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THE SUPPRESSION OF ILLICIT NARCOTIC DRUG TRAFFIC THROUGH INTERNATIONAL COOPERATION

Introduction

The problem of narcotic drugs is in no sense a problem confined to one continent or civilization.

In themselves narcotic drugs are neither dangerous nor harmful. Indispensable to modern medicine, they are used the world over to alleviate pain and restore health. Thus used they bring a great benefit to mankind. But abused they cause havoc and misery. The social dangers of drug addiction are well known.

This dual nature of narcotic drugs has made it necessary to submit them to the most stringent international control. . . . This control, functioning now under the auspices of the United Nations and expanding rapidly to the field of . . . synthetic drugs, ensures the limitation of their manufacture, trade, and consumption to legitimate needs only.

This international control and the treaties on which it is based have, however, a wider significance than the limited field of narcotic drugs. If the principles on which these treaties and this control rest could be applied with equal success to wider fields of human endeavor, to other kinds of dangerous weapons, peace would be within our reach.¹

It was not until the end of the nineteenth century that the nations of the world began to look on narcotic drugs as a problem to be solved on a collective, international basis, rather than individually. Two significant facts account for this: (1) technological progress and (2) the expansion of transport and international trade, which diminished the importance of distances and natural barriers between nations.²

Since the turn of the century a narcotics system has been established which has brought under control the illicit traffic and use of narcotics. The primary reason for the success of the system has been the earnestness of all nations in accepting individual responsibilities of national control so vital to the international machinery. The most elaborate control system would have little or no effect if the nations failed to recognize their responsibility and fulfill it. Mutual international cooperation has been the dominant theme of narcotics control since the Shanghai Conference in 1909.

Shanghai Conference (1909)

At first, international narcotics legislation dealt with control of distribution, but it was soon realized that commerce in narcotics could be satisfactorily controlled only by limiting manufacture to legitimate world needs. Intertwined with international intervention in the field of narcotics were many problems, chief among which was the gathering of reliable facts from the producing and manufacturing nations as to the actual amounts of narcotics put into circulation yearly, and the kinds of narcotics that represent the most serious difficulties in causing addiction.

To get at this information, and to effect the control of distribution, was the first aim toward the accomplishment of which the series of International Conferences on Narcotics directed their efforts. To regulate manufacture has now become a paramount issue.³

At the urging of the United States and President Theodore Roosevelt, thirteen powers with interests in the Far East appointed an Opium Commission which met at Shanghai in 1909.⁴ The purpose of the conference was to discuss immediately the Chinese opium problem and its international ramifications. The nine resolu-

1 Lie, *Introduction To The First Issue of the United Nations Bulletin on Narcotics*, 1 U.N. BULL. ON NAR. 3 (October 1949).

2 United Nations Office of Public Information, *The United Nations and Narcotic Drugs*, 6 U.N. REV. 3 (December 1959).

3 PAYNE, *THE MENAGE OF NARCOTIC DRUGS* 25 (1931).

4 *Id.* at 26. At this conference the following powers were represented: Germany, the United States of America, Austria-Hungary, China, France, Great Britain, Italy, Japan, the Netherlands, Persia, Portugal, Russia, and Siam. Turkey was invited to participate but did not send a representative.

tions adopted at Shanghai laid the foundation for future international control work. They dealt with various aspects of the drug problem, including recommended measures intended to stop smuggling, especially by prohibiting the export of narcotics to territories which did not legally admit them, and by urging gradual suppression of opium smoking.⁵ An appeal was also made to the governments controlling foreign concessions and settlements in China to take various measures to cooperate with the government of China. Governments were strongly urged to take drastic steps to control the manufacture and distribution of morphine and other derivatives of opium. The Commission unanimously concluded that the vice should be stopped and that traffic in opium for non-medical purposes should be discontinued.⁶ The Commission established no binding obligations, but the direction for future action was firmly indicated.

It was next proposed by the United States that a formal conference meet at The Hague to take action on the conclusions reached at Shanghai.

