Community guidelines on the drugs question should not fall behind the progress already achieved in certain Member States in the way of liberalization. A distinction must be made between drug users, drug addicts and small-scale dealers on the one hand and, on the other, the large-scale dealers who operate in the criminal world. The possession, use and small-scale selling of drugs

should no longer be punishable offences and drug addicts should be given the possibility of treatment. The large-scale trafficking and manufacture of drugs is controlled by criminal organizations. This is bound to be the case until such time as there is a change in attitudes and legislation with regard to drugs.

The prevailing response to addicts in the European Community of prison and penal sentencing is neither cost-effective nor justified; it does not reduce the number of addicts, rather it tends to criminalize them.

Having weighed the arguments for and against some indirect forms of legalization of certain narcotics, and having taken note of reliable evidence of experience in the Netherlands, we believe it would be useful to increase awareness and widen the debate on the various legal positions on narcotics by holding a conference to be backed by the Commission after serious and thorough preparation. The proposal for a period of study and reflection by no means implies acceptance of the problem, given the enormous difficulties and confusion which would arise from any change in the legislation on drugs so far considered illegal under international agreements. In the meantime, however, all EEC countries should keep to the commitments undertaken pursuant to the UN Convention on narcotics, and those countries which have not already signed it should do so as soon as possible.

The Committee of Inquiry considers that the most dangerous threats to our societies arise from the vast profits of the illegal drug trade which no repressive measure in any Member State has succeeded in stopping and therefore proposes that a study be made at European leven of the legalization of drugs in order to eradicate drug trafficking, stabilize the market for these products at a much lower controlled price, and to make the products marketed subject to health inspection, in short to adopt an anti-prohibitionist policy associated with a vast information campaign on the risks involved in drug taking. The committee proposes that an international conference under the auspices of the EEC should be organized by November 1987 with the task of reporting on this specific issue and of putting forward a precise and binding recommendation for the harmonization of legislation adopting either an anti-prohibitionist or prohibitionist approach.

6. Treatment and rehabilitation

It must be a concrete aim of all EC Governments to provide treatment for all drug addits who generally want it, at the time their request is made.

Support should also be available to make life more tolerable for addicts who cannot break their drug habit. They should be given the necessary information on the least harmful way of using drugs.

We are aware of the considerable controversy surrounding methadon maintenance, that many addicts themselves hate being put on methadon and that methadon itself is addictive. We do not claim to be experts, but we do believe that from an assessment of the evidence from those with whom we have talked that methadon maintenance can play an active role in ensuring that the addict can lead a normal life economically, socially and culturally.

Associations of drug addicts and former drug addicts are best equipped to circulate such information among their members. Distribution of clean syringes must also form part of the education on AIDS prevention since it must be assumed that drug addicts will not necessarily be persuaded to change their method of drug taking.

Behind all efforts to combat drug addiction there must be well thought-out health education programmes for prevention at all age levels and in all social classes. For this reason, it is to be hoped that budgetary cuts in many Member States will not effect public health spending in general and prevention programmes in particular. It is extremely important to direct children and young people towards modes of life and behaviour which discourage them from taking either legal or illegal drugs. Action must also be taken in the sphere of education concerning the use of legal drugs (alcohol and tobacco) and medicines in particular, to teach young people to have an independent and critical attitude towards uncontrolled consumerism. The training of teachers and those working in education is therefore very important, provided that they work together with parents and school doctors with the aim of enabling the education system to tackle effectively the specific problems of drugs. To this end a Community inquiry into the schemes and methods used by the Member States to train teachers and school staff in the prevention of drug abuse would be welcomed. On the basis of this information, the European Social Fund should be particularly receptive with regard to applications relating to training programmes for all categories of teachers and instructors in contact with young people.

Education campaigns must be factual and not exaggerated. When education is undertaken in a responsible manner it can be a formidable tool in informing and influencing a large number of people. Wherever possible the experience of other countries should be fully taken into account and use made of research before establishing education policies.

Sociological research should also be carried out into the relationships between drug law and implementation and existing drug problems.

7. Conclusions

Since the American method of drug prevention must be regarded as a failure in all respects, a multi-disciplinary working party should be set up at Community level to analyse the situation within the Community and develop strategies to deal with drugs problems in a new and unconventional manner. It is essential that legal provisions regarding drugs and their use should be amended for this purpose.

