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## Information and Notices

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## I

*(Information)*

## COUNCIL

**RESOLUTION OF THE COUNCIL AND OF THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL****of 3 December 1990****concerning an action programme on nutrition and health**

(90/C 329/01)

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES OF THE EUROPEAN ECONOMIC COMMUNITY, MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic Community,

Considering that proper, balanced eating habits, combined with other factors, efficiently prevent a series of diseases which are currently the main causes of death and morbidity in Europe;

Considering that, although the nutritional situation varies greatly between different Community Member States, between different regions of one and the same State and between different groups of people in the same region, there are still problems linked with both excessive consumption of food and imbalances in the intake of the various nutrients;

Considering the importance of looking at nutritional aspects in relation to various physiological states such as those peculiar to pregnant women, nursing mothers, children, adolescents and the elderly;

Considering that access to sufficient quantities of healthy food is a determining factor for human health;

Considering the existing high level of protection as regards the wholesomeness of food and drink and the general availability of good-quality food on the Community market;

Considering that the Community has dealt on various occasions with nutritional problems and related measures in sectoral contexts, such as the fight against cancer (resolution of 7 July 1986 (')), Decision of 21 June 1988 (') and Decision of 17 May 1990 (') or alcohol abuse and the problems of young people (resolution of 29 May 1986 (') and conclusions of 17 May 1990) or health education (resolution of 23 November 1988 ('))), but has not given overall consideration to aspects of nutritional education and consumer information taken as a whole with the aim of promoting eating habits in keeping with individual needs;

Considering that, on the basis of the above, it is clearly important to find more effective ways of providing all Community citizens with the vital knowledge and education which will enable them, within the framework of their lifestyle, to make the necessary choices for ensuring appropriate nutrition in keeping with individual needs;

Considering that these advances require active support not only from governments and parliaments but also from society as a whole;

Considering that it is important to organize and promote a programme of events and activities aimed primarily at increasing public awareness of the role of a proper diet in maintaining health,

Invite the Commission to submit to the Council a proposal for an action programme, together with the budget proposals necessary under the usual procedures,

(') OJ No C 184, 23. 7. 1986, p. 19.

(') OJ No L 160, 28. 6. 1988, p. 52.

(') OJ No L 137, 30. 5. 1990, p. 31.

(') OJ No C 184, 23. 7. 1986, p. 3.

(') OJ No C 3, 5. 1. 1989, p. 1.

which provides in particular that 1994 will be 'European Nutrition Year'. When drafting this programme, the Commission is invited to use as a basis the aims and guidelines set out in the Annex.

Invite the competent authorities in the Member States to take appropriate measures, on the basis of any decisions taken by the Council, to carry out the programme, and to set up the necessary coordination arrangements.

Recommend that Community activities in this sector be conducted while taking into account the activities of the

WHO and FAO and, as far as possible, in cooperation with them.

Invite the Commission to call meetings of senior officials appointed by the competent national authorities on a regular basis at least every two years from 1992 onwards to evaluate progress in the programmes on nutritional education and consumer information.

Ask the Commission to keep the Council regularly informed of progress and to submit a final report to the Council on the work done.

#### ANNEX

#### **OBJECTIVES AND GUIDELINES FOR THE ACTION PROGRAMME ON NUTRITION AND HEALTH**

##### **1. OBJECTIVES**

The objectives of the action programme are:

- (a) to disseminate knowledge about the decisive role for health and well-being of a correct diet in relation to various diseases and risk factors;
- (b) to disseminate knowledge about the serious public health problems and social evils associated with alcohol abuse;
- (c) to prepare and disseminate information and recommendations promoting eating habits which, while reflecting each community's own traditions and habits, help to promote good health and enable everyone to adopt eating habits suited to his/her personal physiology;
- (d) to promote consumer understanding of the type of information given on labels for general and nutritional purposes and of the ways in which such information can be used to protect one's health;
- (e) to foster awareness among those concerned of the need to observe the rules of hygiene throughout the various stages of the food cycle, i.e. during agricultural and industrial production, storage, transport, wholesale and retail sale and the preparation of food in the home;
- (f) to encourage to a greater extent consideration of nutritional and health aspects in the measures in the various relevant sectors of the Community and its Member States;
- (g) to promote studies and investigations, in close coordination with the Community medical research programme, including epidemiological research, into the relationships between nutrition and disease or risk factors and the best ways of protecting health and preventing disease by means of a sensible and balanced diet;
- (h) to disseminate knowledge about the important results which European policies in the nutrition sector have obtained to date.

