



COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE SIXTEENTH MEETING

Palais des Nations, Geneva  
Wednesday, 19 May 1965, at 2.30 p.m.

CHAIRMAN: Dr A. L. MUDALIAR (India)

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Note: Corrections to these provisional minutes should reach the Chief Editor, Official Records, World Health Organization, Palais des Nations, Geneva, Switzerland, before 9 July 1965.

1. PARTICIPATION OF WHO IN A WORLD RESEARCH AGENCY FOR CANCER: Item 2.6.2 of the Agenda (Resolutions WHA17.49 and EB35.R36, Official Records No. 135, Annex 14, A18/P&B/11) (continued)

The CHAIRMAN drew attention to the revised draft resolution (A18/P&B/Conf.Doc. No. 21) that had been submitted to replace that appearing in document A18/P&B/11 and reading as follows:

The Eighteenth World Health Assembly,

Cognizant of Article 18 of the Constitution which provides, inter alia, that one of the functions of the Health Assembly shall be to establish such other institutions as it may consider desirable with a view to promoting and carrying on research;

Considering that the Governments of the Federal Republic of Germany, France, Italy, the United Kingdom of Great Britain and Northern Ireland and the United States of America have agreed to sponsor the creation of and to participate in the functioning of an International Agency for Research on Cancer in accordance with the provisions of its Statute;

Considering that many governments have expressed their interest in the creation of such an agency; and

Considering resolution WHA17.49 of the Seventeenth World Health Assembly

DECIDES to establish an International Agency for Research on Cancer which shall carry on its functions in accordance with the provisions of its Statute.

Dr EVANG (Norway) said that he had suggested an amendment<sup>1</sup> to the operative part of the revised draft resolution, had asked questions and had not been satisfied

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<sup>1</sup> The amendment suggested by the delegation of Norway (A18/P&B/Conf.Doc. No. 22) read as follows:

Delete the operative paragraph and replace by the following:

"REQUESTS the Director-General to study the matter further with the aim of reaching a more satisfactory solution than that outlined in the present Statute in regard to the financing of this important task, and also in regard to the relationship between WHO, the International Agency for Research on Cancer and the International Union against Cancer, and to report on the subject to the Nineteenth World Health Assembly."

by the answers. The Director-General, however, had said that no technical nor administrative difficulties would be caused by the original draft resolution, and so he would withdraw his amendment.

Professor AUJALEU (France) said that he must thank the Norwegian delegate for withdrawing his amendment. The revised version of the draft resolution, which had been agreed among the original sponsors and several other delegations, differed slightly from the original version. In the French version there might be some distinction to be drawn between the word "établir" and "créer" and the Director-General had asked that the former should be used. He was not entirely sure that there really was any difference.

The DEPUTY DIRECTOR-GENERAL said that in Article 18 of the WHO Constitution, the English text used the word "establish" and the French text the word "créer".

Decision: The revised draft resolution was approved.

Dr DELAFRESNAYE (International Union against Cancer), speaking at the invitation of the Chairman, said that he wished to assure the Committee that his organization was very willing to collaborate with the new Agency. He had noted with appreciation the references to his organization made by delegates, and the remarks concerning it by the Director-General. The Union had followed closely the development of the project from the original idea of an intensive support for cancer research to the adoption of the draft resolution, which still left many problems open. He could not hide his disappointment at the course of events, since the projects relating to the

new centre, or proposed for it, were already being undertaken by existing organizations, or, at the very least, existed in embryo in their current programmes.

His own organization's position had been expounded at the Seventeenth World Health Assembly, and at the most recent session of the Executive Board. But as WHO had decided to establish a World Research Agency for Cancer, the past might be forgotten and the future must be faced. During the discussion there had been a great deal of talk about connecting the new agency with WHO, but very little had been said about co-operation with the International Union against Cancer, which had been in existence for over thirty years, and had members in sixty-seven countries, and had a great deal of experience in cancer research and control, which granted well-endowed fellowships in cancer research, and spent about twice as much as WHO on cancer. It was to be hoped that it would be possible to find some official mechanism for liaison between the Union and the new agency to exploit valuable resources to the utmost. In the meantime, he would take note of the Director-General's statement and the Committee might rest assured that the Union would collaborate informally as closely as possible.

The Director-General had been accused of being a dreamer, and he himself had added that his dreams were sometimes nightmares. It was to be hoped that the Union and WHO might dream together that the difficulties would finally be overcome and the agency just established would become a keystone in the fight against cancer. Indeed, it was to be hoped that the time would soon come when it would be able to support basic research. In fact, the Union would do all it could to make the dream a reality.

2. DECISIONS OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND THE INTERNATIONAL ATOMIC ENERGY AGENCY AFFECTING WHO'S ACTIVITIES (PROGRAMME MATTERS): Item 2.12 of the Agenda (Resolutions EB35.R31, EB35.R32, EB35.R33; Documents A18/P&B/3 and Corr.1 and Add.1, A18/P&B/4) (continued)

At the request of the CHAIRMAN, Dr HAPPI (Cameroon), Rapporteur, introduced a revised version of the draft resolution originally contained in document A18/P&B/3, as follows:

The Eighteenth World Health Assembly,

Having considered the Report of the Director-General on decisions of the United Nations, specialized agencies and IAEA on matters affecting WHO's activities (programme matters);

Recalling resolution WHA17.20 concerning large-scale development programmes,

1. NOTES the Report of the Director-General;
2. REITERATES the importance of governments giving special attention to the health implications of large-scale development programmes; and
3. EXPRESSES its satisfaction with the harmonious co-operation and effective collaboration with UNICEF.

Decision: The draft resolution was unanimously approved.

Single Convention on Narcotic Drugs, 1961

Dr KENNEDY (New Zealand) introduced the draft resolution proposed by the delegations of Canada, New Zealand, Peru and Trinidad and Tobago, reading as follows:

The Eighteenth World Health Assembly,

Having considered the report of the Director-General and resolution EB35.R33 adopted by the Executive Board at its thirty-fifth session concerning the Single Convention on Narcotic Drugs, 1961;

Noting resolution WHA7.6 and in particular its paragraph 3;

Noting the recent entry into force of that Convention and the ensuing changes in respect of the functions assigned to the World Health Organization; and

Believing that the effective application of the Single Convention on Narcotic Drugs, 1961, requires its accession by all Members of the Organization,

1. AUTHORIZES the Director-General

(a) to consult with the United Nations organs for narcotic control on the desirability of amending Article 3 of the Single Convention to the effect that decisions on the control status of drugs will be taken by the World Health Organization, and to report to the Health Assembly on the result of such consultation; and meanwhile

(b) to continue to forward to the Secretary-General of the United Nations such notifications as WHO is called upon to make under the Single Convention on Narcotic Drugs, 1961; and

2. URGES Member States not yet parties to the Single Convention to take the necessary steps to accede to this convention and thereby progressively to ensure the universality of its application.

