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## JAPAN

### POPULATION, ECONOMY AND GEOGRAPHY

- o Japan is a nation of almost 120 million people with a GNP of over \$1 trillion. It is a very densely populated nation of four main islands and more than 3,000 smaller ones. Four-fifths of the country is mountainous and the climate ranges from sub-tropical on the southernmost island of Okinawa to cool on Hokkaido.
- o Japan is the second leading economic power in the free world and the biggest in Asia.

### HISTORY

- o Traditional Japanese records contain the legend that the empire was founded in 600 B.C. by the Emperor Jimmu. Chinese writing was introduced in A.D. 405 and Buddhism in the sixth century A.D.
- o From A.D. 710 to 1867 Japan was under the nominal rule of the Yamato dynasty, but power was usually held by powerful court nobles, regents or shoguns. After renewed contacts with the West in the 1850's Japan's feudal system was abolished and certain Western institutions, including a Western legal system and constitutional government, were adopted.
- o Wars with China (1894-95) and Russia (1904-05) were fought and Japan gained more territory as a result of WWI. Japan lost all its recently acquired overseas possessions as a result of WW II and signed a peace treaty in 1952.

### MODERN JAPAN

- o The post-war period has been marked by tremendous growth and firm strengthening of the institutions of parliamentary democracy. Japan has proclaimed itself "a member of the West," and is linked to the Western alliance by the US-Japan Mutual Security Treaty.
- o Japanese foreign policy since 1952 has been to promote peace and prosperity for the Japanese people by working closely with the West and through strong support of the United Nations. Japan is the third largest financial contributor to the UN.

- o Japan is the third largest donor of foreign assistance in the world, with a budget of over \$3 billion in 1983. Japan maintains diplomatic ties with almost all independent nations and has been a UN member since 1956.
- o Prime Minister Yasuhiro Nakasone is Japan's fifteenth premier in the post-war era. His Liberal Democratic Party polled 45% of the national vote and won 250 of 511 seats in the Diet's lower house in December 1983 elections.

## STATISTICS

Land: 147,470 sq. miles (slightly smaller than California).

People: 119.9 million people (about five times California's population or roughly half the U.S.'s population). Work force (1981): 57.1 million; 52% trade and services, 35% manufacturing, mining and construction, 10% agriculture, forestry, and fishing, 3% government, 2.7% unemployed. 22% of labor force is unionized.

Economy: GNP (1983): \$1.15 trillion (10% of world GNP; 40% of U.S. GNP). Per Capita GNP (1983): \$9,670. Real GNP growth (1984): 5.3%. Inflation rate (1984): 2.6%. Current account surplus (1984): \$33 billion. Exchange rate (3/85): 260 yen=\$1.

Overall Trade (1983): Exports - \$146.9 billion: 68% machinery and equipment (19% motor vehicles and motorcycles, 5% tape recorders; 4% vessels, 4% office machinery, 4% scientific and optical equipment); 13% metal and metal products (9% iron and steel products); 5% chemicals; 5% textiles. Imports - \$126.4 billion: 47% mineral fuels (36% petroleum and related products, 4% coal); 12% foodstuffs; 8% machinery and equipment; 6% chemicals. Overall trade surplus: \$23.2 billion.

Major trading partners: Exports - Developed countries 52% (29% U.S., 16% Western Europe); 42% Developing countries (24% Southeast Asia, 12% Middle East); 6% Communist Bloc (3% PRC, 2% USSR). Imports - 39% Developed countries (20% U.S., 9% Western Europe); 55% Developing countries (27% Middle East, 22% Southeast Asia); 6% Communist bloc (4% PRC, 1% USSR).

### Trade with the U.S.

Largest overseas market for U.S. exports (\$23.1 billion in 1984) Takes 11% of total U.S. exports. Largest single market for U.S. agricultural exports (\$6.5 billion in 1984). Major farm exports: corn, soybeans, wheat, cotton, fish. Took 68% of U.S. beef and veal exports, 22% of oranges, 40% of chickens, 23% of tobacco, 28% of cotton. Largest foreign market for U.S. chemicals, industrial raw materials, pharmaceuticals and commercial aircraft.

## JAPAN



**Tsutako Nakasone**

Tsutako Nakasone is the wife of Yasuhiro Nakasone, Prime Minister since November 1982. Mrs. Nakasone is a graduate of the Faculty of Japanese Literature at Japan Women's University. She enjoys listening to classical music, reading, and making artificial flowers. She drives her own car. She does not speak English.

The Nakasones have three children and several grandchildren. Their son, a graduate of the Faculty of Commercial Science at Keio University, is currently serving as private secretary to his father. Both daughters are graduates of Japan Women's University—one from the Faculty of Japanese Literature and one from the Faculty of Education. The latter is a former announcer for NHK, Japan's national public broadcasting station.



The First Ladies Conference on Drug Abuse  
Washington, D.C. • Atlanta, Georgia

April 24 - 25, 1985

REMARKS BY MRS. NAKASONE  
ON THE OCCASION OF THE FIRST LADIES CONFERENCE ON DRUG ABUSE

1. I should like to express my deepest respect to Mrs. Reagan, who has been making self-sacrificing efforts to tackle narcotic drug abuse problem, and to all of you who are making special efforts through voluntary activities in this field. I should also like to express my gratitude for being invited to this Conference, together with all of you who have very strong interest in the problem, so that we can think together about this important problem. The outstanding efforts by Mrs. Reagan in this field has been introduced in Japanese television, and we have followed her devoted efforts very closely. I also have had a strong interest in this problem for a long time, and I should like to take this opportunity to briefly touch upon the drug abuse situation in Japan. Drug abuse is a deep-rooted problem also in Japan, and amongst some adults the use of stimulants and cannabis has become increasingly popular. Juvenile use of organic solvent is also a persistent problem, and it is deeply connected to school violence, misdemeanor, and dropping-out from schools.