## 2 MEASURES TO BE TAKEN

From a Community angle, and in order to achieve the objectives set out in Section 1, the Community and the Member States, according to their respective competences will take the following measures, acting in close cooperation

### (a) European Nutrition Year

Decision to declare and implement a European Nutrition Year, in 1994

### (b) General measures to heighten awareness

Activities focused on a limited number of aspects geared to different sectors of society, particularly to schools and scientific and industrial circles and mass catering as well as to typically national, regional or local aspects. Such activities will include, amongst others, information programmes via television, radio and the press as well as conferences and the distribution of educational and informative material and, possibly, prizes

### (c) Pilot projects on nutrition

*Ad hoc* projects aimed at improving the nutritional standards of select groups of people at risk and the nutritional quality of food and at assessing the levels currently achieved in the Community. Such projects will be directed, *inter alia*, at the methods of disseminating such knowledge

### (d) Research and studies

Research and studies on nutrition and health and in particular on

- factors affecting choice of food by consumers and the effect of foods on metabolic rates,
- the consequences of changes in eating habits,
- the consequences of rapid changes in methods of food manufacture, preservation and distribution,
- the formulation of information for consumers,
- studies on eating habits in the various regions of the Community

### (e) Work of the Scientific Committee for Food

Stepping up and diversifying the work of the Scientific Committee for Food in the nutritional field and, if need be, examination of setting up a Scientific Committee for Nutrition, attached to the Commission

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**RESOLUTION OF THE COUNCIL AND OF THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL**

**of 3 December 1990**

**on Community action to combat the use of drugs, including the abuse of medicinal products, particularly in sport**

(90/C 329/02)

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES OF THE EUROPEAN ECONOMIC COMMUNITY, MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic Community,

Whereas the use of drugs, including the abuse of medicinal products, which is damaging to health, is increasingly prevalent in Europe, particularly in sport; whereas sport has a considerable impact on society, in particular on young persons, given the substantial publicity given to it in the media; whereas, as a result, vigorous action against drug use in sport may serve as an example to show that, generally, it can and must be possible to win without recourse to stimulants and medicinal substances which endanger health;

Whereas, in view of the above, one important objective of the fight against the use of drugs in sport should be the protection of the health of those taking part in sporting activities;

Having regard to the Council of Europe Convention, its importance and the advisability of close cooperation between the Member States of the Community and the Council of Europe in this sphere, in a spirit of complementarity,

Whereas the use of drugs in sport contravenes health regulations in a number of ways, in particular to the extent that it implies:

(a) the use of substances authorized by the Community as medicinal products (Directive 65/65/EEC) (<sup>1</sup>) for purposes other than those for which authorization was given (the diagnosis or treatment of recognized pathological states);

(b) the use of such substances in forms and dosages not covered by the authorization (Directive 65/65/EEC);

(c) failure to comply with rules on distribution (Directive 75/319/EEC — black market and/or sale to non-authorized persons) (<sup>2</sup>), prescription (sale without a doctor's prescription — Directive 75/319/EEC, as amended by Directive 89/341/EEC) and advertising of such products (Directive 84/450/EEC) (<sup>3</sup>);

Whereas an educational and preventive approach should prevail and extend to cover all persons taking part in sporting activities, in particular young people and the circles in which they move;

Whereas it would be opportune for a European code of conduct to combat the use of drugs in sport to be publicized at the 1992 Olympic Games in order to take advantage of the impact of that event on public opinion,

Invite the Commission, assisted by a Group of Experts appointed by the Member States:

- to draft and circulate, in close conjunction with the Member States, by the end of 1991, with a view to the Olympic Games in 1992, a code of conduct to combat the use of drugs in sport, based on the guidelines set out in Annex I,
- to propose to the Council measures of Community interest based on the guidelines set out in Annex II, taking into account the measures already initiated by government sporting authorities, the Council of Europe and international sporting organizations.