He said that the essential differences between the draft resolution before the Committee and the Executive Board's resolution EB35.R33 were contained in paragraph 1(a), the last paragraph of the preamble, and paragraph 2.

The reasons underlying the additions were straightforward. Under the nine previous narcotics conventions, dating from 1912 to 1953, WHO had been authorized to decide whether any drug should be placed under international control. Under the Single Convention, the decision had been given to the United Nations Commission on Narcotic Drugs, acting in accordance with the recommendations received from WHO. That change, made by the plenipotentiary conference that had adopted the Single Convention, appeared to have been motivated by theoretical legal considerations - by the desirability of concentrating all legislative functions in a single body, since it was unthinkable that the Commission on Narcotic Drugs would not take WHO's advice. However, the new situation caused some practical difficulties and also raised a question of principle. The Commission met only once a year, so that there was likely to be delay in placing a drug under control which might be of some disadvantage to public health. The Director-General of WHO, however, could, if empowered to do so, act at any time.

The question of principle was whether a decision to place drugs under control was not a matter of public health which came within the scope of WHO. In fact, at the plenipotentiary conference which had adopted the Single Convention, the representative of the Secretary-General of the United Nations had declared that the old system had worked well and that the United Nations Secretariat saw no reason why WHO should not remain authorized to take the decision of placing drugs under control.

It was evident that the question whether the Single Convention should restore WHO's former rights could be decided only after careful study of the various interests involved and by general consent. The Single Convention authorized the Economic and Social Council to amend the treaty without calling a plenipotentiary conference if no party objected. It would therefore be useful to consult the control bodies concerned, in particular the Commission on Narcotic Drugs, the Permanent Central Opium Board and the Drug Supervisory Body, to establish all aspects of the problem and to ascertain whether general agreement could be obtained on the change in the Convention.

The DEPUTY DIRECTOR-GENERAL said that the New Zealand delegate had explained the situation better than anybody in the Secretariat could have done when he had given the reason why it would be desirable to ensure the correction of the state of affairs described in document A18/P&B/3 Add.1, paragraph 3; for although WHO's position had been improved to a certain extent by the Single Convention, it was more restricted owing to the fact that the power of final decision no longer belonged to it. The New Zealand delegate's proposal seemed useful, adequate and entirely proper to the Secretariat.

Dr SADUSK (United States of America) said that the United States delegation supported operative paragraph 1 of the draft resolution; but since it had opposed the Single Convention and was not a party to it, it could not support operative paragraph 2 and therefore suggested its deletion.

He asked whether it was correct that apart from the functions related to the Single Convention, WHO would continue to perform the functions which it had performed under the earlier narcotics conventions.

The DEPUTY DIRECTOR-GENERAL said that that was so.

Dr LAYTON (Canada) said that he was reluctant to disagree with the United States proposal for the deletion of operative paragraph 2, but he felt that the problem it dealt with was important. The Single Convention had already been ratified and was in force. The more countries that ratified it, the easier it would be to enforce it. He therefore proposed that operative paragraph 2 and the preambular paragraph relating to it should be retained.

Dr AL-WAHBI (Iraq) said that his country had already acceded to the Single Convention; his delegation supported both operative paragraph 1 - which was aimed at restoring to WHO, as the technically competent organization, the authority to decide, and not merely to recommend, on the control status of a drug - and operative paragraph 2, which had been included merely for the sake of universality.

The CHAIRMAN put to the vote the United States proposal to delete operative paragraph 2.

Decision: The United States proposal was rejected by 56 votes to 1 with 3 abstentions.

The CHAIRMAN asked the Committee whether it approved the draft resolution as presented.

Decision: The draft resolution was approved.

Dr SADUSK (United States of America) said that his delegation abstained from voting on the resolution as a whole.

Control measures for certain dependence-producing drugs

The CHAIRMAN requested the delegate of Sweden to introduce the draft resolution, on the subject of control measures for certain dependence-producing drugs, that had been presented by the delegations of Denmark, Finland, Iceland, Luxembourg, Norway and Sweden.

The draft resolution read as follows:

The Eighteenth World Health Assembly,

Recalling that international narcotics control has been operating successfully for several decades;

Noting with great concern the increasing frequency of abuse of sedatives or stimulants not classified internationally as narcotic drugs, as has also been stated by the United Nations Commission on Narcotic Drugs, and being aware of the epidemic-like spreading of this abuse particularly among young persons in certain countries;

Referring to the repeated recommendations of the WHO Expert Committee on Dependence-Producing Drugs concerning the need for control of certain sedatives and stimulants;

Convinced that an important factor in fighting the abuse of narcotics and other dependence-producing drugs is the limitation, by means of international conventions, of their availability for legitimate medical purposes only; and

Realizing that national efforts to control this health problem are often insufficient,

REQUESTS the Director-General:

- (1) to transmit to the Secretary-General of the United Nations the opinion of the World Health Assembly that international action is desirable in regard to the control of widely abused sedatives, stimulants and other drugs, with a view to having them placed on medical prescription; and
- (2) to promote further research into the epidemiology of drug dependence.

Dr ENGEL (Sweden) said that he had spoken on the substance of the draft resolution at the eighth meeting of the Committee on 14 May.

The six sponsors were putting forward the draft resolution jointly, but the original proposal had come from the Swedish delegation because Sweden was the country which suffered most from the problem with which it dealt. Sweden had done everything it could to limit the use of the groups of drugs dealt with in the draft resolution, which were not internationally classified as narcotics, and had long required a prescription for them. They could, however, be procured outside Sweden and accordingly an illicit traffic in them had developed, which was a matter of great concern to the health and police authorities. Public opinion in Sweden was very much disturbed. His Government had instructed him to do his utmost to find a means by which international action could be taken. There were two possible channels - the United Nations, in particular the Commission on Narcotic Drugs, and WHO. He had consulted the Secretariat and its legal advisers at length on methods

of approach to the problem and the wording of the operative part of the draft resolution reflected the results of those consultations. All delegations should be able to agree to operative paragraph (2), for research into the epidemiology of drug dependence was a prime consideration, and it had been little studied. As to operative paragraph (1), he had thought it wise to leave the matter in the hands of the Director-General of WHO after consultation with the Secretary-General of the United Nations.