2. In this regard, I would like to refer to a diary, which I read some years ago, of a father who recorded the struggle between his daughter and her parents over drug abuse. The diary portrays how the sickly young girl of junior high school age suddenly started going out with delinquents and became an organic solvent abuser who refused to go to school and resorted to violence at home. The diary, furthermore, describes the agony that her parents went through in order to make her recover from organic solvent abuse through counseling by specialists on juvenile delinquency. This drama once again made me realize the crucial importance of the role of the family. Also, the fact that this book and its televised version aroused widespread sympathy among parents and children of comparable age indicates that such problems exist in our every day life and that there are quite a few people who are suffering from such problems.

3. Furthermore, we are seeing examples of young people becoming victims of stimulants. Last year, I heard the following story. A girl who was ready to graduate from junior high school was walking through the busiest quarters

of a city when she was stopped by a young man who appeared to be a college student. They had some coffee together at a cafe and became friends. And then, without much thought, she had a shot of stimulant following his enticement. Thereafter, she eventually became a habitual drug taker through her own initiative, and she started to lie to her parents to obtain money from them for the shots. Four months later, she began hearing a voice which told her to die. It was only after she tried to commit suicide that her parents realized their daughter's abuse of stimulants.

4. A home is a place to rest, but it also is a place to educate children to become responsible members of society. I feel it is an important task for the parents to make their children learn the rules of the society and the ability to judge right from wrong which are necessary for the children to fulfill their responsibility as a member of the society.

5. All through the ages, parents have always visioned future societies through their children, and probably will continue to do so. If there is no hope for children, then we cannot expect much from the future society. Not only parents who actually have problems should be exerting their efforts, but parents in general as a united force should tackle the drug problem. Otherwise, we might even be facing the prospect in which not even a single child will be saved, let alone the fact that the drug problem as a social problem will be left unsolved. It is my firm belief that the day when we can eliminate such problems from society is not too far away, if people observe the basic common sense that drugs should be properly used with instructions from doctors and pharmacists, and if all families, united as regional communities, stood up against the common trend of drug abuse. Currently, the drug abuse problem in Japan has not yet become a major social problem. This is because there is a relatively low level of inflow of illegal drugs into Japan; this is partly due to the fact that Japan is an island country. However, if we look at the juvenile age group, there is a trend of gradual increase in the number of drug abusers, and there is no guarantee that this number will not increase dramatically in the future. Based on valuable experience that I will gain through attending this very worthwhile meeting, I should like to join all of you to save not only Japanese children but also all the children of the world from drug abuse problems.





## MALAYSIA

### I. Population

- o The population of Malaysia is approximately 15 million.
- o It is composed of the following ethnic groups; Malay 50%, Chinese, 36%, Indian 10%, other 4%.
- o The population is predominantly Muslim; other religions include Hindu, Buddhist, Confucian, and Christian.

### II. Geography

- o Area; 329,749 square miles or 127,316 square kilometers.
- o Capital: Kuala Lumpur, population 1 million.
- o Other major cities; George Town, Ipoh, Malacca, Johor Baharu, Kuching, Kinabalu
- o Terrain; coastal plains and interior jungle covered mountains; Peninsular Malaysia is separated from East Malaysia in Borneo by 644 km (400mi.) of the South China Sea.
- o Climate: tropical; temperature averaging 24-27 centegrade, or 75-80 farenheit year round with high humidity.

### III. Government

- o Malaysia has a Federal Parliamentary Democracy.
- o There is a constitutional monarch or "Agong" (King) chosen every five years from among the Conference of Rulers (Sultans).
- o The Government is headed by His Excellency Prime Minister Datuk Seri Dr. Mahathir bin Mohamad.
- o The bicameral legislature consists of a 68 member appointed Senate, and a 154 member elected House of Representatives.
- o Subdivisions: There are 13 states and a federal territory (capital). Each state has an assembly and government headed by a Chief Minister. Nine of these states have hereditary rulers, generally titled "Sultan." The remaining four have appointive governors in counterpart positions.
- o Political Parties: the ruling National Front coalition is led by the United Malay National Organization (UMNO).

IV. Economy

- o Malaysia is the world's leading producer of tin, rubber, and palm oil.
- o Other important exports include oil, timber, cocoa, pepper, and pineapples.
- o Important imports include machinery, food, and transport equipment,
- o Major trading partners are Japan, U.S.A., Singapore, and U.K.
- o The production of electronic components and electrical goods has increased dramatically over the last decade. Malaysia is now the world's largest exporter of integrated circuits.

V. Membership in International Organizations

- o Malaysia is a founding member of the Association of Southeast Asian Nations (ASEAN).
- o It is also a member of the United Nations and its specialized agencies including the World Bank, International Monetary Fund, and General Agreement on Tariffs and Trade.
- o Other organizations include the Organization of the Islamic Conference, Commonwealth of Nations, and the Non-aligned Movement.

