WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A24/A/SR/14
19 May 1971

TWENTY-FOURTH WORLD HEALTH ASSEMBLY

COMMITTEE A

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PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

Palais des Nations, Geneva
Wednesday, 19 May 1971, at 9.5 a.m.

CHAIRMAN: Dr A. R. AL-ADWANI (Kuwait)

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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 2 July 1971.

SAFETY AND EFFICACY OF DRUGS: Item 2.12 of the Agenda (resolutions WHA22.41 and EB47.R29; Document A24/A/4) (continued)

QUALITY CONTROL OF DRUGS: Item 2.14 of the Agenda (Resolution WHA23.45; Document A24/A/6) (continued)

ESTABLISHMENT OF PHARMACEUTICAL PRODUCTION IN DEVELOPING COUNTRIES: Item 2.15 of the Agenda (Resolutions WHA22.54 and EB47.R28; Document A24/A/5) (continued)

Dr EVANG (Norway) said that the consumption of synthetic drugs had become a steadily growing problem. It had continued to increase in developed countries, thus creating increasing economic problems in running health services. In some countries a not inconsiderable percentage of beds in hospitals were occupied by people who had taken excessive doses of some type of synthetic drug - four to five per cent. in special wards was not uncommon. In developing countries not many data were available, but it was to be hoped that the attempt to collect reliable data from all countries would proceed according to plans so that more would be known in the future about the position in developing countries. WHO had taken steps in that direction.

He suggested one or two minor amendments to the draft resolution proposed by the delegations of Netherlands and Sweden. In the first preambular paragraph, in addition to the resolutions quoted there should be a reference to resolutions WHA20.34 and WHA21.37. Secondly, the words "and to the twenty-fifth World Health Assembly" should be inserted at the end of operative paragraph 2.

Norway had always been very interested in the problem of drugs and his delegation was not fully satisfied with the progress made by WHO in relation to standards. It had been anticipated at the International Health Conference held in New York in 1946 that Article 21 of the Constitution would be applied but that had not been done, although the Director-General had been asked to consider the way in which the Health Regulations could be applied. While everyone welcomed WHO's activities in the field, it was unrealistic to press for international control laboratories for drugs in all countries, which would involve an enormous waste of manpower and money. The Constitution of the Organization provided for a more rational approach to the quality control of drugs and he was sure that WHO would devote its attention to the question.

While the subject was one of great interest, it was also very depressing because new drug dependence problems were arising. It was a matter of great concern that children and young people were turning to dependence-producing drugs. Although he could adduce no scientific evidence to that effect, he was convinced that there was an exaggerated belief in the value of drugs, and over-consumption of them by adults might contribute a great deal to the social attitude towards dependence-producing drugs. He was thinking of drug dependence in the sense not only that people used drugs and became dependent on them but also that they believed they could alter their personality with them. Attention should be paid by WHO to the educational aspect of the problem.

Dr RACOVEANU (Romania) supported the draft resolution proposed by the delegations of Netherlands and Sweden, on the basis of experience in Romania in the quality control of drugs, the national monitoring system being developed to ensure the safety and efficacy of drugs, and the special interest being shown in the international certification of pharmaceutical products.

The Assistant Director-General had spoken of traditional medicine and its remedial effects. His delegation was convinced that all countries, but particularly developing countries, possessed a wealth of medicinal plants in their natural flora that were relatively little known. In Romania intensive research was being undertaken on them. His country would willingly make it available to WHO and countries wishing to make use of it.

Dr ARNAUDOV (Bulgaria) said that the fact that so many very potent drugs had been produced during the past twenty-five years emphasized the need for proper control of their efficacy and safety. The Bulgarian Government had set up a control system that made it possible for the most effective and safest drugs to be used. Quality control of drugs was the responsibility of the Ministry of Health, which had a number of institutions to help it in carrying out its task.

Every new drug was tested by the Ministry's commission on medicinal substances. If the results of the tests were satisfactory, permission was given for the drug to be used experimentally on 30 patients in not less than three clinics. Then, when sufficient information on the drug's effectiveness and safety was available, its production and use were authorized.

The State drug control institute carried out routine control of the safety and efficacy of drugs, including imported drugs, directed and assisted the laboratories that performed the analyses and, through its subsidiary organs, undertook periodic inspection of manufacture.

Every two or three years the commission on medicinal substances reviewed the list of drugs authorized in the light of information received from WHO and from other countries and amended it as necessary.

With regard to the question of providing assistance in pharmaceutical production to developing countries, his delegation thought that emphasis should be first placed on assistance in the production of drugs for the control of communicable diseases. His country, which had a well developed pharmaceutical industry and extensive facilities for research and training, was willing to offer its co-operation.

Dr HATIAR (Czechoslovakia), speaking on the quality control of drugs, said that in his country a system of control had been in operation since 1953 that covered not only the pharmaceutical industry but also drugs prepared in individual pharmacies and those in store all over the country. Only drugs approved by the Ministry of Health could be manufactured in the country or imported.

However, even the strictest control could not ensure drug quality in the absence of good manufacturing practices. WHO's recommendations on that aspect had been followed in the pharmaceutical industry in Czechoslovakia, where a five-year programme for improving the qualifications of personnel engaged in quality control, control methods and specifications for quality control had been instituted. His delegation would welcome recommendations from WHO on subjects such as the control of apparatus and packaging materials to ensure sterility, standard methods of testing the stability of drugs, and the use of computer techniques and statistical methods.

The proposed scheme for certification of the quality of pharmaceutical preparations in international commerce would help to protect importing countries, especially those that did not have their own facilities for control.

His delegation was very satisfied with the work accomplished by WHO in expanding the International Pharmacopoeia and bringing it up to date and considered that it would facilitate the efforts being made to improve the quality control of drugs.

Dr FELKAI (Hungary) said that in Hungary pharmaceutical preparations could be put into circulation only after their efficacy and safety had been demonstrated. They were required to undergo pharmacological, toxicological, chemical, technological and stability tests, as well as clinical trials to assess their side-effects. The pharmacological and clinical tests were also subject to detailed regulation. The law on drug registration had been transmitted to WHO and his delegation would have no objection to its circulation.

To assure the appropriate use of drugs and to avoid the dissemination of wrong information, manufacturers were required to submit the text of all informational material to the National Institute of Pharmacy. Only texts authorized by that Institute could be printed and distributed to doctors and pharmacists. Even the shortest text about a pharmaceutical preparation had to include all the details on the active ingredients, indications, side effects and doses. Advertising was limited to the medical press. Advertising even over-the-counter drugs in the press and on radio or television was prohibited.

