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DRUG ABUSE: A GLOBAL PERSPECTIVE



DRUG ABUSE: A GLOBAL PERSPECTIVE

Estimates have been assembled of the extent of drug abuse among the young in countries participating in this meeting. The data supports the contention that drug abuse is widespread and that the young of the world are at risk. This meeting and others like it are important to convey to the world and especially to parents that they have the power to act and to protect their hearths and homes.

Summary of Regional Patterns of Adolescent Drug Abuse

The Americas

Latin America

Latin America had escaped until recently the ravages of a drug abuse epidemic among its adolescents. Now, with the soaring and unchecked production and processing of the coca plant, drug abuse in the region has become a fact of life. While good data on the extent of drug abuse are not available, reports come from many different sources: priests, psychiatrists, and others who work with youth and their families say that the problem is growing.

The coca leaf is processed first into a substance called coca paste (cocaine sulfate) and then into cocaine (cocaine hydrochloride) which is the form in which it is usually exported. Young people in South America have discovered that by mixing the coca paste with either marijuana or tobacco, the combination (called "basuco" in Colombia and "pitillo" in Peru) can be smoked as a potent intoxicant. Unfortunately, they are ignorant of the fact that smoked coca paste is likely to be a much more potent and addictive drug than is inhaled cocaine, because it is rapidly absorbed by the lungs and reaches the brain about as fast as if it had been injected.

One consequence of this "rapid delivery" method of use is the creation of a group of heavy users whose chronic, compulsive addiction baffles treatment efforts and even leads to some radical and unsuccessful actions such as brain operations.

Cocaine and/or coca paste use has been identified in Peru, Colombia, and Bolivia, Argentina, Venezuela, and Brazil. There is no reason to believe that it will be limited either to those countries or to current levels. Brazil, in which coca production has been identified, can expect leakage of coca

paste into its cities. Mexico--which is used by cocaine traffickers as a transit country, in addition to being a producer of marijuana and heroin--stands to experience a growing problem if coca product leakage occurs. Realistically, the region as a whole should consider itself at risk. Even the United States is not invulnerable; recently, coca paste abuse was reported in both New York City and Miami.

Private sector organizations have taken initial steps to cope with the problem. Parents are concerned, but frequently lack adequate information about the nature and extent of the problem. The economic recession in Latin America has limited the availability of private sector resources.

The Caribbean

The Caribbean has long been familiar with ganja (marijuana) production and use, but has recently discovered that cocaine, originally limited to affluent tourists, is now threatening local populations. Even ganja production is becoming a threat because ganja growers are rumored to be paid off in cocaine which is then sold domestically.

As trafficking continues through the region, greater cocaine availability can be expected and small countries may find themselves vulnerable to a concomittant of the trade: efforts by traffickers to "purchase" protection from officials.

Asia

Southeast Asia

This region has experienced severe heroin addiction epidemics as a consequence of opium production/heroin processing in the Golden Triangle region, formed by Burma, Thailand, and Laos. In addition to the Golden Triangle countries themselves, non-opium producer countries are also victims: Hong Kong, Malaysia, and Singapore, and even distant Australia. The ready availability of heroin makes control of addiction difficult until overall production in the region can be significantly reduced.

Nongovernmental organizations (NGO) are well-established in Southeast Asia and hold an annual meeting in the region. They provide a means for regional discussion of the drug problem, and for linkage between government and private sector organizations. The NGO group includes PEMADAM from Malaysia, the Society for Aid and Rehabilitation of Drug Addicts of Hong Kong, the Anti-Narcotic Volunteer Association of the Thai Council of Social Welfare, and the Singapore Anti-Narcotic

Association. The chairmanship and venue of the group rotates annually. Cooperation with the NGO group is an option which could be explored during this meeting.

Southwest Asia

Cultural acceptance of opium use has made difficult the mobilization of governmental and societal condemnation of opiate use when heroin was introduced into the region. As a result heroin addiction is established and spreading in the region with particularly significant recent increases in Pakistan. As in Southeast Asia, prevention of addiction among the young is difficult in the face of the abundance of heroin in the region.