## MALAYSIA



**Siti Hasmah**

A physician, Dr. Siti Hasmah is the wife of Prime Minister Mahathir Mohamad. She has been involved in medicine and social work for thirty years.

Siti Hasmah Binte Haji Mohd Ali studied at the Faculty of Medicine, University of Malaya (then in Singapore), where she graduated in 1955 as a medical doctor. Upon graduation she served in the government medical service for several years in various capacities, both clinical and administrative. She also has wide experience in rural health work, especially in preventive maternal and child health services. In 1965 she was appointed as the first female medical officer in the field of maternal and child health. In 1974 she was the first female doctor to be appointed as state maternal and child health officer.

Siti Hasmah has also written several papers pertaining to health such as "The Socio-economic and Cultural Factors Associated with Pregnancy, Child-birth and Puerperium in Malaysia" and "The Role of Nurses in Family Planning Services." Dr. Siti Hasmah takes an active part in social and voluntary work and holds various positions in several women's organizations. Among the positions are president of BAKTI (Organization of Wives of Malaysia's Ministers and Deputy Ministers), President of the Girl Guides Association of Malaysia, Patron of the Malaysian Pediatric Association, and Patron of the Pan Pacific and South East Asia Women's Association, Malaysia.

For her services Dr. Siti Hasmah has received several honors and awards. Despite her active participation in the various professional, voluntary, and welfare organizations, she is still able to pursue her hobbies, which are reading and listening to light classical music, and to devote time to her five grown children, who range from 20 to 27 years of age, and two younger adopted children, one of whom is one year old.

Dr. Siti Hasmah has traveled extensively overseas in Asia, Europe, and Africa on official visits with her husband and also to attend conferences. She accompanied her husband on a state visit to Washington in January 1984.



The First Ladies Conference on Drug Abuse  
Washington, D.C. • Atlanta, Georgia

April 24 - 25, 1985

STATEMENT OF DR. SITI HASMAH

The abuse of illicit drugs remains among the most serious problems facing Malaysia today. What originally began as a contained habit of opium and cannabis smoking by the immigrant labour force in the 19th century for therapeutic purposes developed into abuse of hard drugs in the late 1960's.

A total of 104,225 addicts have been identified in Malaysia from 1970 to December 1984. Out of the addict population detected in 1984, it was found that 63.2 percent were in the 20-29 age group and 10.4 percent were below the age of 19. This clearly indicates the persons at risk are the youth of the country, the most precious resource of our nation.

Heroin continues to be the main drug of abuse. As high as 72.0 percent of all persons detected as drug addicts in 1984 were found to have consumed heroin, 15.1 percent were on cannabis, 6.1 percent on opium and 6.9 percent morphine.

The drug abuse problem not only brings with it criminal implications but if left unchecked, would reach epidemic proportions. As the majority of Malaysians are young the misuse of drugs is threatening to sap the energy of the country. As such Malaysia views the problem of drug abuse not merely as a social problem but more urgently as a security problem which threatens the social fabric of the nation and its continued development. It is for this reason that Malaysia has legislated harsh laws to curb the drug menace.

Malaysia is aware that legislation alone is not enough to curb the drug menace. The community must play a major role in the war against drug abuse. It requires every sector, every group in society to play their appropriate role, commensurate with their position in society, expertise and ability to contribute.

In this regard, a nationwide anti-drug campaign was launched in February 1983, to instill awareness in the community on the importance of their role in the prevention and control of the abuse and illicit trafficking of drugs. The campaign is an ongoing and an unrelenting exercise to mobilise the whole nation in the anti-drug effort.

The government together with the community has developed and implemented a number of preventive programs. These programs are aimed at informing the public about the dangers of drug taking, addictions, bringing about attitudinal changes among drug users, potential drug users, parents and community leaders and creating awareness amongst the community on the importance of their role in the war against drugs.

Some of the programs developed and implemented at community level are as follows:

1. Parent-Teacher Associations

Parent-Teacher Associations are found in the schools throughout Malaysia. So far their activities have been confined more to social activities that are school bias and not student bias per se e.g. fund raising for school projects.

Under a new program to be implemented by the school authorities, closer relationship between parents, class teacher and students would be forged. Through this closer rapport we hope to create an atmosphere of care for the child/student.

2. Neighbourhood Counselling Program

This community project was implemented in what is known or accepted as "high risk drug areas", for example, areas of high rise flats. To facilitate this neighbourhood counselling program, drug dependent rehabilitation committees are being set up in such communities. The members of the committee are drawn from community leaders and members of voluntary and civic organizations. They were given training in basic counselling in order to give them more confidence to meet the drug dependents and assist drug dependent rehabilitation officers in aftercare services.

The main responsibility of the committee is to assist the rehabilitation officer in that community to secure training and employment for those drug dependents and ex drug dependents who are undergoing supervision or aftercare.

The committee is also tasked with the responsibility of involving other members of that community to participate in the prevention of drug abuse in that community and in the rehabilitation of drug dependents particularly in regard to their reintegration into society.

3. Old Boy's/Girl's Association

Most secondary schools have what is known as the Old Boy's/Girl's Association or school alumni. These associations are formed by former students of a particular school and are usually headed by an ex-student who has made a success in his/her career. The schools invite these successful ex-students to give lectures/talks on their achievements. The ex-students act as "role model" to the students especially to those who are about to leave school.