(<sup>1</sup>) OJ No L 22, 9. 2. 1965, p. 369/65, as last amended by Directive 89/341/EEC (OJ No L 142, 25. 5. 1989, p. 11).

(<sup>2</sup>) OJ No L 147, 9. 6. 1975, p. 13, as last amended by Directive 89/381/EEC (OJ No L 181, 28. 6. 1989, p. 44).

(<sup>3</sup>) OJ No L 250, 19. 9. 1984, p. 17.

*ANNEX I***DRAFTING, CIRCULATION AND USE OF A CODE OF CONDUCT TO COMBAT THE USE OF DRUGS IN SPORT**

The code should constitute an important instrument of information and education against the use of drugs in sport. Denouncing the use of drugs in sport as contravening the rules of health protection and in any case as constituting unsporting behaviour, it should be submitted for joint discussion by medical and sporting circles operating in the Community.

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*ANNEX II***MEASURES OF COMMUNITY INTEREST**

(guidelines)

- (a) Stepping-up training information and health education initiatives against the use of drugs in sport.
  - (b) Study of most common current drug-use practices.
  - (c) Drug-testing methods and cooperation between laboratories.
  - (d) Research on effects of drug-taking on health within the Community biomedical research framework programme.
-

**RESOLUTION OF THE COUNCIL AND OF THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL**

**of 3 December 1990**

**on improving the prevention and treatment of acute human poisoning**

(90/C 329/03)

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES OF THE EUROPEAN COMMUNITIES, MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic Community,

Having regard to the draft resolution submitted by the Commission (¹),

Having regard to the opinion of the European Parliament (²),

Having regard to the opinion of the Economic and Social Committee (³),

Whereas, for a policy aimed at preventing the risks of acute poisoning in the population and, in particular, among workers, it is desirable to have the maximum amount of comparable data on clinical toxicology at Community level;

Whereas poison centres in the Community, by virtue of their informative therapeutic and analytical functions, are amongst those bodies in the best position to collect clinical toxicology data in their geographical areas of activity and to process this information;

Whereas harmonization of the procedures for collecting clinical toxicology data for all the poison centres in the Community would facilitate the development of a policy for toxic risk prevention;

Whereas, by fostering the integration of clinical and analytical data, the Community wishes to achieve one of the main objectives of its programme of action on toxicology for health protection (⁴), namely to help ensure the quality and comparability of data and encourage the exchange of experience and information in the field of clinical toxicology;

Whereas harmonized annual reports would be of value in the context of the Ehlass project subject of Council Directive 86/138/EEC of 22 April 1986 concerning a demonstration project with a view to introducing a Community system of information on accidents involving consumer products (⁵); whereas Annex I (Section 2, third paragraph) of that Decision stipulates that additional information may be obtained from poison centres to supplement the basic information obtained from the casualty departments of hospitals;

Whereas, with a view to the free movement of persons and goods, it is important to improve the availability of antidotes by facilitating exchanges of information on their availability, in particular in areas adjacent to other Member States;

Whereas this resolution would help to develop the use of clinical toxicology data in overall assessments of the impact of chemical products and preparations on the health of the public in general and, more particularly, on the health of workers exposed to dangerous substances liable to cause acute poisoning;

Whereas it is important to ensure access to information on the chemical composition of preparations in order to ensure the correct advice and treatment in connection with poisoning;

Whereas this resolution should contribute to the development of health data with respect to the unlawful use of drugs with reference to the resolution of the Council of the Ministers for Health of the Member States, meeting within the Council of 16 May 1989, concerning a European network of health data on drug abuse (⁶);

Whereas the information obtained in the event of poisoning by medicinal products may constitute a factor in the assessment of their safety in use; whereas it is desirable for the information collected in this connection by poison centres to be forwarded to the authorities responsible for medicinal products and drug monitoring;

(¹) OJ No C 294, 22. 11. 1989, p. 10.

(²) Opinion delivered on 23 November 1990 (not yet published in the Official Journal).

(³) OJ No C 124, 21. 5. 1990, p. 1.

(⁴) OJ No C 184, 23. 7. 1986, p. 1.

(⁵) OJ No L 109, 26. 4. 1986, p. 23.