The private sector movement does not exist as a regional phenomenon, although an incipient movement is developing in Pakistan. It is possible that, given the strength of the Islamic religion, effective private sector support on a regional basis may require a religious dimension.

Europe

Heroin addiction is a well-established and recognized problem in the region, with the British Isles, including Ireland, undergoing a current increase in addiction among inner-city youth.

What preoccupies many European governments and societies, which were caught unaware by the heroin epidemics of the 60s and 70s, is the possibility of an impending cocaine epidemic. Governments generally acknowledge that unless production in South America is reduced, Europe will increasingly be a target for traffickers.

Although parent groups exist, they do not appear to coordinate with one another across Europe and miss the opportunity to pool resources and ideas. Encouraging intra-European parent group cooperation during this meeting could be useful. The Catholic Church is very active in the drug abuse field in Italy.

Africa

Like South America, Africa has generally been spared serious levels of drug abuse among the young. Now, however, recent events increase the risk to the region. Methaqualone, a drug

which was seriously abused in the United States at one time, is smuggled (under the trade name "Mandrax"), through several African countries into Southern Africa. Heroin is smuggled from Pakistan and South West Asia through Nigeria to Europe and the United States. Leakage from trafficking routes could lead to local addiction.

Implications of Worldwide Drug Abuse

Drug abuse is widespread throughout the world. Contributing to this spread of drug abuse has been a) the entrenchment of sophisticated, criminal enterprises which produce illicit drugs in locations where governments cannot readily exercise political and physical control; b) the extensive involvement of organized crime in the traffic of illicit drugs; c) the adoption of abuse of drugs as a faddish "statement" by young persons; d) ignorance of the dependency-producing effects of drugs by society-at-large and by the user; and e) lack of information in leading sectors of the world's societies which inhibit early preventive actions.

Countries have erred not to recognize drug abuse as a disease which had the capacity not only to affect individuals but also to spread rapidly through large segments of the youth within a relatively short time, and which once rooted in a society would be difficult to extirpate.

Countries have also erred not to understand the nature of drug abuse as a social problem requiring a societal solution. Instead, parents and communities assumed that the treatment and prevention of drug abuse was not a task for them because they lacked the expertise, and should instead be left to others such as the government and the professionals.

This failure in perception still continues to plague us. When drug abuse enters a society it invariably affects only a small number at first, and therefore too often is ignored. Furthermore, with good intentions, parents and communities continue to expect the government and experts to solve the problem.

Drug abuse in a society is not controllable by government action alone. In any of the countries where drug abuse has been substantially checked, success has been the result of close cooperation of government and society.

Families are the community, the society. They are the front line of society's defense against drug abuse. Working in unison, families and private organizations are a vast resource pool. What is required is that they be educated about the problem and, once educated, encouraged to join in the fight to save this and future generations.

GLOSSARY OF INTERNATIONAL DRUG
TERMS



GLOSSARY OF INTERNATIONAL DRUG TERMS

CANNABIS AND CANNABIS PRODUCTS (Marihuana, Ganja, Hashish, Thai Sticks)

Cannabis is a plant of which the alkaloid, tetrahydrocannabinol (THC), induces intoxicant effects when smoked or ingested as marihuana, the harvested leaf. Although perhaps not as intense in effect as heroin and cocaine, use of cannabis products does produce dependency and has numerous dangerous health effects. Ganja is the Jamaican name for marihuana.

Hashish and Hashish oil are products of concentrated cannabis resin. Thai stick is the term used for cannabis florets, high in THC, which are dried and wrapped around pieces of wood and then exported from Thailand by traffickers.

COCA AND COCA PRODUCTS (Coca Paste and Cocaine)

Coca is a plant which has been cultivated for thousands of years in the Andean region of South America. Two species of the plant contain sufficient quantities of cocaine to warrant their use for coca chewing and extraction of the alkaloid, cocaine. Coca has been chewed for centuries by the Incas and subsequently by their descendents in the Andean highlands. While opinions differ on whether coca chewing is harmful or not, "traditional" consumption of coca has long been accepted practice in Peru, Bolivia, and parts of Ecuador. Frequently, those who profit from illicit trade in cocaine attack control efforts in the name of "defending traditional use".