Since 1967 a monitoring system for adverse drug reactions had been in existence in Hungary, and it would be extended during the present year. The participation of all members of the medical profession would be ensured and the WHO questionnaire would be put into use.

In his delegation's view, the collection and study of drug interactions should be incorporated in the drug monitoring system. The very large number of pharmaceutical preparations containing drug combinations were a source of unwanted reactions in many countries. The collection and scientific evaluation of data and the distribution of findings to Ministries of Health should be organized and directed by WHO.

His delegation was in full agreement with the report of the Director-General on the quality control of drugs (document A24/A/6). The requirements for good practices in the manufacture and quality control of drugs had long been observed in the Hungarian pharmaceutical industry. Hungary's comments on that text had been sent to WHO and included a number of amendments.

In his delegation's view, educational activities in the field of pharmaceutical quality control should be extended. Hungary was ready to receive candidates from developing countries for short-term and long-term fellowships to study its drug control system and receive training in pharmaceutical quality control.

His delegation supported the idea of establishing regional laboratories. Hungary was ready to assist with highly qualified and experienced staff in the establishment and development of regional control laboratories. It was also ready to provide assistance in the establishment of national control laboratories.

His delegation was in full agreement with the Director-General's report on establishment of pharmaceutical production in developing countries (document A24/A/SR/14) and with the recommendations of the UNIDO Expert Working Group on Establishment of Pharmaceutical Industries in Developing Countries that met at Budapest in May 1969. The Group had expressed the opinion that the establishment of pharmaceutical industries in developing countries required full consideration, study and preparation. Hungary was ready to participate in that preparatory work and to offer highly qualified experts to assist WHO activities in that field.

His delegation thought it was necessary for WHO to assist developing countries in their efforts to develop their drug registration and control systems. That assistance could form part of current and future joint UNIDO/WHO activities.

Modern drug therapy was based primarily on the use of synthetic drugs, but the plant kingdom's contribution was still substantial. Isolated active ingredients and derivatives of medicinal plants were included in most modern pharmacopoeias as well as in the International Pharmacopoeia. Medicinal plants played an even more important role in developing countries; they constituted the basis of the so-called traditional medicine. Scientific and economic considerations favoured the maintenance of that traditional medicine even in the future when modern pharmaceutical industries were developed in those countries. WHO could assist developing countries in the cultivation and processing of medicinal plants of proved efficacy, in elaborating methods for the isolation of the active ingredients, and in the quality control of the plants and their derivatives. It should create opportunities for the study of the cultivation and processing of medicinal plants and the control of the isolated active ingredients. Hungary was prepared to organize courses for applicants from developing countries, since it possessed all the conditions necessary for the organization of training courses on the cultivation of, research on and processing of medicinal plants.

Dr STEINFELD (United States of America) said that the principles for drug control outlined in document A24/A/4, quality controls in manufacturing, safeguards for drug information and advertising, and appropriate pricing were all essential to a sound national programme for drug control. In his delegation's view, regulations providing for the control of drugs under investigation should limit their distribution in order to protect patients from new and unproved drugs. The attention given to the importance of comparative efficacy as well as comparative safety was welcome, but it should not be forgotten that comparative judgements involved estimates of the ratio of benefit to risk in the population as a whole as well as in particular segments of the population.

Strong safeguards should surround drug research. Government approval for the research should be required, on the basis of acceptable preclinical pharmacological and toxicological data, an assessment of the qualifications of the investigators proposed, an approved plan for human studies, the written consent of persons participating in the research, and full reporting of the results. Consideration should be given to the establishment of committees at institutions or elsewhere to review proposals for drug research on persons in institutions, to protect their interests and welfare.

Changes in drug labelling, generally as important as the initial labelling, should receive prior government approval, not merely prior notice.

It was of critical importance to distinguish between drugs to be made freely available and drugs to be restricted. Distinctions between the two categories should be sufficiently clear to avoid medical or legal problems. The only drugs that should be freely available were those which were relatively non-toxic, even when accidentally or intentionally ingested in an overdose, were not prescribed for serious disease conditions, and were not for long-term use. Drugs restricted to prescription by a health professional clearly should not be advertised to the public.

His delegation wholeheartedly endorsed the view that the primary consideration in the national drug regulatory agency should be to ensure the professional quality, impartiality and dedication of the staff. It was important also to ensure the independent status of the decision-making body with regard to the industry, whether the latter was public or private, and there should be an adequate mechanism for decisions on controversial issues by some appellate authority. The importance of education and training for the specialized fields relevant to drugs - pharmacology, toxicology, manufacturing quality controls, and especially therapeutics - needed no emphasis.

Efficacy and safety should be the pre-eminent concerns in any consideration of drugs. Price had nothing to do with the registration of drugs as safe and efficacious though, if two drugs of equal efficacy and safety were available for a given patient, price might become a factor in prescribing. Wherever feasible, he hoped it would be possible to maintain the physician's right to make the final discretionary decision on drugs to be administered. The section in the report on the possible role of WHO in relation to the international safety and efficacy of drugs was a step forward in ensuring that drugs would be safe and efficacious for the purposes for which they were presented.

His delegation supported the draft resolution on the quality control of drugs proposed by the delegations of the Netherlands and Sweden. Since the title did not fully cover the contents, however, he proposed that the words "drug quality, safety, efficacy and pharmacology" be inserted in parentheses after the word "drugs".

Mr MAGEREGERE (Burundi) said that Burundi was a developing country where the lack of quality control of drugs was keenly felt. That was why the Government was considering establishing a laboratory to check the quality of drugs on arrival and also determine whether any changes had occurred as a result of transportation and storage under conditions that were sometimes bad.

At the present stage in his country's development, the question of the study of the efficacy and safety of drugs was of less interest, since there were no manufacturing plants or research laboratories in Burundi. The only possible pharmaceutical industry was that for the packaging of drugs sent in bulk.

The establishment of a national control body and drug registration was still premature because it would be too costly in relation to the services it could render in view of the limited development of pharmaceutical services, both public and private, in Burundi. The most important point in connexion with the possible role of WHO would be that its action should promote contacts at the regional level.