Some delegations had asked him what need there was for international co-operation. If every country took the same action as Sweden had done, drug dependence could be fought successfully; but impetus from the United Nations and WHO was required.

When the matter had first been referred to at the eighth meeting, the delegate of New Zealand had asked for further details about the international action proposed. Sweden would wish to see the amphetamine group of drugs brought under regular control in the same way as the narcotic drugs, and the same should be possible with the barbiturates and other stimulant and sedative drugs. On the other hand, the New Zealand delegation had quite rightly stressed the need for Member States to fulfil their responsibilities through their national health administrations. He had been most interested to hear from the delegate of Pakistan that cases of haemolytic anaemia had been detected which might be due to the abuse of such drugs, since in Sweden epidemics of serum hepatitis had been discovered, introduced by the common use of a syringe by gangs of juvenile delinquents.

Dr SADUSK (United States of America) said that his delegation commended the sponsors of the draft resolution for their interest and concern, but considered that it would be better, from a practical point of view, to effect the control of the dependence-producing drugs concerned on a national basis. In the United States such

drugs could be obtained only on prescription. Congress was considering strict legislation on their manufacture and distribution and if it was enacted there would be a strict control from manufacturer to pharmacist. Since control would, for the present at least, be far more effective at the national level, the United States delegation, together with the New Zealand delegation, was introducing an amendment to the draft resolution proposed by the six delegations. It was to replace the operative paragraph as follows:

1. RECOMMENDS that campaigns be undertaken with the assistance of appropriate bodies to convince doctors and governments that control of widely abused sedatives and stimulants, such as barbiturates, tranquillizers and amphetamines, is desirable;
2. RECOMMENDS that Member States which have not already done so place such drugs on medical prescription;
3. RECOMMENDS the promotion of further research into the epidemiology of drug dependence; and
4. REQUESTS the Director-General to study the advisability and feasibility of international measures for control of sedatives and stimulants.

Dr DAELEN (Federal Republic of Germany) said that increased consumption of sedatives and stimulants had also been detected in the Federal Republic and her delegation agreed that abuse might lead to a danger of dependence. She was convinced that to place such drugs on prescription would decrease consumption. In her country most of them were already subject to that regulation, and extension of abuse of dependence-producing drugs had been prevented by that means. Her delegation doubted whether international action was necessary or useful, but if the Committee as a whole felt that it was required, would offer no objection.

Mr COLY (Senegal) said that unfortunately the problem had already arisen in his country, although it was still a developing country. There seemed to be no inconsistency between international action, rightly advocated by delegates of countries which had already done all they could by national legislation and had noted the inefficacy of such measures owing to the lack of concerted international measures and national action to strengthen or even to precede any international action. Accordingly, before he had heard the amendment presented by the delegation of the United States of America, he had himself drafted an amendment consisting of a new paragraph to be added to the operative part of the draft resolution proposed by the six delegations. It read:

"RECOMMENDS to Member States to take or strengthen steps to control and limit the use of sedatives, stimulants and other drugs that are being abused".

The DEPUTY DIRECTOR-GENERAL observed that everyone was agreed on the need for some action which was shown by the fact that no change had been suggested to the preamble, but from the point of view of the Secretariat the matter raised in the operative part was most delicate. It had also been discussed at length at the plenipotentiary conference on the Single Convention and the Commission on Narcotic Drugs. The question might be raised again in that commission.

The first matter to be decided was what was feasible. If the Single Convention was invoked the question was to which scheme of control the substances in question should be subjected. The Secretariat would prefer the United States amendment, because it gave the Director-General time to examine the matter before he transmitted any opinion to the United Nations.

Dr LAYTON (Canada) said that on the whole his delegation could support the United States amendment, but was somewhat dubious about the first part of operative paragraph 1, particularly about campaigns to convince doctors. The paragraph might be redrafted

to read:

"CONCLUDES that control of widely abused sedatives and stimulants, such as barbiturates, tranquillizers and amphetamines is desirable".

Dr AHMETELY (Union of Soviet Socialist Republics) said that the discussion had convinced him that the problem was a social one that could not be solved by medical or police measures.

He again expressed his disagreement with the new term "dependence-producing", which seemed a step backward, in that it tended to "rehabilitate" a most unfortunate phenomenon that was occurring ever more frequently.

His delegation was somewhat sceptical about the draft resolution of the six delegations. The United States amendment was no great improvement. He did not see what WHO could do except to intensify health education and its appeals to governments to deal with the problem internally. His delegation would therefore abstain from voting on either the draft resolution or the United States amendment.

Dr KENNEDY (New Zealand) said that he supported the United States amendment, the essence of which was to enable the Director-General to study the advisability and feasibility of measures for control rather than to place the matter immediately before the Secretary-General of the United Nations. The narcotics control system was extremely complicated; it ran through every stage from manufacture to prescription, and required governments to make returns of the quantities of narcotic drugs involved in the licit traffic; and the advisability and feasibility of applying a similar system to sedatives and stimulants, enormous quantities of which were involved, required study. It was his understanding that in the United States amendment, medical prescriptions included veterinary prescriptions.

Dr WILLIAMS (United States of America) said that his delegation accepted the Canadian amendment and concurred in what the Deputy Director-General had said. His delegation was interested in international action but considered that the Director-General required more time for study of the details of what form such action should take before he approached the Secretary-General of the United Nations.

Dr AUJOULAT (France) said that of the three proposals before the Committee, namely the draft resolution of the six delegations, the Canadian amendment and the United States amendment, the last-named was the most acceptable. Experience had shown that control measures were inadequate or were likely to be premature until the public and those among the public best placed to act had been educated in the matter. Accordingly, his delegation attached considerable importance to operative paragraph 1 of the United States amendment, and considered that the remainder was wholly consonant with the purpose in view. That amendment should, however, be supplemented by the operative part of the original draft resolution, requesting the Director-General to study the advisability and feasibility of international action. That study might be carried on while campaigns might be undertaken for a very much needed education, and one that might prove effective, and while Member States, alerted by WHO, might make regulations requiring a medical prescription for the drugs in question, if they had not already done so. Thus, the United States amendment seemed the most adequate way of dealing with the subject and should be approved.

