REPUBLIC OF COLOMBIA

I. General

- Area: 440,000 sq. mi.; equals Texas and New Mexico combined. Capital: Bogota. Other major cities: Cali, Medellin, Barranquilla, Cartagena. Population: 27.3 million (1983); fourth most populous nation in Latin America; 42% under 15 years old. Literacy: 85%. Life expectancy: 62.

- First Spanish colonization 1525; independence 1810; present constitution 1886. Bolivar and Santander, two major figures of Latin American independence, are Colombian national heroes.

II. Political

- South American's most stable democracy. Only one period of military rule (1953-57) in the 20th century.

- Centralized government. President and bicameral legislature elected every 4 years.

- Two traditional parties, Conservative and Liberal. Conservative President Belisario Betancur elected 1982 for 4-year term. Congress controlled by Liberals.

- Colombian Government signed cease-fire agreements with three of four major guerrilla movements in 1984. Negotiation of a permanent political settlement began January 1985.

III. Economic

- GDP $43.8 billion (1984 est.). Advanced developing country: $1,470 per capita GDP (1983). Annual growth 2% (1984); inflation 20% (1983); unemployment 14% (1984).

- Exports (1983): $2.9 billion. Major markets: US, FRG, Venezuela. Main exports: coffee, bananas, flowers, sugar, clothing. Imports (1983): $4.7 billion. Major suppliers: US, Japan, FRG.

- Does not receive bilateral aid, but receives major World Bank, Inter-American Development Bank lending.

- Large coal and oil deposits being developed jointly by Government corporations and US companies will make Colombia a major energy exporter by 1986/87.

COLOMBIA

Rosa Elena de Betancur

Mrs. Betancur has devoted her life to helping poor people. Since her husband became President on August 7, 1982, she has been actively involved in several programs; as President of the Colombian Family Welfare Institute (ICBF) she supports programs for orphans and abandoned children and is trying to raise Colombian consciousness on the importance of the family.

Mrs. Betancur also promoted a massive vaccination campaign through which approximately one million children were vaccinated against polio, measles, diphtheria, whooping cough, and tetanus. She conducted and promoted a drug prevention campaign, which has received international recognition, expressed during the VI Conference of the South American Agreement on Narcotics and Psychotropic Substances, held in Bogota in November of 1984. She presides over the committee which is responsible for the organization of the II World Olympiad for the Handicapped—Colombia 85, which will be attended by delegates of 60 countries of the five continents.

Mrs. Betancur's dedication to peace has led her to develop special programs to orient Colombian participation towards a more positive behavior in the face of the major problems confronting Colombia today.

Rosa Elena de Betancur was born in Medellin, where she studied under the Salesian nuns and studied with the composer Bravo Marquez. In 1945 she married Dr. Belisario Betancur. The Betancurs have three children: Beatriz, a dentist, who is married to an economist working in Mexico with the Inter-American Development Bank; Maria Clara, a lawyer and economist, married to an engineer who works for the German-Latin American Bank in Paris; and Diego, an agronomist, who is married to an architect.

DRUGS, A CRIME AGAINST MANKIND BY MRS. BETANCUR

In August 1984 in Quito the Presidents of Bolivia, Ecuador, Venezuela and Colombia and the Vice-Presidents of Nicaragua and Panama, signed a ten-point declaration regarding narcotics: they state therein that drug addiction is prejudicial to health, point to the damage done to the young and the disruption of the legal order and social peace stemming from the corruption of political and administrative structures, with ill effects both for producer and consumer countries. Therefore, they request that competent international organizations declare drug traffic a crime against mankind, with all the legal implications such a measure would have.

We can see from the foregoing that the Government of Colombia is firmely committed to repressing the drug traffic which has been so detrimental to our country and the rest of the world.

The Struggle Against Narcotics

Colombia is a country of 28 million inhabitants, in the northwest of South America, gateway to this continent, with a coastline on the Atlantic and Pacific oceans that extends over 2,900 kilometers and crisscrossed by land, air and maritime routes. The fact that Colombia is conveniently located between the coca paste producing countries and the United States, the most conspicuous market, meant that criminal organizations turned to it for coca processing. Previously, these same organizations had vast marihuana plantations all over the country, which ensured part of the supply of the market that was under their control.

Repression of the Drug Traffic

Hence, the Government of Colombia recognized the need of preparing an expert group to counteract the activities of the drug traffickers and entrusted this delicate mission to the National Police Force. It had been involved for some time but has now taken on total responsibility.

Colombia is proud of its achievement in this respect. Let us analyze figures for the past two years in order to grasp the significance that the Government attaches to the drug problem.

The following seizures were made in 1984 (see attachment A):

Cocaine	19.582 kilos
Coca leaves	41.583 kilos

Coca plants	14.607.856 plants destroyed
Coca base	9.448 kilos
Marihuana	4'301. 263 kilos
Marihuana bushes	2'305' 943 bushes destroyed
Marihuana seed	14.128 kilos

From January 1st to March 20th of 1985, repression and control measures have resulted in (see attachment A):

Cocaine seizures	413.5 kilos
Coca leaves	15.087.5 kilos
Coca plants	2.416.536 plants destroyed
Marihuana seizures	265.538 kilos

According to the DEA, out of all cocaine seizures (approximately 38.000 kilos), the Government of Colombia has confiscated 42%, the Government of the United States 40%, and all others 18% (see attachment B).

Large processing facilities have been dismantled and offenders have been arrested and jailed.

To combat marihuana production centers, the Government of Colombia authorized the spraying of crops with the herbicide glyphosate. As a result, more than 4.000 hectares have been destroyed without altering the soil's ecological balance.

The National Prevention Committee

The First Lady, Rose Elena de Betancur, acknowledges the seriousness of the problem and has been implementing a Campaign for the prevention of drug addiction. A technical committee was set up with the participation of the National Drug Council, the Ministries of Health and Education, the Colombian Family Welfare Institute, the National Planning Department and a representative from private organizations involved in this field. Mrs. Betancur felt that it was of the utmost importance of support existing organizations in order to take advantage of scarce resources and to avoid duplication.

The Committee's objectives are:

1. To program, assess and implement the Campaign and provide guidelines for information, advertising and projects through the mass communication media.

2. To train professional and technical personnel to carry out the program directly with teachers, parents associations, both

in public and private schools, and youth groups to turn them into muliplying agents.

3. To train community development groups made up by volunteers from the community, elected at a grassroots level and already active in most regions of the country, which serve as leaders and keep in close contact with the communities.

4. To implement recreational campaigns as a basic component in prevention. These include: supervised recreation, building recreational parks, sports facilities and creative vacations.

5. To work jointly with volunteer organizations, involving them in the campaign.

6. To support the different research projects which are constantly being carried out by universities and the schools of medicine, psychiatry and psychology, which provide the up-to-date information needed for these programs.

Family Promotion

Family guidance is the Campaign's key strategy, since a well-integrated family strengthens society's moral values and the comprehensive development of its members. To this end, Regional Family Promotion Committees are set up with the participation of government agencies such as the Colombian Family Welfare Institute, Ministries of Health and Education, National Sports Institute, civil organizations such as the Red Cross and associations of parents, young people, community development programs and private enterprise.

These committees implement the program, report to the community on drugs and their harmful effects, assess the results of their actions and report on them to the National Prevention Committee.

Prevention Actions

Recreation

1. Since recreation is deemed to be a basic aspect in preventing drug addiction, special attention has been given to developing a program called "Creative Vacations", where school children between the ages of 7 and 14 are given cultural, artistic and sports opportunities so as to use their free vacation time creatively. Efforts are made to provide young people with health entertainment that not only amuses but also contributes to the education and comprehensive development of

youth. This program has been applied in twelve of Colombia's cities, with a coverage of 1.5 million children.