Cocaine is a compound, cocaine hydrochloride, of the cocaine alkaloid derived from the coca plant. Used since the 19th century as a topical anaesthetic, cocaine was discovered to produce euphoric and stimulating effects when ingested and at one time was available, without prescription, as a tonic named Vin Mariani and in Coca Cola. A cocaine abuse epidemic occurred in the early 20th century in the United States, but was inadequately documented; as a result, a popular myth developed that cocaine, in contrast to heroin, for example, was an innocuous "recreational" drug. That myth persists to this day among educated persons, including physicians, in many countries. Current research has identified the addictive mechanism for cocaine, and clinical reports suggest that treatment of cocaine addiction is a difficult process with an uncertain outcome.

Coca paste is a precursor compound (cocaine sulfate) in the processing of cocaine. It is frequently smoked in combination with tobacco and/or marijuana, producing an intense effect similar to injecting amphetamine or cocaine. The drug is addictive and is a serious and growing health problem in South America, especially in Peru, Bolivia and Colombia. Many persons fail to realize that the coca paste problem in South America is potentially much more serious than the cocaine problem in the United States, because smoked, the coca paste is a much more powerful substance than is cocaine inhaled nasally.

Coca paste cigarettes are called "basuko" in Colombia and "pitillo" in Peru and Bolivia.

OPIUM AND OPIUM PRODUCTS (Morphine and Heroin):

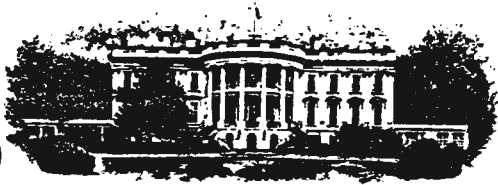
Opium is an alkaloid derived from some species of the poppy plant. For millenia, opium was used as an analgesic in pill form. It is not known when opium smoking began, but well into the 20th century, opium smoking was widespread in China (and its attempted prohibition by the Chinese was the basis of the "Opium War" by Britain, which monopolized the trade). The active ingredient in opium is the alkaloid morphine, which was isolated and used widely in medicine as a lifesaving analgesic. Unfortunately, morphine was also abused and was soon recognized as a seriously addicting drug. Heroin was initially used to treat morphine addiction, but was soon recognized to be as addictive as morphine and became an even greater health hazard. Currently, two types of heroin are abused: heroin #3 which is smoked in Southeast and Southwest Asia and heroin #4 which is diluted in water and injected. The latter is the heroin imported to the United States.

METHAQUALONE:

A muscle relaxant sold under a number of trade names, methaqualone became a drug of considerable abuse and was the cause of serious accidents both because it acts as an intoxicant and impairs judgement and because it hinders effective motor performance. The effect is even more severe when the drug is mixed with alcohol, a not uncommon practice which accounts for numerous driving deaths. Methaqualone has been controlled through an international initiative led by the Department of State which resulted in reduced manufacture in other countries of the basic chemical. Almost all of what is currently sold as methaqualone is composed of other substances.

Methaqualone is also known as "Ludes," "Lemmons," and 747s in the United States and as "Mandrax" overseas.

COUNTRY FACT SHEETS, BIOGRAPHIES
OF FIRST LADIES, AND STATEMENTS



The First Ladies Conference on Drug Abuse

Washington, D.C. • Atlanta, Georgia April 24 - 25, 1985

ARGENTINA

I. Land and People

- o Argentina is rich in natural resources. It is one of the largest exporters of foodstuffs in the world, and is nearly self sufficient in energy.
- o The capital and largest city is Buenos Aires, with about one-third the country's population.
- o Argentina has a population of approximately 30 million people. 97 percent of the population is of European origin (mainly Spanish and Italian). 90 percent are Roman Catholic. The literacy rate is very high. While the official language is Spanish, English, Italian, German and French are also spoken by significant numbers of people.

II. History and Culture

- o Argentina was discovered by the Spanish in 1516. A permanent colony was established on the site of Buenos Aires in 1580. Argentina declared its independence from Spain in 1816.
- o Like the United States, Argentina is a nation of immigrants. In addition to Argentina's Spanish and Italian heritage, British and other European immigrants have contributed to the country's rich cultural diversity.

