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COMMISSION ON NARCOTIC DRUGS

Fourteenth Session

SUMMARY RECORD OF THE FOUR HUNDRED AND SIXTEENTH MEETING

held at the Palais des Nations, Geneva,
on Wednesday, 29 April 1959, at 10.30 a.m.

Chairman:	Mr. NIKOLIĆ (Yugoslavia)
Rapporteur:	Mr. ARDALAN (Iran)
Joint Secretaries:	Mr. DAVID Mr. JHABVALA Mr. NICHOLS

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The list of government representatives and observers and of representatives of specialized agencies and intergovernmental and non-governmental organizations attending the session is contained in the report of the Commission on its fourteenth session (E/3254).

IMPLEMENTATION OF THE NARCOTICS TREATIES AND INTERNATIONAL CONTROL (item 3 of the agenda) (continued)

(a) Report of the Division of Narcotic Drugs (E/CN.7/356, Add.1, 2 and 3; E/CN.7/365) (continued)

The CHAIRMAN invited members to consider the annex to document E/CN.7/356/Add.1 (Implementation of resolutions and decisions addressed to all governments).

Dr. MABILEAU (France) stressed the great importance of paragraph 15 (iv) which reaffirmed the need for a direct exchange of information between authorities responsible for the control of the illicit traffic in different countries.

The CHAIRMAN, speaking as representative of Yugoslavia, reserved the right in connexion with paragraph 54 to ask for further information on the control methods used in the Federal Republic of Germany when the observer for the Federal German Government was present. With regard to paragraphs 72 to 83, he requested the representative of the United States to inform the Commission concerning the use of tranquillizers in that country. He understood that the use of tranquillizers was increasing there and had become widespread.

Mr. MERRILL (United States of America) stated that he was unable to give the information at the present moment but would do so at an early opportunity.

Mr. PANOPOULOS (Observer for Greece), speaking at the invitation of the Chairman, stated that he had prepared a paper on the subject of barbiturates and tranquillizers which he would shortly be submitting to the Commission. Statistics showed that the use of such drugs was increasing in many countries and it was undoubtedly a serious problem to which the Commission should devote adequate consideration.

The CHAIRMAN said that the matter could be raised under item 11, "Questions relating to the control of other substances".

The CHAIRMAN, speaking as representative of Yugoslavia, commented on the opinion expressed by the French Government in paragraph 91 that the freedom of the Press in that country made it difficult to control Press publicity on new narcotics. All governments represented on the Commission attached great importance to freedom of the Press, but there were limits to that freedom in such matters as pornography, and the same limits could surely be applied to publicity for drugs which were liable to endanger public health.

Dr. MABILEAU (France) suggested that public health could be protected without any encroachment on the freedom of the Press provided governments co-operated with the Press and encouraged the development of a sense of responsibility among journalists. It was important that all Press material dealing with therapeutics in general and narcotic drugs in particular should be written only by qualified journalists and signed by them in order that responsibility might be clearly defined.

Mr. GREEN (United Kingdom) pointed out that once inroads were made on the freedom of the Press it was difficult to say where they would stop. He shared the French representative's opinion that co-operation between Government and Press offered a better solution of the problem than attempts to limit the freedom of the Press. Paragraph 94 of the document under consideration showed how the United Kingdom Government had been able to secure the voluntary co-operation of pharmaceutical manufacturers in regard to the marketing of new narcotic drugs.

Mr. PANOPOULOS (Observer for Greece), speaking at the Chairman's invitation, stated that misleading publicity for new drugs could be seen in the windows of chemists' shops as well as in the Press.

Mr. RABASA (Mexico) said that there were certain generally accepted limitations on the absolute freedom of the Press in Mexico. It was essential to strike a balance between the rights of the Press and those of the community.