Dr JORGENSEN (Australia) said that the Australian Commonwealth Department of Health, in co-operation with the State Health Departments and the pharmaceutical industry, had prepared a code of good manufacturing practice for therapeutic goods for application in Australia. It followed the principles contained in the WHO recommendations but differed in the general arrangement and the greater specificity of many provisions. At present, a document with such specific provisions might not be suitable for use in all countries, but for the general acceptance of certificates of compliance with good manufacturing practice specific detailed requirements rather than general statements of principle were necessary. For that reason, he considered that at some future time when more experience had been gained in the international use of the WHO requirements for good practices the question of an extensive revision of the document to provide more detailed requirements could be considered. The strictness with which good manufacturing practices were enforced and the interpretation by inspectors even of detailed requirements could vary from country to country, and contact between national inspectorates to secure uniform interpretation and enforcement of good manufacturing practices would need to be fostered.

The support given by WHO to good manufacturing practices was a valuable development. Another document or an expansion of the present one outlining good manufacturing practices in the manufacture of biologicals would be of advantage.

Commenting on the certification scheme, he said that at present a full list of all the manufacturers complying with the good manufacturing practices could not be provided until all the Australian companies had been inspected. Such a list could probably be provided within one to two years. The certificate applying to observance of good manufacturing practices by manufacturers was not entirely satisfactory in its present form. The expression "authorized to manufacture drugs" was too all-embracing, since a manufacturer might have the facilities and competence to make one category of goods but not another. A general certificate should require special endorsement if the goods made included antibiotics or microdose pharmaceuticals (less than 5 mg of active ingredients) or sterile products. The certification of individual batches and the inclusion of the batch number in the certificate was not practical, since it could only be done by examining all records for the batch in question. With any appreciable number of certificates the demand on the time of inspectors would be exorbitant. The section and certificate should therefore be modified to apply to the certification of individual products,

His delegation supported the draft resolution proposed by the delegations of Netherlands and Sweden.

Dr PRAWIRANEGARA (Indonesia) said that the reports on the establishment of pharmaceutical production in developing countries and quality control of drugs were of particular interest to his delegation. Indonesia was a developing country that was starting the production of pharmaceutical preparations and introducing quality control of drugs.

After 1965 the Government had encouraged foreign investment in the field of pharmaceutical production with the aim of reducing the price of drugs and establishing its own industry. Until 1965 pharmaceutical products had either been assembled from imported bulk material or imported as finished products. One of the requirements for pharmaceutical firms establishing a plant in Indonesia was that at least one basic ingredient should be produced in Indonesia while it was operating there and that it should train nationals. Applications had to be approved by the Director-General for Pharmacy but the final decision lay with the Foreign Investment Board.

In view of the fact that drug control could not be carried out adequately owing to lack of manpower and laboratory facilities, imported drugs were required to have a certificate of safety and purity from the parent firm abroad. The Director-General for Pharmacy was empowered to take the necessary measures in relation to the safety of drugs.

He thanked WHO for all its assistance in building up Indoneisa's drug control project through the provision of fellowships and consultants. Research on drugs in Indonesia was limited. In view of the present position with regard to drug control facilities, his Government would very much appreciate it if WHO could continue to act as a clearing house and provide it with information on legislation relating to drugs and on drugs withdrawn after investigation from the market as unsafe.

Dr ZOLLER (Federal Republic of Germany) said that the Director-General's reports on the safety and efficiency and the quality control of drugs underlined the problems arising in many health administrations from the lack of well-trained staff. Programmes such as those outlined could only be implemented provided well-trained clinicians and pharmacists were available in the necessary numbers. That was why he supported the draft resolution proposed by the delegations of Norway and Sweden, as amended by the delegate of the United States of America. Nevertheless, he felt that delegates of Member States were in a somewhat contradictory position. On the one hand, they were asking WHO to increase its activities and expand its work; on the other, they had agreed to a restricted effective working budget.

As a result of the Director-General's visit to his country, his Government had arranged, starting in 1972, for three weeks' training courses in clinical pharmacology, to be held in the closest co-operation with WHO, on an international or inter-regional basis, along the lines set out in document A24/A/4, which referred, inter alia, to the organization of workshops, seminars and symposia, for government officials dealing with the registration of drugs, on principles for preclinical and clinical evaluation and surveillance of drugs on the market. He hoped that the Federal Republic of Germany would be in a position to promote its own national programmes and to give additional assistance to WHO's work.

Dr EL-KATTAN (United Arab Republic) said that drug consumption which was increasing, was of prime importance. In order to know whether there was misuse of drugs or not, it was necessary to know the drug consumption in each country and its relationship to the health services. The United Arab Republic had found that the best way to do so was to classify drugs in their therapeutic categories. Its classification contained 44 main groups. By adopting that method it had managed to reduce the number of drugs on the market from 13 000 in 1960 to 1 925 in 1970. His delegation was aware that there were other therapeutic category classifications in other countries, as well as a provisional category classification prepared by WHO. If they were all compared, it would be possible to arrive at one official WHO classification which could be adopted by Member States.

The results of preclinical and clinical investigations that had to be submitted to government authorities and approvals and withdrawals of drugs should be sent to WHO, so that it could provide information on the subject to Member countries.

Dr ANOUTI (Lebanon) said that, like almost all countries dependent on imported pharmaceutical preparations, Lebanon suffered from the large number of pharmaceutical specialities coming from many countries. The great influx made it impossible to ensure real stability; products appeared and disappeared in a very short period. Products based on active substances accepted in international pharmacopoeias were processed and labelled with patent names and exported with a patent or trade name authorized for the countries of origin.

Lebanon had decided to permit the importation of pharmaceutical specialities officially authorized for sale in the countries of origin, but the certificates received with them did not seem to afford all the guarantees desirable to fit in with its own legislation. The question of the sale price of pharmaceutical specialities had long been a matter of deep concern to the Lebanese authorities. The latter had believed that, by equating the price of pharmaceutical specialities on the Lebanese market with the price to the public in the countries of origin, they had provided some safeguard. But it seemed that the sale of pharmaceutical specialities to the public in certain countries of origin was not subject to any official control and depended on the greed of producers and sometimes of importers. Hence there were difficulties in establishing a sale price.

The Lebanese authorities had relied on production plants to conform strictly to the conditions of hygiene and conservation laid down in the international pharmacopoeias, and especially to keep a check on their products on despatch from the plant and in the market. It seemed that plants seldom conformed strictly to those conditions. The public health therefore depended on the conscientiousness of the producers.

It was therefore impossible to regulate trade in pharmaceutical products in Lebanon as it should be regulated. Similar conditions elsewhere had led to the nationalization of the pharmaceutical trade so that rigorous controls could be applied. By its social security and health services, which supplied most of the Lebanese population with pharmaceutical products, Lebanon hoped to overcome the difficulties.