III. Government

- o The Argentine constitution of 1853, still in effect and similar to that of the United States, calls for a separation of powers into executive, legislative and judicial branches at the national and provincial level.
- o President Alfonsin was inaugurated in December, 1983. The President and Vice President are elected for single term of six years and cannot run for reelection. Congressional elections are scheduled for November for half of the lower house. One-third of the Senate is elected every three years by provincial legislatures.

ARGENTINA



**Maria Lorenza Barreneche
Iriarte de Alfonsin**

Mrs. Maria Lorenza Barreneche Iriarte de Alfonsin was born 56 years ago in Chascomus, province of Buenos Aires, a relatively small provincial city in one of the fertile agricultural areas of Argentina. President Alfonsin is also from that city.

Mrs. Alfonsin studied in Chascomus and she earned a degree as a teacher before marrying Dr. Raul Alfonsin in 1949. The couple has six children to whom she has devoted most of her time. They now have 14 grandchildren.

Though not personally active in politics, Mrs. Alfonsin has been a constant and dedicated companion of her husband during his long political career, which led to the presidency in 1983. In the last year she actively carried out her duties as first lady of Argentina, dedicating time and effort to humanitarian concerns.



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DRUG ABUSE - THE SITUATION IN ARGENTINA

1. Description of the extent of the use of drugs by adolescents in Argentina.

The adolescent sector of Argentine society has not been able to escape the severe impact that drug addiction has had worldwide, especially as a consequence of developments in audiovisual communications. Nevertheless, persistent action by the police and educational authorities has managed so far to control--at least in its explosive aspects-- an activity which represents such a threat to the stability of society.

This problem receives our constant attention and we avail ourselves of every possible preventive measure as well as trying to keep up-to-date on prevention and control techniques.

Argentine statistics comparing 1983 and 1984 show an incipient or progressive increase in reported cases of marihuana consumption. This might be due either to a growth in hallucinogenic drug addiction or else to greater police effectiveness in intercepting drugs in distribution channels.

To give an accurate and specific view of the problem, some statistics are provided below on the number of persons involved in criminal proceedings and on the seizures of narcotics for the years 1983 and 1984:

CRIMINAL PROCEEDINGS

1983	799 detained
1984	880 detained
1983	1,319 prosecutions
1984	1,513 prosecutions

SEIZURES OF CUT MARIHUANA

1983	738 kg.
1984	746 kg.

SEIZURES OF MARIHUANA PLANTS

1983	427
1984	1,292

Although the majority of adolescents who use drugs are using marihuana, a large group of young people use and abuse psychoactive pharmacological preparations acquired through

forged medical prescriptions, repeated visits to different doctors, or the failure of certain pharmacies to observe the requirement to keep the prescription on file, etc.

Regular study of the illegal market has not led to the conclusion that there is a significant trend toward the consumption, by adolescents, of other narcotics that have even more pernicious effects, for example, LSD 25, cocaine hydrochloride or--even worse--heroin, except in isolated cases. Cases have been reported of the addictive use of certain household items such as contact cement or toluene or benzine derivatives by homeless pre-adolescents. These circumstances can be interpreted as a result of the effectiveness of the police in their fight against drugs, which may have forced the users to resort to substitutes when it becomes impossible to obtain prohibited substances.

In January of this year, Argentine statistics showed that 70 percent of those arrested are between 15 and 23-24 years of age.

2. Government programs to assist adolescents in obtaining information about drugs, to prevent drug abuse, and to provide rehabilitation.

In November, 1976, the Argentine government and the United Nations Fund for Drug Abuse Control signed an agreement on a four-year project for prevention of drug abuse. This effort was aimed at adolescents in the most densely populated urban areas of the capital and other cities of the country. The immediate goals are the dissemination of current information and the training of school officials and teachers to deal with the problem.

The project is financed by the Direccion Nacional de Ensenanza Media y Superior--DINEMS [Bureau of Intermediate and Higher Education] and the United Nations Fund for Drug Abuse Control. UNESCO is responsible for program at the international level and DINEMS is in charge of carrying out the various phases of the program at the national level.

