

Table 2. Number of Illegals in Narcotics Handlings.

	1969	1970	1971	1972	1973 Jan.-Feb. (2 m)
Traffickers	4	6	8	5	3
Producers	7	10	5	6	11
Dealers	73	90	64	130	11
Planters	79	22	20	18	—
Addicts	373	106	78	66	3
Others	—	—	51	—	—
Total	536	234	226	225	

Table 3. Number of Illegal habituating-drug handlings.

Out-lawed events	1971	1972	1973 Jan.—Feb.(2m)
Traffickers	4	4	
Producers	2	1	1
Dealers	52	244	21
Addicts	86	101	49
Total	144	350	71

No. of Preparations in Korea 1970

Single: 147 kinds

Combination: 260 kinds.

Lastly, since the separation of dispensary from medical practice is not legislated in Korea yet, the drug stores can sell all kinds of drugs including antibiotics, etc. without doctors' prescription.

Besides the above mentioned reasons, due to the low national income, 58.5% of the patients are treated by direct use of drugs from drugs stores while only 27.5% are treated at the clinics and hospitals.

As a result, the majority of the patients are not only improperly treated, but the drug resistance and side reactions among the people are gradually increasing.

To correct this problem of drug abuse, the Government, as a first step, had prohibited the commercial advertisement of antibiotics, steroids and several other drugs on TV, radio and newspaper.

However, the complete correction of drug abuse would be possible; first, through the education of the public; second, increase of national income; third, by establishing a better medical care system.

Drug abuse and counter-measures in Japan

By: Prof. Hiroshi KUMAGAI
Japan Medical Association.

History of Drug Abuse Problems

We have been visited by drug epidemics twice since 1945: at first stimulants were abused in the reconstruction period following the end of World War II, then many youths were addicted to narcotic drugs, inter alia, heroin.

Our history can be divided into four periods as

far as drug abuse is concerned. The first period was the "calm" period prior to 1945; the second period from 1946 to 1954 was called the "stimulants" period; the third one from 1955 to 1962 was when heroin abuse was rampant and the present period of narcotic control from 1963 on.

(i) The calm period (Before 1945)

In those days prior to World War II, there were practically no abuse problems of narcotic drugs or any drugs for that matter. According to the record, in 1933 a private organization established a narcotic treatment center for addicts in Tokyo with financial help from the Government and voluntary addicts were treated through occupational therapy. However, most of the patients were foreign immigrants who were opium addicts. As for Japanese, there were only a few cocaine addicts who became addicted to the drug through inhalation.

(ii) The stimulants period (1946 – 1954)

When World War II ended, the condition of the world had changed drastically. People were prostrated and griefstricken and were forced to work desperately to make a living. Therefore, when stimulant drugs were put on sale with an ad "Shake off sleepiness and become energetic" under these circumstances, they made a great sensation among night laborers, students, performers, etc., causing a major social problem. The Government then took the lead in establishing a law to control stimulant drugs in 1951 and enforced rigorous control of them. As a result, the stimulant cases began to decrease suddenly and, at one time, they seemed to have ceased to occur, though recently, to our regret, they are increasing again. (Fig. 1).

(iii) The heroin period (1955 – 1962)

Like stimulant drugs, narcotic abuse gradually increased taking advantage of the turmoil after the war, and yearly narcotic arrests numbered one thousand in the early years. About 1958, the number of addicts still increased and in the peak years, namely, 1961 to 1962, the number of heroin addicts was estimated at 40,000. They were mostly people in their twenties or thirties and curiosity, temptation, imitation, or use of stimulants were mentioned as causes of addiction. Many of them were slum-dwellers with no regular occupation or prostitutes.

Further, there was an abuse of sleeping pills such as methaqualone among teenagers during this period. However, this abuse has disappeared at least outwardly due to an administrative measure taken against the distribution of such drugs.

(iv) The narcotic control period from 1963 onward.

The seriousness of the problem of heroin abuse prompted the Government to take decisive steps for effective suppression. By all-inclusive counter-measures, as explained in detail in the next chapter, heroin epidemic subsided rapidly. Fig. 4 shows the sharp decline in the number of heroin addicts.

1. In our country psychotropic agents* that are abused are:
 1. Narcotics (Opium and its alkaloids, and their derivatives and synthetic narcotic drugs)
 2. Amphetamines, Cocaine
 3. Cannabis (Marihuana)
 4. LSD 25
 5. Organic solvents (Mixture of toluene, xylene and esters).