Dr HENRY (Trinidad and Tobago) noted with interest the continued attention given by WHO to the problem of drugs, their safety, efficacy and quality. The problem was rendered no less difficult by the frequency with which new drugs of similar action appeared on the market, each claiming superiority over the other.

He asked how the government of a drug-importing country situated far from the manufacturing countries could protect its people from the claims of an industry whose aims and interests were not always the same as the importing country concerned.

The question of the quality control of drugs was one that had plagued Trinidad and Tobago and other Caribbean territories, and the amendments to the certification scheme mentioned in document A24/A/6 would certainly be welcome.

Trinidad and Tobago had set up a government agency to license new drugs for import into the country. An imported drug must be saleable in the country of manufacture, a criterion endorsed by the Director-General's report. However, the conditions of transport and storage might cause the premature deterioration of the drug before it was used therapeutically. The best approach to drug quality control, therefore, would be local testing by or on behalf of the consumer. Such testing called for skilled manpower and well-equipped laboratories, which were in short supply.

The lack of facilities to ensure quality control led to other problems. For instance, when two firms offered the same product at different prices, should the attitude be that the more expensive product was the better or, as the Ministry of Finance of his country was apt to suggest, that the cheaper product was good enough and that its purchase would enable a larger quantity to be purchased? Such a dilemma could only be solved when facilities existed for drug quality control in the consumer countries.

As the Norwegian delegate had said, it was questionable whether drug imports for a population of one million would justify the establishment and maintenance of a drug quality control laboratory.

Other Caribbean countries had similar problems and the Pan American Health Organization (PAHO) was showing a keen interest in those problems. His country had participated in a PAHO seminar held in Venezuela, and at a recent conference of Caribbean Health Ministers a committee had been set up to investigate the feasibility of establishing a regional quality control laboratory.

The establishment of pharmaceutical production in developing countries, he thought, should be the concern of the region.

His delegation supported the draft resolution submitted by the delegations of Netherlands and Sweden.

Dr GUTIERREZ MUÑIZ (Cuba), referring to the establishment of pharmaceutical industries, said that the pharmaceutical industry had become a major industry in developed countries and large profits were being made. Owing to the high prices charged the majority of people in the world were unable to pay for drugs. It was therefore important for pharmaceutical products to be manufactured in developing countries since the prices of imported products were too high and the countries could not take action as regards the control of their price and quality. In spite of the technical progress achieved in the last half century by the pharmaceutical industry, developing countries could take important steps towards the establishment of such an industry in their own countries. The production of pharmaceutical products did not in all cases call for complicated equipment and highly specialized personnel. Natural resources - flora, minerals and products of animal origin - could be used. Production and distribution should be controlled by governments, because in most countries it had so far been in the hands of private industry, which had made enormous profits at the expense of the health of many people. The establishment of pharmaceutical industries in developing countries was of paramount importance and was strongly supported by his Government. WHO and the United Nations Organization for Industrial Development could play an important part in improving health, especially in the developing countries, by assisting in their establishment.

He emphasized that governments must play a leading part in setting up national pharmaceutical industries. In Cuba, pharmaceutical products were supplied free to those in hospital, to all suffering from infectious disease and for preventive purposes. They were supplied to out-patients and children at a low cost.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) associated himself with the statements made by the delegates of Sweden, Norway and the United States of America. The representative of Australia had brought out an important point in relation to the requirements for good practices in the manufacture and quality control of drugs. Member States must expect to see some modifications in detail along the lines suggested by that delegate and also in some other respects. His own Government had submitted a number of suggestions for its amendment.

He wondered whether the draft resolution submitted by the delegations of the Netherlands and Sweden, with which he was in general agreement, might not have been more emphatic. The last sentence of the penultimate preambular paragraph, he suggested, might read "through expanded facilities for the distribution of information about pharmacotherapy and for continuing education in clinical pharmacology".

He agreed with the delegate of Norway that there were no grounds for elaborate facilities for laboratory testing in every country because of the expense and the impossibility of providing the necessary expertise. Some sort of arrangement among groups of countries was desirable.

The most important point in securing the safety and efficacy of drugs was proper control during the process of manufacture. The health authorities must ensure that monitoring of drugs was done by the producers themselves.

Several speakers had mentioned the particular problem of dealing with the comparative efficacy of drugs. That was a problem that should be handled very carefully.

Regarding the monitoring of adverse reactions to drugs, he said that in Britain the authorities were concerned with the inadequacy of the reporting of such reactions, and efforts were being made to secure complete reports from particular hospitals and districts that could be relied on to supply correct information.

Drug abuse originated in misplaced therapy. In 1970 the health authorities in Britain had been faced with the problem of the intravenous abuse of barbiturates, an extremely dangerous practice that had now almost ceased because people had realized its danger.

More might be done in countries to secure the voluntary co-operation of the medical profession in the limitation of some drugs that could be abused, for example the amphetamines. In some parts of Britain there had been a reduction in the use of such drugs and some were completely unobtainable. Legislation would shortly be enacted to ensure that the authorities had power to deal with those who issued prescriptions for drugs in the amphetamine group.

Another important point was public education concerning drugs. Most of the admissions to hospital in the United Kingdom for overdoses of drugs were the result of accidental overdoses of drugs prescribed or the accidental consumption of drugs by children. Safe packaging must be secured and people must be warned.

He supported the findings in the reports before the Committee and the resolution submitted by the delegations of the Netherlands and of Sweden.

Dr SAUTER (Switzerland) said that drug control, which included the control of safety and efficacity, raised problems connected with the trial, of new drugs in man. It was a question not only of clinical pharmacology but also of medical ethics and civil or criminal responsibility. The Swiss Academy of Medical Sciences had just published certain principles on that question to guide the medical profession prepared by a committee of experts composed not only of doctors of medicine but also of lawyers and of representatives of other scientific fields. He hoped that WHO in the future would continue to deal with the question, which was complicated and delicate.

Dr BARRY (Guinea) said that his country had always given priority to organization, equipment and infrastructure of its public health services. The national pharmaceutical service was a State enterprise. The medical school included pharmacology among its subjects and the national health school trained paramedical and laboratory staff.

Every district had its own pharmacy which received supplies of drugs and equipment direct from the national pharmaceutical service.

In pursuance of the resolutions adopted at the National Health Conference held in 1969, the statements at which had become a national health charter, Guinea had entered into commercial agreements with the laboratories of various developed countries for the supply of pharmaceutical products. The national pharmaceutical service was the only body permitted to import drugs and supply the district pharmacies, and effective control was exercised over the rational use of such products. The issue of prescriptions was also controlled and the list of permitted products was revised yearly; their prices were uniform throughout the country.