4. Panel of Speakers

Panels of speakers have been set up at both state and district levels comprising both government, private sector personnel and private individuals. The speakers are usually professionals/experts in their respective fields. They are invited to give lectures/talks to groups particularly those at risk to acquire the necessary knowledge and awareness so as to increase their ability to cope with the day to day problems of living. The panels of speakers are also given the responsibility to disseminate information on the cause and dangers of drug abuse so that individuals and groups in the community are encouraged to formulate social action programs in the prevention of drug abuse.

5. Anti-Narcotics Operations Rooms

Anti-Narcotics Operations Rooms have been set up throughout the country both at national and state levels. Through these operations rooms the progress of the anti-drug campaign and the activities of the various implementing agencies involved in the effort against drugs at all levels are coordinated. These operation rooms also provide hotline services for members of the public to report on drug abuse and trafficking activities.

At the international level, Malaysia appeals to the world community to truly internationalise the control and prevention of illicit drug use and trafficking. Indeed no country can handle this problem single handed. It requires a serious and concerted effort at the international level by all countries and international agencies concerned.

All nations, especially the major powers, should give their fullest support, cooperation and confidence in order to generate the necessary political will required to eradicate the drug abuse and trafficking problem globally so that the world will be a healthier and cleaner place for our children and the future generations.





## BACKGROUND ON MAURITIUS

### I. Basic Facts

- o Mauritius is a small, densely populated island in the southwest Indian Ocean, approximately 500 miles east of Madagascar.
- o Mauritius has a parliamentary form of government, modeled after that of Great Britain, from whom it gained independence in 1968. It is one of the few functioning democracies in Africa.
- o Mauritius has a multi-racial society, made up of approximately 68% Indians (Hindus and Muslims), 27% Creoles, and small communities of Franco-Mauritians and Chinese.

### II. Political Situation

- o Prime Minister Jugnauth was initially elected Prime Minister in 1982.
- o After his political coalition broke up, new elections were called in 1983 and Jugnauth was returned as Prime Minister. New elections are not due until 1988.

### III. Economic Situation

- o Mauritius is considered a middle-income developing country and has a per capita income of \$1240.
- o Its mixed economy is based on sugar production, tourism, and simple manufactures, including a rapidly growing textile industry.
- o Mauritian exports of sugar to the US have been curtailed recently because of declining US demand, but its textile exports have been growing rapidly.

### IV. US-Mauritian Relations

- o Mauritius follows a moderate, non-aligned foreign policy.
- o Mauritius is actively seeking expanded economic and commercial ties with the US.
- o The US has offered Mauritius \$5 million in economic assistance this year.

March 22, 1985

## MAURITIUS



**Sarojini Jugnauth**

Mrs. Sarojini Jugnauth has served as first lady of Mauritius since her husband, Anerood Jugnauth, became Prime Minister in June 1982.

In addition to her duties as first lady, Mrs. Jugnauth continues her work as a primary school inspector in the Ministry of Education, Arts, and Culture. Previously she worked as a teacher, and then head teacher, at the primary school level in Mauritius.

Educated in Mauritius, Mrs. Jugnauth has traveled extensively in Western Europe, China, and India. She speaks English, French, Hindi, and Mauritian Creole.

This will be the second visit of Mrs. Jugnauth to the United States. She made her first trip in 1984 to attend a special week-long UN Conference in New York on family planning in the Third World. She is a patron of the Mauritius Family Planning Association, which recently celebrated the 25th anniversary of its founding.

The Jugnauths have two children. Their daughter, who was an official of the Mauritius Sugar Industry Research Institute, Ministry of Agriculture, is now in the United Kingdom, where her husband is working as a medical doctor at the University College Hospital in London. Their son is living in London after having completed law school in Great Britain and is now taking his bar final.





## MEXICO

### I. General

- o Area 763,800 sq. mi., about 3 times size of Texas. Capital: Mexico City. Other major cities: Guadalajara, Monterrey. Population (1982 est.): 76 million. Literacy: 74%. Life expectancy: 65.4. Language: Spanish.
- o Advanced Indian civilization before Spanish conquest 1519. Independence proclaimed 1810, republic 1822. Drastic social/economic problems erupted in revolution of 1910. Constitution of 1917, with modifications, in force today.

### II. Political

- o Mexico has maintained political stability under the Institutional Revolutionary Party (PRI) since 1929. Other political parties exist.
- o Centralized government. Dominant executive branch. President serves 6-year term and may not hold office second time. Congress composed of Senate (6-year term) and Chamber of Deputies (3-year term); consecutive re-election prohibited.
- o President Miguel de la Madrid Hurtado elected July 1982, term ends 1988.

### III. Economic

- o GDP \$171 billion (1984 est.). Advanced developing country. \$2220 per capita GDP (1984). Annual growth 3.5% (1984); inflation 60% (1984); unemployment 8.5% (1984).
- o Exports (1984): \$25 billion. Major markets: US, Spain, Japan, UK. Imports (1984): \$11 billion. Major suppliers: US, West Germany, France, Japan.
- o Mexico has taken difficult measures to resolve financial crisis which began in 1982. Signs that measures having desired effect.
- o Vast mineral wealth including petroleum, silver, copper, gold, lead, zinc, natural gas.