The Hague Convention of 1912

The International Opium Conference, held at The Hague, began December 1, 1911, and continued through January 23, 1912. One thought which bothered the parties at Shanghai was that efforts to control illicit traffic in narcotics would be futile unless some provision could be made binding those not participating in the international treaty to any agreed restrictions. Consequently, it was arranged that other signatories would be obtained.⁷

It was at The Hague that narcotics control as an institution of international law on a multilateral basis was established: gradual suppression of opium smoking was agreed upon; the use of manufactured narcotic drugs was limited to medical and legitimate purposes, and their manufacture, trade and use were made subject to a system of permits and recording.⁸ Thus in a rudimentary form was established the present narcotics regime. Laws and statistics were to be exchanged through the Dutch Government. However, the illegal traffic in opium, morphine, heroin and cocaine continued to grow at an alarming rate due to the failure of nations to set up national machinery to utilize the work of the Convention. Other flaws found with The Hague Convention were the lack of definiteness in articles referring to the exportation of drugs, and the time limits set for suppression.⁹ Granting the merits of the conclusions reached, the imminence of the First World War shunted the narcotics problem into the background.

The Second Conference at The Hague in 1913;

The Third Conference at The Hague in 1914

In the second conference at The Hague it was decided that in case the number of signatories was insufficient by December 31, 1913, to enforce the convention, the Signatory Powers then adhering to the convention would consider the possibility of putting the agreement into operation for those who had signed it. Thus was necessitated the third conference in June, 1914, called by the Government of the Netherlands.

The League of Nations

At the close of the First World War, in the hope that peace could be at last obtained, the League of Nations was born. It was provided in Article 23 of the League Covenant that the members of the League should entrust the League with the general supervision over agreements with regard to the traffic in opium and

5 United Nations Office of Public Information, *supra* note 2, at 9.

6 Ansley, *International Efforts to Control Narcotics*, 50 J. Crim. L., C. & P.S. 106 (1959).

7 *Id.* at 107.

8 Information Service of Narcotic Drugs Division, European Office of the United Nations, *The International Control of Narcotic Drugs 2* (December 1959).

9 PAYNE, *op. cit.* *supra* note 3, at 29.

other dangerous drugs.¹⁰ Thus, all parties which had not already done so acceded to The Hague Convention.

Article 23 made the League of Nations the official organ for enforcing the obligations incurred by the signatories to the various peace treaties and for providing measures to carry out The Hague Convention requirements. In 1920, the Advisory Committee on Opium and Other Dangerous Drugs was created to advise the League on matters of international narcotics control within the jurisdiction of the League. The membership of the Committee included those countries most deeply concerned with the problem of narcotics control, that is, the countries which were important manufacturers of narcotic drugs or producers of the agricultural raw materials for natural narcotics, and those in which illicit traffic in narcotic drugs constituted a serious social problem.¹¹ The Committee helped to bring about improvements in defective national administrations by calling the attention of the governments concerned to the matter and by stimulating public opinion. It was also instrumental in securing additional signatories to The Hague Convention of 1912.¹²

The Geneva Convention of February 19, 1925

In 1925, the Second International Opium Conference was convened to consider the opium-smoking problem in the Far East. The Convention provided for government monopolies of imports, sales, and distribution of prepared opium. The Convention also established the Permanent Central Opium Board to observe the international trade in narcotics.¹³ The Board amassed statistics and employed investigative powers to explain unusual trade in narcotics, reporting to the League and, in some instances, effecting an embargo against offending nations.

The American delegation to the conference had been instructed not to sign any agreement which failed to recognize the necessity of controlling the production of raw opium in such a manner that there would be no surplus available for non-medical and non-scientific purposes. Because this was not provided for, the United States withdrew.¹⁴ China also withdrew because the governments of Great Britain, France, the Netherlands and Portugal would not agree to measures for the complete suppression of the use of opium in their territories and the adoption of provisions that would completely frustrate the illicit trade in opium.¹⁵ Although the United States and China did not sign the Convention, they have observed its provisions.¹⁶ It is not to be thought that the Convention was inconsequential, for some very noteworthy goals were achieved, namely, the agreement by signatories to establish control of the manufacture, sale and movement of drugs, and report to the Permanent Central Opium Board statistics on the amount manufactured, consumed, imported, exported, on hand, and quantities confiscated from illicit traffic. The reports on exports and imports were quarterly; the other reports were annual. Permits were issued to exporters only when they had a permit from the importing country. The unique feature of this Convention was that upon agreement of 25 countries, the provisions became binding upon all nations of the world.¹⁷