UNITED NATIONS FUND FOR DRUG ABUSE CONTROL

TOTAL CONTRIBUTIONS PLEDGED OR RECEIVED FROM EEC MEMBER STATES

(Status as at 31 December 1985; Amounts in US$)

Countries	1971-85 $ *Amounts*	1985 $ *Amounts*
Belgium	217,380	35,420
Denmark	449,884	15,789
France	1,733,277	187,500
Germany, Fed. Rep. of	11,820,025	1,615,384
Greece	32,799	7,000
Ireland	30,000	—
Italy	52,354,115	10,280,899
Luxembourg	1,000	—
The Netherlands (1)	—	—
United Kingdom	7,697,247	5,289,876
Portugal	29,000	10,000
Spain	117,114	61,728
TOTAL	(*) 74,481,841	(**) 17,503,596

(1) The Government of the Netherlands pledged in February 1985 a contribution of US$ 3.4 million for UNFDAC's programmes in Pakistan.

(*) Or 49.7% of the total contributions ($149,792,852) at the end of December 1985.

(**) Or 71.7% of the total contributions ($24,418,081) received or pledged during the year 1985.

ANNEX I

I. ORAL EVIDENCE TO THE COMMITTEE OF INQUIRY GIVEN AT THE THREE PUBLIC HEARINGS AND AT PUBLIC MEETINGS

Mrs WORRELL	Vice-Chairman of the social Affairs and Health Committee of the Parliamentary Assembly of the Council of Europe — oral submission; minutes of the meeting of 18—19 November 1985, PE 102.540
Mr T. OUCHTERLONY	Head of the Liaison Office of the Council of Europe and European Community Institutions — oral submission; minutes of the meeting of 18—19 November 1985, PE 102.540 — transcript
Mrs CHOISEZ	Member of the Bureau of the european Youth Forum — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277
Mr VAUTHIER	European Scouts Movement — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277
Mr GANSER	Internal Good Templars Youth Federation — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277
Mr van MOURIK	Pijon Nederland — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277
Mr van der HAAR	Pijon Nederland — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277
Mr Walter J. LEAMY	Head of the Drugs Section of Interpol — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277 — written submission PE 103.253
Commander R.E. KENDALL, Q.P.M., M.A.	Secretary-General of Interpol — oral submission; minutes of the meeting of 16—17 December 1985, PE 103.277

Mr N. A. NAGLER	Chairman of the Permanent Correspondents of the Pompidou Group — oral submission; minutes of the meeting of 27—28 January 1986, PE 103.867 — written submission, PE 103.783
Mr B. HUYGHE-BRAECKMANS	Former Permanent Correspondent for Belgium in the Pompidou group Member of the UN International Narcotics Control Board — oral submission; minutes of the meeting of 27—28 January 1986, PE 103.867
Mr Giuseppe DI GENNARO	Executive Director of the UN Fund on Drug Abuse Control — oral submission; minutes of the meeting of 27—28 February 1986, PE 104.125 — transcript
Dr Eva TONGUE	Deputy Director of the International Council on Alcohol and Addiction — oral submission; minutes of the meeting of 27—28 February 1986, PE 104.25 — transcript
Mr L. ENGELMAJER	Director/Founder of the therapeutic community 'Le Patriarche' — oral submission; minutes of the meeting of 27—28 February 1986, PE 104.125 — transcript
Mr M. VERTONGEN	Director of the therapeutic community 'Choisis' — oral submission; minutes of the meeting of 27—28 February 1986, PE 104.125 — transcript
Don M. PICCHI	President of Centro Italiano di Solidarieta — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.045 — written submission, PE 105.886
Mr H. GRUN	Psychotherapist, Head of a Rehabilitation Centre in Luxembourg — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.045 — transcript
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Dr M. SANTI	National Coordinator, Operatori Tossicodipendenze — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.045 — transcript
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Mr B. G. THAMM	Sociologist/journalist — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.045 — transcript
Dr Ramon DE CAVERO	Psychiatrist, Madrid — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.045 — written submission, PE 105.887
Judge Giovanni FALCONE	Tribunale di Palermo — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.045 — transcript
Dr B. GERAUD	Centre Marmottan, Paris — oral submission; minutes of the meeting of 19—21 March 1986, PE 105.45 — transcript
Mr ESTIEVENART	Commission of the European Communities, DG I, Directorate North-South — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — transcript
Baron von HARSDORF	German Ministry of Interior — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — transcript