(⁶) OJ No C 185, 22. 7. 1989, p. 1.

Whereas continued close cooperation with the various international agencies active in this area, in particular the World Health Organization (WHO), the United Nations Environment Programme (UNEP) and the International Labour Organization (ILO) through their joint International Programme on Chemical Safety (IPCS), and where appropriate the implementation of joint measures with those agencies, would be beneficial and is necessary to avoid duplication of effort,

between the poison centres or, where appropriate, other competent services a Community system of information and collaboration concerning the availability of antidotes;

5. to arrange for the competent authority to produce a summary of the harmonized annual reports of the poison centres and, where appropriate, of other competent services;

### I

EXPRESS THE WILL to take the necessary steps to improve the prevention and treatment of acute human poisoning.

This summary will deal in particular with records of acute poisoning, with a note on the measures taken or planned to improve the prevention of acute poisoning and will, if possible, also take account of available anonymous data on poisoning resulting from the taking of illegal drugs.

### II

#### INVITE THE MEMBER STATES:

1. to designate a competent authority to take the necessary measures to ensure that the collection of call data and the annual reports on the work of the poison centres or, where appropriate, other competent services operating in the territory of the Member State concerned are based essentially on the indications set out in Annexes I and II;
2. to ensure that antidotes i.e. the substances and preparations used specifically in cases of acute poisoning, are as widely available as possible in their respective territories;
3. to increase the practical scope for using antidotes in their respective territories.

The summary will be forwarded to the Commission before 15 May of the following year, together with a list of the poison centres or, where appropriate, other competent services operating in the territory of the Member State, showing the areas which they cover, and the list of available antidotes.

The Commission may, where necessary, arrange for all or part of the harmonized annual reports referred to in Annex II to be forwarded to it.

To help improve the safety of use of medicinal products, it would be desirable for the annual report on cases of poisoning involving them to be forwarded also to the authorities responsible for the safety of those products. The poison centres or, where appropriate, other competent services would be encouraged to give the drug-monitoring authorities every assistance possible and should in particular respond, on the basis of the legislation in force, to any specific request for information from those authorities.

### III

#### INVITE THE COMMISSION TO:

4. to provide better emergency services in areas adjacent to other Member States.

To that end, the relevant competent authorities, in cooperation with the Commission, will set up

- prepare regular summary reports for the Community indicating, in particular, the measures required at Community level for the prevention of acute poisoning,
- expand on specific topics based on the information received from the Member States on the prevention and treatment of acute poisoning.

## IV

AGREE:

— to review the provisions of this resolution within five years of their adoption on the basis of a Commission report. That review will take account of the need to step up prevention by means of the activities provided for in this resolution,

- to invite the Commission to review the technical Annexes to this resolution at least every two years and, if necessary, update them regularly in the light of the experience acquired,
  - that in the preparation of the above report and in the updating of the Annexes the Commission will be assisted by a working party of experts appointed by the Member States.
-

*ANNEX I***HARMONIZED CASE DATA RECORD SHEET**

(to be completed in so far as the data are available, at the time of consultation or at a later stage, provided this is compatible with national laws and policies) (1)

1. Centre code: ..... 2. Call registration number: .....

Further call: .....

Method of call: .....

3. 3.1. Date (yymmdd) (?): ..... 3.2. Time (hhmm) (?): .....

4. 4.1. Enquirer: Name: .....

Address: .....

Tel. No: .....

4.2. Type of enquirer:

4.2.1. Not identified

4.2.2. Hospital:

Accident and emergency (Casualty)   
 Internal medicine   
 Intensive care, resuscitation   
 Paediatrics   
 Psychiatry   
 Other poison centre

4.2.3. Outside hospital:

Physicians   
 Nurses   
 Pharmacists   
 Veterinary surgeons   
 Occupational health services   
 Industry/manufacturers   
 General public   
 Mass media   
 Authorities   
 Others

\*\* 5. Type of enquiry:

Call related to a case  Information only

Request for antidotes  Other  Unknown

(1) The headings of particular relevance for the purpose of prevention are marked by a double asterisk.

(2) yymmdd = abbreviation corresponding to year/month/day.

(3) hhmm = abbreviation corresponding to hour/minute.