Some of the activities conducted under the project were the training of 500 DINEMS supervisors and staff members, and of directors and professors of the Direccion Nacional Educacion Artistica y Educacion Agricola [Bureau of Artistic and Agricultural Education] who are involved with the problem (1976), the training of school personnel for the prevention of drug abuse (1977), refresher courses for 1800 teachers (1977), advanced training conducted jointly with the Asociacion Padres Prevencion del Uso de Estupefacientes, [Parents' Association for the Prevention of Narcotics Use], and informational workshops.

3. CE.NA.RE.SO Centro Nacional de Reeducción Social
[National Center for Social Reeduction]

The National Center for Social Reeduction is a decentralized agency under the jurisdiction of the Office of the Assistant Secretary for Social Development of the Argentine Ministry of Social Action. It was created by Law 20,332 of April 30, 1973. It is devoted to the treatment, reeduction, and reentry into society of persons who abuse drugs.

Although providing assistance is its principal task, the Center has given rise to other activities such as scientific research, training, and the collecting of documents and information.

As far as treatment is concerned, the program uses the approach that the person receiving assistance must be willing to change his situation with the necessary support of the family group. The Center is an open institution with no special security measures or personal restraints. However, some patients are referred by the courts.

The program is socio-therapeutic in nature and employs a interdisciplinary approach. The team consists of physicians, psychologists, social workers, sociologists, anthropologists, attorneys, occupational therapists, teachers with training in psychology, teachers, physical education and recreation instructors, and musical therapists.

The treatment program consists of the following three subprograms: Outpatient and inpatient treatment of adults and adolescents; research, training, and document and information services; and, lastly, access channels to CE.NA.RE.SO. services.

4. What parents' organizations exist in Argentina for the purpose of cooperating on all aspects related to drug use?

The private organizations involved in drug dependence in Argentina are APPUE, FAT, and the Programa Andres. APPUE, Asociation de Padres para la Prevencion del Uso de Estupefacientes [Parents' Association for the Prevention of Drug Use], is a nongovernment agency legally organized on May 10, 1973, which is made up of a group of parents. Its purpose is primary prevention through educational and informational work with parents, teachers, and adolescents. It organizes conferences and talks to warn parents and young people and gives training seminars for teachers on drug addiction. It also conducts programs using oral and written material to call the community's attention to the negative social aspects of

drug addiction. It publishes a magazine entitled "Los Adolescentes" [Adolescents] and brochures containing research by specialists on the drug problem among young people.

FAT, Fondo de Ayuda Toxicologica [Fund for Toxicological Assistance] is a noncommercial, nonprofit association in operation since 1966 which provides assistance on two levels. On one level it provides research and treatment for drug dependence (alcoholism and drug addiction) and works on prevention through education and information by means of talks with young people and teachers. It works on secondary prevention, with individuals or family units, as the case may be. In addition, it works to rehabilitate of drug addicts. The Fund is directed by Dr. Calabrese.

The Programa Andres [Andres Program] is a treatment and rehabilitation community directed by Carlos Novelli, a former drug addict, and a group of young people who have already recovered. They conduct preventive activities through talks, and personal affirmations in churches and high schools. Its basis for rehabilitation is the search for God and the provision of some meaning in life through faith and rehabilitation efforts.

5. Nature and scope of cooperation between the parents' organizations and the Argentine Government

In 1984 when the Constitutional Government assumed power, private institutions devoted to drug abuse (APUE, FAT, and the Andres Programa) became part of the Comision Nacional de Toxicomanias and Narcoticos [National Commission for Drug Addiction and Narcotics], known as CONATON, a technical agency that coordinates all drug abuse related activities nationwide and advises the executive branch.

CONATON operates under the Ministry of Health and Social Action.

6. Are there any private organizations that have health programs related to information and education on the prevention of drug abuse?

Rotary International has a Commission for Prevention of Drug Abuse as part of a health education program. The Higher Council on Catholic Education (CONSUDEC) carries out information activities on the problem of drug addiction in various secondary schools.