The 1912 and 1925 Conventions had enumerated general principles as to the limitation on manufacture of narcotic drugs—principles which had not proved effective.¹⁸ Therefore, a conference was held at Geneva, beginning in 1931, at

10 United Nations Office of Public Information, *supra* note 2, at 10.

11 Information Service of Narcotic Drugs Division, *op. cit. supra* note 8, at 2.

12 PAYNE, *op. cit. supra* note 3, at 33.

13 Information Service of Narcotic Drugs Division, *op. cit. supra* note 8, at 3.

14 Ansley, *supra* note 6, at 107.

15 United Nations Office of Public Information, *supra* note 2, at 10.

16 ANSLINGER AND TOMPKINS, *THE TRAFFIC IN NARCOTICS* 33 (1953).

17 May, *The Evolution of the International Control of Narcotic Drugs*, 2 U.N. BULL. ON NAR. 4 (1950).

18 Tennyson, *History and Mechanism of International and National Control of Drugs of Addiction*, 14 THE AMERICAN JOURNAL OF MEDICINE 582 (May 1953).

which delegates from many of the nations of the world assembled to consider plans for creating effective limitations on manufacture of narcotic drugs.¹⁹

Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs in 1931

The Conference for the Limitation of the Manufacture of Narcotic Drugs did not establish the system of direct limitation of manufacture which had been devised by the Advisory Committee. It did, however, adopt a plan of indirect limitation based on parties' furnishing binding estimates of their medical and scientific needs for narcotics. A board of four members called the Supervisory Body, established by this convention, passed on the estimates and published them each year in December for the guidance of all states and territories.²⁰ The convention has been remarkably effective in controlling manufactured narcotics. Even those parties which are non-signatories feel the force of the provisions, since the Supervisory Body fixes estimates for countries that are not parties and that fail to submit estimates of their requirements.²¹

The Convention of 1931 also provided that the Board inform all signatory powers immediately if a single country exceeded or was about to exceed its estimate. As a consequence, parties were obligated to stop shipments to the offending country for the remainder of the year.²² Further procedures were devised for bringing new drugs under control.²³

Conference on the Suppression of Opium-Smoking at Bangkok, Siam, in 1931

Later in 1931, delegates agreed to sell opium only from government stores or government controlled stores. It was further agreed that opium would be sold only for cash and not to persons under 21 years of age.²⁴ The Convention was limited geographically to Far East nations, Far East possessions, and territories of contracting parties.²⁵

Convention for the Suppression of the Illicit Traffic in Dangerous Drugs, at Geneva in 1936

Still concerned with the great amount of illicit traffic, the Opium Advisory Committee found that many illicit traffickers were able to escape prosecution because of conflicting principles of international criminal jurisdiction in different countries, and the lack of co-operation between the national enforcement authorities.²⁶ It was particularly frustrating to enforcement authorities to have to watch helplessly while the leaders of illicit traffic rings directed their nefarious operations from behind the security of a foreign frontier. The 1936 Convention was called to solve these problems. Signatories were obligated to incorporate certain specified principles into their criminal law. Under terms of the Convention nations were to impose sentences with a deterring effect, and impose prison terms rather than fines; punish conspiracy, attempts, and preparatory acts; punish all within their jurisdiction, whether nationals or foreigners; and make fugitive offenders available for extradition.²⁷ The terms of the Convention were deliberately vague and general

19 United Nations European Office, *The Paris Protocol of 1948*, 8 U.N. BULL. ON NAR. 3 (January-March 1956).

20 Morlock, *Recent Developments in the International Control of Narcotics*, 31 DEP'T STATE BULL. 366 (September 13, 1954).

21 *Ibid.*

22 United Nations, *Conference for the Limitation of the Manufacture of Narcotic Drugs 1931*, at 11 (U.N. Pub. Sales No. 1947. XI. 6).

23 United Nations European Office, *supra* note 19, at 3.

24 Ansley, *supra* note 6, at 109.

25 *Ibid.*

26 Information Service of Narcotic Drugs Division, *op. cit. supra* note 8, at 3.

27 United Nations, *Conference for the Suppression of the Illicit Traffic in Dangerous Drugs 1936*, at 5 (U.N. Pub. Sales No. 1947. XI. 7).

in order to make them acceptable to diverse legal systems. This Convention of 1936 was the last treaty in the field of narcotics concluded under the auspices of the League of Nations.