\*\* 6. Patient      6.1. Multiple cases: Yes       Number: .....

6.2. Human: Name (optional): .....

6.2.1. Age (yymmdd): ..... ; if estimated

    Foetus     Unknown Child     Unknown Adult     Unknown

6.2.2. Sex: Male       Female

6.2.3. Weight (kg): ..... ; if estimated

6.2.4. Pregnant: Duration (weeks): .....

6.2.5. Lactating: yes

6.3. Animal species: .....

\*\* 7. Agents

Information to be repeated where poisoning is by more than one agent

7.1. Name (given by enquirer): .....

Composition of product: .....

.....  
Manufacturer (if applicable): .....

Quantity: No: .....; Vol: .....; Wt: ..... , if estimated

    Unknown

Exposure: Single  /Repeated/Chronic

    — duration: ..... — frequency: .....

    — duration: .....

7.2. Time elapsed since exposure: ..... (yymmdd hhmm)

\*\* 8. Location

8.1. Home and surroundings

8.2. Workplace:

    Factory/workshop       Laboratory       Agriculture/horticulture

    Other

8.3. Community:

    Nursery or primary school       Other school, university, educational establishment

    Hospital, clinic, nursing home       Institution: prison, military, etc       Other

8.4. Enclosed public places (e.g.: bars, discotheques, restaurants, shopping centres, department stores, etc.)

8.5. Open places (e.g.: sports grounds, children's playgrounds, etc.)

8.6. Other

8.7. Unknown

**\*\* 9. Circumstances****9.1. Accidental/unintentional**

- Household
- Occupational
- Environmental
- Transport accident
- Fire
- Therapeutic error
- Misuse
- Other
- Unknown

**9.2. Intentional**

- Suicide
- Misuse
- Abuse
- Malicious/criminal
- Other

**9.3. Adverse reaction**

- Drug
- Food
- Other

**9.4. Unknown** **\*\* 10. Route of exposure****10.1. Ingestion** **10.2. Inhalation** **10.3. Cutaneous** **10.4. Eye contact** **10.5. Bite** **10.6. Sting** **10.7. Injection:****Subcutaneous** **Intramuscular** **Intravenous** **Intra-arterial** **10.8. Mucosal:****Buccal** **Nasal** **Rectal** **Vaginal** **10.9. Placental** **10.10. Other** **10.11. Unknown**

## 11. Signs and symptoms

- 11.1. Signs and symptoms present  
 11.2. Signs and symptoms not present  
 11.3. Unknown

Comments in free text: .....  
 .....  
 .....

12. Identification and/or quantification of the toxic agent: yes  .....

13. Other investigations requested: yes  .....

## 14. Treatment:

	Treatment carried out before enquiry	Treatment recommended by first poison centre
14.1. None	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of absorption:		
Gastric emptying: Emesis	<input type="checkbox"/>	<input type="checkbox"/>
Lavage	<input type="checkbox"/>	<input type="checkbox"/>
Activated charcoal	<input type="checkbox"/>	<input type="checkbox"/>
Activated charcoal	<input type="checkbox"/>	<input type="checkbox"/>
Elimination	<input type="checkbox"/>	<input type="checkbox"/>
Antidote therapy	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

## 14.2. Place of treatment

Treatment at home or at place of poisoning, not by physician

Treatment outside hospital by a physician

Treatment in hospital

Other

## 15. Estimated risk:

Non-toxic

Probably non-toxic (low toxicity/minimal exposure)

Poisoning possible  Confirmed poisoning

Symptoms unrelated to exposure

## 16. Outcome:

Hospitalization  — If yes, number of days:.....

Complete recovery  Sequelae  Death  Unknown

Signature: .....

*ANNEX II***LAYOUT OF THE HARMONIZED ANNUAL REPORTS (')****1. Identification of the body drafting the report**

Name; full address (indicating country); telephone, telex and fax numbers (if any); name of person in charge of centre.

**2. Year**

The year covered by the annual report in question.

**3. Administrative information on the centre**

Description of staff at centre (medical and administrative personnel); a brief description of the centre's work; the size of the population served.

**\*\* 4. Calls to the centre**

The total number of calls, their monthly variation, their distribution according to the person making the enquiry, the way in which the call is made (telephone, letter, etc.), the reasons (actual or presumed poisoning, simple request for information, etc.).