Mr Brice de RUYVER	Assistant at the Faculty of Law of Ghent University — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — transcript
Dr Gerp VAN DEN BERG	Professor of Faculty of Law, University of Leiden, Netherlands — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — written submission, PE 105.836
Mr WIARDA	Chief Commissioner of Municipal Police, Utrecht, Netherlands — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — written submission, PE 105.833
Det. Chief Superintendent D. STOCKLEY	National Drugs Intelligence Unit, New Scotland Yard — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — written submission, PE 105.835
Det. Chief Inspector D. BURCHAM	Head of Sussex Drug Squad, Police Headquarters, East Sussex — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — written submission, PE 105.453
Commissioner S. FRANQUET	Head of the Central Office for the Repression of Illicit Traffic of Drugs, Paris — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — written submission, PE 105.454
Mr STRASS	Retired Director of the Federal Office for the Repression of Illicit Trade in Drugs, Wiesbaden, Germany — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763
Mr G. DICKERSON	Customs Cooperation Council, Brussels — oral submission; minutes of the meeting of 24—25 April 1986, PE 105.763 — written submission, PE 105.834
Mr Ed. van THIJN	Mayor of Amsterdam — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — written submission, PE 106.366

Mrs WILDEKAMP	Councillor of Public Health, City Council of Amsterdam — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454
Dr H. HOFFSCHULTE	Senior District Director of the City Council of Steinfurt, Germany (Oberkreisdirektor, Kreisverwaltung) — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — written submission, PE 106.247
Mr P. MARTIN	House Director of the Drug Rehabilitation Centre 'Phoenix House', London — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454
Dr Pamela MASON	Senior Medical Officer, Drugs Division, Department of Health and Social Security, London — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — transcript
Dr Giancarlo ARNAO	Writer/Researcher, Rome — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — written submission, PE 106.248
Dr Christian BRULE	Adviser tot the President on Youth Policy, Paris — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — written submission, PE 105.232
Dr W. J. SENGERS	Erasmus University of Amsterdam, Institute of Preventive and Social Psychiatry (I.P.S.P.) — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — written submission, PE 105.795
Don Luigi CIOTTI	Priest, Leader of the 'Gruppo Abele', Turin — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — transcript
Mr J. ORENBUCH	Sociologist, President of Conseil Consultatif de la Prévention en matière de santé de la communauté française en Belgique — oral submission; minutes of the meeting of 20—21 May 1986, PE 106.454 — transcript

Commissioner MARIN	Vice-President of the European Commission — oral submission; minutes of the meeting of 16—18 June 1986, PE 106.966 — transcript
Mr J. A. RIGBY	Chief Investigation Officer in the Investigation Division of the UK Customs and Excise — oral submission; minutes of the meeting of 16—18 June 1986, PE 106.966
Mr Patrick GREGOIRE	Therapeutic community 'Projet Lama', Brussels — oral submission; minutes of the meeting of 16—18 June 1986, PE 106.966 — transcript
Dr Francis CURTET	Medical Director of 'Trait d'Union', Therapeutic Centre in Paris — oral submission; minutes of the meeting of 26—27 June 1986, PE 107.234 — transcript
Mr David MELLOR	President-in-Office of the Council of Ministers — oral submission; minutes of the meeting of 14—16 July 1986, PE 107.506 — transcript

ANNEX II

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ANNEX III

III. REPORT OF TWO RESEARCH SESSIONS ON CHILDREN'S ATTITUDE TO DRUGS ° SET UP AND CARRIED OUT FOR SIR JACK STEWART-CLARK BY THE CHILDREN'S RESEARCH UNIT, ALBANY, HOUSE, PORTSLADE ROAD, LONDON SW8 3DJ

Session 1: Boys 10—12 years

There was a definite association of the word 'drug' with substances such as heroin, cannabis (variously termed grass and pot) and cocaine, amongst respondents, awareness of drugs being claimed to arise mainly from both media coverage

'I heard about it on the news'
'I read it in the newspapers'

and hearsay:

'My granny told me about it'
'Kids talk about it in the toilets at school'

In other words, although these boys knew about the existence of drugs, their own experiences appeared to be second-hand.

However, as well as these sources, it was also claimed that hearing about drugs 'on the street' was a common experience:

'People start talking about them —
punks, skinheads, schoolkids'

In addition, awareness via school was also apparent. One boy was involved in 'Drugwatch', which had been established by the student council and teachers, to both warn children about the dangers of drugs, and to enable them to spot tell-tale signs of addiction in their companions. The campaign involved posters in classrooms and corridors, and general dissmeination of information, on the theme of 'Stamp Out Drugs'.