On the eve of the Second World War, a world-wide control system was in operation, supervised by a general control body, the Advisory Committee, composed of government representatives, and two technical organs, the Permanent Central Opium Board and the Drug Supervisory Body, composed of independent experts.²⁸

The United Nations

With the emergence of the United Nations long after the decline of the League of Nations, it became one of the urgent tasks of the United Nations that it take the initiative in re-establishing full operation of the control system. The initiative was taken when, at its first session in February, 1946, the Economic and Social Council created the Commission on Narcotic Drugs as one of its functional commissions, to carry out, among other things, the functions entrusted to the League's Committee on Traffic in Opium and Other Dangerous Drugs.²⁹

The Protocol of 1946

It was by the Protocol of 1946 that the functions previously exercised by the League under the various narcotics treaties concluded before the Second World War were transferred to the United Nations.³⁰

The Paris Protocol of 1948

The United Nations received from the League of Nations an effective system of world-wide narcotic control which had shown its value over a quarter of a century by significantly reducing the illicit traffic in narcotics. However, much remained to be done. The treaty system on which the pre-war international control was based contained a number of weaknesses. Several governments were not fully able to implement their international obligations because they were faced with a particularly difficult narcotics situation, or could not establish an adequate national control machinery, or did not exercise effective authority in all their outlying districts.³¹ The efforts of the United Nations, through the Commission on Narcotic Drugs, have therefore been concentrated on two principal aims: improvement of the existing treaty system, and increased efficiency of national control wherever necessary.

The narcotics treaty system as taken over by the United Nations had been deficient chiefly in the three following respects. The control of production and domestic trade of plant products, those which constitute the raw materials for all narcotic drugs known before 1939, was inadequate. Also, while the use of manufactured narcotic drugs was restricted to medical and scientific purposes, opium smoking and opium eating were still prevalent. But the largest single problem was the inability of pre-war treaties to handle the emergence of synthetic narcotic drugs, a problem which they had not provided for.

With the emergence of synthetic drugs two courses were open: amending the

28 United Nations Office of Public Information, *supra* note 2, at 12.

29 *Id.* at 14. The Commission on Narcotic Drugs: (a) assists the Council in exercising such powers of supervision over the application of international conventions and agreements dealing with narcotic drugs as may be assumed by or conferred on the Council; (b) carries out such functions entrusted to the League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs by the international conventions on narcotic drugs as the Council has found necessary to assume and continue; (c) advises the Council on all matters pertaining to the control of narcotic drugs and prepares such draft international conventions as may be necessary; (d) considers what changes may be required in the existing machinery for the international control of narcotic drugs and submits proposals to the Council; (e) performs such other functions relating to narcotic drugs as the Council may direct.

30 Tennyson, *supra* note 18, at 583.

31 Information Service on Narcotic Drugs Division, *op. cit. supra* note 8, at 5.

1931 Convention, or drafting an entirely new convention. The latter course was chosen, and the United Nations set to work to create a new convention dealing with synthetic drugs.

The Paris Protocol was, in a very real sense, the necessary complement of the 1931 Convention. It made it possible to place all manufactured narcotic drugs under a mandatory world-wide control, which had considerable effect even in countries where the Protocol was not in force.³² Under the 1931 convention, only such new narcotic drugs as belonged to the two chemical groups defined in the treaty could be placed under full international control by a decision of an international organ and with binding effect upon all parties.³³ The new synthetic narcotic drugs could be placed only under partial international control, and the decision of the international organ to do so was binding only upon such parties as would expressly accept it. As a result of the Paris Protocol, the World Health Organization was authorized to place under full international control any new drug which could not be placed under such control by application of the relevant provisions of the 1931 convention and which it found either to be addiction-producing or convertible into an addiction-producing drug.³⁴ Thus, the Paris Protocol of 1948 has been the means of preventing a large-scale abuse of new addiction-producing analgesics.

Opium Protocol of 1953

An attempt was made in 1953 to bring about an international opium monopoly, with quotas allocated to the various opium-producing countries and with a system of international inspection. The aim was to restrict opium to medical and scientific purposes. Because the principal opium-producing and drug-manufacturing countries could not reach an agreement on either the price of opium or international inspection, the plan failed. However, sufficient interest was aroused to permit the calling of an opium conference in 1953.

The Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium in 1953

The Convention was intended to limit the use of opium and the international trade in it to medical and scientific needs, and also to eliminate the legal overproduction of opium through the indirect method of limiting the stocks of the drug maintained by individual states.³⁵ Licensing was required for poppy farmers in opium-producing countries, as well as specification of areas which may be cultivated. Producing states would be under obligation to set up an agency to which all the opium produced had to be delivered immediately after harvesting.

Only seven countries would be authorized to produce opium for export.³⁶ The protocol empowers the Permanent Central Opium Board to employ certain supervisory and enforcement measures, such as requests for information, proposals for medical measures and local inquiries, which could, however, be undertaken only with the consent of the government concerned, and in some cases, by the imposition of an embargo on the importation or exportation of opium, or both.

To achieve legal status, twenty-five ratifications (including accessions) are necessary, including three of the opium-producing and three of the manufacturing states listed in its text. While the requirement in regard to the adherence of drug-manufacturing countries has been met, only two of the opium-producing countries have ratified the protocol thus far.³⁷

32 United Nations European Office, *supra* note 19, at 8.

33 United Nations, *supra* note 22, at 9.

34 Smart, *Ten Years of International Narcotics Control Under United Nations*, 82 UNION SIGNAL 8 (March 10, 1956).

35 United Nations European Office, *supra* note 19, at 3.

36 United Nations Office of Public Information, *supra* note 2, at 16. The seven countries: Bulgaria, Greece, India, Iran, Turkey, the USSR and Yugoslavia.

37 *Id.* at 17.

Types of Narcotic Drugs

It has been established that international control of narcotics entails restrictions on production, manufacture, and distribution. A discussion of narcotic drugs and their control would not be complete without a treatment of the drugs themselves. The term narcotics is applied to drugs that produce varying degrees of unconsciousness in persons and animals when taken orally or injected into the blood stream.³⁸ Narcotics may be roughly divided into two classes: (1) anodynes and (2) hypnotics or soporifics.³⁹ Anodynes, that is, opium and its derivatives, are of great therapeutic value, because their proper use relieves suffering by deadening sensitivity to pain; but if misused, they become a serious menace. Soporifics are used as sedatives without the serious habit-forming quality of the anodyne group.

Natural Narcotics

Certain drugs are termed natural narcotics because they are grown rather than manufactured. The most familiar of the drugs is opium. Opium is the coagulated juice of the poppy plant.⁴⁰ The poppy can be grown in most of the habitable parts of the world, and in a number of countries, it is grown for its seeds or its beautiful flowers rather than for opium. Opium as a narcotic drug was originally eaten or drunk as an infusion; the smoking of opium is but a few hundred years old. The main target of the first international attempts to subject narcotic drugs to international control was opium and its derivatives. The best-known derivatives of opium are morphine, diacetylmorphine (heroin) and codeine. Opium preparations are used by physicians to relieve pain, excitement, and to bring refreshing sleep.⁴¹ Morphine, manufactured from opium, is a valuable analgesic in itself, and is also important for its derivatives, especially codeine and heroin.

The products of the cannabis plant have been exhaustively used by people as an intoxicant. There are relatively few areas of the globe where cannabis cannot be grown successfully. It is known under many different names. The best known are Indian hemp, hashish, charas, ganja, marijuana, kif, bhang and maconha.⁴² Cannabis leads to more serious drug addiction, and is in itself dangerous. The illicit traffic in cannabis is large because it may be grown in many out-of-the-way areas. At the present time, cannabis has been considered obsolete in the field of medicine.⁴³ As a consequence, efforts have been directed toward its elimination as a medical necessity.

Coca leaves are leaves of an evergreen shrub which grows in western South America and some regions of the Far East. The leaves are the raw material for the manufacture of cocaine; also, they have been chewed for centuries in some parts of South America by highland peoples.⁴⁴

Synthetic Drugs

The discovery and development of synthetic narcotic drugs brought an entirely new problem to those interested in strict international control of narcotics. The new synthetic drugs were found to possess addictive characteristics similar to those of the morphine drugs; but, since they were products of complete chemical synthesis, they were for a time outside the scope of a control system that applied only to the derivatives of opium and coca leaves.⁴⁵

As we have seen, the protocol of 1948 in the United Nations brought new addiction-producing synthetic drugs under international control. This, however, did not end the problem. With the natural narcotics it was possible to limit production

38 PAYNE, *op. cit. supra* note 3, at 1.

39 *Ibid.*

40 United Nations Office of Public Information, *supra* note 2, at 17.

41 PAYNE, *op. cit. supra* note 3, at 44.

42 United Nations Office of Public Information, *supra* note 2, at 17.

43 *Id.* at 18.