Two fellowships in pharmaceutical training had been awarded by the German Democratic Republic, eight fellows had been trained in Algeria, and there was one United Arab Republic pharmacist. Three pharmacists had diplomas from the medical school at Dakar.

The national pharmaceutical service consisted of a laboratory for analyses, a laboratory for toxicology, a laboratory for galenicals, a quinine manufacturing section and a section that controlled the safety of medicaments. The last-named section was also responsible for seeing that laws on trade in, and the use of, drugs were complied with. Such traffic was severely punished under the penal code.

Thanks to the help given by the Union of Soviet Socialist Republics, Guinea had just inaugurated a laboratory in the university which was completely equipped with the most modern material and supplied with the necessary technical staff. That laboratory and the Institute for Biological Research at Kindia, which was being helped by WHO and by the United Nations Children's Fund, would be of great assistance to scientific research in West Africa.

Referring to traditional medicine, he said that the natural resources of the country were being investigated in relation to their therapeutic possibilities.

In the training of health personnel courses were given in acupuncture and massage. Chinese experts in that field had been working in Guinea since 1967.

The delegation of Guinea supported the establishment in each country of a pharmaceutical control laboratory, the training of personnel in drug control and the dissemination of information on the subject in many languages.

Dr AMMUNDSEN (Denmark) said that the problem of the adverse reactions of drugs was increasing. The question of how to limit the unnecessary consumption of drugs without hampering well-motivated and often life-saving medical treatment had not been solved by any country. The documents before the Committee were a contribution to international co-operation on the subject, since all countries were more or less dependent on each other and common standards and methods were of the utmost importance and concerned both developed and developing countries.

Clinical research into and testing of drugs were of great importance. Many problems existed - ethical, practical and economic - in connexion with the clinical testing of new drugs on human beings and it was of the utmost importance for WHO to devote attention to a further study of the problem.

She emphasized the importance of the establishment of clinical pharmacology as a medical specialty. It should be integrated into the hospital services and also into the general practice of medicine and public health administration. The first postgraduate course on the subject had been launched by Denmark in 1970 and a working group of experts had been set up to work out ways and means in which clinical pharmacology could be appropriately fitted into the Danish health system as a whole as well as into the academic set-up.

Her delegation supported the draft resolution submitted by the Netherlands and Sweden.

Dr VASSILOPOULOS (Cyprus) said that his Government was most grateful for the assistance rendered to it by WHO in the form of experts, medical equipment and fellowships connected with the establishment of a quality-control laboratory in Cyprus. In that connexion, a law had been enacted in Cyprus for the control of drug prices.

If tests for the safety and efficacy of a pharmaceutical product were carried out by the country of manufacture using methods and criteria laid down by WHO, tests did not need to be repeated either in the importing country or by firms manufacturing the product in other countries.

Such a system would help countries that had not yet established laboratories for the control of the quality of drugs and also those, like Cyprus, which, although they had established such laboratories, only had limited facilities as regards the trained staff and special equipment needed to screen the pharmaceutical products imported by their country.

Dr TATOČENKO (Union of Soviet Socialist Republics), referring to the establishment of pharmaceutical production in developing countries, said that most of the developing countries had to import drugs at very high cost and that it was therefore extremely important for their economic development to set up national pharmaceutical industries. Priority should be given to the manufacture of the drugs most widely used in medical practice. The setting up of facilities for making up and packaging drugs would not be sufficient, since it would not obviate the need to import. The development of a pharmaceutical industry depended to a large extent on the availability within the country of the raw materials needed for drug manufacture; his delegation thought, therefore, that assistance to countries in studying that aspect should be added to the areas of responsibility of WHO mentioned in the Director-General's report.

Over the past 20 years the USSR had assisted a large number of countries, under bilateral arrangements, in establishing pharmaceutical industries, manufacturing a wide range of pharmaceutical substances and constructing factories for the production of medical equipment, and the competent authorities in his country had accumulated a great deal of experience in the planning and implementation of projects of that nature. One point to be borne in mind was the need to manufacture products that people could afford to buy.

Turning to the subject of the safety and efficacy of drugs, he said that his delegation was satisfied with the report before the Committee. The recommendations contained therein were sound and were in conformity with the practices followed in the Soviet Union.

Quality control in his country was carried out under the responsibility of the Ministry of Health. There were strict rules concerning the clinical testing and registration of new drugs, whether locally manufactured or imported, and a strict control was maintained over the establishments that undertook clinical trials. A drug had to be approved and registered by the Ministry of Health before it could be used.

In the USSR drugs were not advertised, but a service for providing medical and pharmaceutical workers with information on new drugs had been set up.

He noted from the Director-General's report that WHO transmitted to governments decisions by any health authority to prohibit or limit the availability of drugs. That work was useful and merited support. However, as some of the previous speakers had pointed out, it was scarcely possible for the hundreds of new drugs to be tested in more than a few countries. Many countries would wish to avail themselves of the control facilities existing in other countries. For that reason, his delegation shared the view that WHO should collect information on the registration of drugs from the countries that possessed facilities for control, for the use of countries without them.

His delegation also thought that WHO should publish a list of the countries recognizing and applying the requirements for good manufacturing practice and the certification scheme on the quality of pharmaceutical products in international commerce, since that would help importing countries to decide which preparations they preferred to purchase.

Those two proposals had been presented as an amendment (consisting of the addition of two further operative paragraphs) to the draft resolution proposed by the delegations of the Netherlands and Sweden. His delegation accepted the other amendments that had been proposed to that draft resolution.

Dr BABUDIERI (Italy), supporting the draft resolution, said that drugs exported by his country were subjected to regulations as to quality and efficacy.

He pointed out that the new synthetic drugs were potentially dangerous and suggested that the Director-General might submit a report to the next World Health Assembly on that problem.

Dr ELOM (Cameroon) said that the inefficacy of certain drugs had also been mentioned in the reports in addition to efficacy, toxicity and adverse reactions. It was necessary to mention inefficacy for some countries could not afford to spend large sums of money on ineffective drugs that might prove dangerous to health or lead to abuse and addiction.

Referring to the information system adopted by WHO, he hoped that the information given would indicate the names of the drugs found to be ineffective and dangerous. Such information would facilitate control. His Government distributed the information it received from WHO to all doctors and pharmacists in the country.

All medical products imported by Cameroon were controlled by a technical committee set up by the Ministry of Health. However, it was becoming increasingly difficult to control the illicit trade in such products, which came from neighbouring countries where the sale of pharmaceutical products was not controlled.