7. Nature and scope of cooperation between those associations and the Government.

Since 1984 the government has recognized that the State has a major responsibility for establishing institutions that will conduct activities involving prevention, treatment, and rehabilitation in the field of drug dependence. The private agencies mentioned above are part of the Subcommittee on Prevention which is part of CONATON. They participated in preparing a national drug abuse prevention plan.

The immediate goals of that working group are the staffing and operation of central teams for prevention and research, the creation of regional working groups, and a publicity campaign (to be discussed with the Argentine Publicity Council). A course has already been held for journalists in order to inform them about the subject. Its long-term goals include carrying out nationwide research on the juvenile population, preparing bibliographical material and training manuals for social workers, and studying possible amendments of Law 20, 771.

Lastly, it should be pointed out that the Argentine Government is preparing to launch a national information and education program with the broadest possible dissemination. It is anticipated that all interested public and private agencies will take part.



REPUBLIC OF BOLIVIA

I. General Background Information

- o Landlocked Bolivia, about the size of California and Texas combined, shares borders with Brazil, Argentina, Paraguay, Peru and Chile. The country has three well-defined geographic zones - the high plateau ("altiplano", average altitude of 12,000 feet) where the capital La Paz is located, the temperate and semitropical valleys of the eastern mountain slopes (the "yungas"), and the tropical lowlands ("llanos") of the Amazon River Basin.
- o Of Bolivia's 6 million people, about 60% are Aymara and Quechua-speaking Indians descended from Inca and pre-Inca cultures. The rest are mixed Indian and Spanish (25-30%), and European (5-15%). Spanish is the official language. The country is 95% Roman Catholic.
- o The pre-Columbian culture left important archaeological ruins, gold and silver artifacts, ceramics and weavings. Many patterns are preserved to the present time. A rich and distinctive heritage of architecture, painting and sculpture was left by the Spaniards.

II. The Economy

- o The per capita income in Bolivia is approximately \$500. In the past two years, the economy has declined dramatically, largely because of world recession, natural disasters and a fall in the world market price for the main export commodity, tin. The inflation rate, over 2000% in 1984, is probably the world's highest. Frequent cabinet changes, political party factionalism, and labor strife have disrupted economic recovery efforts.
- o Agriculture and mining account for most of GDP. In addition to tin, Bolivia has significant deposits of natural gas (exported to Argentina), petroleum, zinc, silver and other minerals.

III. The Politics

- o Military coups and shortlived constitutions have dominated Bolivian politics since independence in 1825. After 18 years of almost uninterrupted military rule, civilian government led by President Siles Zuazo was restored in October, 1982.
- o Since the return to democracy, Bolivia has had a good human rights record and press and unions are allowed to operate freely. The next elections are scheduled for July, 1985.

BOLIVIA



Teresa Ormachea de Siles

Mrs. Siles comes from a distinguished La Paz family that is active in public service. She has long been involved in volunteer social work. As of 1981 she was serving as honorary president of the Bolivian Social Action Council. She has been married to Hernan Siles Zuazo for 49 years. Her husband began his second term as President in 1982; he had previously held the post during 1956-60.

Mrs. Siles enjoys classical piano music, especially that of Beethoven and Tchaikovsky. She also enjoys reading; among her favorite authors are Gabriel Garcia Marquez of Colombia and the American, Irving Stone. Mrs. Siles has lived in Argentina, Chile, Peru, Uruguay and Spain. She has also traveled in Europe and to the United States. She speaks English. The Sileses have three grown daughters and several grandchildren.



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BOLIVIA: THE STRUGGLE AGAINST THE DRUG TRAFFIC AND DRUG ABUSE

Background

Bolivia, an Andean country, has for thousands of years been an area where coca has been cultivated and produced. Coca has been used for medicinal and religious purposes as well as in rituals and traditional cultural practices such as chewing, known as acullico. With acculturation, these customs have been modified by the excessive increase in the production of this raw material for the illegal manufacture of cocaine and its toxic derivatives.

During the past ten years, the Quechua and Aymara peasants, miners and workers, young people and urban dwellers, have found their traditional lifestyles modified by the presence of coca paste and cocaine, reflecting the growing demand on the domestic and world market. The illegal preparation of this drug has brought to our society the problem of drug addition and drug trafficking, with very serious and dangerous social, economic, cultural, organic and psychological effects.