The CHAIRMAN, speaking as representative of Yugoslavia, said that he was unable to follow the reasoning of some of the previous speakers. Freedom did not include freedom to kill or to poison the health of the nation by pornography; surely a similar restriction could be placed on the right to publicize harmful drugs. In connexion with paragraph 103, he reiterated his concern at the lack of control exercised by the Federal Republic of Germany over the production and export of normethadone and ticarda, adding that he would raise the matter again when the Observer for the Federal Republic was present.

The annex to document E/CN.7/356/Add.1 was noted.

The CHAIRMAN invited members to consider document E/CN.7/356/Add.2.

Document E/CN.7/356/Add.2 (List of drugs under international control) was noted without comment.

The CHAIRMAN invited the representative of the World Health Organization (WHO) to present the ninth report of the Expert Committee on Addiction-Producing Drugs (E/CN.7/365).

Dr. HALBACH (World Health Organization) drew the attention of the Commission to the recommendations of the Expert Committee concerning normorphine. Normorphine was a particularly interesting drug; it gave one quarter of the analgesic effect of morphine; its withdrawal symptoms were less strong than in the case of morphine and even codeine; it might be a step forward in the search for a non-addicting substitute for morphine.

With regard to the classification of the new drug norcodeine under the international control regime, WHO had encountered formal difficulties. Since the addiction-producing properties of norcodeine were not assimilable to those of morphine and as the former substance could not be converted into an addiction-producing drug, it could not be placed under the control regime applicable to drugs either of Group I or of Group II of article 1 of the 1931 Convention.

In the light of its recommendation regarding norcodeine, WHO had reviewed its previous opinion regarding propoxyphene. For the same reasons as in the case of norcodeine, propoxyphene should not be retained under the control regime applicable to Groups I or II of Article 1 of the 1931 Convention.

As a result of consultations between the Director-General of WHO and the Secretary-General of the United Nations, as recommended by the Expert Committee, WHO had finally recommended that governments be invited to place norcodeine as well as propoxyphene under a control regime not less severe than that applicable to drugs of Group II.

Controlled clinical observations with oxymorphone had led the Expert Committee to state that the warning it had originally issued was no longer justified. That opinion had been communicated to the Secretary-General of the United Nations, who had notified the governments.

The Expert Committee had taken the view that levomoramide, which was the levorotatory stereoisomer of dextromoramide, should fall under the régime laid down for the drugs specified in Group I.

Requests for exemption had been received with regard to preparations containing normethadone and preparations containing dioxaphetyl butyrate. With regard to the former, the Expert Committee had found that the content was relatively insignificant in the drug known as "taurocolo", but there was some

danger that abnormal doses might be taken, especially of the syrup. As for new narcotic drugs, no experience was available with regard to the non-dangerous limits in such preparations, the Committee had rejected the request for exemption and had decided likewise with the other preparations for the same reason.

No decision had been taken on the synthetic substances of other types listed in section 3.2.1 because no special observation had been available and from the demonstration of tolerance to the analgesic effect in mice it was not possible to make any inferrence as to the addiction-liability of those substances in man. In that case the delay in coming to a decision would do no harm, as the substances were still only of laboratory interest.

Dimenoxadol was a new type of synthetic drug, loosely related chemically to methadone. Since it had been found to have morphine-like effects with addiction-producing liability, the Expert Committee had recommended that it be placed in Group I. No action could be taken on the synthetic drugs listed in section 3.2.3 notified by the United States of America, since the notification had arrived at the very end of the session. Deferring the decision would entail no risk to public health, as no production and marketing was intended.

The abuse of non-opiate analgesic mixtures, which had been studied especially carefully in Switzerland, did not lead to actual addiction, but missuse for years produced symptoms very closely resembling those of true addiction. The mixtures would be kept under continual supervision to discover which components were responsible.

In view of the increasing consumption of codeine and dionine, the Committee had recommended that the investigation and use of non-addictive antitussives should be encouraged. Some success had been achieved in several countries with newly developed synthetic antitussives which were not related in chemical structure to addiction-producing drugs so far known.