In relation to the control of the quality of pharmaceutical products, his delegation had taken note of the assistance that might be offered to Member States by WHO in the establishment of control laboratories and the granting of fellowships for the training of personnel.

Dr SENCER (United States of America) associated his delegation with the statement made by the delegate of Denmark.

With regard to the additional operative paragraphs suggested by the USSR delegation, his delegation agreed with their intent and supported paragraph 4 as it stood. He would like, however, to add a phrase at the end of operative paragraph 3 to say "and to report on the feasibility and financial implications of such a system to the forty-ninth session of the Executive Board and the Twenty-fifth World Health Assembly".

By way of endorsement of WHO's principles for good manufacturing practices, he said that representatives of the United States Government and the United States pharmaceutical industry would participate in an International Symposium of Good Manufacturing Practices to be held in Geneva in autumn 1971 under the sponsorship of the International Federation of Pharmaceutical Manufacturers Association. The agenda for that symposium was based directly on the 12 principal points of WHO's requirements for good practices in the manufacture and quality control of drugs.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) proposed the replacement of the words "as well as to drug dependence" in the second preambular paragraph by the words "including dependency-producing properties".

Dr BERNARD, Assistant Director-General, referring to the new operative paragraph 3 proposed by the USSR delegation, said that the Director-General would have no difficulty in preparing a report on the system recommended and its financial implications. With regard to the new operative paragraph 4 proposed by the USSR delegation, he said that every effort would be made to publish a list of the countries applying the requirements of good practice, but the only information that the Director-General could publish would be that provided by Member States. He could send out a circular letter to Member States and then circulate the replies received either in another circular letter or in the WHO Chronicle, but the list would contain only the substance of replies from governments and, as indicated during the discussion, the system of certification and the rules of good practice already needed modification. The Director-General would consider the best way of meeting the request.

He thanked delegates for their extremely useful comments and suggestions, which would be of the greatest assistance in pursuing the programme.

Dr AUJOULAT (France) said that the second part of the new operative paragraph 3 of the USSR delegation's amendment was less clear in the French version than in the English.

The DEPUTY DIRECTOR-GENERAL said that the French text would be adjusted to the English text.

Professor REXED (Sweden) said that he and the Netherlands delegate accepted the amendments to their draft resolution, which clarified and improved the text.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that the list requested in the proposed new operative paragraph 4, would be difficult to collect, if only because requirements for good practices in manufacture might be modified - even in the light of the Committee's discussions.

He suggested that the Director-General should only be asked to report on the practicability of publishing such a list to the forty-ninth session of the Executive Board and the Twenty-fifth Health Assembly. The list would be of little use unless it referred to compliance with something that was closer to its final form than were the present requirements.

Dr TATOČENKO (Union of Soviet Socialist Republics) said that his delegation accepted the amendment to the new operative paragraph 3 proposed by the delegate of the United States of America. In view of the Assistant Director-General's explanation concerning the new operative paragraph 4, he would agree to publication of the list of countries in the WHO Chronicle on the basis of Member States' replies to a circular letter from the Director-General. He did not agree with the view of the delegate of the United Kingdom; publication of such a list, even in the present circumstances, would be of assistance to the Health Assembly when it next considered the matter.

The CHAIRMAN said that the Secretariat would prepare a new text of the draft resolution incorporating the points made during the discussion.

2. DRAFT FIFTH REPORT OF COMMITTEE A (Document A24/A/20)

Dr DUHR (Luxembourg), Vice-Chairman, read out the draft fifth report at the invitation of the CHAIRMAN.

Decision: The report was adopted.

3. DRUG DEPENDENCE: Item 2.13 of the Agenda (Resolutions WHA23.42 and EB47.26: Document A24/A/7)

The CHAIRMAN drew attention to the following draft resolution presented by the delegations of India, Jamaica, New Zealand, Norway, Sweden, United States of America and Venezuela.

The Twenty-fourth World Health Assembly,

Observing that the phenomenon of abuse and addiction to narcotic and non-narcotic dependence producing drugs is rapidly becoming a major world health problem, adversely affecting the social, cultural, political, economic and educational fabric of the world community;

Recognizing that effective solutions require the co-ordinated efforts of international organizations and agencies, the Member States, regional and local authorities, and the world citizenry;

Declaring that the World Health Organization has a responsibility to provide leadership, guidance, and technical assistance to the world community and the Member States in the fields of treatment, rehabilitation, education, prevention and research;

Urging that the Member States respond and co-operate by promoting new and improved treatment, rehabilitation, education and prevention programmes at the local and national level;

Recalling resolution WHA23.42; and

Recalling further resolution A/RES/2719 (XXV) of the United Nations General Assembly and welcoming the establishment of the United Nations Fund for Drug Abuse Control; and

Having reviewed the report by the Director-General on drug dependence and the activities of the Organization in this area;

1. CONGRATULATES the Director-General for this report and approves the programme expansion proposed therein especially the collection and exchange of data, the analysis of all medical, social, cultural and economic factors contributing to drug dependence, the conduct of research and training programmes, and the evaluation of existing programmes and the recommendation of new programmes;

2. AFFIRMS that because of the serious public health aspects and implications of drug dependence the World Health Organization has an important role to play in any concerted international action against drug abuse;

3. RECOMMENDS continued World Health Organization co-operation and collaboration with other organizations and agencies within the United Nations system in planning and implementing international programmes and, upon request of Member governments, assisting in developing procedures for co-ordination of their national drug abuse control programmes;

4. REQUESTS that the Director-General submit as soon as possible projects and programmes to the United Nations Fund for Drug Abuse Control, seeking financial assistance for programme expansion both at headquarters and in the regions;

5. REQUESTS the Director-General to report on these matters to the Executive Board and to the Twenty-fifth World Health Assembly.

Dr EHRLICH, representative of the Executive Board, said that the Executive Board had considered two points in relation to drug dependence. In accordance with resolutions WHA7.6 and WHA18.46, the Director-General had informed the Board of action taken pursuant to Article 3 of the Single Convention on Narcotic Drugs concerning the classification of substances under certain international conventions. The Board had noted in resolution EB47.R27, that, on the basis of expert advice, the Director-General had transmitted to the Secretary-General of the United Nations three notifications concerning propiram. The Director-General, in accordance with resolution WHA23.42, had submitted a report to the Board on developments in drug dependence and abuse since the Twenty-third World Health Assembly containing proposals on additional activities. Member States had been asked to give WHO information on existing and proposed action to develop drug dependence services and to provide information on the nature and extent of the data available on human and environmental factors associated with various types of drug dependence. Useful information had been received and it had been expected that more would be available in time for consideration by the Twenty-fourth Health Assembly. The Board had accordingly asked the Director-General to bring his report up to date for the Twenty-fourth Health Assembly, taking into account the comments and suggestions made by the Board and any additional information available. It had also, in resolution EB47.R26, submitted a draft resolution for consideration by the Assembly.