Now Bolivia finds itself engaged--through its institutions, its government policy and its population in general--in a daily struggle to escape this scourge and thereby to respond to the perpetual challenge of preserving and caring for its most valuable resource: Bolivian citizens who are healthy, free and dedicated to their own development and progress.

National Institutions

Our country treats this problem as an emergency and has several government and private institutions that are dedicated to combatting narcotics traffic and drug abuse.

The Office of the President of Bolivia directs and coordinates the entire Bolivian effort, through the Comite Nacional de Lucha Contra el Narcotrafico - CNLCN [National Committee to Fight Narcotics Traffic], which is the primary organization working in this field. The CNLCN has different departments that support it in this work. The main ones are the department of coca control and supervision; the operations department, which assumes the difficult task of surveillance, detention and control of the narcotics dealer; the medical-social department, which directs rehabilitation and treatment

of those who are drug-dependent; the education and prevention department, which draws up and conducts national orientation and educational programs; and the administrative and legal department.

At the same time, other institutions are at work in Bolivia educating and orienting the public and endeavoring to prevent drug abuse. Among these are the Campana Educativa Sobre Estupefacientes - CESE [Narcotics Education Campaign], which through the media, publications, seminars, and the preparation of teaching materials informs, and educates people all over the country with a view to preventing drug abuse.

Likewise there are community service institutions, such as the International Red Cross, the Escuela de Padres de Bolivia, [School of Bolivian Fathers] the Rotary Club, the Damas Voluntarias Pro-Juventud Boliviana [Volunteers for Bolivian Youth], the Lions Club, the Junta Nacional de Solidaridad y Desarrollo Social [National Council on Social Solidarity and Development], and others who concentrate a major part of their efforts on the fight against drug abuse.

The National Drug Abuse Problem

Drug abuse during the past ten years has been rooted, basically, in the necessity for the international drug dealer to create in Bolivia a society where drugs are consumed and sold for illegal and commercial purposes. The disproportionate increase in production of coca leaves is one of the bases for this phenomenon; suffice it to say that it has been calculated that Bolivia now produces around 100,000 tons of coca leaves, whereas its industrial, medicinal and cultural needs would require a production of 20,000 metric tons per year at most. This surplus goes into illegal production of paste and cocaine.

This situation has created a veritable social phenomenon. As a result, a large number of farmers, peasants and residents of rural areas of Bolivia where coca leaves are grown (Chapare, in the Department of Cochabamba, and Los Yungas in the Department of La Paz) are engaged not only in the centuries-old cultivation of the leaf but also in the manufacture of the drug. Unfortunately, the drug dealers have forced the Bolivian peasants into this activity by offering meager monetary remuneration and by paying them in drugs. It has been calculated that among the peasants in the production areas alone, there are some 60,000 pitilleros (persons who smoke coca paste, mixed with tobacco, in a cigarette that is called a pitillo).

This situation has spread to the urban centers where the drug is marketed. Children and young people have become dependent in alarming proportions. Recent scientific and social investigations have revealed significant changes in drug abuse over the past ten years. For example, in 1974 it was found that alcohol abuse was the fundamental problem among young Bolivians. In 1979, marihuana and cocaine, along with alcohol, were the drugs most consumed by this same sector, while in 1984, cocaine use reached very high levels. In some of the eastern towns in Bolivia, nearly one-tenth of the young people were habitual users of cocaine and its derivatives.

This nationwide problem has affected every socioeconomic level of the Bolivian population. The above studies show us that children as young as six are already habitual consumers of coca paste. During the 1970's, the greatest consumption among young people was found among those 18-25 years old, while in the 1980's the most frequent users are those between 12 and 15. The increases in consumption and abuse are equally significant among older people.

Statistical data provided by the Instituto Nacional de Investigacion en Farmacodependencia [National Institute for Investigation of Drug Dependence] in La Paz, (a rehabilitation and treatment clinic within the medical-social department of the CNLCN) confirm this increase in drug consumption, as the following figures show:

1976:	196 addicted patients treated
1982:	254 addicted patients treated
1983:	436 addicted patients treated
1984:	614 addicted patients treated

These data point out that in the city of La Paz alone, and in an institution that has only 10 patient beds, there has been a great increase in drug use in the past eight years. Figures provided by the Pinel Clinic in the city of Santa Cruz confirm this rise.