44 *Ibid.*

45 Anslinger, *The Synthetic Narcotic Drugs*, 13 FOOD DRUG COSM. L.J. 222 (April 1958).

and manufacture; but with synthetic drugs whose components were chemicals, restriction was difficult. In fact, no comparable restriction is possible for the raw materials used in producing synthetic analgesic narcotic drugs; such materials are chemicals which are understood to be readily available not only for the manufacture of a synthetic analgesic drug, but, in some cases, perhaps, for the manufacture of non-narcotic substances.⁴⁶ The method of production permits widespread addiction before the materials can be placed under international control.⁴⁷

The Addicted

In the past few years, drug addiction has been recognized as a problem which is deeply involved with the social structures and economic pressures of modern existence. Concern for the addicted is taking on increased importance in the international sphere. Although the common belief is that most addicts are criminals, experience has shown that many are not. Many have innocently become addicted as a result of using narcotics for their medicinal value. Because of extensive and prolonged use, addiction follows. Some also use narcotics purely for pleasure. These people find stimulation as well as sensual delight in narcotic drugs.⁴⁸

There are some countries where the use of narcotics is neither considered wrong, nor deserving of a social stigma. Consequently those concerned with international control of narcotics are directing attention to the addict to determine the reasons for his use and the methods for rehabilitating him. Before he can be helped, however, he must be detected. This, too, constitutes a sizeable problem. Experience shows that once a person has become a drug addict, he will try to conceal the fact in every possible way, even though he is remorseful and wants to rid himself of his addiction. One expert in the field⁴⁹ points up the following causes for this phenomenon:

1. In general, drug addicts have an inferiority complex: they fear legal sanctions and social scorn. They think that once their addiction is exposed, not only they themselves, but also their families will be despised by the community. Hence, they just drag on from day to day, living a wretched life.
2. Some people use narcotic drugs as medicaments for their ailments. These people fear that when they are discovered to be addicts by government authorities, the supply of narcotic drugs will be cut off and their chronic ailments will be aggravated. They know that using narcotics in this way is just like drinking poison to quench thirst and yet they do not want their ailments to become worse.
3. Then there are the labourers who depend on narcotic drugs to keep up their strength. They are afraid they may not be strong enough to work once the supply of narcotics has been cut off and that they will consequently be unable to support their families. In order to continue making a living, they simply ignore the harmful effects of drug addiction, giving little thought to what may happen to them in the future.
4. Lastly, there are those who use narcotics purely for pleasure. These people find stimulation as well as sensual delight in narcotic drugs. They would rather be the victims of this invisible killer than suffer momentarily and cure themselves of the bad habit. What makes the matter worse is that some of them have been wrongly informed that addiction to narcotics is incurable. Therefore, they do not want to undergo treatment if they can help it.⁵⁰

In order to discover addicts elaborate inspection teams have been established. But once discovered, what is to be done with the addict? Nathaniel L. Goldstein, a member of the United States delegation of the Narcotics Commission, has pointed out that while the existing treaties have dealt primarily with control or preventive

46 *Id.* at 224.

47 Information Service of Narcotic Drugs Division, *op. cit. supra* note 8, at 11.

48 Yao, *How to Combat Drug Addiction: The Chinese Experience*, 10 U.N. BULL. ON NAR. No. 4, 1 (1958).

49 *Ibid.*

50 *Id.* at 2.

measures, public opinion now demands that world governments take not only strong penal steps in the matter of drug addiction, but also attack the problem from the medico-social point of view.

To bring back the ordinary narcotic user to a normal life is a complex but solvable problem. He should be confined to a place where he cannot obtain drugs, but there must be more. Extensive treatment is necessary, and after release, his movements must be watched carefully, lest he slid back into the habit.

Effective cure must proceed in a series of coordinated steps. One is ineffective without the other.