Dr BERNARD, Assistant Director-General, said that the Director-General's report in document A24/A/7 contained the substance of the information submitted to the Executive Board, with the addition of new information since its meeting. It indicated how the Director-General intended to implement resolution WHA23.42. Paragraphs 2 and 3 contained an outline of current activities, with emphasis on important ones such as the meeting in August 1970 of the WHO Expert Committee on Drug Dependence, whose report appeared in Technical Report Series No. 460; the meeting in December 1970 of a WHO Scientific Group on Use of Cannabis; and the meeting to be held in 1971 of a Scientific Group on Youth and Drugs. It also briefly outlined activities in fellowships, inter-regional and regional services, and research.

In relation to WHO's co-operation with organizations of the United Nations system, in particular the United Nations Commission on Narcotic Drugs and the United Nations Narcotics Division there had been two important developments. First, there had been an extraordinary session of the Commission in September and October 1970 resulting in a recommendation for the creation of a United Nations Fund for Drug Abuse Control. The relevant resolution was contained in Annex I to document A24/A/7. Annex 2 to that document contained the text of a resolution adopted on the subject by the United Nations Economic and Social Council, Annex 3 the resolution adopted by the United Nations General Assembly welcoming the establishment of the Fund and requesting the Secretary-General to take immediate action to implement the relevant decisions by the Economic and Social Council.

The Fund had now been created and the Secretary-General of the United Nations had appointed a personal representative for administering it in liaison with the Division of Narcotic Drugs and the specialized agencies concerned in the United Nations system. The Director-General had already made contact with the personal representative and had discussed WHO's participation in the activities financed from the Fund. It was hoped that the Fund would take an active part in financing activities within the scope of WHO, such as prevention, treatment and rehabilitation, and also activities in which WHO would co-operate closely with the Division of Narcotic Drugs and with other specialized agencies such as UNESCO and ILO.

The second important development was the conference on psychotropic substances held in Vienna in January and February 1971, at which a new convention on psychotropic substances had been adopted. WHO had taken an active part in the conference, which was described in document A24/A/7. The main item of interest to WHO was Article 2 of the Convention concerning procedures for listing substances in the tables annexed to the Convention. The text of Article 2 and of the related Article 3 were set out in Annex 4 of document A24/4/7. Annexes 5 and 6 respectively contained the texts of two resolutions adopted by the Conference. Resolution I invited States to apply provisionally the control measures provided in the Convention pending its entry into force and requested the Secretary-General to transmit the resolution to the Economic and Social Council, the United Nations General Assembly and WHO. Resolution II requested the World Health Assembly to encourage research on less dangerous substances capable of replacing the amphetamine drugs.

The last part of the Director-General's report was concerned with the expansion of WHO's programme in the field of drug dependence. Activities proposed included the collection and exchange of information on the prevalence and incidence of drug dependence and on associated factors concerning man and his environment, activities concerning drug dependence epidemiology, drug consumption and health and social aspects in a number of countries and in a variety of social and cultural environments. A detailed programme of action was being prepared, which would include a number of centres in different parts of the world to assist in studying the problem and to help co-operation among countries and to provide a co-ordinated network of information, exchange and study. Headquarters and regional resources would be strengthened and a central unit would be created to collect and analyse data with the help of the most modern methods of epidemiology and communications sciences.

Special emphasis should be placed on two aspects. In the first place, an important part of the activities should be carried out essentially at the regional and national levels. As indicated during the discussion on the proposed programme and budget, the Regional Office for Europe had already carried out valuable work and had more projects than it was able to finance. The Regional Director for the Americas had referred to plans for studies in selected countries. The other Regional Directors, with whom the Director-General had discussed the problem, had indicated a similar wish to work on those problems. In such a complex question, it was only by obtaining agreement and support from Member countries that the information could be obtained which would make it possible to assess in the field the different approaches to prevention, treatment and rehabilitation.

Secondly, the health aspects of drug dependence could not be disassociated from its social consequences; in that connexion, the importance of co-operation should be stressed. Close co-operation was being maintained with the United Nations Division on Narcotics and with UNESCO, ILO and FAO, and WHO would participate in joint programmes of action with those organizations. Such programmes would be financed as far as possible from the Organization's regular budget, but also take into account the resources available from the United Nations Fund. It was unfortunately not possible to provide detailed figures or detailed information on the programme, as it was in the process of being formulated. Speedy action was vital, however, and it was hoped that a programme for WHO's part in the joint action would be completed in the coming weeks so that work could be started.

Dr STEINFELD (United States of America) said that 10 years earlier the problem of drug dependence, if it were even mentioned, affected a small number of nations and a small number of persons and the major concern was opiate addiction. Today the world was facing a drug dependence pandemic with, in addition to opiate addiction, dependence on a broad spectrum of narcotic and non-narcotic substances and large numbers of younger individuals involved. Within the past five years, the drug disease had involved hundreds of thousands of children and young adolescents; it knew no geographical frontiers.

In the United States of America opium was not produced and the manufacture of heroin was prohibited; but drug abuse was still a major problem. He recalled the statement by the President of the United States of America on 28 April 1970, during Drug Abuse Prevention Week: "The past decade has seen the abuse of drugs grow from essentially a local police problem to a serious threat to millions of Americans. The number of narcotic addicts in the United States is estimated to be in the hundreds of thousands, and the effects of their addiction spread far beyond their own lives."

"Statistics tell but part of the tragedy of drug abuse. The crippled lives of young Americans, the shattered hopes of their parents, the rending of the social fabric - as addicts inevitably turn to crime in order to supply a costly habit - these are the personal tragedies, the human disasters that tell the real story of what drug abuse does to individuals, and can do to our Nation".

In New York alone there were 100 000 regular users of opiates, principally heroin, 43 per cent. of them under the age of 25 and 13 per cent. under the age of 20; and more than 1000 persons a year died from narcotic-related causes.

In one large American city there had been 60 such deaths in 1970 compared with only one 10 years earlier. In a major private mental hospital in the eastern region over 50 per cent. of the patients at present were adolescents suffering from drugs, compared with none 10 years earlier. In 1936 only 16 per cent. of opiate addicts had started before the age of 20; by 1966 53 per cent. of admissions to the Narcotic Treatment Centre at Lexington, Kentucky, were under 19 years of age.