**\*\* 5. Poisoning cases**

— the number of cases and the frequency should be indicated for each category or sub-category,

— if the centre has the necessary resources, it would be desirable to break down the data in terms of the classes of aetiological agents listed below.

**5.1. Cases involving human beings**

— males, females (including pregnant women, nursing mothers), unspecified

— age groups (in years):	< 1
1 -	4
5 -	9
10 -	14
15 -	19
20 -	49
50 -	69
>	70
unknown	

— Aetiological agents:

- non-pharmaceutical chemical substances (simple or compound, natural or synthetic):
  - industrial
  - pesticides
  - household products
  - cosmetics and personal hygiene products
  - drugs which may lead to dependence
  - others

(') The headings of particular relevance for the purpose of prevention are marked by a double asterisk.

- pharmaceutical substances (human or veterinary)
- animals as such (whether by their venom or through consumption of poisonous meat — e.g. ichthysarcotoxism — where chemical products, bacteria or putrefaction are not the cause)
- plants as such (including poisonous mushrooms and plants which may lead to dependence)
- others (including toxins of bacterial origin, e.g. botulism)

— not identified \*

— Location:

Home and surroundings

Workplace:

Factory/workshop  Laboratory  Agriculture/horticulture  Other

Community:

Nursery or primary school

Other school, university, educational establishment

Hospital, clinic, nursing home

Institution: prison, military, etc.

Other

Enclosed public places (e.g.: bars, discotheques, restaurants, shopping centres, department stores, etc.)

Open places (e.g.: sports grounds, children's playgrounds, etc.)

Other

Unknown

— Circumstances:

(a) Accidental/  
unintentional

Household

Occupational

Environmental

Transport accident

Fire

Therapeutic error

Misuse

Other

Unknown

(b) Intentional

Suicide

Misuse

Abuse

Malicious/criminal

Other

Unknown

(c) Adverse  
reaction

Drug

Food

Other

(d) Unknown

— Estimated risk:

Non-toxic

Probably non-toxic (low toxicity/minimal exposure)

Poisoning possible  Confirmed poisoning

Symptoms unrelated to exposure

- Treatment:
  - none
  - symptomatic only
  - specific (antidote therapy)
  - elimination of the toxic substance
- Outcome
  - complete recovery
  - hospitalization (number of days)
  - sequelae
  - death
  - unknown

5.2. *Animals*

**\*\* 6. Record of poisoning cases**

Draw up a list of the 15 most frequent causes of poisoning in decreasing order of frequency (indicating the number of calls) with a breakdown by age group, if the centre has the necessary resources.

**7. Record of requests for information**

Draw up a list of the 15 reasons for which most requests for information are received.

**8. Record of toxicological analyses**

Draw up a list of the 15 toxicological analyses which are most frequently requested by the centre.

**9. Comments in free text**

On all treatment given and information provided; on particularly interesting cases which may have been encountered, on other activities (teaching, research, etc.) and on any other aspect not included elsewhere.

**10. Conclusions**

These are to deal mainly with the impact of the centre's activities on prevention.