"Creative Vacations" has been the most far-reaching experience of this type, not only in Colombia, but in Latin America, both because of its extensive coverage and the quality and variety of the recreational alternatives offered. An effort has been made to build and upgrade parks and sports facilities with the support of government and private enterprise and the active involvement of the communities. Experts in recreation teach community volunteers how to develop programs to channel regional initiatives.

Training

2. Educational agents are also trained; these community members belong to volunteer organizations or to agencies implementing family assistance programs. This training is based on seminars and workshops to teach the fundamentals of drugs and their effects and provide the guidance needed to create groups of parents and young people under the coordination of the Regional Family Committees.

Data Bank

3. A Data Bank is being created and will be coordinated by the First Lady's Office. It gathers information about the problems of drug addicition including research, statistical data on use, treatment centers and general bibliography. The Bank will also be in charge of preparing, publishing and distributing the materials to be used by educational agents in their work with the community.

Support Material

4. Samples of the campaign's support material -- posters, primers for teacher and parent guidance, pamphlets, brochures and other materials -- are provided along with this document.

Treatment Action

The National Health service has been instrumental in establishing several state and private services specialized in drug addiction and alcoholism. Each service has an interdisciplinary team of professionals and ancillary personnel. Their main tasks are medical, psychiatric and psychological consultations, counseling and guidance, family management, hospitalization, house calls, help groups, centers and patient follow-up, sociofamilial and job relocation. The

centers are also involved in on-going education, targeting the personnel working in drug addiction and preparing documents on the program's different aspects. Existing services are currently being strengthened to extend coverage by training health professionals so as to supply information, counselling, referral, treatment and follow-up of drug addicts.

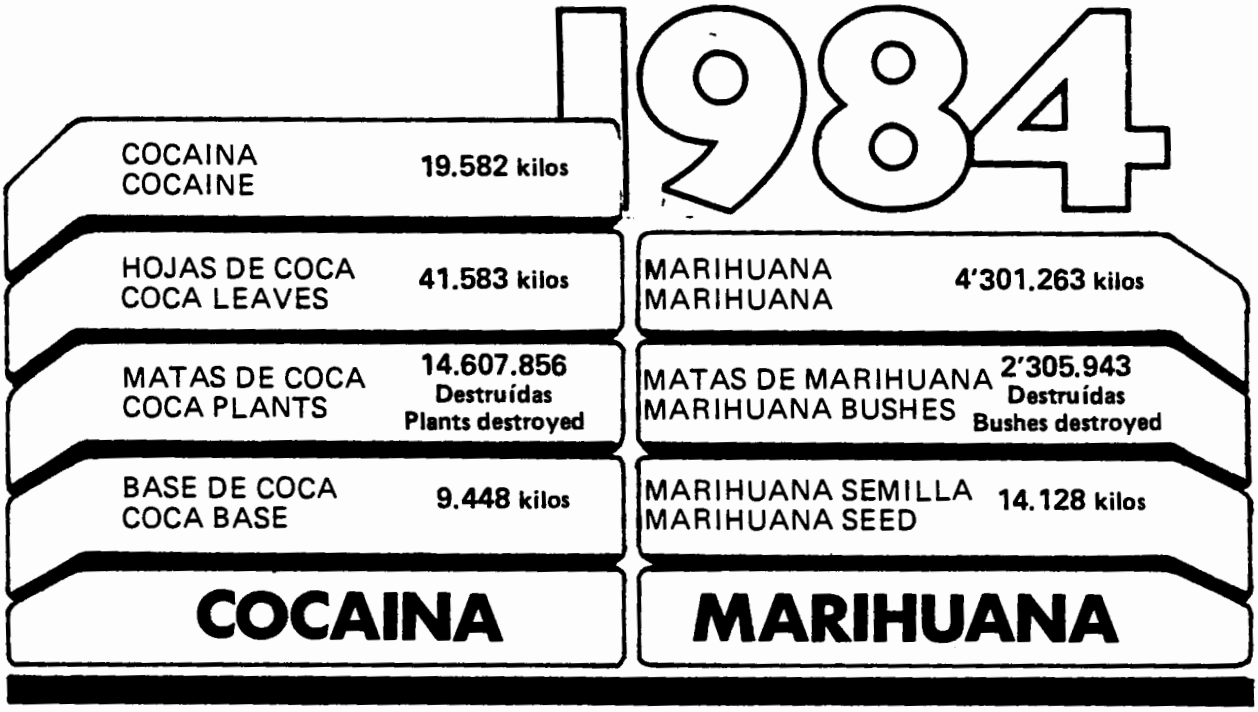
Likewise, service teams are being supplied with laboratory facilities, so as to establish a network with the National Health Service acting as reference center in order to quantify the substances used and classify them.

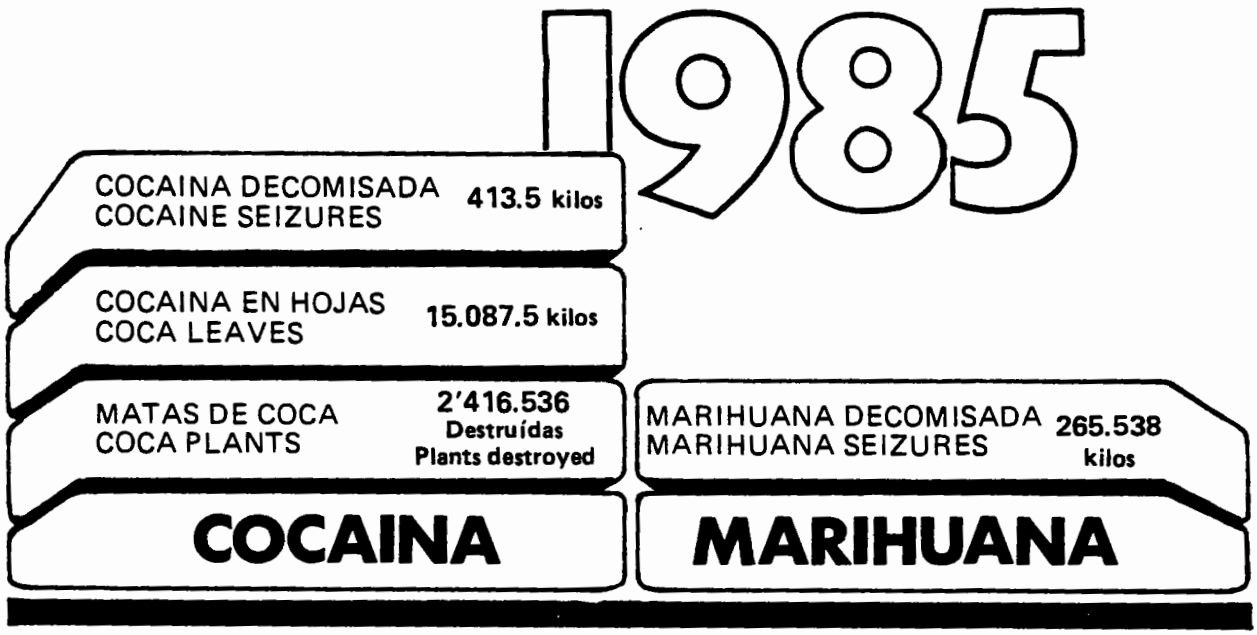
With the support of the United Nations Fund for Drug Abuse Control (UNFDAC), the National Health Institute is implementing a non-medical services model for non-institutional treatment to extend and reinforce present program actions. In this manner, Colombia is increasingly successful in measuring up to the challenge of fighting against this threatening transnational crime.