A study at a school in the eastern United States had shown that 27 per cent. of ninth-grade students (aged 15 years) used either drugs or drugs and alcohol and a further 24 per cent. used alcohol. Of those using drugs approximately 10 per cent. experimented with glue sniffing, 7 per cent. with stimulants, 5 per cent. with methamphetamine, 5 per cent. with barbiturates, 8 per cent. with codeine, 4 per cent. with opium or its derivatives, 3 per cent. with heroin, 3 per cent. with tranquillizers, 15 per cent. with marijuana, 8 per cent. with hashish, 5 per cent. with mescaline, 5 per cent. with LSD, and 4 per cent. with cocaine. Those figures indicated an evolution in the pattern of drug abuse. In view of the magnitude of the problem, the United States Government had recently enacted and implemented comprehensive new legislation designed to treat and rehabilitate drug addicts and to control the supply of the substances they abused.

The problem today was the multiple drug abuser, who used a variety of chemical substances, receiving a specific effect and reaction from each. The multiple drug abuser had been changing over the past 10 years; he was younger, sought treatment at an earlier age and appeared in social populations not normally identified with drug users. The identification of multiple drug users had implications for treatment arrangements, since they might need more comprehensive therapeutic treatment than was available to the users of heroin only.

Four distinct groups of users could be identified in the United States today: the experimenter, the recreational or social user, the involved abusers and the dysfunctional and multi-drug abusers. The problems they created were not limited to the United States but affected the whole world. The European Public Health Committee in its report to the Council of Europe in 1970 had stated that drug dependence and drug abuse were a serious social, economic and medical problem in most European countries. It had reported six discernible trends: a growing incidence among young people; new patterns in drug dependence, especially an increase in the intravenous use of stimulants; a rapid increase in the abuse of well-known

drugs; a rising frequency of multiple dependencies, estimated to occur in at least 50 per cent. of persons dependent on drugs; an increasing number of drug-dependent women; and a rapidly increasing alcohol problem. That Committee had also stated that the number of unreported cases of drug dependence was thought to be extremely high in all countries and was estimated at about 10 to one.

The problem was receiving the attention of the World Health Assembly, the United Nations General Assembly, the Commission on Narcotic Drugs and other bodies, and its international nature had been given concrete expression in the adoption of the International Protocol of Psychotropic Substances and the establishment of the United Nations Fund for Drug Abuse Control. As the Director-General's report said, many aspects of the total effort to combat drug dependence did not fall within WHO's jurisdiction - for example the limitation or elimination of supplies. WHO's role had been admirably stated by the WHO Expert Committee on Drug Dependence in its eighteenth report:

> "Until the demand for dependence-producing drugs is markedly reduced, it cannot be reasonably expected that measures to control their availability will have the desired result. A reduction in demand can be achieved only by preventive measures designed to limit interest in drugs on the part of potential users and through effective treatment and rehabilitation of drug-dependent persons."

The United Nations Commission on Narcotic Drugs had said that no serious endeavour could be made to reduce the impact of drug addiction without a clear idea of the number and characteristics of those involved. In other words, any realistic or well-planned programme for a particular country should take into account the nature of the drugs involved, the size of the problem, the social and cultural environment, traditions and economic possibilities and the influences affecting individual and group behaviour, particularly among the young. The WHO Expert Committee on Drug Dependence had called for just such research. WHO's effort had been outlined by the Health Assembly in resolution WHA23.42.

Professor REXED (Sweden) said that the problem of drug dependence was causing worldwide concern. The problem had been well illustrated by the United States delegate's description of the situation in his own country; but it was of growing concern elsewhere, especially in Europe. Sweden had had a particularly difficult battle against the spread of stimulants in recent years. It had instituted control, prevention and treatment measures and hoped that the spread had been stopped; but the problem had not been eliminated and was still serious in urban areas. Alarming new developments included the spread of cannabis, which was used experimentally among young people; the recent increase in experimenting with LSD; and the appearance of a group of new young abusers of opiates.

His delegation was therefore heartened by WHO's efforts to intensify and expand its programme on drug dependence. It was very important to increase the amounts of scientific advice; for example, the report of the WHO Scientific Group on the Use of Cannabis and the work of similar groups on various aspects of the problem of drug dependence in all its aspects was extremely useful and should be continued in order to provide scientific support for the future programme. It was encouraging to note that the WHO Regional Office for Europe was starting a long-term programme to combat drug dependence, and it was to be hoped that similar co-ordinated programmes, covering the preventive, therapeutic and other aspects of the problem, would be undertaken by other regions. He welcomed the Assistant Director-General's reference to such activities.

In connexion with the draft resolution sponsored by his own and other delegations, he wished to stress two points. First, there were now two conventions: the Single Convention on Narcotic Drugs, which was concerned with international co-operation on the classic narcotic drugs, and the Convention on Psychotropic Substances which was concerned with the other potentially dependence-producing drugs affecting the nervous system. In both cases WHO had a very important role, which was clearly laid done in the Single Convention. The Convention on Psychotropic Substances stated that WHO's judgement and research would be a determining factor in the scientific aspects of the problem which meant that in virtually the whole field of drug dependence WHO would be the most important agency in defining which drugs should be controlled internationally and what control, prevention and treatment measures were required.

He had attended the Vienna Conference on Psychotropic Substances and had been gratified to note that nearly all the participants had stressed the part to be played by WHO. His delegation hoped that WHO would expand its work in that field and meet the hopes placed in it by all countries. Without such co-operation the International Commission on Narcotics would be unable to achieve effective results. In that connexion, he drew attention to operative paragraphs 2 and 3 of the draft resolution, which stressed WHO's leading role.

The second point he wished to stress concerned operative paragraph 4, an important paragraph that opened up the possibility of using the new Fund so that WHO activities could be expanded faster than would otherwise be possible. Co-operation between WHO, UNESCO, FAO and other interested agencies was vital for the control of drug dependence. He had in mind concerted action under United Nations auspices.

The Swedish Government had been in favour of the creation of the Fund and was ready to support it financially. He hoped that many countries would also support the Fund, so that it could be really effective in developing the activities of the specialized agencies and other international organizations.

Although many countries were aware of the drug dependence problem and were trying to deal with it, there was no room for complacency. Drug abuse was expanding; and strong, well-organized forces were working against those who tried to combat it. A concerted effort was needed to deal with the problem.

The meeting rose at 12.30 p.m.