## MEXICO



**Paloma Cordero de De La Madrid**

The first lady of Mexico is a woman occupied principally with the care and attention of her family. The remainder of her time is dedicated fully to children, youth, the handicapped, and the elderly. As wife of the Mexican President, Mrs. de la Madrid presides as patroness of the Institute for the Development and Integration of the Family (DIF), an institution constituted of hospitals, child care centers, athletic installations, nutrition centers, and other social assistance entities. She also lends a great deal of assistance to Mexican Government efforts and private institutions in the prevention of narcotics consumption, particularly among young people, including 31 centers for youth integration and two hospital centers specializing in detoxification. In addition, Mrs. de la Madrid is the honorary president of the Mexican Red Cross.

Mrs. de la Madrid was married in 1959 to the current President of Mexico, Miguel de la Madrid, and has five children. Mrs. de la Madrid's favorite pastimes are reading and assorted sports.



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MESSAGE FROM MRS. PALOMA C. DE LA MADRID

I am grateful for the kind invitation that Mrs. Nancy Reagan extended to me early this year to attend the Conference on Drug Abuse hosted by the White House and by PRIDE.

I express this gratitude not only as wife of the President of the United Mexican States, but also as a mother, concerned about the grave problem of teen-age drug addiction, to which all the associations now ready to present the results of their studies and work have devoted such an effort in recent years.

One of the main problems of modern society is the consumption of drugs above and beyond the medicinal or therapeutic uses which some of them may have, and in fact do have. All nations of the world suffer to a greater or lesser degree from this social disease, the origins of which combine factors ranging from the political to the economic and social, and the manifestation of which involves drugs of a wide variety and degree of harmfulness.

We should all take advantage, therefore, of the presence at the PRIDE meeting of two thousand delegates, from thirty countries, because learning about one another's experiences will be useful for us all.

I believe, as I said a moment ago, that the exchange of information about this subject is one of the principal approaches for us to take in order to find solutions applicable in our different countries. It is a fact that society, in some ways, causes juvenile drug addiction.

In my country there is great concern, both in the governmental and social areas, to prevent family disintegration, which in many cases is the cause of teen-age drug addiction; sometimes the young person, desperate and alone, seeks refuge where the line of least resistance takes him. This is why, independently of governmental and political actions which I do not intend to describe at this point, the Mexican government has created an institution which pursues the goal of unification of the family in all aspects. We believe that a united family, with timely and sufficient information, can more readily prevent the phenomena of addiction from appearing among its young. There are also factors of an economic nature which affect the emergence of this trend, but for now I would like to refer to something which is very closely related to the efforts which all of us here present are promoting.

When, at the end of the decade of the 60s and the beginning of the 70s, the incidence of juvenile addiction rose out of control in most of our societies, for reasons now known to us all, Mexico too suffered the influence of this sinister international trend.

Prior to that, drug abuse was restricted to minority groups; but in that epoch it began to spread to other sections of the population, causing a social problem which could not be ignored. In 1970 the first centers for juvenile integration, specializing in prevention and treatment and the rehabilitation of youths who are dependent on drugs or addicted to other toxic substances, were created by the will and decision of mothers concerned, just as all of us are, about the problem. To date, and with the support of the federal government, there exist 31 juvenile integration centers for outpatient consultation and two hospital centers specializing in drug addiction.

In 1972 the Mexican Center for Research into Drug Dependency was created, and in 90% of the nation's medical schools public health, social, preventive and community medicine courses were incorporated, focused on problems of drug dependency and especially addiction of the young.

After 1980 the social assistance programs established were joined by associations of a private nature and agencies and organizations of the federal government in the prevention and treatment of drug dependency. For this purpose, the National System for Integral Development of the Family, the Board of Trustees of which I have the honor to preside over, focuses its activities principally on promoting the social welfare of the family and help to the most economically disadvantaged groups for prevention of drug dependency by means of preliminary orientation, without breaking up social and family unity.

The National Health Program for 1984 to 1988 significantly highlights the program against drug dependency and drug abuse. One of the most recent actions taken by the government was the creation, last February 26, of the National Council against Drug Dependency, the purpose of which is to promote and support initiatives from the public, private and social sectors designed to prevent and combat public health problems caused by drugs.

The capacity for action of those outside the public sector stands out foremost in this struggle. No government effort, no matter how wide its scope, will be sufficient to prevent or to remedy what drug addiction does among our youth. A mobilization of awareness is necessary to orient the service groups

toward a clear understanding of the damage which drugs cause to the future of our countries and the present life of our youngsters.

We can not aspire to unified societies if we do not join in efforts which the government is sponsoring, which we must carry on as mothers, as teachers, as educators, as social leaders. For us to take the egotistical stand which leaves the responsibility for education solely with teachers or organizations specializing in the subject is to give additional inducement to young people to commit mistakes from which perhaps they will never be able to recover.

In this sense, an effort such as these institutions here present are undertaking can not and should not be disregarded by those of us who are doing the same thing, and for identical reasons, in our countries.

This is not the moment to speak about the official task for prosecuting and fighting those who produce and deal in narcotics which my country is developing with energy and intensity. For this there are other forums and other occasions. But what is important is to indicate here that we believe that intelligent and adequate education on the use and abuse of drugs offers real and positive results, and that even though our problem does not reach the dimensions it does in other places, it is only by means of preventive action that the high rates of incidence can be brought down and the low ones prevented from rising.