The new technique for measuring tolerance and physical dependence in clinical practice had shown that oxymorphone was not so dangerous as had been thought. It was a clinical technique devised to examine what might happen during prolonged therapeutic administration of narcotic drugs for chronic pain, as distinguished from the techniques used at Lexington and Ann Arbor for determining addiction-producing liability.

The problem of international non-proprietary names had been practically solved, and it was reasonable to hope that in the future a name could be given to any drug

at the same time as it came under international control. Whereas a unification of the nomenclature for narcotic drugs had thus been achieved, the uniformity of the chemical nomenclature left much to be desired. As a remedy, the Expert Committee had recommended using the same chemical name or adopting the same chemical nomenclature as that used in the official lists of narcotic drugs published by the United Nations and WHO.

The plan of a centralized source of information on narcotics had been realized by putting into operation, with the assistance of the United States Public Health Service National Institutes of Health, a punch card system indicating the subjects dealt with in scientific publications from all over the world.

With regard to certain articles of the proposed single convention on narcotic drugs, the Expert Committee had stated its views which would be taken into consideration for the formulation of the comments eventually to be approved by the World Health Assembly.

Mr. ÖZKOL (Turkey) was glad to see that the Expert Committee had been vigilant with regard to requests for exemption, thus demonstrating that WHO was continuing to help the Commission in eliminating addiction to narcotic drugs. It was also gratifying to see that the Expert Committee recognized the value of the Lexington studies, which unfortunately had been abruptly abandoned.

Dr. HALBACH (World Health Organization) said that the Turkish representative was probably referring to a particular study of pethidine addiction which had been furnished some five years ago by the Lexington hospital because the material had then been available. It might be possible that such studies could be resumed. In the meantime, he would supply the Turkish representative with a similar study carried out in Denmark.

Mr. ÖZKOL (Turkey) welcomed the assurance that the observations at Lexington would continue. Figures had been given in the fifth report of the Expert Committee, but had been dropped from the later reports. It was to be hoped that WHO would be able to resume them.

Dr. MABILEAU (France) said that the substances referred to in the Expert Committee's report had been prohibited in France since the end of February 1959, and many as early as the beginning of 1958. In France norcodeine was regarded as toxic but not as addiction-producing and might be supplied on a medical non-repetatur prescription. Good results had been obtained with noscapine as an antitussive. Dextromethorphan, propoxyphene and oxymorphone had been placed in

Schedule B of the dangerous drugs list at the beginning of 1958; normorphine and dimenoxadol had been placed in Schedule B of the dangerous drugs list and prohibited on 28 February 1959. Although WHO had now discovered that dextromethorphan was not dangerous, the French authorities would continue to regard it with suspicion.

WHO issued excellent press releases and bulletins, but journalists who sometimes served private interests tended to make an irresponsible use of extracts from scientific publications for sensational purposes. Used in that way the authoritative views expressed by WHO on the dangers of syrups containing codeine might have been distorted.

The CHAIRMAN, speaking as representative of Yugoslavia, agreed that WHO's publications provided a fine field for unscrupulous journalists. A similar field was of course provided by highly scientific volumes on sex, but newspapers were not permitted to use extracts from them for pornographic purposes. The same should apply to similar use of the excellent material published by WHO.

Mr. HOSSICK (Canada) remarked that the Canadian Government had very recently completely revised its narcotics schedule and had very closely followed the Expert Committee's recommendations in the new schedule.

Mr. ISMAIL (United Arab Republic) thought the sentence in the report recommending the encouragement of investigation and use of non-addicting anti-tussives extremely important. The reason why the Egyptian Province of the United Arab Republic consumed a great deal of codeine and dionine was mainly that imports of drugs from abroad had ceased and local production was expanding.

Mrs. VASSILIEVA (Union of Soviet Socialist Republics) said that she too was particularly interested in the investigation of non-addicting antitussives because the use of codeine was on the increase in the Soviet Union, especially owing to influenza epidemics. The Soviet Union had itself begun the production of a new synthetic antitussive drug which looked extremely promising. She would supply a full description in the near future. She would have appreciated a further exchange of information on that subject. Some further explanation was needed of the statement in section 10.2 concerning the Committee's belief that the treatment of drug addiction need not necessarily be in a closed institution.