At present, the cities most affected by the drug are Cochabama (in the Chapare region), Santa Cruz, Beni (area where the drug is manufactured), and La Paz.

Activities in the Fight Against Drug Traffic and Drug Use

As we have seen, the three-way combination of cocaine/drug dealing/addiction constitutes a real social problem. The CNLCN has begun an aggressive campaign, making use of its staff in the provinces that are most heavily involved. Many laboratories that make cocaine have been dismantled and large

quantities of the drug confiscated. Prevention programs have been launched, educational support given, rehabilitation and treatment programs encouraged, and the economic and social development efforts in the coca production areas have been supported.

We should stress that these efforts will not become firmly established without international support and assistance. We must state, once again, that the problem of drug addiction and the illegal traffic in drugs affects both industrialized and developing nations. The commitment to the struggle is one that all of us must make and the task must be shared by both producer and consumer countries.

Currently, prevention is of prime importance in the fight. Thus the causes which lead to drug abuse must be considered in order that they may be countered and that more effective actions may be taken to benefit our countries. The following aspects need to be studied in this regard:

1. Surplus coca production - reduction to legal and traditional levels.
2. Manufacture of cocaine and its derivatives.
3. Illegal sales of drugs or narcotics.
4. Reduction in drug supply and demand.

In analyzing these variables we believe that international coordination is very important if this illegal activity is to be curtailed. It is imperative that these joint actions benefit not only from our own efforts but also from the cooperation of friendly nations if we are to deal appropriately with drug trafficking, if we are to reduce the area planted to coca, and if we are to carry out programs of education, prevention and rehabilitation of the drug dependent. Otherwise it will be very difficult to deal with these problems.

The struggle against drug trafficking and drug abuse is everyone's job.



Canada

I. The Country

- Population: 25 million. Annual growth rate: 1.1%
- Major ethnic groups: British 45%, French 29%, other Europeans 23%, indigenous Indians and Eskimos 1.5%.
- Legally a bilingual English-French country. French speakers are concentrated in Quebec, but many people nationwide speak at least some French -- particularly the younger people. Post-World War II immigrants include many Ukrainians, Italians, and other Europeans who have added to the cultural and linguistic mosaic.

II. History

- Canada was settled in the 17th century by the French, who developed the fur trade and agriculture. French Canada was conquered by the British in 1759. Following the American Revolution, large numbers of British settlers (including many pro-British American Loyalists) permanently altered the ethnic make-up of the country. Divided into several colonies, Canada was united in 1867 and quickly assumed the authority of an independent nation. Queen Elizabeth II is also Queen of Canada and is represented by a Governor General (appointed on the advice of the Prime Minister of Canada).

III. Economy

- 1982 GNP was \$272 billion. Per capita income was \$10,193.
- Canada's largest trading partner is the United States, and Canada is ours. Two-way trade exceeds \$100 billion annually.
- Recently Canadian Governments have moved to liberalize trade and investment.

IV. Foreign Affairs

- Relations with the United States are close and friendly, covering the full range of global and bilateral issues: trade, investment, defense, and the environment.

CANADA



Mila Mulroney

Mila Mulroney was born in Sarajevo, Yugoslavia, and moved to Montreal with her family in 1958 when she was five years old. While an engineering student at a local university she met and married Brian Mulroney, then a Montreal lawyer specializing in labor management relations. Also at this time, she joined the Progressive Conservative Party and worked for a parliamentary candidate. Mr. Mulroney was chosen leader of the Progressive Conservative Party in 1983 and became Prime Minister of Canada in September 1984 elections, during which Mrs. Mulroney campaigned actively with her husband.

The Mulroneys have three children between the ages of six and ten and are expecting a fourth this summer. Mrs. Mulroney enjoys attending the symphony, swimming, and playing tennis. She collects Canadian art and antiques. She speaks fluent English, French, and Serbo-Croatian and knows some Italian, Hungarian, and German.