Of these agents all but organic solvents are designated as Narcotics and are under the strict administrative control.

1. Narcotics

Before 1945 Narcotics presented no serious social problem. By the end of the Second World War, there occurred a serious social confusion among the Japanese, and considerable quantities of narcotic drugs were released on the market by ex-army personnel. This situation together with the post-war misery and poverty was the main source of illicit trafficking and abuse of narcotic drugs. In the years from 1946 to 1954, heroin abuse was the predominant social evil. Gangsters' organizations of illicit drug traffic became active more and more, and narcotic addicts gathered at delinquent quarters of large cities for seeking heroin, a great deal of which was smuggled by gangsters mainly from South East Asia and the number of narcotic addicts was estimated more than 40,000 persons in 1960.

This trend of narcotic drug abuse forced the government to amend the Narcotic Control Law in 1963 in order

- (1) to make the penalty severer for offenders: (max. term of imprisonment was increased from 10 years to the life imprisonment, and max. fine, from 7,500 yen to 5,000,000 yen).

* All chemical agents that affect mood and behaviour are capable of abuse, and their common sites of action are limbic system and thalamus of the brain.

(2) to establish a system of compulsory hospitalization for narcotic addicts.

As a result of the amendment of the Law, the number of narcotic offences and addicts has decreased year by year, and we have now succeeded in eradicating heroin abuse.

Since 1966, no addict have been discovered even in delinquent quarters of large cities in Japan, except in Okinawa. There heroin is still rampant and some heroin addicts have been reported since its reversion in May 1972.

2. Cannabis (Marihuana)

Before the end of the IIInd World War, cannabis offence was considered to be negligible among the Japanese. Cannabis was not legislated in Japan except Indian Hemp which was controlled by the Narcotics Control Regulation. Cannabis plants were cultivated for the purpose of collecting fibers, but there was no practice of cannabis smoking.

U.S. troops stationed in Japan ordered the government to establish the Cannabis Control Regulation in 1947 and it was amended to be the present Cannabis Control Law in 1948.

Immediately after the end of the IIInd World War, cannabis smoking was only detected around U.S. military bases. Of recent years, cannabis offence has shown the trend to increase among the Japanese, who have been in contact with delinquent foreigners and the evil of cannabis traffic and smoking has considerably increased even among the ordinary Japanese.

3. Amphetamines

The number of offences in amphetamine abuse had increased abruptly since 1951, reaching its maximum in 1954, totalling up to 55,000 persons. But after the Amphetamine Control Regulation became effective, the number of offences had decreased year by year and until 1969 it had been found sporadically. Since 1970 some increase has been noted.

4. LSD 25

At the beginning of 1970, it was found for the first time that guests at a party possessed LSD in Tokyo. So the Ministry of Health and Welfare took prompt action to designate the hallucinogenic LSD as Narcotics on Feb. 16, 1970.

5. Barbiturates

Barbiturates are sold at drug houses only by direction of doctors. As regards the data about the

number of abusers of these drugs, we have no exact data at hand. However, according to the survey made by the Japanese Psychological Society in 1962-1964, the number of addicts hospitalized throughout Japan was reported to amount to 332.

6. Hypnotics and tranquilizers

In recent years the frequent use of hypnotics and tranquilizers is seen among the middle and advanced age groups besides delinquent juveniles. These drugs are designated as "prescription drugs" and/or "powerful drugs" and the Pharmaceutical Affairs Law. Nevertheless, the number of abusers of such psychotropic drugs seems to be increasing, although no systematic data are available on the degree of their abuse.

7. Glue-sniffing

Spray inhalation was noticed among youngsters (anomic, delinquent, hippy, and dependent) from 1962 to 1963 and it increased explosively in 1967. In 1968 the number of youngsters who were consulted by a police agency totalled to 20,000 and among them 110 death cases were reported, including 47 suicides. Since 1969 the generation of abusers has shifted from youngsters to the youth and sometimes to adults. They use it for the purpose of pleasure and euphoria. Some of them have got psychic dependence but physical dependence has never been noticed. In 1971, an approximate number of 50,000 youngsters were found to be abusing them, recording a 25% increase over the previous year. Such grave consequences of Glue-sniffing urged the Government to take stringent counter-measures. Glue-sniffing has been outlawed since August 1972, when they passed an amendment to the Poisonous and Deleterious Substance Control Law.