The battle has not been won, but we are attacking strongly, aware of the fact that drug addiction should be dealt with by simultaneous sectoral and international actions tending in the same direction.

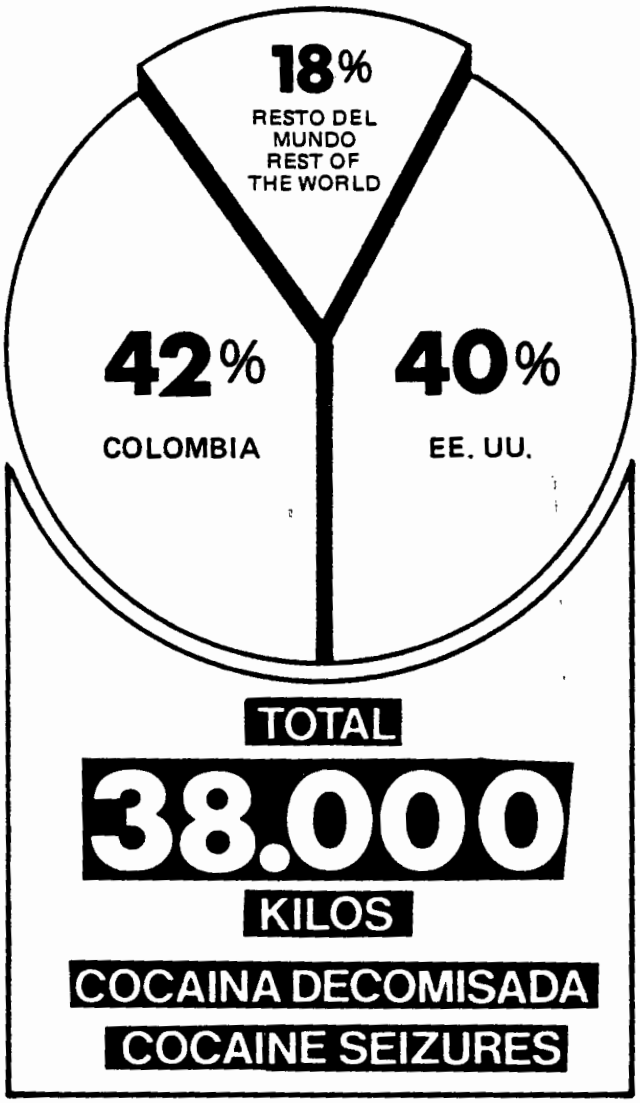
Drugs threaten the dignity of man and the dignity of nations: Colombia has chosen dignity.

ATTACHMENT A





ATTACHMENT B



REPUBLIC OF ECUADOR

I. General Background Information

- Ecuador, the fourth smallest South American country, straddles the equator. It has four distinct topographical regions: the Pacific coastal plain; the Andean highlands where the capital, Quito, is located; the eastern jungle or Oriente region; and the Galapagos Islands, 600 miles off the coast.

- Its 8.7 million people are Indian (25%), mixed Indian and Spanish (55%), Spanish (10%) and African (10%). The Pacific port city of Guayaquil is the country's largest with 1.2 million people; Quito's population is 860,000.

- Spanish is the primary and official language of Ecuador, although Quechua is still spoken by many Indians.

- Quito, a city famed in the 17th and 18th century as an art center, was designated a "World Heritage Site" by UNESCO in 1979 in recognition of the quality of its churches, convents and squares.

II. The Economy

- Petroleum, primarily from the Oriente region, provides just over 70 percent of Ecuador's foreign earnings. Shrimp, bananas, coffee and cacao are other leading exports.

- The economy has suffered from the effects of the world recession, a sharp drop since 1981 in oil prices, high debt service payments, and declining world market prices for Ecuador's traditional agricultural exports.

- Nevertheless, the gross domestic product rebounded from a negative 3.3% in 1983 to a positive 3.0% in 1984, inflation is down, and the foreign debt is being successfully rescheduled. 1983 per capita GDP was $1431.

III. The Politics

- Democracy was restored in 1979 following a decade of authoritarian rule. The inauguration of President Leon Febres-Cordero in August 1984 marked the first transition in 24 years from one freely elected government to another.

- Ecuador boasts a free press, a good human rights record, and 17 legally recognized political parties representing a wide political spectrum.

ECUADOR

Eugenia Cordovez Ponton de Febres-Cordero

Mrs. Febres-Cordero has been married for 30 years to Leon Febres-Cordero, a member of one of Guayaquil's largest and most prominent families, who was inaugurated as President in August 1984.

Among her principal activities as first lady, Mrs. Febres-Cordero is concerning herself with the problems of juveniles, particularly malnutrition, education, and learning disabilities. She is also actively concerned with the issues of equal opportunity and discrimination against women. She has served as a volunteer hospital social worker and is the founding president of the Voluntary Hospital Association of Guayas Province. In October 1984 she headed an official delegation to the Vatican for the canonization of Ecuador's first saint.

Mrs. Febres-Cordero's special interests include collecting antiques, porcelain figures, and modern and antique art—especially modern paintings by Ecuadorean artists. Like her husband, she enjoys equestrian sports. She has four married daughters and six grandchildren.

The First Ladies Conference on Drug Abuse
Washington, D.C. • Atlanta, Georgia April 24 - 25, 1985

REMARKS BY MRS. MARIA EUGENIA CORDOVEZ DE FEBRES-CORDERO

I support and applaud the initiative of the First Lady of the United States to bring together the wives of the presidents of the various nations of the world to participate in the analysis of the greatest social problem of our times, drug trafficking. This event will undoubtedly provide a great opportunity to share views on drug abuse in our countries, thereby contributing to a better understanding of the problem and the formulation of specific solutions to safeguard the integrity of our societies.

Drug trafficking has assumed a worldwide dimension. This abominable international crime seeks to destroy the family since drug use and traffic attacks without discrimination, especially the young, and condemns peoples to uncertainty. By summoning us to this important event Mrs. Nancy Reagan confirms the keen interest that we all attach to the crusade to eradicate drug trafficking as a priority task to preserve the family.

Various policies have been designed to combat this evil. They range from punitive action through specialized agencies to costly and complex rehabilitation programs. Governments have joined in this effort with varying degrees of intensity. Yet, this undertaking, however heroic, pertinent, and effective it may have been, has been surpassed by the greater might of the organizations engaged in illegal drug traffic. Once again crime has tried the moral energy and spiritual strength of our nations. Every day, every minute, somewhere in the world a child, a young person, or a mother suffers the scourge of the most heinous crime facing contemporary society. Despite the existence of many centers of control, repression, and rehabilitation, all these agencies in one manner or another only control, repress, or rehabilitate; in other words, their mission is to console, cure, and remedy, but not to prevent. It is therefore fitting that we dedicate our greatest effort to formulating a universal strategy of prevention that should become the major element in combating drug addiction.

The evil progresses and takes hold precisely because there exists a vast, complex, and audacious drug network. The evil draws ever closer to children and even strikes the elderly.

The organizers and perpetrators of the cursed drug traffic appear to have their promoters in every school, college, and university. In the meantime, we lack a broad regional, hemispheric, and world strategy to prevent drug use. There is also a false modesty in dealing directly with this subject with children and young people, whereas the traffickers speak bluntly and shrewdly. In other words, governments have assumed the difficult and heroic task of remedying the damage caused by drug speculators, but have left the field of information and persuasion to the traffickers. The battle is unequal and many succumb to the temptation of this scourge, without realizing the dramatic path on which they have embarked.