As well as this awareness of drugs through media, hearsay, and school, it emerged that the respondents themselves were personally aware of drug-related activities in their own neighbourhood:

'Roehampton's supposed to be the worst
area in London for drugs'

One boy had seen a bag filled with white powder 'down by the garages', whilst out with his parents. Another cited the experience of some friends, who had 'found little bags of powder under a window'.

When asked about the reaction to this find, the respondent said that his friends had left the bags where they were

'They thought it might be drugs,
but they weren't really bothered'

It appeared that there was an element of excitement and daredevilry involved in this incident, as related to the particular respondent who recounted it, although the boys were not interested in the drugs per se, only in relating their experience with, as it were, forbidden fruit.

The respondent who recalled this incident said that he doubted very much if his friends would actually have taken, or sampled, what they assumed to drugs, although there were certain boys at his school who might try them.

> 'There's a big kid in my class — we call him Rambo — he might; he's really stupid' (How old is he?)
> 'He's twelve'

Another respondent mentioned

> 'A kid at our school — he's all dopey and spotty; we think he might be on drugs'

On being asked why young people start taking drugs, there was a general feeling amongst the group that peer group influence was paramount, although a certain predisposition might also be involved, whether through weakness of character, or adverse personal circumstances.

> 'I reckon friends start you off'
> 'They encourage people, by telling them that it's big, or grown-up'
> 'Maybe they come from broken homes'
> 'They think they'll make life happier'
> 'Someone in their family dies or is ill, and that starts them off'
> 'People get pushed into it by their friends'

All the respondents in this group claimed not to have tried any drigs themselves, the main reason given being that 'things you see on telly put you off' However, it was also claimed that 'if we hadn't been told anything about drugs, we probably wouldn't know any better', and consequently would perhaps have tried drugs out of curiosity.

Certainly, respondents were aware of various types of drugs, and the experiences associated with them, obviously through friends, older siblings, acquaintances, and the type of 'grapevine' which exists within schools and peer groups; for instance,

> 'You can paint Tippex thinner on your jumper, and sniff it in — it makes you high'
> 'You can't buy it (Tippex thinner) in the shops now, though, not if you're a young kid'

There was also awareness, mainly through television programmes such as East Enders and Grange Hill, of the problems associated with drugs, reinforcing their association with a lack of ability to cope with problems.

> 'Angie (on East Enders) took drugs'
> 'She's always drinking when she's upset'
> 'She probably thinks life's not worth living, so she keeps on drinking and that'
> 'It's dangerous to take drugs when you've been drinking as well'

The majority of respondents were aware of the 'Heroin Screws You Up' campaign, as well as anti-smoking campaigns centring on health risks and social implications.

'It gives you bad breath, just like kissing an ashtray'

Although none of the respondents mentioned cigarettes and tobacco in the context of drugs, the warnings of the health campaigns appeared to have conveyed the message that smoking was detrimental to health.

However, it was felt that young people who did smoke would be impervious to the anti-smoking campaigns.

'Maybe their parents smoke, and they're used to the smell'

The anti-heroin messages were spontaneously recalled, even before the advertising was shown, and there was a general feeling that the campaign was accurate and credible.

'It doesn't happen so fast, but, yes, they die, or something, in the end'
'If it weren't true, they wouldn't be saying it on telly'

After screening, the boys reinforced their perceptions of the hazards associated with starting to use drugs, and it was clear that the main aims of the campaign had been conveyed.

'He thought he could handle it, but he couldn't'

On probing, it emerged that the most crucial factor affecting these respondents' attitudes to drugs was the risk of disease and damage to the body, and, ultimately, death.

Finally, respondents were asked what they would do if they knew, or suspected that a friend was using drugs. Their first reaction was that they would go to someone in authority, mentioning the police, teachers, or parents. However, on reflection, it was felt that they would not approach the police, since they had little confidence in being believed.

'They'd tell you to go away — they wouldn't believe a young kid'

It was felt that it would be more appropriate to approach a teacher at school, who might be in a better position to check up and take action.

Session 2: Girls 15 years

There was a stronger emphasis amongst this group of respondents on hearsay from friends and siblings regarding drug experiences than on other sources such as the media. One girl, although denying that she herself had tried it, claimed that two close friends smoked 'weed', which she described as 'a greenish stuff'

'They use 8 Rizlas stuck together,
and herbs stuck together, and make
roll-ups mixed with tobacco'

The ex-boyfriend of another respondent was also claimed to take heroin, although the girl herself had broken off the association with him.