II. Control measures against drug abuse

1. Administrative control

- a. Designation, if possible, of agents or drugs in question as Narcotics.
- b. Cooperation of the national (Fig. 2) as well as international control system.

2. Measures against abusers

Early detection, diagnosis, therapy, hospitalization, rehabilitation and after care have to be conducted systematically.

For the effective conduction of the system,

promotion and intensification of mental health care is imperative.

In our country the legal control of Narcotics has proved to be successful in eradicating illicit traffic, especially regarding heroin abuse.

Contrary to the success in controlling illicit drug traffic, mental health care facilities against drug abuse have been rather neglected.

The facilities for mental health care run by the national government and prefectural governments are a few in number and 85% of mental patients is covered by the care of non-governmental hospitals.

For the promotion of mental health care the Japan Medical Association proposed a plan for the revision of the present mental health care system.

The proposed plan is based upon the concept

that comprehensive mental health care system has to be included in regional community medical care.

For the effective administration of this system we have recommended:

1) Establishment of a Survey Committee for the community. This committee consists of local medical association, mental health center (out of 46 prefectures 22 are in action), local government (health center), Social Welfare Agency, Child Care Agency, Social Health Organization, residents in the community and technical experts in the community.

2) Reorganization of hospitals and clinics throughout Japan for cooperation.

By means of these systems, the community network for mental health care will be provided.