I propose a vast, intense, and permanent publicity campaign at all levels, in all sectors, and directed towards all the people of this planet in order to shape a child's awareness, strengthen his personality, and instill sound values. Students, heads of families, teachers, workers, everyone, without distinction, must realize the extent of drug use. We need only think of how many additional hospitals must be financed to rehabilitate those who have fallen victim to drug addiction, or the increase in repressive forces. Instead, all our energy should be focused on the great preventive crusade to create a universal awareness of his problem. Perhaps by undertanding the full extent of this tragedy there will be a need for fewer prisons, fewer hospital rooms and, consequently, there will be less social violence.

In formally presenting my proposal to create a vast world-wide network to promote greater understanding of drugs and the destruction that they cause in the individual, making this information mandatory in schools, colleges, and centers of learning, and spreading this campaign by all the means available to governments, I anticipate that the information exchanged at the meeting convened by the First Lady of the United States will be invaluable. I further anticipate a new spirit of unity and a strengthening of our determination to seek creative and valid solutions to be made available to our countries that are suffering the devastating effects of drug addition in an alarming percentage, especially in the sector of greatest historic promise, our youth.

Thank you very much.

Maria Eugenia Cordovez de Frebres-Cordero
First Lady of Ecuador

The Federal Republic of Germany

I. The People

--Population: 59.9 million and declining, due to the lowest birth rate in the world (10.1 births per 1000 inhabitants per year). Religion: 45% Roman Catholic; 44% Protestant.

-- Ethnic groups: Predominantly German, with a small Danish minority and 4.5 million foreigners, mostly from southern and eastern Europe.

-- Language: German. Literacy rate: 99%.

II. History (post World War II) and Government

-- Upon Germany's unconditional surrender on May 8, 1945, the U.S., the U.K., and the U.S.S.R. occupied the country and assumed responsibility for its government.

-- On September 20, 1949, the Government of the Federal Republic of Germany was established, led by Konrad Adenauer. The FRG progressed toward fuller sovereignty and association with European neighbors and the Atlantic community.

-- The three Western Allies retained occupation powers in Berlin and certain responsibilities for Germany as a whole. U.S. forces in the FRG total about 240,000.

-- The German government is parliamentary and based on a democratic constitution. The duties of the President (chief of state) are largely ceremonial. Real power is exercised by the Federal Chancellor (since October, 1982, Helmut Kohl), who is elected to a four year term.

-- Chancellor Kohl presently heads a coalition government among his own Christian Democratic Union; a sister-party, the Christian Social Union of Bavaria; and the Free Democratic Party, a liberal minority party which, until October, 1982, had formed coalitions with the Social Democratic Party for thirteen years. The next federal elections are scheduled for 1987.

III. Economy

-- The German economy has experienced slow but steady growth in the last two years. Real GNP growth in 1984 was 2.6%. Inflation was at 2.0%. The biggest problem is unemployment, about 10% nationally, but lower in the more technology-oriented South.

-- A key to the German recovery has been the stimulus of the strong U.S. dollar. German exports to the U.S. in 1984 totaled $14.4 billion.

IV. Foreign Affairs

-- FRG foreign policy emphasizes close ties with the U.S., membership in NATO, a close Franco-German relationship, progress toward Western European political integration, and improving relations with Eastern Europe.

-- The FRG's eastern policies are aimed at making it easier for East Germany to lower its barriers to human contacts between the German states.

V. U.S.-FRG Relations

- The U.S. and the FRG consult closely on the full range of international political and economic issues as well as security questions. Cooperation in international fora is close.

-- High level visits are frequent. Chancellor Kohl was in Washington in March and November of 1984 and President and Mrs. Reagan will pay a state visit to the FRG following the Bonn Economic Summit in May, 1985.

FEDERAL REPUBLIC OF GERMANY

Marianne Von Weizsaecker

When Richard Von Weizsaecker became Federal President on 1 July 1984, Mrs. Von Weizsaecker assumed the presidency of the Elly Heuss-Knapp Foundation ("German Mothers' Welfare Institution"). By becoming patroness of the German UNICEF Committee, she is continuing the tradition established by her predecessors and devoting her attention to the needs of children in developing countries. In February 1985, Mrs. Von Weizsaecker also became patroness of the Federation of Parents of Adolescents Exposed or Addicted to Drugs.

Mrs. Von Weizsaecker has always translated her civic mindedness into practice. At the Evangelical Children's Hospital in St. Augustin she assisted in nursing activities in an honorary capacity. From 1972 to 1981 she was a member of the presbytery of the Evangelical Peace Church in Bonn. She is a member of the Selection Committee and of the Board of Trustees of the German National Scholarship Foundation and of the Board of Trustees of St. John's Foundation, Berlin.

Marianne Freifrau Von Weizsaecker (Marianne Baroness Von Weizsaecker), nee Von Kretschmann, was born in Essen, Germany. There she obtained the secondary-school certificate and subsequently attended the business college at Hamburg. At the age of 21 she married Richard Von Weizsaecker. They have four children: three sons and one daughter.

Despite her many commitments, Mrs. Von Weizsaecker finds time to participate extensively in cultural activities. She is particularly interested in modern theater and 20th century art. She relaxes by working in the garden and is a keen photographer.

STATEMENT BY MRS. VON WEIZSAECKER

The Federal Republic of Germany has a considerable drug problem to cope with. Together with alcoholism and the abuse of medicaments, the consumption of narcotic drugs has become increasingly rife over the years. In 1984 the number of drug addicts was assessed at over 50,000, the number of people dependent on medicaments at 200,000 and the number of alcoholics at about one million. Major efforts are being made in the Federal Republic of Germany to bring this problem under control. The number of deaths from drug abuse, which reached a peak in 1979, has since been substantially reduced. Nonetheless, 1984 saw the death of 361 people as a result of drug consumption. A slight rise in the average age of drug addicts is observable in our country.

Public education on drugs and a reduction in their availability play a central role in the struggle against drug abuse. Some successes have been registered in controlling crimes connected with the illegal importation and trafficking of drugs. Public education on the catastrophic effects of drug abuse, aimed particularly at young people, takes place in schools, on television and through courses and pamphlets for teachers and educators.

In our view, however, the vital factor is the atmosphere of the home. Without self-help by families, and above all by parents, we could scarcely confront the problem. I have assumed the patronage of the federation of parents of adolescents exposed or addicted to drugs in order to help these parents in their difficult and self-sacrificing task, to encourage them to make their experience available to others and to give them public support. Of course, not all dangers from outside, and not all temptations insufficiently counteracted by society, can be kept at bay by families. Nevertheless, the power of resistance, self-help and a good atmosphere within the home remain the best starting point from which to improve our mastery of the devastating damage done by narcotic drugs.

In view of my experience of both public campaigns and private self-help to combat the dangers of addiction in my country I anxiously wish and hope that cooperation across national borders will be strengthened and improved. Every national protective measure should be effective beyond the frontiers of its country of origin. It is vital that we in this increasingly interdependent world should help each other.

If all participants agree on the action required and are prepared to help each other, we shall be better able to combat the depressing and difficult problem of drug abuse. I am grateful that the meetings in Washington and Atlanta, Georgia, are affording us the opportunity to exchange views and experiences on this problem, and I should be happy if they were to bring us a significant step forward in our common effort.

Ireland

I. The People

-- Population: 3-1/2 million. Annual growth rate: 1%. Religion: Roman Catholic 94%. Anglican 4%.

-- Major ethnic groups: Celtic and small Anglo-Norman minority.

-- Official language: English, Gaelic

II. History

-- The Irish free state within the British Commonwealth was created by the Anglo-Irish Treaty of 1921. This event also created the partition of the island with the decision by the six predominently Protestant counties of northwest Ulster to remain a part of the United Kingdom and therefore separate from the other 26 overwhelmingly Catholic counties.

-- In 1937, the last link with the British Crown was removed; in 1948 Ireland declared itself a Republic.