The CHAIRMAN reminded the committee that, since the delegation of the United States of America had accepted the amendment of the delegation of Canada, there were two proposals only before it.

Dr EVANG (Norway) said that he agreed with the delegate of France. As one of the sponsors of the original draft resolution he would accept the United States amendment in its original form. The Canadian amendment to that amendment would water it down. WHO might draw attention to the problem, which was increasing alarmingly, and doing much harm, particularly to young people, and so alert the attention of the national authorities, and thereafter of the international bodies. Much remained to be done before as tight a control could be exercised as that over the narcotic drugs, but that might be feasible eventually, by means of computer techniques.

Professor GONZALEZ TORRES (Paraguay) said that his country was much concerned about the abuse of certain drugs, such as stimulants, tranquilizers and barbiturates, in addition, of course, to addiction to Indian hemp, cocaine, and other narcotic drugs. International measures must be taken to combat such abuses. A study of the epidemiology of such habits should be made and closer collaboration was required with the competent authorities of the United Nations.

The problem of drug abuse was not so much one to be solved by police measures as by humane treatment and education including education of the medical profession. The public should be informed of the dangers of certain drugs and medicaments; they might even be warned by notices on the labels of stimulants, tranquillizers and barbiturates, etc. as was done in certain countries with cigarettes.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that the Canadian amendment did much to remove his doubts about the draft resolution proposed by the Scandinavian countries and the amendment to it submitted by the United States of America. He referred to the first two lines of paragraph 1 of the United States amendment in its original form, which called for campaigns to be undertaken, and asked if somebody could explain the meaning to him.

Dr AUJOULAT (France) said that he would endeavour to explain to his colleague from the United Kingdom how campaigns could be carried out and by whom. There were a number of fields in which they could be undertaken: to give an example, in France anti-poliomyelitis vaccination had just been made compulsory and a campaign had been initiated by the Ministry of Health and various interested organizations to convince the medical corps of the need for such vaccination. A similar campaign had been undertaken regarding BCG vaccination against tuberculosis, since a considerable number of doctors were not convinced either of the value or of the harmless nature of BCG vaccination. An analogous situation existed with drugs, since at the present time there were many doctors who were still not persuaded of the dangers inherent in certain sedatives and stimulants. It would therefore be advisable if a campaign could be organized aimed at reaching the medical corps first of all, and, through them, the administrations which could then take the necessary action. For those reasons, he considered that the first two lines of paragraph 1 of the United States amendment were neither abstract nor unrealistic. He therefore supported the statement made by the delegate of Norway and requested that the two lines in question should be reincorporated in the draft resolution.

Dr ENGEL (Sweden) said that his Government was prepared to vote for the draft resolution as amended by the United States and further amended by Canada. The Canadian amendment met with his delegation's approval, since it would allow the Secretariat greater freedom of action. It was not realistic for the Organization

to endeavour to influence governments or doctors directly and his feeling was that the Director-General would have to co-operate on the matter with the Secretary-General of the United Nations and the Commission on Narcotic Drugs.

Mr COLY (Senegal) said that although his delegation were hoping, in view of the explanations given by the Deputy Director-General and various speakers in the discussion, to support the United States amendment, its second paragraph seemed to be somewhat restrictive. Governments should not merely make prescriptions for such drugs compulsory but should also take wider measures, particularly in the educational and social fields, in order to achieve a measure of control. He therefore wished to ask the delegate of the United States if he would accept the following redrafting of paragraph 2:

"2. RECOMMENDS that Member States should promote or reinforce control measures and the restriction of the use of drugs and, in particular, should require such drugs to be delivered upon medical prescription only."

Dr AHMETELY (Union of Soviet Socialist Republics), agreeing with the delegate of the United Kingdom that the wording of the United States amendments was not quite clear, said that he wished to issue a warning to the Committee about the danger of conducting a campaign in that field. Although he was all in favour of health education in its broadest sense, a campaign might well result in an increased number of people taking stimulants and tranquillizers.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) thanked the delegate of France for his explanation which, he said, confirmed his support for the Canadian amendment.

Professor SIGURJONSSON (Iceland), speaking as one of the sponsors of the draft resolution contained in document A18/P&B/Conf.Doc. No. 9, declared that he was prepared to accept the amendment proposed by the delegation of the United States and amended by the delegation of Canada, since it answered the main objectives of the sponsors and possibly in a more appropriate way.

Dr WILLIAMS (United States of America) said that, although his delegation appreciated the suggestion made by the delegate of Senegal for the rephrasing of paragraph 2 of the United States amendment, it did not think it advisable since further research in epidemiology was needed to determine what other factors should be brought into matters of education and control.

Dr RAO (India) said that he supported the United States amendment to the draft resolution but suggested that its first paragraph should be reworded to read:

"1. RECOMMENDS that health education of the public be undertaken with the assistance of professional and voluntary bodies and that control of widely abused sedatives . . .".

Professor ANDERSEN (Denmark) said that he wished to be associated with the delegates of Sweden and Iceland in supporting the United States amendment to the draft resolution as amended by the delegation of Canada.

Professor PESONEN (Finland), speaking as one of the sponsors of the original draft resolution, said that his Government was prepared to accept the United States amendment as further amended by Canada.

Dr AL-WAHBI (Iraq) expressed appreciation to the sponsors of the draft resolution for introducing an important subject for discussion by the Committee. There was general agreement on the theme but a number of amendments had been proposed. He therefore suggested that a working party should be appointed to redraft the resolution, incorporating all the amendments, for the Committee's approval.

Dr ALDEA (Romania) said that up to that point the discussion had only touched upon measures to be directed at official bodies. However, there were also the consumers and, in that connexion, he wished to stress the need for health education of the public and to propose formally the inclusion in the draft resolution of the following paragraph:

"Recommends that Member States initiate or develop health education of an intensive nature concerning the hazards of an unjustified or abusive consumption of sedatives and stimulants."

Professor GARCIA ORCOYEN (Spain) said that his delegation was prepared to support any measure which would have a certain degree of effectiveness. However, although many important factors had been mentioned in the discussion, the enormous influence of commercial firms had been overlooked. The medical profession were subject to a continuous barrage of propaganda and advertising and there was a kind of pharmaceutical "arms race" among the major producers of drugs. The higher consumption of drugs thus induced could perhaps be slowed down if prescriptions for all such drugs were made compulsory.