Dr. HALBACH (World Health Organization) explained that the statement had been based partly on a report by a WHO study group on the treatment of drug addicts, partly on the information gathered by members of the Expert Committee and partly on his own observations in the United Kingdom and the United States of America,

where addiction had been successfully treated outside closed institutions. The sentence merely meant that selected cases had been treated successfully and that legal provision should be made for such treatment. It did not mean that coercion, which in that case meant compulsory treatment in a closed institution, was not necessary in most cases. There was also the example of mass treatment in Iran immediately after the production of opium had been prohibited. Masses of opium addicts had had to be helped to overcome withdrawal symptoms and had been assembled in treatment centres where they had enjoyed comparative freedom.

Mr. OBERMEYER (Austria) said that experience in Austria had shown that only treatment in closed institutions had any prospect of success.

Mr. LIANG (China) was particularly glad to note what had been said by the Expert Committee with regard to non-addictive antitussives; his Government had been concerned about narcotine, which some manufacturers had wished to produce as an antitussive and which WHO now recommended, with careful handling, under the name of noscapine. The report on the new technique under section 6 represented an advance in the knowledge of the nature of addiction.

Mr. BANERJI (India) said that the Indian Government was very anxious to ensure that one form of drug addiction - to raw opium - was not replaced by another form; but it was equally anxious that as many people as possible should obtain the utmost benefit from modern medicine. It was adopting a cautious attitude, and despite the revised legal position norcodeine and propoxyphene had already been placed in Group II.

Mr. GREEN (United Kingdom) said that the control of new drugs which did not cause serious addiction and were not convertible to drugs of greater addiction-producing potency but were still dangerous raised some difficulties. The 1931 Convention and the 1948 Protocol did not empower WHO to recommend control of such drugs, but merely enabled it to draw the attention of governments to the fact that such drugs should be controlled at least as strictly as those in Group II. The United Kingdom Government was able to deal with such drugs in that way, but some countries which based their narcotics control solely on the Convention and the Protocol might not be able to do so. The Commission would hardly be able to solve the problem at the present session, but it might well be ventilated at the appropriate stage.

Mr. VERTES (Hungary) said that codeine and dionine consumption was increasing in Hungary, as elsewhere, owing to their use as analgesics and antitussives. Noscapine had not hitherto been considered for use as an effective antitussive and was not being distributed. For the time being, Hungary would have to continue to use codeine.

The CHAIRMAN, speaking as representative of Yugoslavia, observed that it was curious that at the same session the Commission had before it a statement by the Expert Committee warning against the dangers inherent in the use of normethadone and another statement from the Federal Republic of Germany (E/CN.7/356/Add.1, Annex, paragraph 103) to the effect that experiments during the last ten years did not seem to indicate that normethadone was as dangerous as morphine. He could not understand what non-medical reasons the Commission might have to propose that action other than that recommended by WHO should be taken with respect to changes in the scope of control, as stated in section 10.1

Dr. HALBACH (World Health Organization) explained that the reference was to lengthy discussions in the Commission, in which it had been stated that, if WHO took a decision on medical grounds, there might be non-medical reasons for which the Commission might not find such a decision acceptable. The Expert Committee had felt bound to comment in order to reconcile any divergencies.

The CHAIRMAN, speaking as representative of Yugoslavia, said that every proposal made by his delegation in the Commission was made purely in the interest of public health; he could see no other grounds for deciding a matter differently from WHO.

Dr. MABILEAU (France) said he could not conveive of any delegation basing its decision on any grounds other than the interests of public health.

The Commission took note of the ninth report of the Expert Committee on Addiction-Producing Drugs (E/CN.7/365).

The meeting rose at 12.40 p.m.