-- Ireland's Chief of State is President Patrick J. Hillery, reelected for the second time in 1983. The next presidential elections will take place in 1990.

-- Ireland's parliamentary system of government is presided over by Prime Minister Garret FitzGerald, who leads a coalition of his own Fine Gael party with the Labor party. It is expected that the next parliamentary election will take place in 1987.

III. Economy

-- Ireland has been seriously affected by the worldwide recession.

-- The most serious economic problem is unemployment, which is running about 17%. With one of the youngest populations in Europe - almost 50% under age 25 - this is likely to remain a difficult situation.

-- In the past, the economy was largely agrarian, but now industrial output provides about 35% of GNP due to concerted efforts by successive governments.

-- US investment in Ireland is significant.

IV. Foreign Affairs

-- Ireland is an active member of the United Nations and contributes personnel from its defense force for UN peacekeeping units in the Middle East.

-- Neutrality forms the basis of Ireland's security policy; Ireland was neutral in World War II and refused to join NATO.

-- Ireland joined the European Community in 1973 and is a strong supporter of the ideals of European unity.

V. Ireland and the United States

-- US relations with Ireland are based on common ancestral ties and generally similar values and political views.

-- The US seeks to maintain and strengthen the traditionally cordial relations between the people of the US and Ireland.

-- President Reagan's St. Patrick's Day statements re-affirm US policy regarding the six counties of Ulster, Northern Ireland. The US condemns all acts of terrorism and violence and encourages US job-creating investment on the whole island.

IRELAND

Joan Fitzgerald

Mrs. Fitzgerald is the wife of the Irish Prime Minister (Taoiseach), Dr. Garret Fitzgerald. Dr. Fitzgerald first served as Ireland's Prime Minister from June 1981 until March 1982; he returned to office in December 1982. Mrs. Fitzgerald traveled extensively with her husband when he was Ireland's Foreign Minister (1973-1977) and, as health permits, has continued this practice since he became Prime Minister, including a visit to the White House in March 1984.

Mrs. Fitzgerald lived in Geneva as a child where her aunt was an economist with the League of Nations. She received a bilingual education (English and French) at the Pensionnat Marie Therese in Geneva. She was also educated at the Dominican Convent, Sion Hill, Dublin, and attended University College Dublin, where she was conferred with the degree of bachelor of arts in history, economics and politics and a diploma in social science. Mrs. Fitzgerald met her future husband at a French Society meeting at University College Dublin; they were married in 1947.

The Fitzgeralds have three children: a son who is an economist with the Economic and Social Research Institute, Dublin; a daughter, Mary, who is a lecturer at Crewe and Alsager, College of Higher Education, Cheshire, England; and another son who is a partner in an auctioneering practice in Dublin.

Mrs. Fitzgerald's interests include theology, bridge, travel and classical music.

DRUG ABUSE IN IRELAND AND MEASURES TAKEN TO HALT ITS SPREAD
A PAPER BY MRS. GARRET FITZGERALD

1. The Irish Census of Population 1981 gave the total population of the country (26 counties) as 3,433,405. As a result of the considerable suburban growth of the capital city, Dublin, in recent years, approximately 27% of the population (915,115) now lives in the Greater Dublin area which includes both Dublin City (comprising both Dublin County Borough and Dun Laoghaire County Borough) and the north and south suburban areas.

2. Prior to the 1980's there was little evidence to suggest a serious problem of drug abuse in Ireland although the problem had existed in some degree since the 1960's. However, in the last 4-5 years the level of drug abuse and in particular heroin abuse has increased dramatically and is concentrated mainly in the Dublin area.

   The following figures supplied by the National Drug Advisory and Treatment Centre in Dublin show the number of patients who presented for treatment in each of the years 1980-1984 together with details of those who are treated for heroin abuse.

	1980	1981	1982	1983	1984
Total number of patients	554	800	1307	1514	1454
Numbers abusing heroin	213	427	772	1006	969

   The drug addict almost invariably resorts to crime in order to finance his habit. The following table shows the number of persons charged with drug offences (source: Police Reports on Crime 1980-1983)

	1980	1981	1982	1983
Number of persons charged	991	1256	1594	1822

(Officials figures for 1984 are not yet available)

3. In response to the growing problem the Government set up a Special Governmental Task Force in 1983 in order to devise a comprehensive plan of action to combat it. In recognition of the multi-faceted nature of the problem the Government Departments represented on the Task Force included Health, Education, Justice, Labour (Youth Affairs), Foreign Affairs, Environment and the Revenue Commissioners.

4. The recommendations of the Task Force, which are currently being implemented, cover the areas of Law Enforcement, Treatment Facilities, Education, Youth and Community Work Services and Research. The following is an outline of initiatives which have been taken on foot of the Task Force's recommendations.

(a) LAW ENFORCEMENT

A new Misuse of Drugs Act, 1984 has been introduced. This Act facilitates the easier enforcement of the provisions of an earlier Misuse of Drugs Act 1977 and contains some new provisions.

The Criminal Justice Act, 1984 has been enacted and it provides for extensive amendment of the criminal law and procedure to deal more effectively with serious crime including serious offences under the Misuse of Drugs Act. Additional female police officers have been assigned to the Drugs Unit in Dublin and in the cities of Cork and Limerick as recommended by the Task Force. A more rigorous checking system for applications for passports has also been introduced by the Department of Foreign Affairs.

(b) TREATMENT FACILITIES

The Task Force recognised that the treatment and rehabilitation facilities available for drug abusers are totally inadequate. They recommended that a new purpose built walk in out-patient facility should be provided in the inner city area of Dublin. A Planning Brief for this unit has now been agreed and the next step will be the acquisition of a suitable premises for this facility which should take place in the near future.

Additional funds have been made available to Ireland's only Therapeutic Community to help it meet the increasing demands being made upon its services. The necessary funds have been made available to enable Coolmine Community to expand its existing induction centre in the inner city area of Dublin and establish an induction centre in the suburb of Dun Laoghaire.

The Eastern Health Board which is responsible for the provision of health services in the Dublin and surrounding areas is currently in the process of relocating the

services provided in the north inner city Talbot Day Centre in larger accommodation. The new centre will provide group therapy and counselling services for the 12-16 age group, unmarried mothers and pregnant single girls. Consideration of the need to provide more services for these particular "at risk" groups will be based on the experience in this new centre. In addition the Board has decided to provide a youth development facility, encompassing drug counselling, in the south inner city area of Dublin.

(c) EDUCATION

The introduction of Health Education in schools at both primary and post-primary level is being examined.

The Department of Education in cooperation with the Health Education Bureau which is responsible for promoting healthy lifestyles through education programmes is involved in various projects relating to teacher training and programme development and which are focussed on 'at risk' urban areas.

The Department of Health has made money available to the University of Dublin, Trinity College, to provide a Diploma Course in Addition Studies. This course commenced in January, 1984 and provides specialised training for workers in direct contact with drug abusers and their families. Such workers include social workers, nurses, police and teachers.

(d) YOUTH AND COMMUNITY DEVELOPMENT

We are currently examining, in conjunction with all of the relevant organisations, how the existing youth and community services are integrated at the point of delivery, and how the services might be improved where necessary. As a result of the work of the Task Force, the policy of the Department of Labour has been, insofar as it is possible, to direct the cash distributed to Youth Organisations under the Youth Service Grant Scheme towards those areas identified by the Task Force as being most 'at risk'.

(e) RESEARCH

The Medico-Social Research Board has carried out a number of surveys on specific aspects of the drug problem among adolescents.

The first of these was aimed at quantifying the use of heroin in the Dublin suburb of Dun Laoghaire, to obtain a profile of the heroin user and to compare heroin use in a local authority flats district with that in adjoining housing estates.