The task is not easy, we know this, but neither Mexican society nor our authorities have ever turned away from the problem. We are aware of its gravity because it affects the life of future generations and, to a great extent, the destiny of humanity.

Washington, D.C., April 24, 1985





## Norway

### I. The People

-- Population: 4.1 million. Annual growth rate: 0.4%.  
Religion: Evangelical Lutheran (state church - 94%).

-- Major ethnic groups: Germanic (Nordic, Alpine, Baltic) and a racial-cultural minority of 20,000 Lapps.

-- Language: Norwegian (official), Lappish. The literacy rate is 100%. Norway is first in the world in the number of books printed per capita, even though Norwegian is one of the world's smallest language groups.

### II. History

-- The Viking period (9th to 11th centuries) was one of national unification and expansion for Norway. The Norwegian royal line died out in 1319, and Norway entered a period of union with Denmark.

-- In 1814, as a result of the Napoleonic wars, Norway was separated from Denmark and joined with Sweden. The union persisted until 1905, when Sweden recognized Norwegian independence.

-- The Norwegian Government offered the throne of Norway to Danish Prince Carl, who took the name of Haakon VII, harking back to the kings of independent Norway. He reigned until his death in 1957, when he was succeeded by his son, Olav V.

-- Since 1935, Norway has been governed primarily by Labor Party governments. As a result of the 1981 elections, however, the Conservative Party led by Kaare Willoch formed a government with the backing of two other non-socialist parties (the Center Party and the Christian People's Party).

-- The next national elections are scheduled for September 1985. Economic issues (unemployment, for example, and an increasing need for social services, especially health care) are expected to be dominant election themes. Arms Control and national security issues are also likely to arise.

### III. Economy

-- Norway is one of the richest developed countries, with a per capita GNP of \$13,630.

-- Offshore oil and gas resources were discovered in the 1960's, and growth in this sector has contributed significantly to Norway's economic vitality of recent years.

-- Norway's shipping fleet is among the world's largest. Metals, pulp and paper products, chemicals, shipbuilding, and fishing are the most significant traditional industries.

-- Norway's major trading partners are the European Community (EC) countries, its Scandinavian neighbors and the United States. Norway is not a member of the EC.

#### IV. Foreign Affairs

-- Norway was one of the signers of the North Atlantic Treaty in 1949. The experience of being overrun and occupied during World War II was a major influence in the decision to join NATO, and Norway is one of its staunchest supporters.

-- Norway is active in the United Nations and its specialized agencies, and there is a Norwegian battalion in UNIFIL in southern Lebanon. Norway has undertaken humanitarian and development aid efforts with selected Asian and African nations.

#### V. Norway and the U.S.

-- The U.S. and Norway enjoy a long tradition of friendly relations, strengthened by the millions of Norwegian-Americans in the United States.

-- The U.S. follows several issues closely with Norway: Norwegian whaling activities, the aviation relationship, and Norwegian attitudes towards American policy in Central America.

-- The U.S. has also been interested in the development of Norway's oil/gas resources, encouraging their availability on the Continent as a means of avoiding Western European energy dependence on the Soviet Union.

## NORWAY



**Anne Marie Willoch**

A nurse before her marriage to Kare Willoch in 1954, Mrs. Willoch is interested in cancer treatment and children's education. She works part time as a nurse at the hematology laboratory at the Norwegian Radium Hospital. Mrs. Willoch accompanied her husband to the United States last year when Prime Minister Willoch addressed the UN General Assembly.

Mrs. Willoch graduated in 1947 from the Fagerborg College in Oslo. Her hobbies include hiking and cross country skiing. The Willochs have two daughters and a son.



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

DRUG ABUSE IN NORWAY: PROBLEMS AND REMEDIES  
BY ANNE MARIE WILLOCH

In Norway, as elsewhere since the 1960s, drug abuse among young people has been a matter of growing concern. Drug abuse increased dramatically between the mid-1960s and 1973 and reached a new peak around 1980; since then there has been no further increase. It is estimated that out of a population of 4,000,000, Norway has about 100,000 people - 2.5% - who have tried drugs, 15,000 to 20,000 who have used drugs for a certain period of time, and 3,000 to 4,500 actual addicts. There is reason to believe that this stabilization is the result of the policy described below, the purpose of which is both to decrease demand and supply and to provide adequate treatment for those already unfortunate enough to be addicted.

The demand for drugs is first of all determined by attitudes. The public authorities have therefore laid great emphasis on massive anti-narcotic programs in elementary and secondary schools, youth organizations and the media, informing young people of the great dangers involved in using drugs.

Special emphasis has been put on affirmative action to encourage an active attitude against abuse and in favor of positive values. The highest risk group in society, i.e. urban youth from poor or broken homes, and unskilled school dropouts, must be given special attention. In addition, general economic and social policy has to be directed so that this high risk group does not increase in number. This may be accomplished through job-training programs and other social support system.

As far as supply is concerned through customs and police control, Norway has endeavored, with a reasonable degree of success, to prohibit the import and sale of illegal drugs. Drugs necessary for medical purposes are strictly regulated. Because the Norwegian society regards drug abuse with particular abhorrence, drug smuggling and selling are on the whole punished relatively more severely than other crimes.

However, despite our efforts to prevent drug abuse by influencing attitudes and eliminating the supply, Norway today has an estimated 3,000 to 4,500 addicts. Statistically this may seem insignificant, but as individuals they are people in desperate need of help, who may represent a threat to society.