First, physical withdrawal of the drug. In the early or "milk and sugar" stage, it could be accomplished by abrupt withdrawal from the drug, coupled with mild sedation. In the more advanced stage, a gradual withdrawal from narcotics would be necessary. In either case, the treatment could only be accomplished with the patient in custodial care in an institution where each class or stage of addiction could be properly segregated, with due regard for sex, and criminal history of the patient.

Second, physical rehabilitation. Here the user would be afforded the medical and physical care necessary to alleviate the damage which the drug may have inflicted on his body. In the main, this, too, is part of the treatment which must be given while the patient is in custodial care.

Third, psychotherapy. This phase of the treatment must be available during custodial care. The causes which lead the user or addict to partake of narcotics must be analyzed and removed. In the process, it can readily be determined whether, and to what extent, post-institutional psychotherapy should be made available to the individual patient.

Fourth, occupational therapy. Treatment through specific forms of exercise and work, after initial withdrawal from the drug, is essential to the promotion of effective rehabilitation. A programme of occupational therapy must be afforded while the patient is in custody.

Fifth, after care and follow-up. Past experience has proven beyond any doubt that many users, despite all the efforts expended in the institution, will return to narcotics unless they are protected by an adequate after care and follow-up programme when they are returned to the community. From a practical viewpoint, it is obvious that adequate post-institutional care will also effect a substantial reduction in the amount of time which the patient must spend in custody, and make the facility available for other needy patients.

On still another point do we find expert opinion in unanimous agreement — provision must be made for mandatory treatment of the user or addict. It is not enough to make facilities available; both for his own good and for the protection of the public, the user of narcotics must be quarantined and compelled to submit to treatment or isolation. Both the initial treatment at the institution and the post-custodial programme must be made mandatory and not left to the option of the addict.⁵¹

Dr. Goldstein suggests three factors which are vital in the adequate treatment of addiction: (1) The socially contagious nature of the disease; (2) The need for compulsory institutional treatment; (3) The *sine qua non* of mandatory after-care guidance.

The Scope of Control

As has been indicated, the international control system comprises extensive measures of control over the legitimate trade in narcotics for medical purposes as well as direct measures against illicit trafficking. About ninety states participate in the international control of narcotic drugs by being parties to one or more of the eight multilateral narcotic treaties presently in force.⁵² To supplement the multilateral agreements, governments are bound to take measures to suppress the illicit traffic in narcotic drugs.

⁵¹ Goldstein, *Treatment, Care and Rehabilitation*, 6 U.N. BULL. ON NAR. No. 2, 18-19 (1954).

⁵² "The System of International Narcotic Control," 19 ROYAL CANADIAN MOUNTED POLICE GAZETTE 7 (September 15, 1957).

There are at present four international organs exclusively concerned with problems of narcotic drugs, the first three being United Nations organs and the fourth an organ of the World Health Organization. The Commission on Narcotic Drugs is a general policy-making and legislative organ of international narcotics control.⁵³ The Commission reviews annually the situation in all countries by examining the reports furnished by governments, including the annual reports on the working of narcotics control in individual countries, reports of cases of illicit traffic, and laws enacted to implement the narcotics treaties. Reports on seizures are sent to it, as well as details on the quantities confiscated. In general, the Commission makes continuous surveys and studies, of the natural narcotics as well as the progress in the development of new synthetic narcotics. The Permanent Central Opium Board and Drug Supervisory Body are composed of individual experts and work in very close cooperation. They are concerned mainly with statistical control and estimate systems. The Expert Committee of the World Health Organization on Drugs Liable to Produce Addiction is also composed of individual experts. It is chiefly concerned with the medical aspects of drug addiction.⁵⁴ The Committee examines the new drugs and determines whether they should be placed under international control.

In the United Nations, the General Assembly, the Economic and Social Council and the Trusteeship Council also deal with problems of narcotic drugs at some of their sessions in connection with general work. The Economic and Social Council in particular receives annual reports from the Commission on Narcotic Drugs and from the Permanent Central Opium Board.

Within the United Nations, the Division of Narcotic Drugs constitutes the secretariat and standing administrative organization of the U.N. Narcotics Commission, and provides secretariat services for the general United Nations organs, particularly the Economic and Social Council, in this field; and the Permanent Central Opium Board and Supervisory Body have a separate joint secretariat. The Expert Committee on Addiction-Producing Drugs is serviced by a section of the secretariat of the World Health Organization. All of the secretariats are situated in the Palais des Nations in Geneva.