The results of the survey show that heroin abuse is mainly concentrated in the 15-24 age group. The level of heroin abuse in this age group was two per cent of those surveyed which is much less than that reported in the Board's earlier survey in the north inner city area of Dublin in 1982-83 (ten per cent of those surveyed).

The purpose of the board's second survey was to establish the distinguishing features between the 90% of those in the 15-24 age group who do not abuse hard drugs and the 10% who decide to abuse drugs in a particular electoral ward in the North inner city area of Dublin (as documented in an earlier report of the Board).

The results confirmed the following features of those most likely to abuse heroin -- lack of friends and outside interests, poor educational record, unemployment, heavy cigarette smoking, frequent brushes with the law, a high level of parental separation and death and a high incidence of drinking as a family problem.

5. New National Co-ordinating Committee on Drug Abuse

In accordance with the recommendations of the Task Force the Minister for Health recently established a National Co-ordinating Committee on Drug Abuse to advise the Government on general issues relating to the prevention and treatment of drug abuse.

INCIDENCE OF ALCOHOLISM IN IRELAND WITH SPECIAL REFERENCE TO YOUNG PEOPLE

It is now accepted that there is a close relationship between alcohol consumption and the extent of alcohol related problems. The World Health Organization estimates that as many as five or six out of every hundred drinkers may develop a dependence on alcohol. On the basis of this formula about 75,000 of the estimated 1.5 million drinkers in the Republic of Ireland will go on to develop alcoholism at some stage in their lives.

Recent reports show that alcoholism and alcoholic psychosis constitute the most frequent cause of admission to psychiatric hospitals accounting for 25.0% of all admissions and 29.3% of first admissions in 1980.

In 1968 there were 2,520 admissions to psychiatric hospitals for the Treatment of Alcoholism in Ireland. There was a steady annual rise in this figure until 1978 and 1980 when 7,158 and 7,021 admissions were recorded respectively.

Of greater concern in recent years is the fact that alcohol abuse has become much more common among young people. The National Council on Alcoholism reports that immoderate cider drinking by young people is particularly prevalent.

Cider is relatively cheap and potent and is easily available for under-age drinkers from supermarkets, off licences, dances and clubs, and up to 4 1/2 gallons may be purchased at one time. The vogue is for a group of young people to have cider parties in fields, laneways and derelict buildings.

Treatment approaches to the problem of alcoholism range from self help in cases where people are able to cope with their drinking problem to counselling, behavioural psychotherapy, or group psychotherapy in cases where the person has a drinking problem but has not developed an alcohol dependence syndrome. In more severe cases the patient may require detoxification or psychological therapy.

There is a wide range of voluntary bodies providing counselling and information services including Alcoholics Anonymous, The Irish National Council on Alcoholism and other family based groups. Treatment facilities are available on both Health Board and private institutions.

Prevention essentially means helping to create the environment which will reduce the likelihood of young people becoming involved in drugs. Obviously a strong family and home influence will have an important bearing on the behaviour of children.

In the area of education significant progress has been made. the Minister for Education has asked the new Curriculum and Examinations Board to examine the introduction of health education in schools at both primary and post-primary level.

Various information seminars aimed at increasing awareness of the problem have been held for teachers and extended training by way of summer courses has been held for smaller groups of teachers who are already engaged in health education, counselling or pastoral care work in schools.

A set of five video films relating to young peoples' lifestyles have also been developed and piloted in a number of schools in 1984. They will be made available shortly on a more general basis.

The Department of Health has also made money available to Trinity College to provide a Diploma Course in Addiction Studies, which commenced in January 1984 and provides specialized training for workers in direct contact with drug abusers and their families. Such workers include social workers, nurses, "gardai" and teachers.

PARENTAL AND COMMUNITY INVOLVEMENT

It is accepted that an integrated approach to prevention should embrace a total community involvement including parents, the school, the youth club and the general community. To that end it is proposed during 1985 in one school catchment area to begin a special project which will be concerned with education about substance abuse/use. It is envisaged that the work will be at a number of levels including the groups aforementioned.

Italy

I. The People

-- Population: 58 million. Annual growth rate: 0.7%. Religion: Roman Catholic; small Protestant and Jewish presences. Ethnic groups: predominantly Italian; small groups of German, French, Slovene, and Albanian-Italians. Language: Italian. Literacy: 98%. Life expectancy: 73 years.

II. Current Politics

-- Governed since August 1983 by a five-party coalition headed by the first Socialist prime minister, Bettino Craxi. Strength of majority parties: 56%; Christian Democrats (DC) 32.9%, Socialists 11.4%, Republicans 5.1%, Social Democrats 4.1%, Liberals 2.9%. Opposition: Communists (PCI) 29.9%, right-wing MSI 6.8%.

-- Craxi government has earned respect for serious efforts against terrorism and organized crime. Results against budget deficits and high unemployment have been mixed.

-- Presence of Western Europe's largest Communist Party conditions Italian politics. PCI surpassed the DC for the first time ever last year (June 1984 Europarliament election). In order to keep PCI (and MSI) excluded, the DC and Socialists plus at least two of the smaller parties must agree to coalition arrangements. Italian politics now in runup to nationwide regional and local elections scheduled for May 12.

III. Economy

-- Workforce: 22 million. Agriculture - 10%, industry and commerce - 30%, services and government - 60%.

-- The sixth largest industrial economy, Italy's is a "transformation economy" dependent on raw materials imports to produce manufactured goods. Modest economic recovery began late 1983, strengthened to about 3% GDP growth in 1984.

-- Large budget deficits, persistent high unemployment (especially among youth), high inflation remain problems. Nonetheless, except for pockets in the south, country present prosperous image. A sizeable underground economy helps.

IV. Foreign Affairs

-- Italy holds Presidency of the European Community during the first half of 1985.

-- For geographic, historic, and commercial reasons Italy has unique orientation toward the Mediterranean and the Middle East. Considers itself a special European interlocutor with regard to that region.

-- Among the staunchest of our NATO partners. President has called Italy an ally second to none.

-- Italian self-respect higher than at any time since the war. Rome carving out an increasingly activist international role, e.g., Middle East peacekeeping, close contacts with parties in the Horn of Africa, follows Latin and Central American developments closely (40% of Argentines are of Italian heritage).

V. Italy and the U.S.

-- Italy highly values American connection. Craxi viewed his March 6 address to Congress as historic benchmark signifying Italy's presence in front rank of Europe.

-- Countries are amicably linked by a network of commercial, cultural, and familial relations. Cooperation against narcotics and terrorism are high points in our official relations. 1983 Craxi visit saw founding of successful Reagan/Craxi Binational Working Group against Narcotics and Organized Crime.

-- In November 1984 astute Italian police work averted apparent bomb plot against Embassy Rome. In same month Italy was first Summit Seven nation to send an experts' team for antiterrorism consultations under new USG program.

ITALY

©

Anna Maria Craxi

The former Anna Maria Moncini has been married to Bettino Craxi since 1959. Her husband became Italy's first Socialist Prime Minister in August 1983. A member of the Socialist Party (PSI) since 1953, Mrs. Craxi has told the Italian press that she fully shares her husband's political, social, and humanistic ideals. She says she participates in as many party meetings and campaign activities as her home responsibilities permit.

Keenly interested in education, Mrs. Craxi is President of the Lombardy Chapter of the Montessori Order. She is also involved in various social efforts, including the fight against cancer and drug abuse. She is a member of the Lombardy Region League for the Rehabilitation of Drug Addicts. Mrs. Craxi is engaged in numerous activities in the field of health care services. She is President of the Dino Ferrari Association, an independent association which operates in the framework of Milan's Unity Hospital on research into the treatment of muscular dystrophy. The Dino Ferrari Association is comparable to the Jerry Lewis Association of the USA, with which it is in contact. She is also President of the Invitation to Life Committee, the objective of which is to collect funds for the purchase of medical equipment. In October 1983 and March 1985 she accompanied her husband on official visits to Washington.