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*ANNEX III*

## INDICATIVE LIST OF ANTIDOTES

## A. SPECIFIC ANTIDOTES

Antidote	Main indications	Availability in terms of urgency of use in treatment
Acetylcysteine	Paracetamol Carbon tetrachloride	B B
Amylnitrite	Cyanide	A
Antivenins and antitoxins		A-C
Atropine	Cholinergic syndrome	A
Benzylpenicillin	Amanitotoxins	B
Calcium gluconate	Hydrofluoric acid Fluorides Oxalates	A A A
Calcium disodium edetate (Ca Na <sub>2</sub> EDTA)	Lead	A
Dantrolene	Malignant hyperthermia Malignant neuroleptic syndrome	A A
Deferoxamine	Iron Aluminium	B B
Diazepam	Seizures Chloroquine	A A
Dicobalt Eddetate	Cyanide	A
Digoxin-specific (Fab) antibody fragments	Digoxin Digitoxin Digitalis glycosides	A A A
Dimercaprol (BAL)	Arsenic Gold, inorganic mercury Lead encephalopathy	B B B
4-Dimethylaminophenol (4-DMAP)	Cyanide	A
Diphenhydramine	Drug-induced dystonias	A
Ethanol	Methanol Ethylene glycol	A A
Etybenzatropine	Drug-induced dystonias	A
Flumazenil	Benzodiazepines	B
Folinic acid	Folic acid antagonists	A
Glucagon	Beta-blockers	A
Hydroxocobalamin (Vitamin B12a)	Cyanide	A
Methionine	Paracetamol	B
4-Methylpyrazole	Ethylene glycol Methanol	A A
Methylthioninium chloride (Methylene blue)	Methaemoglobinaemia	A
N-Acetyl penicillamine	Mercury (organic and metallic)	C
Naloxone	Opiates	A
Neostigmine	Neuromuscular block (curare type) Peripheral anticholinergic poisoning	A
Oximes	Organophosphates	A
Oxygen	Carbon monoxide Cyanide Hydrogen sulphide	A A A

Antidote	Main indications	Availability in terms of urgency of use in treatment
Oxygen hyperbaric	Carbon monoxide Cyanide Hydrogen sulphide	C C C
D-Penicillamine	Copper Gold, lead, mercury (elemental), zinc	C C C
Pentetic acid (DTPA) Diethylenetriamine pentaacetic acid	Plutonium, actinides	A
Phentolamine	Alpha-adrenergic poisoning	A
Physostigmine	Central anticholinergic syndrome from — atropine and derivatives — other drugs	A A
Phytomenadione (Vitamin K1)	Coumarin and indandione anticoagulants	B
Potassium ferric hexacyanoferrate (Prussian Blue)	Thallium	B
Prenalterol	Beta-blockers	A
Protamine sulphate	Heparin	A
Pyridoxine (Vitamin B6)	Isoniazid Crimidine Gyromitrin Hydrazines	A B B B
Silibinin	Amanitotoxins	B
Sodium nitrate	Cyanide	A
Sodium thiosulphate	Cyanide	A
Succimer (DMSA) 2.3-Dimercaptosuccinic acid	Lead Mercury (inorganic and organic) Arsenic	B B B
Tolonium chloride (Toluidine Blue)	Methaemoglobinaemia	A
Trientine (Triethylene tetramine)	Copper	B
Unithiol (DMPS) 2.3 Dimer-capo-1-propanesulphonic acid	Mercury (methyl- and inorganic) Lead	B B

**B. AGENTS TO PREVENT ABSORPTION OF TOXIC SUBSTANCES IN THE GASTRO-INTESTINAL TRACT**

Antidote	Main indications	Availability in terms of urgency of use in treatment
Activated charcoal (')	For most poisonings	A
Cholestyramine	Digitalis, coumarin, chlordecone	B
Fullers earth	Paraquat, diquat	A
Potassium ferrocyanide	Copper	A
Sodium bicarbonate	Iron Organophosphates	A A
Sodium sulphate	Barium	A
Starch	Iodine	A

(') Can also be used to enhance elimination of some toxic substances.

## C. AGENTS TO PREVENT ABSORPTION AND/OR DAMAGE ON THE SKIN

Antidote	Main indications	Availability in terms of urgency of use in treatment
Calcium gluconate gel	Hydrofluoric acid	A
Macrogol 400 (PEG)	Phenol	A
Copper sulphate, sodium bicarbonate, hydroxy-ethylcellulose	White phosphorus	A

## D. EMETICS

Antidote	Main indications	Availability in terms of urgency of use in treatment
Ipecacuanha		A

## E. CATHARTICS AND SOLUTIONS USED FOR WHOLE GUT LAVAGE

Antidote	Main indications	Availability in terms of urgency of use in treatment
Magnesium citrate		B
Magnesium sulphate		B
Mannitol		B
Sodium sulphate		B
Sorbitol		B
Polyethylene glycol electrolyte (lavage solution)		B

## F. AGENTS TO MODIFY URINARY pH

Antidote	Main indications	Availability in terms of urgency of use in treatment
Ammonium chloride		B
Agrinine hydrochloride		B
Hydrochloric acid (0,1 N)		B
Sodium bicarbonate		A

A: required to be immediately available (within 30 minutes).