A basic approach in all treatment is an active identification of those needing help.

As a part of this effort I would specifically like to mention a measure which does not seem to be well known in other parts of the world. So-called "field work sections" have been set up in a number of towns and villages in Norway. The employees, most of whom are social workers, are responsible for tracking down drug abusers. In Norway this is mostly a question of sniffers, hash smokers and heroin addicts. Patrols of two seek out places where abusers are known to gather, in order to talk to and get to know the young people. An attempt is made to gain the confidence of the young people in order to be in a better position to help them through alternative programmes. If immediate assistance is called for, the young people may, for instance, be offered food, bathing and laundry facilities and a bed for the night on the field work section's premises. The next day it is easier to motivate the young people to accept help from a differentiated social apparatus. Another goal of the field work programme is to acquaint the young people with this social apparatus so that they themselves can seek help directly. This is not just a question of young people who have alcohol and/or drug problems, but also of those having difficulties for other reasons, such as "drifters". It is important that the police not be involved in this aspect of the campaign against drug abuse. This approach is a natural part of the relationship of mutual trust between the social workers and the clientele.

The main treatment centers are regional psychiatric institutions, where interdisciplinary outreach teams provide ambulatory services, job training and education. In addition, there are non-traditional "alternative" institutions called concept houses. These are farm communes where addicts are placed, along with resource persons, to live and work. these projects have proven to be both successful and useful.

In conclusion, we may say that, at the present time, there does not seem to be an increase in the general abuse of drugs in Norway. This is possibly due in part to the strong feeling among the population that drug use is morally wrong. The majority of young people clearly have a negative attitude towards drugs, and this attitude is most evident among the youngest. This relatively fortunate situation must not lead to complacency, however. We shall have to continue our efforts with a balanced approach between affirmative action such as influencing attitudes and altering the social environment on the one hand, and deterrent action such as law enforcement on the other. Therefore, much still lies ahead and to accomplish it we shall need the cooperation of the international community, national and local authorities, voluntary agencies and, above all, parents. We are all allies in this fight for our children and for the generations of children to come.





## Pakistan

### I. The People

-- Population: 96 million. Annual growth rate: 2.8%.  
Religion: 97% Muslim. There are small minorities of  
Christians, Hindus, and others.

-- Major ethnic groups: Punjabi, Sindhi, Pathan and  
Baluchi; Punjabis account for 55% of the population.

-- Language: Urdu is the official language. English,  
Punjabi, Sindhi, Pushtu, and Baluchi, plus numerous  
sub-dialects, are also spoken. The literacy rate is 24%,  
higher for men, lower for women.

### II. History

-- Pakistan was conceived as an independent homeland for  
South Asian Muslims to be carved from British India on the  
basis of Muslim majority districts. Pakistan became a  
self-governing nation in 1947, and although there was  
considerable movement of population, nearly 100 million  
Muslims remain in India.

-- Pakistan originally embraced West Pakistan and East  
Pakistan. The latter became the independent nation of  
Bangladesh in 1971, and what was known as West Pakistan  
emerged simply as Pakistan.

-- General Zia-ul-Haq, a Punjabi, became Chief Martial Law  
Administrator in 1977 after the Pakistan army stepped in to  
quell civil disorder which followed elections that year.  
General Zia assumed the additional title of President in  
1978. He remains Army Chief, and is a graduate of the U.S.  
Army Command and General Staff School at Fort Leavenworth.

-- Zia-ul-Haq's Presidency was extended for a five-year  
period through a referendum on December 19, 1984. National  
elections were held in February 1985 as Pakistan took steps  
toward more representative government.

### III. Economy

-- Economic growth has averaged 6 percent annually since  
1977. Inflation has been single digit, and tight fiscal  
policies have kept budget deficits moderate.

-- Agriculture accounts for 30% of total economic output  
employing more than 50% of the work force. Major crops are  
cotton, wheat and rice.

-- Key Pakistani exports are cotton and textiles. The major foreign exchange earner for Pakistan is remittances by the more than two million Pakistanis working in the Middle East.

-- The U.S. is Pakistan's second leading trading partner.

#### IV. Foreign Affairs

-- Pakistan's relations with India reflect the centuries old rivalry and suspicions between Muslims and Hindus on the sub-continent.

-- While relations remain strained, both Prime Minister Rajiv Gandhi of India and President Zia have expressed their desire for improved ties.

-- Pakistan is an active member of the Non-Aligned Movement and the Organization of Islamic Countries.

-- The Soviet invasion of Afghanistan has introduced a destabilizing force into the region. Pakistan has moved to modernize its defense capabilities in the face of the Soviet threat.

#### V. Pakistan and the U.S.

-- The U.S. supports Pakistan's security against the Soviet threat through a \$3.2 billion five year military and economic assistance program begun in 1982.

-- The U.S. has also provided more than \$400 million since 1980 to support the worldwide effort to aid the 2-3 million Afghan refugees which Pakistan has so generously hosted.

-- The U.S. and Pakistan have a common interest in seeing peace and stability maintained in South Asia. We both seek a just and peaceful solution to the crisis brought on by the Soviet invasion of Afghanistan.