Dr AHMETELY (Union of Soviet Socialist Republics) expressed wholehearted support for the views of the previous speaker. A provision to that effect should be included in the draft resolution to make it an effective and realistic document.

The CHAIRMAN announced that a new draft resolution, incorporating the various amendments, was in the course of preparation. In the meantime, he invited the Committee to proceed with the next item.

Programme Activities in the Health Aspects of World Population which might be developed by WHO (Document A18/P&B/4)

Dr TURBOTT, representative of the Executive Board, said that the Executive Board had held lengthy discussions on the role WHO should play in world population methods. Opinions were divided; while some members considered that the control of population increase was a matter for governments and that it was not appropriate for WHO to suggest any system for general application or even to have a broad discussion on the matter, other members felt strongly that there were health aspects involved in rapidly increasing populations where too many births following too quickly upon one another adversely affected the health of mothers and resulted in ill-fed and ill-cared-for children. However, there was no objection from either side to research being carried out under WHO auspices into the biological aspects of human reproduction. The majority opinion was that the research work already under way was on the right lines and should be supported, as should studies on the health aspects of population dynamics, which was a field of action in which the Organization could interest itself. That majority opinion was crystallized in the Executive Board's request to the Director-General to report to the Eighteenth World Health Assembly on those programme activities in the health aspects of world population which might be developed by WHO. The report was now before the Committee for its consideration.

The DIRECTOR-GENERAL introduced the report in document A18/P&B/4, which had been prepared in response to resolution EB35.R31, and drew attention to the salient features.

Part I described the origins of WHO's work on the health aspects of world population. In April 1963 a Scientific Group on the Biology of Human Reproduction had been convened in Geneva to examine the present state of knowledge and ascertain where knowledge was lacking. The Scientific Group's conclusions were summarized on pages 2 and 3; the full report had been published in 1964.<sup>1</sup> The Seventeenth World Health Assembly had considered the report on "The Medical Research Programme of the World Health Organization, 1958-1963", pages 219-222 of which contained references to research in human reproduction. The relevant extract was contained in Annex B to the present report.

Part II described programme activities up to and including 1965. Scientific groups had met on the following subjects: the biology of human reproduction;<sup>1</sup> the physiology of lactation;<sup>2</sup> the effects of labour on the foetus and the newborn;<sup>3</sup> neuroendocrinology and reproduction in the human;<sup>4</sup> the mechanism of action of sex hormones and analogous substances, especially the orally active progestogens;<sup>5</sup> and the biochemistry and microbiology of the female and male genital tracts.<sup>6</sup>

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<sup>1</sup> Wld Hlth Org. techn. Rep. Ser., 1964, 280.

<sup>2</sup> Wld Hlth Org. techn. Rep. Ser., 1965, 305.

<sup>3</sup> Wld Hlth Org. techn. Rep. Ser., 1965, 300.

<sup>4</sup> Wld Hlth Org. techn. Rep. Ser., 1965, 304.

<sup>5</sup> Wld Hlth Org. techn. Rep. Ser., 1965, 303.

<sup>6</sup> Not yet published in the Technical Report Series.

Two further scientific groups were scheduled to meet towards the end of the present year to consider the immunological aspects of human reproduction and the chemistry and physiology of gametes.

A second group of activities was concerned with the bibliography of the ethnic and geographical variations in human reproduction and critical review thereof.

There had also been a series of activities on service to research, including the establishment of collections of human pituitaries; an information centre on steroids and polypeptides; an information centre on human cell lines; and an inventory of research institutions and research scientists working on human reproduction.

Studies had been made on available data on the safety of orally active gestogens and their dose range, the possibility of establishing an information and supply centre for new and existing laboratory animals, and the health aspects of population dynamics.

Activities had also been carried out under the headings of research grants to individual investigators; and research grants for training and the exchange of research workers.

An expert advisory panel on the biology of human reproduction had been established in 1964.

Part III contained proposals for the future programme. The main items were reference services, including a documentation centre for biomedical literature on all aspects of human reproduction; studies on medical aspects of sterility and its relief; medical aspects of fertility control methods; and health aspects of population dynamics.

The last section concerned the possibility of WHO providing advisory services for Member and Associate Member States.

In the last section on page 11 of the document it was suggested that WHO should be prepared to provide advisory services, upon request, to its Members and Associate Members.

The document gave an idea of what the Organization had been doing and the possibilities of expansion in the future. Annex A to the report contained resolution 1048 (XXXVII) adopted by the Economic and Social Council at its thirty-seventh session in August 1964 on the population problem.

In submitting the report, his purpose had been to obtain the Assembly's guidance on both the existing programme and its future development.

Dr ENGEL (Sweden), after expressing appreciation of the Director-General's extremely interesting report, presented the following draft resolution (contained in A18/P&B/Conf.Doc. No. 13) which was sponsored by the delegations of Ceylon, Denmark, Finland, Iceland, India, Korea, Norway, Pakistan, Sweden, Tunisia, United Arab Republic and the United Kingdom:

The Eighteenth World Health Assembly,

Bearing in mind Article 2.1 of the Constitution which reads: "To promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment";

Noting resolution 1048 (XXXVII) adopted by the Economic and Social Council at its thirty-seventh session, August 1964:

Noting that the United Nations Population Commission at its thirteenth session, April 1965, attached high priority to the research and other activities in the field of fertility;

Noting the report of the Director-General on programme activities in the health aspect of world population which might be developed by WHO;

Bearing in mind that it is a matter for national administrations to decide whether and to what extent they should support the provision of information and services to their people on the medical aspects of human reproduction and that ultimate decisions in such matters must rest with the individual,

1. CONSIDERS that the provision of information and services on the medical aspects of family planning and sterility by health authorities which consider this appropriate to the circumstances of their countries can contribute to the improvement of health;
2. ENDORSES the action undertaken by the Director-General to promote studies in the field of human reproduction;
3. REQUESTS the Director-General to develop further the programme proposed in the fields of reference services, studies and advisory services;
4. EXPRESSES the hope that it will be possible for WHO to provide technical advice in the field of human reproduction to the countries requesting such assistance; and
5. REQUESTS the Director-General to report to the Nineteenth World Health Assembly on the programme of WHO in the field of human reproduction.

