

However, one feels that there is no need to be discouraged by this lack of success in this first series of patients. It has been essentially an effort at dealing with the drug problem at clinical level. However, if one comes back to the basic premise which was stated at the beginning of this paper that the problem of drug abuse is not entirely a clinical problem but one which has its roots in the structure, economics and the culture of a society, then one has reason to hope that perhaps a more concerted effort involving not only the clinicians but educators, the social workers, and although reluctantly, the agencies of law and order as well, may meet with greater success and prevent lives, particularly young lives, from being wasted from this scourge.

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Drug abuse and addiction problems in Taiwan

The drug abuse and addiction problems also exist in the inhabitants of Taiwan. Since having no data to show the degree of the problems, we cannot infer accurate information. Now, through some data of drug addiction in criminal cases, acquired by Dr.

N.S. Yang M.D. Chief of Legal Medicine and Toxicology Laboratory, C.I.D. of Taiwan Police Administration, we can get a warning danger of the drug abuse and addiction problems.

1. The analysis and statistics of crimes by means of drugs:

	Suicide		Homicide		Injury		Theft		Robber		Rape		Narcotics Total
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	
1958	329	33.35	13	0.29	8	0.18	15	0.07	—	—	82	55.59	597
1959	527	46.10	17	0.32	18	0.34	—	—	—	—	136	63.66	544
1960	776	64.45	33	0.64	14	0.27	3	0.01	—	—	104	65.14	935
1961	819	58.50	19	0.41	18	0.39	12	0.05	—	—	126	66.84	188
1962	1027	64.174	22	0.48	22	0.48	27	0.12	—	—	168	70.00	564
1963	1067	69.24	33	0.69	16	0.33	50	0.29	3	2.48	164	65.04	329
1964	977	66.87	26	0.64	20	0.49	55	0.31	—	—	135	62.40	323
1965	1058	68.54	35	0.74	23	0.51	59	0.37	4	3.10	175	79.02	251

II. The kinds of criminal drugs:

1. Insecticide
2. Central Depressant
3. Analeptics, stimulant
4. Industrial & Occupational Drug
5. Family antiseptics

Poison	1958	1961	1965
Drowning	9.79	7.32	6.05
Hanging	35.24	23.57	16.90
Burned	0.30	0.49	0.20
Cut & Stabbing	2.02	0.71	1.08
Fall	0.20	0.35	0.34
Railway	8.11	2.62	2.10
Pesticides	—	31.11	41.54
Rodenticide	1.93	2.21	0.88
Rotenone	1.93	2.20	0.81
Lesel	1.72	1.07	1.08
Cyanide	3.25	2.21	2.04
Arsenic	0.30	0.36	0.34
Hypnotic	6.19	15.74	18.95
Sedative			
Tranquiliser	1.50	3.21	5.35
Strong Acid	1.11	1.55	1.22
DDT	0.10	1.07	0.47

III. The statistics of suicidal measures:

In 1969, the heroine crimes in Taiwan were 0.31 among 10,000 inhabitants and 1.13 per cent among all the criminal cases. In 1970, the amount became 0.37 and ratio became 1.39%. This figure only included those heroine addiction which inspected by the police, as for those un-inspected, may be more times than this number.

@ The analysis and statistics of factors of drugs addiction:

reason	Steal	Prostitute	Gamble	Labor	Lechery	Illness	Curiosity	Addiction	Total
amount	18	28	24	148	11	32	30	208	499
%	3.16	5.61	4.81	29.66	2.21	6.41	6.01	41.68	100

@ The analysis and statistics of methods of drug addiction:

In Taiwan, what all the drug criminals take is heroin which are smuggled in from Hong Kong. The methods of using are:

Inhaling	Swallow	Syringing
98,	20	381
19.64%	4.01%	76.35%

@ The analysis and statistics of drugs addiction in the past years:

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Case	983	235	621	361	378	327	444	330	420	532	594	617	213
Prisoner	1141	247	680	389	395	334	537	377	479	611	723	799	376

@ In Taiwan, all the hems which are used by drug criminals are carried in by American G.I.s, and most of them are by the hands of bar girls. For the present, the cases about hems are supervised strictly by American M.P.. In Taiwan, the problem of

Amphetamine poison is not serious, therefore there is not a law to control it. Yet in 1968, according to Legal Medicine, there were two murder cases by applying Amphetamine which induced customary hallucinations – seeing and hearing.

Drug abuse and addiction problems in Australia

By: Sir Geoffrey Newman-Morris.

A. The role of the doctor in drug abuse and addiction.

1. *Barbiturates.* I quote a letter sent out in March 1973 to all doctors in Australia by the Pharmaceutical Benefits Advisory Committee urging doctors to reduce their prescribing of barbiturates. "The prescribing of barbiturates is now regarded as being undesirable". The letter goes on to say, "Combinations of barbiturates and analgesics will be deleted in August from Pharmaceutical Benefits available to pensioners". This has already been done.

There is no doubt that there is a growing campaign in Australia to persuade doctors to limit their prescribing of barbiturates.

The document that I have quoted states, "Barbiturates should be prescribed with great caution and only exceptionally for periods of over *four weeks*".

They are unsuitable for the elderly because they readily produce confusion and are unsuitable for youngsters because they may produce an addictive effect.

It is now widely accepted that dependency develops easily with regard to barbiturates".

2. *Bromides.* I think it can be said that the prescription and counter sales of bromides have now almost been abandoned in Australia.

3. *Amphetamines.* The same comment applies to amphetamines.

4. *Alcohol.* The accusation that the use of marihuana is dangerous is countered in every day life by the reply that it is no more dangerous than alcohol.

I quote Lord Bain who said, "The alcoholic can prescribe his drug himself". He has this benefit over other drug users.

I quote now from the report of the Triennial Conference of the Australian and New Zealand Student Health Association in January, 1973 on the subject of the use and abuse of drugs.

"1. If only in terms of its contribution to student mortality in road accidents, alcohol was acknowledged to be the most dangerous drug on Univeristy campuses.

2. It is believed that repressive measures to aim to control the use of *Cannibis* (leading to further antagonism between the police and students) were potentially more harmful than the use of the drug itself.

3. Student health physicians and counsellors have a useful educational role to play strictly limiting the prescription of psychotropic drugs and encouraging