Technical Assistance

Earlier it was noted that some countries are unable to cope with their narcotics problems. Because of situations of this nature, other countries have become more and more aware of the great benefit which they can render by providing technical assistance. Recognizing the need for technical assistance the United Nations, through the Commission on Narcotic Drugs, drew up a scheme at its 1956 session for technical assistance to governments in the field of narcotics control.⁵⁵ It was approved by the Economic and Social Council at the twenty-second session.

The technical assistance which is now available to nations for the asking includes training fellowships for the nationals of the countries concerned, expert advisers, and inter-country projects such as joint seminars, consultative groups, and visiting missions. The subjects covered may deal with any part of narcotics control and related subjects: enforcement services; administrative services; treatment and rehabilitation of drug addicts, and health education; development of agriculture to replace former crops of narcotic-bearing plants.⁵⁶ Such technical assistance makes possible increased utility of existing treaties, as well as closer cooperation between the nations of the world.

53 Information Service of Narcotic Drugs Division, *op. cit. supra* note 8, at 13.

54 ROYAL CANADIAN MOUNTED POLICE GAZETTE, *supra* note 52.

55 May, *The Single Convention on Narcotic Drugs; Comments and Possibilities*, 7 U.N. BULL. ON NAR. No. 1, 1 (1955).

56 Information Service of Narcotic Drugs Division, *op. cit. supra* note 8, at 17.

The Single Convention

The Commission on Narcotic Drugs has been working on the so-called "Single Convention" since 1951.⁵⁷ The Commission hopes to replace all existing multi-lateral treaties by a single treaty, in order to simplify the existing international law and administrative machinery concerned with the control of narcotic drugs, and to strengthen the system of control and make it more flexible.⁵⁸ The existing treaties were concluded during a period of more than forty years, at different stages in the growth of an international community, and under diverse economic and social conditions in the states concerned. As a result, duplicative, inconsistent and obscure measures are somewhat hindering the progress that could be made. This is not to say that the existing network is not workable. On the contrary, it suggests only that improvements could be made.

There is to be sure an urgent need for greater flexibility in the existing system of narcotics control. Discoveries in modern chemistry and pharmacology, great increases in speed and volume of communications all over the world, more sensitive and rapid mechanisms of economic response all call for continual control.⁵⁹ Furthermore, the new treaty aims at closing the loopholes present in the existing network, making it more effective without impeding the use of drugs in medicine and research.

The basic aim of control is to eliminate the misuse of dangerous drugs. To accomplish this, it is necessary to restrict the use of dangerous drugs to medical and scientific needs. All known narcotic drugs must be placed under control. Provision must be made for speedier discovery of new narcotic drugs being manufactured to stave off possible large-scale addiction. Stricter limitations must be placed on the production and manufacture of narcotic drugs, because over-supply of narcotics still facilitates diversion into illicit channels.

Under the terms of the "Single Convention," import, manufacturing and production maximums could be established for all substances under international control, including the raw materials of narcotics. They would be computed on the basis of annual estimates. A system of licensing, recording and reporting would help control illicit traffic. The system of national inspection, required under existing provisions, should have a sounder administrative organization. Better liaison must be created with all countries to better effectuate their national programs. Passage of new penal sanctions intertwined with closer contact with international organs are needed to promote better control. International technical assistance, together with measures for treating the addicted, will round out the contents of the "Single Convention."

International control through national cooperation has been and continues to be the dominant theme for diminishing illicit traffic in narcotics. Continued success or failure in narcotics control will be determined by the presence or absence of full co-operation of the community of nations. The Free World must win the fight against narcotics if it is to preserve itself within. As was mentioned in the opening remarks,

This international control and the treaties on which it is based have, however, a wider significance than the limited field of narcotic drugs. If the principles on which these treaties and this control rest could be applied with equal success to wider fields of human endeavor, to other kinds of dangerous weapons, peace would be within our reach.⁶⁰

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⁵⁷ May, *supra* note 55, at 1.

⁵⁸ *Id.* at 2.

⁵⁹ *Id.* at 3.

⁶⁰ Lie, *supra* note 1.