'I don't go round with him anymore —
if I see him, I just say hello,
or something'

In terms of starting to take drugs, it was claimed that some drug-taking started off with cigarette smoking, and then moved on to what respondents termed 'smaller drugs — weed and black', and finally to heroin.

Friends who had already tried drugs were thought to be the strongest influence in persuading young people to become users.

'Usually, it's at drinking parties —
your friends tell you it gives you
a buzz feeling'

One or two respondents admitted that this type of pressure from friends had tempted them to try drugs, but the pressure of warnings from parents and teachers, and anti-drug messages from the media, were a strong factor in deterring experiment, as well as the various 'horror-stories' recounted by police on school visits, although it was felt that these were often exaggerated, and therefore lacked credibility.

A difficult home background was cited as an additional factor in the decision to start using drugs, and young people who already had behaviour problems were thought to be more prone to succumb to the temptation to try them.

'Its' the girls who are always in trouble —
they go to the loos and smoke, and so
they're the kind of girls who you'd
expect to try drugs'

However, it was also felt that children from 'good homes' were susceptible to drug-taking, as a way of rebelling against their home background.

Personality factors were felt to be important, too, in terms of 'giving-in' to pressure from friends and peer groups to conform, or 'look big'.

As with the group of boys, there was awareness of drug-related activities in the immediate neighbourhood —

'You hear rumours about drugs at the
cafe down the street'

'The pub down the road — the Duke's
Head — everyone knows if you want
drugs you can get hold of them there'

Again, there was general awareness of the 'Heroin Screws You Up' campaign, but it was felt that school was probably a better place for anti-drugs teaching than television, and some of the girls had already covered the topic in their General Studies lessons. A video featuring the comedian Lenny Henry was mentioned as a schools anti-drug aid, but it was felt that 'gory' messages, such as the risks to health, were more effective than humorous ones, which were perceived as tending to trivialise the issue. Again, the experiences of the 'person in the street', or even of drug-takers, were felt to be more effective than 'personality' presenters, who might detract the overall message.

However, it was thought that no one specific approach could be defined for reaching young people, although there was general agreement that prevention was better than cure, and it was easier to stop young people from starting on drugs than to try to dissuade an addict or user from taking them.

> 'It's best to try in as many ways as
> possible to try and appeal to as many
> types as possible'

In terms of spotting possible users amongst friends and acquaintainces, all the girls were aware of the tell-tale signs of drug-taking, especially the deterioration in personal appearance.

> 'You can tell if someone's on heroin —
> they get spots round their mouth,
> and they're very white and pasty'

Respondents also stated that people were unable to act rationally after having taken drugs.

> 'They think they can control it
> (their behaviour), but they can't'

There was general agreement that 'it's kinder to tell if someone's on drugs'.

> 'If they died, you'd feel responsible
> if you hadn't told anyone'

However, it was felt that it might be better to tell someone who could talk to the person involved, or even the police, than parents.

> 'Parents would just shout at their
> children, or not do anything'

There was a similar reluctance to tell teachers about suspicions of drug-taking, because of lack of credibility.

> 'Teachers might not believe you,
> because people have played practical
> jokes on them before'

A reliable, discreet and trusted adult was the best choice, although respondents could not be specific about who this person might be, only that they could be relied upon to do something positive about the matter.

Summary

Overall, these respondents were well awzre of the hazards associated with drug-taking, not only from the TV 'Heroin Screws You Up' campaign, but also from messages at home and at school, and, in the case of the older girls, through awareness of activities within the sphere of their own friends and acquaintances.

Although one or two older girls admitted that there was a definite temptation to experiment, especially under pressure from peers, it seems that the anti-drug messages from all sources are currently effective in dissuating most children from doing so. The respondents themselves were well aware of the tempta-

tions, and how easy it might be to succumb, but it seems that a more open attitude towards the topic, especially in schools, where it can be covered in the curriculum, allied to continuing anti-drugs campaigns, are currently an effective method of deterring most children from starting to use drugs.

However, all respondents were aware of so-called 'problem' children, who, for whatever reasons — instability, unhappy home circumstances, or simply rebelliousness — appear impervious to warnings, and it was felt that this 'hard core', who did not respond to any appeals or warnings, might be particularly difficult to reach.

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Committee of Inquiry into the Drugs problem in the Member States of the Community

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