The daughter of a railroad worker, Mrs. Craxi left school to work for an insulation manufacturing company. She met her future husband in 1953 at the home of a mutual friend in Milan. Prime Minister Craxi, who has been a member of Parliament since 1968, commutes between Rome and Milan, where Mrs. Craxi continues to reside with their daughter and son. Their daughter is an assistant producer for a Milan television station; and their son, who is a student of political science, also writes modern and popular music critiques. In October 1984 he was elected secretary of the Milan provincial federation of the PSI youth movement. He and his father enjoy playing the guitar, and the entire family often entertains close friends with guitar playing and singing of folk songs, especially in the Milanese dialect.

ITALIAN STATEMENT FOR THE FIRST LADIES' CONFERENCE

The Italian delegation shares the objectives expressed in documents preparatory to the Conference and, in particular, the commitment to take action:

(a) to curb in every possible way drug traffic internationally and domestically;

(b) to enlarge knowledge and experimentation of detoxicating medical and psychological treatments;

(c) to encourage research activities;

(d) to experiment with new forms of prevention of drug abuse;

(e) to favor all initiatives aimed at rehabilitating drug addicts on the basis of absolute respect for their human rights.

However, the Italian delegation deems it advisable to call the attention of those who will attend the conference to the need not to neglect, in prevention and rehabilitation activities, a powerful factor which hinders liberation from addiction: The so-called "culture of drugs."

In fact, it is undoubtedly correct and useful to know what, how, where, and when to free oneself of organic addiction but as long as one does not know why, psychological dependence will most probably continue to exist and will reappear also in the form of physiological dependence.

From our experience, the use of drugs implies, sooner or later, an acceptance of a new culture and the refusal of the culture of origin with which it is difficult, if not impossible, to continue to live. If by "culture" we mean an aggregate of knowledge, traditions, technical modes of procedure, types of behavior, codes, systematically transmitted and used, characteristics of given social groups, we can well understand how the culture of drugs is a culture that has a great force of attraction also capable of giving (paradoxically) an identity, that of a "drug addict." Many therapeutic experiences show how difficult it is to eliminate psychological and

cultural drug dependence, a dependence which continues to exist long after physiological dependence. The strength and deep-rootedness of this new culture (and of the refusal of the culture of origin) is mostly due to the often strong initiatory character of drug addition. Initiation (which has almost disappeared from today's cultures) is a powerful cohesive force which makes adherence almost sacred and makes it particularly difficult to break away from the group of initiatives.

This subject is one of those which should be borne in mind in connection with prevention and treatment.

Drug addictions can be divided as follows:

1. An acquired organic tolerance of individual consumers;

2. A psychological habit--always in individuals--which tends to assume the form of conditioning (above all, when individual behaviors strengthen one another within a group);

3. A sacral element which, unlike the first two, is neither acquired nor conditioned by specific cultures.

This element is supposed to be responsible for the spontaneous elaboration of rituals, for the tendency towards an ideological approach, and esotericism in consumption procedures.

The difference between the first two elements is clear to all of us. In fact, such difference has today become very important, since we know that in the past, organic drug addition has been over-estimated and that, from a biological point of view, detoxication is almost always possible, even in the case of "heavy drugs." The importance of the third element is, however, less clear which, in our opinion, accounts for so much therapeutic "false success" that did not take into consideration the strength of psychological adherence to a culture.

Rendering our culture "more competitive" with respect to the drug culture should be one of the objectives of those who, like parents' associations, intend to struggle to prevent and reduce the harmful effects of the increasingly widespread use of drugs. We must admit that we often ask drug addicts to embrace again a culture which exerts very little attraction to them. The reasons for such a very low power of attraction are not only to be found in serious lack of affection but also in the social environment of the families of drug addicts which so often appear to be economically and/or socially very poor. If

we cannot grant young people a "vital" world in which adults can show that their actions are consistent with their statements and can examine and understand the reasons for social and personal pedagogic mistakes, we will not succeed in giving our culture power of attraction and in helping drug addicts to abandon completely their culture.

The two following observations are particularly significant:

(a) An increasing understanding of the growth of young people;

(b) Seeking of solutions, even new ones, to improve the emotional and/or social conditions which contributed in turning the young people away from their original culture.

JAMAICA

I. General

- Jamaica is the third largest island in the Caribbean. Its 2.2 million people are primarily of African origin, with a diversity of other groups.

- Religion plays an important part in the life of most Jamaicans. The Anglican church is the largest of the established churches.

- Education is free and compulsory to age 14. Literacy is estimated at about 76% for the population over 15 years old.

II. History

- Jamaica was discovered in 1494 by Christopher Columbus and settled by the Spanish in the early 16th century. Great Britain gained formal possession through the treaty of Madrid in 1670.

- Sugar and slavery--important elements in Jamaica's history and development--made Jamaica one of the most valuable possessions in the world for more than 150 years. Slavery was abolished in 1834.

III. Political

- After a long period of direct British colonial rule, Jamaica begin to achieve local political control in the late 1930's.

- Jamaica attained independence from the United Kingdom in 1962 but has remained a member of the Commonwealth. It has a stable political system backed by sound institutions and strong democratic traditions.

- The British monarch appoints the Governor General on the advice of the Prime Minister. However, executive power is vested in the Cabinet, led by the Prime Minister, who presently is Edward Seaga of the Jamaica Labour Party.

IV. Economic

- Exports $686 million (1983) alumina, bauxite, sugar. Imports $1.2 billion machinery, food, fuels.

- Unemployment, averaging 26.4% in 1983, and shortages of foreign exchange are the most serious economic problems.

- The country's beautiful beaches and scenery make tourism a major source of foreign exchange.

JAMAICA

Marie Elizabeth Seaga

Marie (Mitsy) Constantine married Edward Seaga in 1965; he has been Prime Minister since November 1980. Active in volunteer work, Mrs. Seaga has a special interest in child welfare and supports programs to secure badly needed supplies for hospitals. She serves as patron for several youth and health projects, e.g., the Street Corner Boys' Project (skills training for underprivileged boys), SOS Children's Village (housing and care for needy children), and both Victoria Jubilee and Bustamante Children's Hospitals (providing needed medical equipment and supplies).

Mrs. Seaga was educated at Knox College from 1951 to 1953 and Queen's High School from 1954 to 1962. She won the title of Miss Jamaica in 1964 after she finished school. Mrs. Seaga is widely traveled and usually accompanies her husband on his trips abroad. She speaks Spanish. She enjoys tennis, squash, gardening, flower arranging, sewing, cooking, reading, and playing the piano.

The Seagas have three children—two sons and a daughter between the ages of eight and eighteen, one of whom attends boarding school in Canada.

STATEMENT BY MRS. SEAGA

Drug abuse is a problem of grave international dimensions. It therefore needs the courage and tenacity of will of the entire international community to deal with it.

Jamaica as a member of this community shares the deep concern of all other countries regarding the production, trafficking and abuse of all narcotic drugs, and is resolved in its efforts to control, and hopefully to eradicate, the problem.

To that end, Jamaica has mounted a two-pronged attack: an on-going multifaceted public education program directed to the society as a whole, but aimed in particular at the most vulnerable age groups - our children and young adults; and at the same time a strengthening of security and legal measures so as to maintain the momentum of drug control activities.

I wish to share some of my concerns with you, but I would like, first of all, to give you a brief background to the issue of drug abuse in Jamaica.