Beyond the simple facts concerning fertilization and reproduction, which were known to most people, the store of knowledge on human reproduction generally was rather limited - although it was so closely bound up with human emotions: joy, hope, pride, despair and frustration. The Director-General's report was evidence of the present lack of knowledge, and the experts referred to had drawn attention to particular aspects: an example was the report of the scientific group on the mechanism of action of sex hormones and analagous substances whose report had been published as Technical Report Series No. 303.

From the medical point of view, healthy parents produced healthy children; in fact, however, seemingly healthy parents were often unable to produce children, while other parents, and particularly mothers, were burdened with too many children,

and with the difficulties involved in giving them food, education, housing and a proper upbringing. Throughout the history of mankind, women in many parts of the world had tried to discover ways of limiting the number of their children so that they could give them proper care. There was evidence from many countries concerning induced abortions, often performed by inexpert people and producing ill effects. It was true that there were cases of healthy parents with large numbers of healthy children and no ill effects from the many pregnancies. More often, however, it was found in large families that the high number of pregnancies adversely affected the health of the mother and sometimes the children.

It should be remembered that the ovaries with all their eggs existed in a woman from birth and were exposed to all the dangers of everyday life. The egg could be exposed to infections, drugs, radiation and other adverse influences for fifty years, whereas the male sperm was continuously renewed. Thus fertilization late in a woman's child-bearing period might often result in the birth of a defective child. In that connexion, he read out the following extract from the preamble to a resolution adopted by the United Nations Commission on the Status of Women at its eighteenth session in March of the current year: "Considering that the responsibility for planning the family should be freely assumed by both spouses according to their available facilities for giving adequate care and nurture to their children and with regard to the preservation of the health of the mother . . .". The women of the world had been fully aware of those facts when they appealed for information on family planning.

During recent decades there had been considerable scientific progress in the field of human reproduction, both in new techniques on the spacing of families and on measures against sterility. It was logical for WHO to continue its work in that particular field on the lines indicated by the Director-General. A documentation centre for biomedical literature on all aspects of human reproduction was an urgent and vital activity for the Organization, in order to help research workers and ensure the speedy exchange of experience and results between Member countries. The subjects for study mentioned in the Director-General's report were also of great value, particularly the interrelationship of population trends and health services, a problem which had been particularly emphasized during the technical discussions.

With regard to the last part of the programme, he was satisfied that advice to Member governments, on request, concerning the medical aspects of human reproduction, both with regard to information and services, was a suitable activity in the interests of promoting the health of mothers and children in accordance with the Organization's Constitution.

Dr. RAO (India) congratulated the Director-General on an excellent report on past work and future prospects.

For India, like other developed countries, the urgent problem was the rapid rise in population. He would not like to say how much WHO had been responsible, through its work on the control of communicable diseases, particularly malaria which had formerly caused so many deaths. It was now essential that the control of communicable diseases should be accompanied by the spacing of childbirth and care

for maternal health. For humanitarian reasons, a new freedom should be added to the four freedoms that had now been advocated for more than twenty-five years - the freedom for every mother to decide whether or not she would bear more children. He urged that WHO should make advisory services available to Member governments requesting them and also encourage governments to give the necessary advice to the mothers who so sorely needed it. It had been said that poverty bred ill health and that ill health in turn bred poverty. With ever-increasing numbers of mouths to feed, it was all the more necessary to strive for a contented, healthy, happy and well-nourished population, and that could only be achieved by giving mothers the advice they wanted.

He was particularly grateful to the Director-General for the inclusion in the future programme of the advisory services described in paragraph 3 of Part III (page 10 of document A18/P&B/4). He hoped that the Committee would approve the draft resolution in A18/P&B/Conf.Doc. No. 13, of which he was one of the sponsors.

The Reverend Father DE RIEDMATTEN, Observer for the Holy See, speaking at the invitation of the Chairman, said that he had felt it his duty to speak in view of the importance attached to the subject by the Holy See and the reactions of the Catholic community as a whole.

The Catholic Church might appear prudent to the point of reticence in matters affecting population, family and birth, but he was sure that none of those present would attribute its attitude to indifference or negligence. It was the very

importance of the subject that caused the attitude of reserve and the apparent lack of attention to burning problems. The Holy See, which was most anxious that there should be no underestimation of the delicacy of the subject, and that no regrettable steps should be taken, wished to be sure that all men, and particularly the experts in the fields involved, would collaborate completely and loyally in its consideration.

The Holy See had no objection in principle to WHO's concerning itself with questions within its sphere of competence in the field of human reproduction, and was deeply interested in the programme of study and research started by WHO two years ago. However, under the pressure of apparent needs, the attention given to reproduction, and particularly to its control, had often tended to be directed towards the immediate efficacy of methods, rather than to basic scientific investigation, and that had resulted in some confusion and unrest. Without ignoring the vast amount of scientific work carried out in the past, he felt that, without prejudice to the accomplishment of its many tasks, WHO's present activities offered a guarantee of control, and perhaps also possibilities for solutions that would be closer to the processes of nature, thus making a vital contribution to theoretical and practical knowledge of the physiology of reproduction and, consequently, to the possibility of leaving man a free agent in the use of his potentialities. That was the crux of the problem. If it were approached purely from the demographic angle, there was a danger of exaggerating the importance of slowing down the rate of population increase, and of drawing general conclusions from particular cases. On the other hand, a turning-point had certainly been reached, because no couple could

ignore the creative potentiality of its conjugal life and its responsibilities towards those to whom it might give life, to the family, and to society. One of the most sacred rights of the individual was involved, but while society must respect that right, the couple should not neglect the obligations connected with its exercise. No human being could attain harmonious and complete development without facing up to those obligations. However, the attainment of such a state was not entirely dependent on the slow process of economic development. It was often easier for men who lacked the material benefits of civilization than for men enjoying them to the full to fulfil their moral duty. To ask, then, that scales of values should not be upset by giving the first place to mechanical means before providing the conditions that would enable man to make his own decision as to their use, was simply to trust man to act in accordance with his own dignity.

Many couples today found themselves at one time or another faced with the need to set deliberate limits to their families and the factors guiding their decisions might well include their countries' interests. There were in the present-day world certain critical demographic situations - both of under-population and of over-population - that couples could not but take into account. Even if the immediate situation was not alarming, there was nothing against providing wisely for the future. Nevertheless, he was uneasy to see that the public, and even politicians, were being presented with simplifications that might have disastrous consequences. There was no panacea for the problem of under-development, and population mechanisms were extremely delicate. Finally, to check demographic expansion, even if, objectively, it seemed necessary, was a move against progress of the developing countries.

