shown, this is an area in which a great deal more needs to be done. The resolution was approved unanimously and has been referred to the director general of the world health organization for study, with the request that he report to the executive board of W.H.O. in January, 1963. Canada is represented on this board and proposes to press for action with respect to an international warning system.

May I now direct attention to the bill which is before the house. I wish to emphasize that this proposed amendment to the Food and Drugs Act does not in any way interfere with, or attempt to anticipate, the study being carried out by the Royal College of Physicians and Surgeons. Indeed, these two steps have been designed to dovetail as I will point out shortly.

Mr. Speaker, Bill C-3 is relatively simple in content and is designed to reinforce certain aspects of our drug control provisions and to furnish further clear authority in the interests of that control. It embodies three changes in our Food and Drugs Act:

1. it provides authority to impose additional controls on the distribution of drug samples.

2. it authorizes the prohibition of the sale of a drug,

3. and it emphasizes that new drugs require special consideration.

Before dealing with these changes, I might say that we have been concerned that nothing be done that will impede medical and scientific research in the field of drug therapy. It would be a great disservice to the people of Canada if any unnecessary controls were imposed in connection with the manufacture and availability of new drugs in this country. Therefore, this bill seeks to meet a double requirement—to avoid imposing unnecessary restrictions on medical and scientific research and, at the same time, to ensure that all possible safeguards are observed.

As I have mentioned, all drugs possess some potential for danger. Because of this, our existing legislation limits the distribution of samples to the medical, dental, veterinary, and pharmaceutical professions. It does not restrict in any way this distribution. Until now, such intervention was considered unnecessary. Experience, however, and particularly as reflected in the thalidomide situation, has indicated the desirability of imposing some restriction on this distribution.

In so doing, we do not, of course, intend to affect the right of a manufacturer to inform a physician of a new product or to deny him the right to make a new product available by way of sample. This would be an unwarranted interference with the professions and with the industry. At the same

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time, we do feel that some control or supervision should be exercised over the mass distribution of drug samples which physicians may know little about, may not want, and which may easily fall into the wrong hands.

We have had complaints from doctors indicating that they are receiving almost daily unsolicited quantities of drugs which they do not need and which are often discarded. This presents the immediate danger that such discarded drugs may fall into the wrong hands, and I understand that there are persons or firms who will take delivery of unwanted samples for the purpose of further distribution.

In view of this situation, we feel that the time has come when the sampling of drugs to the professions should be brought under some measure of control. The amendment now before the house seeks to provide authority to prescribe conditions under which sampling may be carried out. This will involve regulations. Our proposal is that the drug companies be required to obtain a signed request from members of the professions before a sample can be furnished. This type of control will not, in my view, interfere with medical practice or with the use of a drug in connection with the treatment of patients under a physician's care. It will, however, require the practitioner to exercise his judgment in requesting a sample and will prevent the present practice of unwanted or unsolicited samples being distributed.

I come now to the second portion of Bill C-3 which provides for the prohibition of the sale of any drug listed under schedule H of the Food and Drugs Act. The purpose here is to put beyond any shadow of a doubt the authority to prohibit the sale of a drug should this prove necessary. In this context, I might explain that the act defines "sell" as including sell, offer for sale, have in possession for sale, and distribution. We expect that this prohibiting authority will seldom have to be used and I can assure the house that it will be exercised only after the most careful consideration of all other alternatives. Certainly, it would not be proper to remove a drug from medical availability except in the most extraordinary circumstances. Before placing a drug on schedule H, we would wish to have the advice of the most competent authorities and would only take this action in the light of such advice. Similarly, a drug on schedule H could be removed under the authority of the act.