## PAKISTAN



**Shafiq Zia-ul-Haq**

Shafiq Zia-ul-Haq, while devoting most of her time to her home and family, maintains an active public schedule, holding frequent audiences, inaugurating women's clinics, and visiting vocational training centers. She is also involved in establishing rehabilitation and training centers for Pakistan's handicapped children. She has supported her husband's introduction of an Islamic system of government in Pakistan. Begum Zia was born in what is now Uganda, where her father, an Indian, practiced medicine. She has traveled to the Middle East, China, Western Europe, and Southeast Asia and has made several visits to the United States. The Zias have four grown children—two sons and two daughters—as well as a younger daughter.



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MESSAGE FROM BEGUM SHAFIQ ZIA

The hosting of the two days First Ladies Conference by Mrs. Nancy Reagan constitutes a noble response to the national needs and reflects a deeply felt concern for the dangers of drug abuse to the international community. It demonstrates her commitment to the alleviation of its harmful effects and eventual eradication. It is my sincere hope that this Conference will be remembered as a major event in the worldwide struggle against drug addiction. It provides us with a unique opportunity to address a phenomenon which wrecks the human soul, distorts social behaviour and renders a large number of individuals dysfunctional in society.

The increasing incidence of drug abuse has emerged as a major threat to stable family relationships, to the cohesion of society and health of the individual. Drug abuse also produces social crisis and moral decay. It corrodes physical strength, breeds inertia and listlessness, renders a person progressively unfit for work and leads to disorderly behaviour and violent crimes. I am confident that the First Ladies Conference will go a long way towards creating a sense of awareness in all countries of the world about the pernicious effects of drug abuse. It will also encourage the active participation of the international community in programmes aimed at combating the growing menace of drug addiction.

Today Pakistan like many other countries is facing a serious and complex situation in the sphere of narcotics production, processing, trafficking and abuse. There are about 1,300,000 regular drug abusers estimated to be living in Pakistan. The major drugs abused include opium, heroin cannabis (hashish), methaqualone (Mandrax) and psychotropic substances. The abusers fall within the age group of 15 to 35 years. Expenditures on drug abuse are a burden on the abuser and his family. It affects the education, health, and socio-economic welfare of children and the entire family. Drug abuse and unemployment leading to crime are positively correlated. Pakistan being a developing country, can hardly afford the indulgence of our young people in a degenerating, wasteful, unproductive, hazardous, and demoralizing phenomenon.

The Government of Pakistan is fully aware of the magnitude, complexity and ramifications of drug abuse as well as the repercussions of illicit trade of narcotics to various

parts of world particular the United States. The multi-dimensional aspects of the problem including production, processing, illicit trade, increased use and impact on our society are in the focus of government policy. In order to control the production of narcotics in source areas, interdiction of trafficking, reduction in the demand for drugs and prevention of abuse, a number of steps have been taken which have yielded positive results.

The Government has intensified its drive against drug abuse and stringent measures have been taken in this direction which include:

- The production of opium has been reduced from 800 metric tonnes in 1979 to 44 metric tonnes in 1983. In 1985 estimated production is about 20 metric tonnes and it is expected to be eliminated totally in the near future.
- The thrust of the narcotics law enforcement has been intensified and geared up to interdict narcotics trafficking at source areas.
- During the year 1983-84, 45 heroin processing laboratories were smashed in the source areas bordering Afghanistan.
- The narcotics laws of the country have been amended to provide stringent punishment to traffickers/peddlers of drugs particularly of heroin. The maximum punishment has been raised to life imprisonment.

It has been considered a matter of high priority to educate the nation regarding the adverse effects of drug abuse. Various programmes have been launched through the national television network, radio, newspapers and stickers to heighten awareness about the fatal effect of drug abuse. Conferences, seminars, symposia, public meetings, and group discussions in educational institutions are being organized all over the country to elicit public support in containing and preventing drug abuse. The non-governmental organizations (NGOs), private medical practitioners, social workers, religious leaders and village elders are actively participating in the drug abuse preventive measures through family intervention and community action programmes.

In view of the increasing drug abuse, particularly of heroin and cannabis (hashish), the Government has promptly reacted to the need for treatment and rehabilitation of drug dependent persons to reduce demand for drugs. In a period of three years (1982-84) 26 treatment and rehabilitation centres have been established all over the country. These centres are engaged in the fight against this menace and have weaned away about 27,000 addicts from habitual use of drugs.

Pakistan shares with the rest of the world a deepening concern over the increasing frequency of illicit manufacturing and smuggling of drugs and is extending full cooperation to the international elimination of production, processing, trafficking and consumption of drugs. We look forward to a drug abuse free society inside the country and indeed everywhere in the world and we are determined and dedicated to cooperate with all individuals and nations to achieve this objective. We are actively cooperating with a number of governments notably with the United States and with international organizations to undertake a whole range of programmes to eradicate the production and suppress the trafficking of narcotics.

The policy being pursued firmly by the Government of Pakistan is based on the conviction that a global concerted effort must be made through unreserved and wholehearted collaboration among all nations to eliminate the scourge of drug abuse. The government is determined to eradicate the drug menace at all levels and in all areas. The President is personally committed to this policy. In a recent statement, he reaffirmed that the government would not bargain or compromise in exercising this policy and had decided to weed out narcotics from every nook and corner at all cost.

I wish the conference every success which, I am sure will give impetus to our collective efforts aimed at a drug abuse free world and help to rehabilitate its unfortunate victims.