The problems connected with the urgent need of a couple to limit, permanently or temporarily, the number of their children, directly concerned the specialists in health and human physiology. Nature provided periods of fertility and infertility and it was possible to regulate those periods or even to prolong the periods of infertility. Now, with modern science, the infertility of conjugal intercourse could be ensured. Those matters concerned the medical profession but in that field, as in others, its authority was governed by ethical standards, written or unwritten, which were the basis of man's confidence in the profession. Undoubtedly the achievements of modern science and the practical possibilities they opened up made it necessary to re-examine questions that had been considered settled and to consider new factors unsuspected a few decades ago. That was being done by the commission set up by the Holy See two years ago to study the implications of the problems of population, family and birth.

The present tasks of the Organization were dictated to it quite clearly by various factors. Even in the medical world there was uncertainty and confusion as regards population and natality and it was essential for international institutions to assist in clarifying the situation. Every government should have a sound population policy; no public health administration could entirely ignore the problems relating to human reproduction. For the moralist, as for any man concerned with the meaning of his actions, it was vital to know the facts. Everybody needed some authority able to inform, investigate and encourage - an authority that could be approached with a view to ensuring that population policies and family decisions were taken with the least possible error. Such an authority need not restrict itself to the purely theoretical, but could give advice on the practical aspects, provided that advice were based on objective scientific considerations.

He was confident that WHO, as a growing and healthy organization, would in the matter of population, carry out the activities that properly devolved upon it.

Dr KIVITS (Belgium) said that his delegation greatly appreciated the studies initiated by the Director-General and hoped that they would be pursued on the lines indicated in the report. The results would undoubtedly provide valuable knowledge for countries all over the world, both the advanced countries and the developing countries whose expanding population was an economic problem.

Belgium was one of the most densely populated countries in the world, but the high density was by no means an obstacle to economic development, and economists considered that a decline in the birth-rate would have an adverse effect on prosperity, because the prolongation of life was producing an increasing number of old persons who had to be maintained by the active populations. A decrease in the number of births would in a few years lead to a reduction of the economically productive age-group and a growing number of aged.

Nevertheless, the problem of controlling births, in a country like Belgium, was one that affected the physical and medical health and the social development of every family. Every couple should have the right, with due regard to its responsibilities and possibilities, to decide how many children it wished to bring into life and place at the service of society. To that end there was a need for a better knowledge of the biology of reproduction and more information on methods of limiting births, with due regard to the laws of nature and to the philosophical or religious beliefs of individuals.

In the developing countries, where lack of manpower was a hindrance to the development of natural resources, the problem was not over-population, but the need of a healthier and better-trained population and better technical facilities.

In some countries, however, the population growth was such that efforts to increase resources could never keep pace with the increasing number of individuals among whom they had to be shared. The population was ill-fed and sick and had not the physical strength to make any effort to improve its living conditions. In such countries, parents must be told the methods by which they could freely decide how many children they wished to bring into the world without the fear of not being able to feed them and bring them up in decent conditions.

The population problem was only one aspect of the problem of development and should not be allowed to distract attention from the positive aspects. The problem of population increase and birth control had different manifestations in different countries, and it was for each government to decide what measures were necessary to allow families freely to adapt the numbers of their children to their financial and health situation and also for the benefit of the community. He hoped, however, that national health authorities would use the biological and medical information solely to improve the mental and physical health of individuals and families, and in accordance with the traditional rules of medical ethics.

The Committee had before it two draft resolutions which seemed to be complementary rather than contradictory, and both of which were acceptable to his delegation. He suggested that the sponsors should endeavour to combine the two resolutions.

Dr JAKOVLJEVIĆ (Yugoslavia), after thanking the Director-General for his report, reminded the Committee of the forthcoming world conference on population to be held in Belgrade, which would deal particularly with the problems of human reproduction and family planning.

In many countries the problems of over-population and family planning were becoming more urgent, but the approach to the problem was often purely economic and the health aspect was not given proper emphasis. Family planning as a measure to limit population in countries where it was necessary could not be successful if divorced from social and economic development. It should be borne in mind that women could not be treated as pawns in democratic policy. Democratic measures for birth control without attention to the causes of the problem ran the risk of failure: people must be educated to use the knowledge provided for them. But people could not be educated unless their material conditions were improved. Planning could never replace economic and social development: it could only be an integral part of it.

In Yugoslavia advice and assistance on family planning was provided, within the framework of the national health services and maternal and child care. There was no problem of over-population, but family planning was accepted, on the principle that man must be master of his destiny, and that science should enable women to become healthy and happy mothers of children who were wanted and loved.

He supported the proposals for research by WHO on the health aspects of human reproduction.

Dr FERREIRA (Brazil) said that advances in science led people to believe that it would be possible to provide enough food for ever increasing populations. But the need for limiting the population would be justified by the problem of per capita

space. Brazil had a population of 82 million - less than 10 per square kilometre - and had opened her doors to immigrants. It was anticipated that the population would have risen to 185 million by the end of the century.

With its low population density, Brazil was not interested in family planning, but was not opposed to measures in countries where they were necessary, provided that proper methods were used.

As one of the sponsors of the draft resolution in A18/P&B/Conf.Doc. No. 19, he supported the Belgian representative's proposal that it should be combined with the draft resolution in A18/P&B/Conf.Doc. No. 13.

Mr BRADY (Ireland) said the Committee was indebted to the Director-General for having prepared a most useful document. In a comparatively short time - and with the help of a generous voluntary contribution from the United States Government - much useful research had been started on the important subject of the biology of human reproduction. The extent of the work done so far and of the activities started was impressive, and it was certain that continued research under the auspices of WHO would help to reduce the vast gaps in knowledge concerning human reproduction and the relationship between health services and population trends.

The Government of Ireland made a clear distinction between research in the field of human reproduction and any activity which might be regarded as advocacy or promotion by WHO of the use of artificial methods of limiting births. The Organization should limit its work with regard to human reproduction to research, the exchange of scientific information, and group study aimed at physiological and medical appraisal of methods of regulating births. The programme of work reviewed in the Director-General's report concerned mostly activities of that kind, and to that extent he had

no objection to the proposals outlined, including those regarding reference services and future studies. However, according to the final paragraph, headed "Advisory Services" (page 11 of document A18/P&B/4), the Organization seemed to be contemplating giving advice to governments on the medical aspects of family planning and its place in health services. The Irish Government could not accept that proposal without further information on the precise nature of the activities envisaged. If the advice in question meant the dissemination of scientific information, the proposal was, of course, quite acceptable; his Government could not, however, accept any recommendation of a policy of family limitation. Further clarification was needed on that point. His Government's objections to promotion by the Organization of the use of contraceptive techniques had been clearly stated on previous occasions; those objectives were based not only on ethical grounds, but also on the belief that action concerning population and population changes was an extremely complex matter which went far beyond the health or economic problems involved.