FIG. 1. NUMBER OF PERSONS VIOLATED

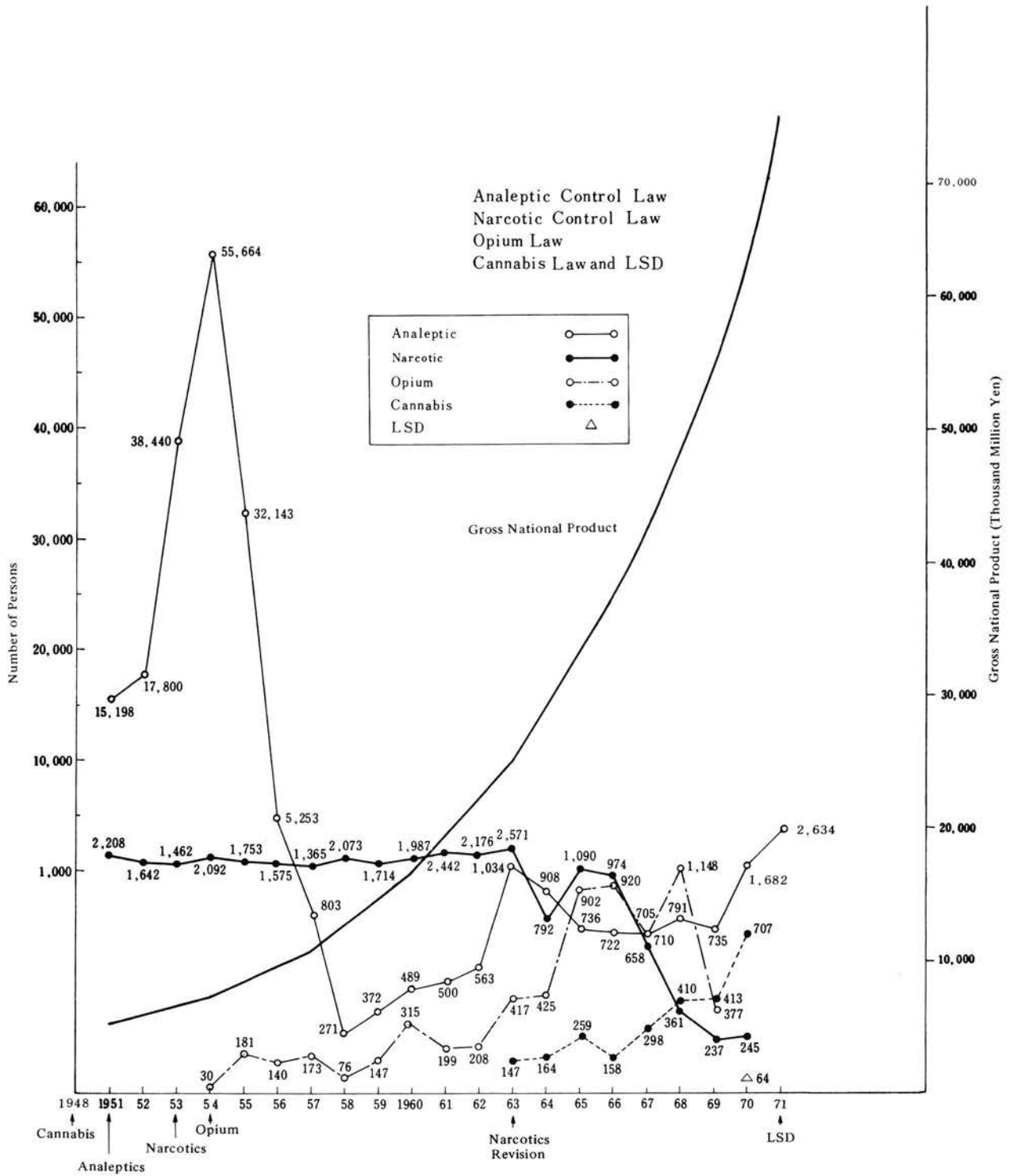


FIG. 2. NARCOTIC CONTROL SYSTEM

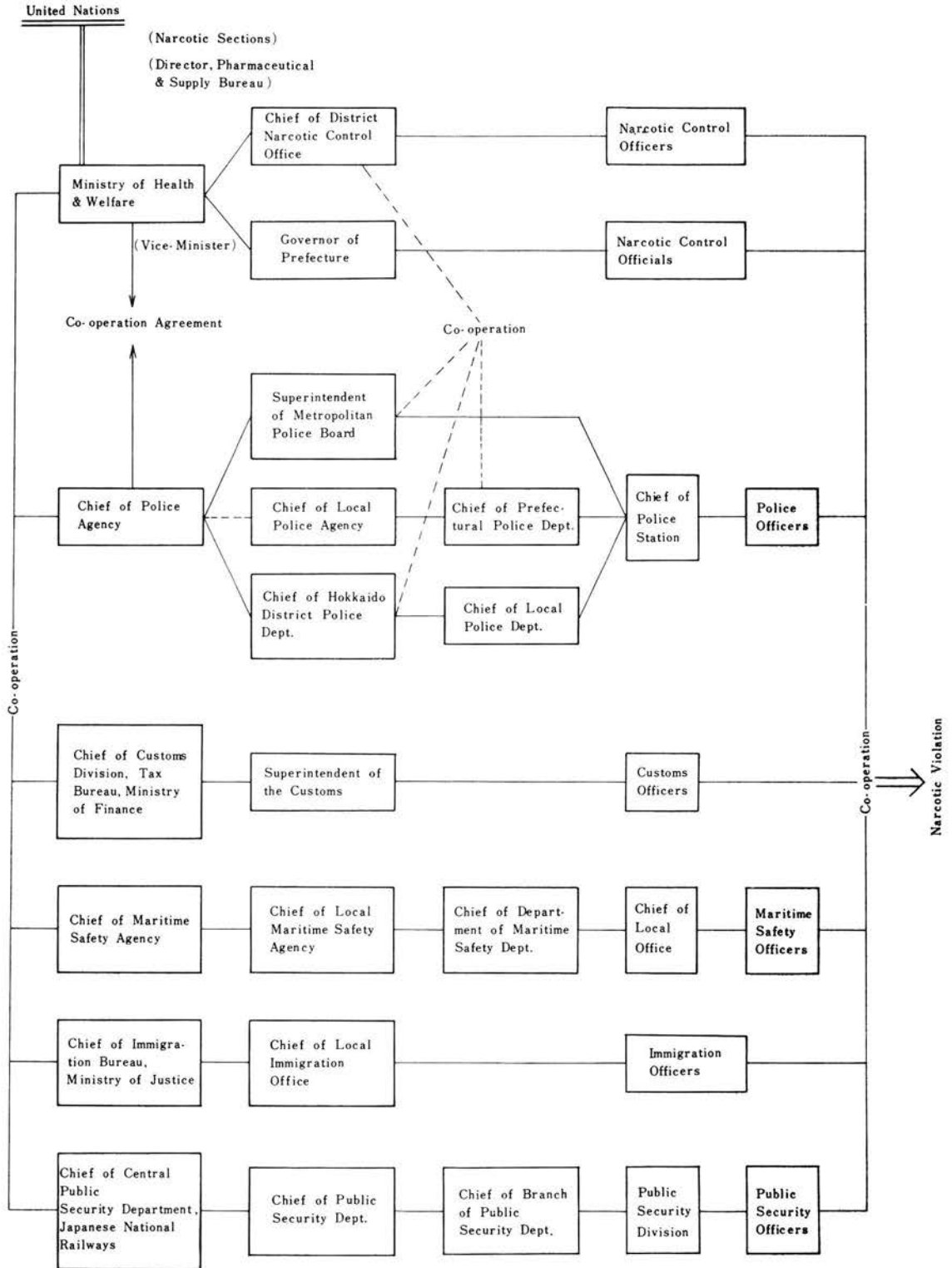


FIG. 3. PROCEDURE OF HOSPITALIZATION FOR NARCOTIC ADDICT UNDER NARCOTIC CONTROL LAW

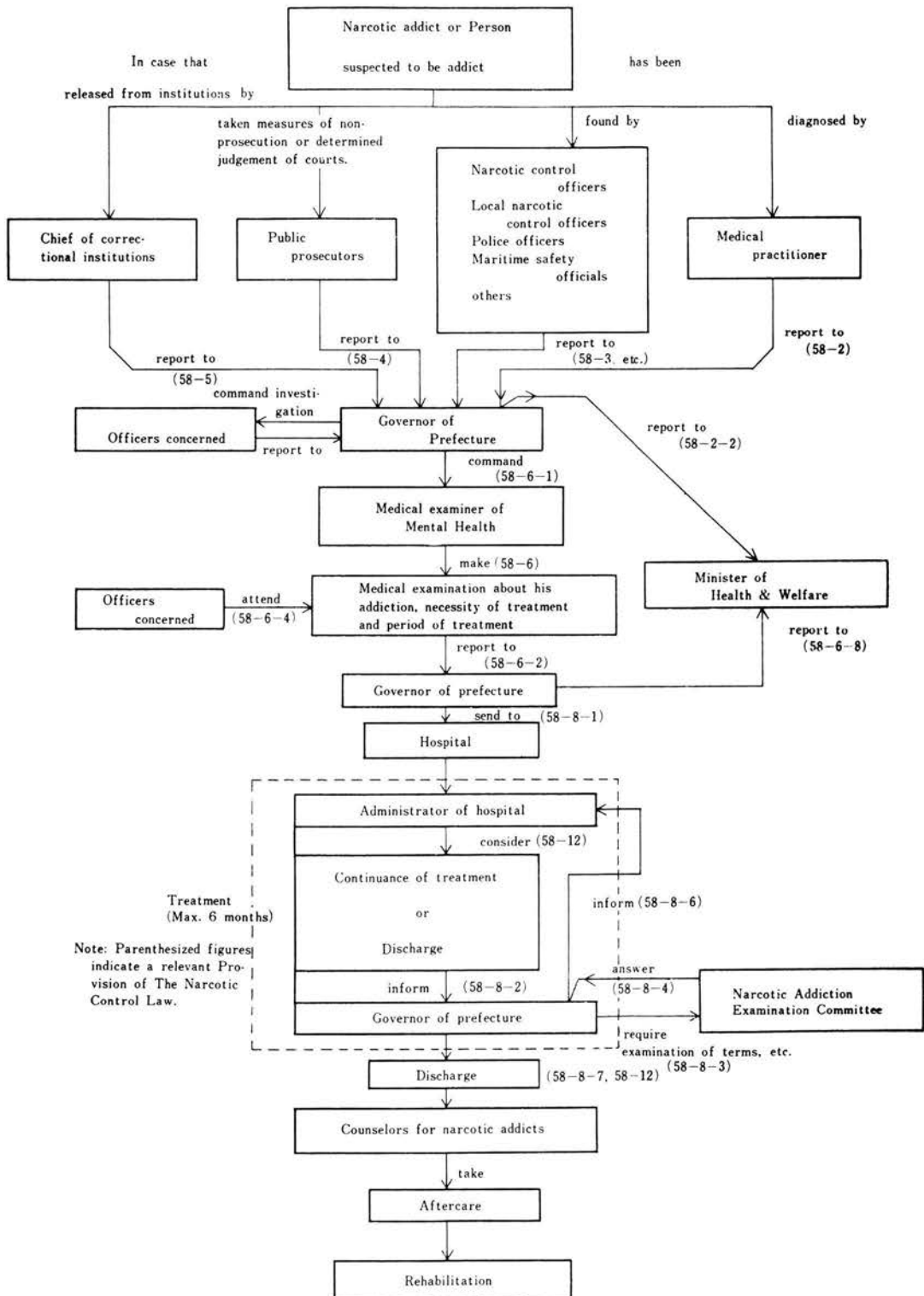
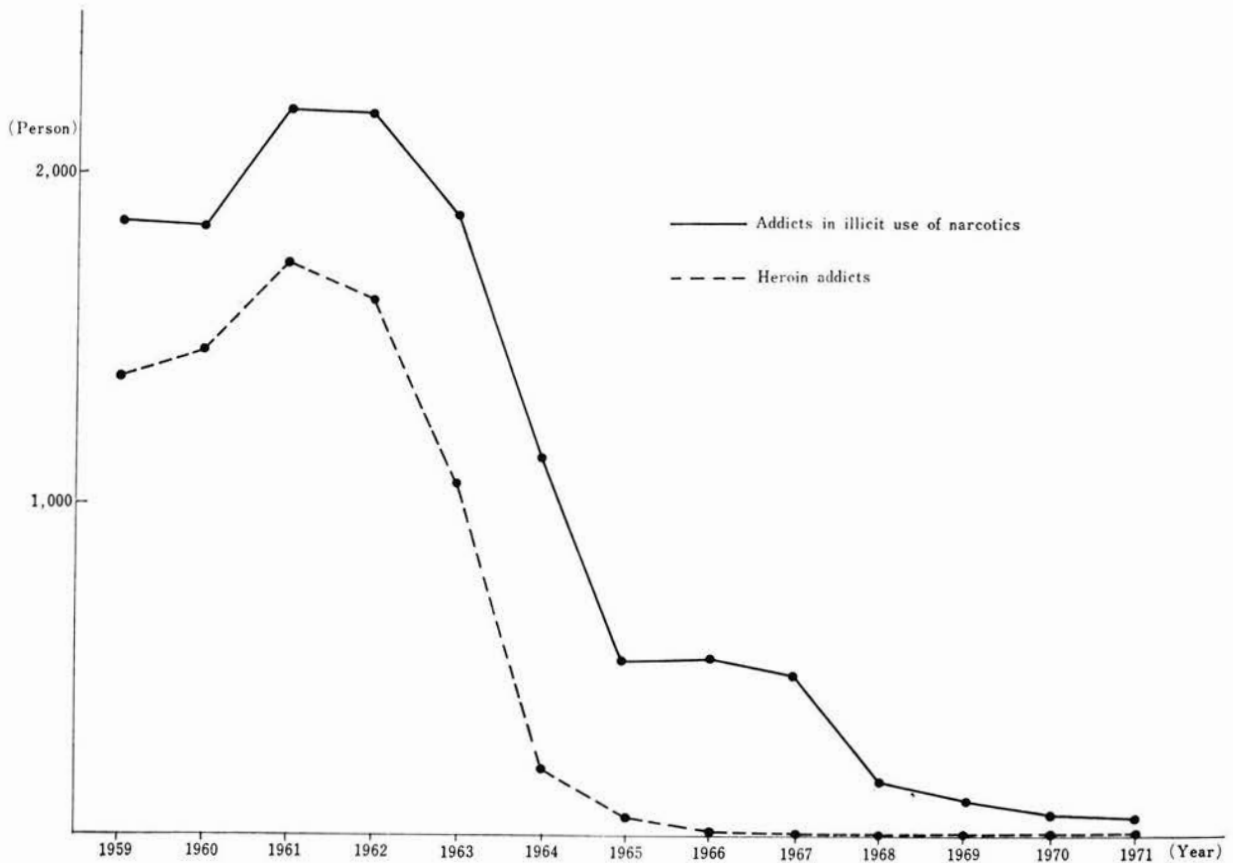


FIG. 4. ADDICTS REPORTED ANNUALLY



Discussion

PROFESSOR A.A. SANDOSHAM (Malaysia) said that curiosity obviously played a big part in initiating the drug-taking habit among the adolescents, especially in the trying out of pep pills. In those circumstances, he asked if we were adopting a wise policy in publicising information on the use and abuse of drugs in Secondary Schools.

PROFESSOR TAN ENG SEONG (Malaysia) replied that we should neither over dramatize nor underplay

the abuse of drugs in schools.

DR. PETER LEE (Hong Kong) said that in Hong Kong sex education was introduced in schools and books on narcotics and their dangers (maximal and minimal effects) were distributed widely in all schools.

DR. CHEAH OON SIEW (Malaysia) said that he was the Secretary of a Committee set up by the Malaysian Medical Association to study the problem of drug