Marijuana (ganja) was brought to the Caribbean around 1838 but it was not treated as illegal until 1913 when the Jamaican legislature amended its laws to include marijuana as a prohibited drug in accordance with the 1912 International Opium Convention.

I believe you are aware that to a great extent the culture of a society determines the use of drugs in that society, and that this is perhaps especially true where cross-cultural linkages are present. You also know that marijuana forms a part of the folk culture of many countries in this hemisphere. In my country, marijuana is a part of the herbal therapy and is associated with some religious cults who consider the plant sacred.

Recently in Jamaica one folk medicine use became a medical reality when, after several years of scientific investigation and research, an extract from the marijuana plant was successfully used in the production of an eye-drop for the treatment of glaucoma.

But the medical and scientific use aside, the production and use of marijuana has given great concern to the Government of Jamaica because as in so many other countries its use as a

narcotic substance has increased, and the trafficking in it, as a result of the increased demand in other countries, has created major problems.

In Jamaica, prior to the 1970s, marijuana was the only illegal drug of any significance. Since the early 1970s, however, other drugs have surfaced with disturbing frequency, and since 1980 the government of Jamaica has been firm in its resolve to deal with the problem and has taken several positive initiatives.

In 1981, a Drug Education Committee was established under the Ministry of Health to put into operation a nationwide program on drug abuse - to curtail and eventually eliminate the use of ganja at all levels in the society and to put an end to the use of cocaine and other harmful drugs that have been surfacing. In 1983 the National Council on Drug Abuse under the chairmanship of a cabinet minister, was established to assume responsibility for the development and coordination of a national drug abuse policy. And in 1984, a drug abuse secretariat was set up to enhance the activities of the Council.

The Council has a representative membership drawn from the two major political parties, the churches, the medical and pharmaceutical fields, security forces and service clubs. It has five working committees which cover areas of special concern - public education/information, medical/scientific, epidemiology, security, and legislative.

A documentation center is being established for reference purposes. The medical library of the University of the West Indies has compiled a bibliography of literature which is now available as a start, and a booklet for children, "Dr. Dolittle Speaks About Drugs and Medicines" has been published for free distribution to all schools in the island.

The Jamaican authorities have also been exploring the possibility of drug education program activities in the tourist areas and various promotional and advertising strategies are now being evaluated.

There has also been a recent revision of the Civil Aviation Act to significantly improve the management of aerodromes around the country, and to increase the penalties (by fine or imprisonment) for breaches of both the Civil Aviation Act and the Dangerous Drugs Act.

The principal effort of the amendment to the Civil Aviation Act is to prohibit the unlawful use (which use includes trafficking in ganja) of aerodromes, and to make such use punishable by a maximum fine of $20,000 or imprisonment of three years. The amendment also empowers government, in cases where it has reason to believe that government property is intended to be used for unlawful landing or takeoff to take steps to ensure that the property cannot be used for those purposes.

Jamaica is a party to all the major international conventions on narcotic drugs which have been adopted since the 1912 International Opium Convention. We are party to the 1961 Single Convention on Narcotic Drugs and have consistently and faithfully discharged our obligations under this and the other conventions.

We have also undertaken increased security measures and intensified efforts against the drug trade which have been showing positive results. For the period January 1 - March 31 this year, a total of 800 acres of ganja has been destroyed and some 106,640 lbs of cured ganja seized. This compares with 503 acres destroyed and 80,222 lbs seized in the whole of 1981, and 1,091 acres destroyed and 450,585 lbs seized for the year 1984. In addition 13 aircraft and 15 boats have been seized for illegal drugs between 1981 - 1984. Several aircraft were also seized for illegal entry during that period, and several others were crash-landed and burned.

Improvements to the control measures and preventive strategies continue to take place within the country's financial, manpower, and operational capabilities as well as the intelligence, surveillance and other resource factors which relate to the problem of drug abuse. In this program the Jamaican security forces work closely with the drug enforcement authorities of other countries, and especially with the U.S. Drug Enforcement Administration.

In many countries the problem of drug abuse is not confined to the adult population, but extends to the young people as well. This makes the problem even more severe. Fortunately, in my country, drug abuse among the adolescent population is much less of a problem than in several other countries; but that does not make us any less concerned. In fact, it heightens our sensitivity to the problem for we know that drug abuse can have many serious social implications. We know that it touches every social and economic group; it destroys the physical being, the minds and the souls of those affected, and it divides and ruins families - mothers, fathers,

sisters, brothers, cousins, aunts and uncles, communities - and can, in the end, wreck societies and even nations. In whatever form and at whatever age, drug abuse is a growing menace and can become a dreadful scourge on any society. We therefore have to create and sustain an intense awareness of the problem, and we have to find ways - perhaps new and imaginative ways - of reversing the present trends.

We are told that today's U.S. retail market for drugs exceeds US $100 billion a year. Can the U.S. afford that? Can any country afford that? At the expense of its most valuable asset - its human resources!

I should think not. So what do we do? We must prevent drug abuse, and to prevent drug abuse we need to inform and educate our people, especially our young people.

As women, what is our role? Can we help prevent drug abuse? What can we do? I am sure that we, at this unique international meeting of minds, can try to identify some common factors regarding the problem. We can influence our children, our friends, their children, our communities and our nation. We, with our voice as one, can begin to sound the battle cry, calling for action against this enemy of drug abuse.

Our adolescents and our children are our leaders of tomorrow and beyond. Can we afford to lose them to drug abuse? Can we afford to lose all that our various nations have achieved so far?

I am sure that you will agree with me that the answer is a clear no - we cannot!

We therefore need to reach out to our communities. We need to form a united front dedicated to fighting the problem of drug abuse. We need to create and sustain full public awareness of the dangers of drug abuse and of the consequences for our entire social structure and its relationship to the maintenance of social order, good discipline and continuing development of our nations.

How can we achieve these goals? Perhaps if the international community could come together in a strong cooperative effort to eradicate the problem; if the international community, acting in concert, could find a way to stem the deterioration and by so doing reduce the demand for drugs and the consequent supply of these products, then we can hope to realize that ultimate goal.

For that to be achieved we need creative and dynamic public education programs to continually inform our citizens. But, developing nations such as Jamaica, are extremely limited in their manpower resources and are often unable to develop the sort of high tech training components necessary to execute the various types of programs required. This limitation often retards well-intentioned programs with the result that the desired effect is not achieved.

I should therefore like to propose that on an international scale resource be identified from which an international pool of experts could be financed to undertake lecture tours to help boost public education and public awareness programs of those countries in need of technical assistance. These experts would work as trainers with our education, health and law enforcement officers as well as with youth leaders and leaders of church and community groups who will eventually take over as trainers in their respecting communities and carry out the programs in education and prevention measures as well as in program development.

In my own country, the matter of education is at the forefront of our drug abuse program. The most recent initiative by the government resulted in a J$2.09 million project designed to educate teenagers on the dangers and problems associated with drug abuse. The agreement on the project was signed last month between the Prime Minister, the Rt. Hon. Edward Seaga, and the United Nations Fund for Drug Abuse.

Phase one of this program begins on July 1 of this year and will last for two years. It involves activities aimed at developing and strengthening a team of prevention trainers in health, education, youth, law enforcement, the key service and religious groups, and civic organizations in the country. These persons will in turn serve as trainers, providing a multiplier effect. The second phase will focus on curriculum development and the creation of programs for drug users and will be integrated into the primary health care network and major hospitals throughout the island. This program will set the interorganizational links as it will be executed by our ministries of education and health in cooperation with the National Council on Drug Abuse.

I have in my presentation, given an overview of measures being taken by my country. I have also shared some of my concerns, and I have pointed to some of the needs.