Through the studies now being carried out by WHO or under WHO auspices, the Organization would seem to be in an admirable position to provide objective scientific information and evaluation for dealing with problems of fertility or sterility, provided it restricted its role to research and the exchange of information. Any advocacy of specific policies or techniques, or association with projects for their application, would weaken the Organization's role as an impartial scientific referee on the medical aspects of those policies and procedures. The task of an international agency was not to seek to influence the policy of the government of any Member State in the field in question, but to do everything possible to ensure that the knowledge of population trends and of their relationship with economic, social and other factors

was widened and deepened, and brought to the attention of governments. In that connexion, he drew attention to the following preambular paragraph of resolution 1838 (XVII) adopted by the United Nations General Assembly:

"Recognizing further that it is the responsibility of each Government to decide on its own policies and devise its own programmes of action for dealing with the problems of population and economic and social progress."

The position in the health field was no different. The ultimate decision as to the size of the family rested, of course, with the individual and the family concerned, and governments should not encroach on their rights.

In the Second Report on the World Health Situation, only nine countries had mentioned population growth as a major health problem, and three had named it as their most urgent problem. The problem of population growth should not be exaggerated; nor should it be over-simplified by undue emphasis on the limitation aspect. Many countries were anxious to increase their populations, and WHO should take that into account in its research work and in the exchange of scientific information. Representatives of Ireland, at meetings of the United Nations and the specialized agencies, had frequently urged a positive rather than restrictive approach in the study of population problems. Efforts should be concentrated on developing world food resources to cater for the increasing population. A series of studies by the Food and Agriculture Organization had shown the possibilities of increasing food and agricultural production through improved techniques and technological and scientific advances. A positive approach should emphasize that the under-employed manpower in the developing countries could become a most useful resource. Physical resources were not to be considered only in material terms and as fixed quantities, but in relation to man's determination and assiduity in exploiting them.

With regard to the draft resolutions, he could accept much of the draft resolution contained in document A18/P&B/Conf.Doc. No. 13, in which there was evidence that the sponsors had endeavoured to meet the differing points of view; but he regretted that he could not support the resolution in its present form because of the reference to advisory services. The draft resolution in A18/P&B/Conf.Doc. No. 19 was more acceptable, but clarification was needed on operative paragraphs 1 and 4, which appeared somewhat ambiguous. Other suggestions would no doubt be made during the debate, but he had every hope that the two draft resolutions now before the Committee would form the basis for a satisfactory synthesis of opposing views.

Professor UGARTE (Chile) said that much had been said about the problem of over-population, but the problem of under-population had generally been overlooked. It was necessary to consider all aspects and all possible implications. Although the problem had clear health aspects, it must not be forgotten that there were many other factors, and that the solution could not be found only in the sphere of public health. A population policy could have a very great influence on the age distribution in a given country, which in turn could pose important economic problems. It could also have very complicated long-term effects.

He agreed with previous speakers who had indicated that the action of WHO must be limited to giving medical advice and that it should not attempt to promote the policy of family planning. The size of the family should be determined by the free decision of the marriage partners, although he agreed that information should be furnished concerning the methods of family planning that could best be followed without prejudice to health.

Mr ANNABI (Tunisia) said that his delegation was very pleased to see that WHO was paying more attention to the problem of human reproduction in its medical, social, cultural and economic aspects. Tunisia was among the countries with the highest birthrate, and had a predominantly young population, 60 per cent. being under 15 years of age. Of the children, 80 per cent. above the age of five years went to school, and secondary education was open to all. Meals were provided for most pre-school and school-age children. That would give an idea of the extent of the demographic problem that threatened the country's economic and social development, the objective of which was the promotion of human welfare in its broadest sense.

His country had faced up to the problem by establishing twenty family planning centres, each of which was directed by a gynaecologist, assisted by a midwife and social workers. Following suitable instruction and health education, women were allowed a free choice of contraceptives, and there had been a growing demand for such products. Statistical records had been kept of women attending the centres. Tunisia was at present at the experimental stage with regard to intra-uterine and oral contraceptives. It would be pleased to take part in research on the biology of human reproduction and to exchange information on the subject. It was for those reasons that it had sponsored the draft resolution before the Committee.

Control measures for certain dependence-producing drugs (resumed)

The CHAIRMAN put to the Committee the following draft resolution proposed by the delegations of Canada, Denmark, Finland, France, Iceland, India, Norway, Romania, Spain, Sweden and the United States of America:

The Eighteenth World Health Assembly,

Recalling that international narcotics control has been operating successfully for several decades;

Noting with great concern the increasing frequency of abuse of sedatives or stimulants not classified internationally as narcotic drugs, as has also been stated by the United Nations Commission on Narcotic Drugs, and being aware of the epidemic-like spreading of this abuse particularly among young persons in certain countries;

Referring to the repeated recommendations of the WHO Expert Committee on Dependence-Producing Drugs concerning the need for control of certain sedatives and stimulants;

Convinced that an important factor in fighting the abuse of narcotics and other dependence-producing drugs is the limitation, by means of international conventions, of their availability for legitimate medical purposes only; and

Realizing that national efforts to control this health problem are often insufficient,

1. CONCLUDES that control of widely abused sedatives and stimulants, such as barbiturates, tranquillizers and amphetamines, is desirable;
2. RECOMMENDS that Member States which have not already done so place such drugs on medical prescription;
3. RECOMMENDS that the Member States promote an intensive health education action with regard to the dangers of the abuse of sedatives and stimulants;
4. RECOMMENDS the promotion of further research into the epidemiology of drug dependence; and
5. REQUESTS the Director-General to study the advisability and feasibility of international measures for control of sedatives and stimulants.

Dr AHMETELY (Union of Soviet Socialist Republics) said that the draft resolution was rather limited in scope, but since it did include constructive proposals concerning health education his delegation would support it.

Decision: The draft resolution was approved.

The meeting rose at 5.45 p.m.