B: required to be available within two hours.

C: required to be available within six hours.

**CONCLUSIONS OF THE COUNCIL AND OF THE MINISTERS FOR HEALTH,  
MEETING WITHIN THE COUNCIL**

**of 3 December 1990**

**concerning cardio-vascular disease in the Community**

(90/C 329/04)

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE MINISTERS FOR HEALTH  
OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

1. note that cardio-vascular disease is one of the main causes of death in all the Member States of the Community, particularly in the working population;
2. consider that a number of preventive measures have already been put in hand for cancer and that these measures have an effect in preventing cardio-vascular disease;
3. consider that further measures should be identified and implemented;
4. call upon the Commission to investigate the best way of facilitating exchange of information and cooperation on national measures, including in the field of research and means of diagnosis, obtaining to that end the assistance of experts and of representatives appointed by the Member States and to report to the Council on the outcome of that investigation.

In carrying out this work the Commission should, in order to avoid duplication, take account of the work of other bodies in this area, particularly the WHO.

**CONCLUSIONS OF THE COUNCIL AND THE MINISTERS FOR HEALTH,  
MEETING WITHIN THE COUNCIL**

**of 3 December 1990**

**on the safety of food and drink and water intended for human consumption**

(90/C 329/05)

THE COUNCIL OF THE EUROPEAN COMMUNITIES  
AND THE MINISTERS FOR HEALTH, MEETING  
WITHIN THE COUNCIL,

Whereas, with the single market in prospect, the regulatory innovations so far introduced into Community rules under the Single European Act must be developed further to ensure the reasonable protection of public health in a system based on free movement of foodstuffs;

Whereas, whenever Community harmonization is lacking or inadequate, the diversity of national legislation

frequently gives rise to difficulties in trade and, at any rate, to an increase in disputes and may have adverse repercussions on public health protection;

Recognize that the chief task of the Community in this situation is to take coordinated and thorough action to adopt as soon as possible, and at all events by the end of 1992, effective rules, particularly in priority sectors where a high level of health protection has to be attained;

Consider that the implementation of such action must take account of the fact that the protection of public health has long been the basic aim of Community foodstuffs and water regulations and is not merely a question of adopting new rules but also of coordinating, updating and amplifying existing ones and guaranteeing, through effective, uniform application, that they are actually complied with;

Recognize that the Commission must play an important role in the success of such action and that the Commission needs to take the necessary steps to bring unity to the differing approaches within the Commission itself, with precedence being given to the aim of protecting public health;

Emphasize that, in order to ensure more effective health protection, uniform legislative principles and approaches should be adopted for the foodstuffs, agricultural and veterinary sectors as well as for the environment and the safety of water intended for human consumption;

Emphasize the need for the involvement of the Council and of the Ministers for Health, *inter alia* adequate information, enabling a contribution to be made, in particular, by formulating general health objectives and criteria, to decisions in the foodstuffs and water sector on matters involving the protection of public health.

## CONCLUSIONS OF THE COUNCIL AND THE MINISTERS FOR HEALTH, MEETING WITHIN THE COUNCIL

of 3 December 1990

**on reducing the demand for narcotic and psychotropic substances**

(90/C 329/06)

THE COUNCIL OF THE EUROPEAN COMMUNITIES  
AND THE MINISTERS FOR HEALTH, MEETING  
WITHIN THE COUNCIL,

Having regard to the interim report and the guidelines for a European plan to combat drugs approved by the European Council in Dublin on 25 and 26 June 1990,

Having noted the task which the European Committee for the fight against drugs (Celad) assigned to the *ad hoc* Working Party on Drug Abuse, namely to examine the aspects relating to drug demand reduction contained in the preliminary draft European plan to combat drugs, drawn up by the current Presidency of Celad, and to prepare a document on the subject;

In the light of the thorough work carried out by the *ad hoc* Working Party on Drug Abuse in preparing that document;

Having noted that at its meeting of 19 and 20 November 1990 Celad used the findings of that work in its European plan to combat drugs, to be submitted by Celad to the Rome European Council on 13 and 14 December 1990;

Having examined, furthermore, the report drawn up by the Commission in conjunction with the Member States

on demand reduction policies in the Member States, requested of the Commission by the European Council in Dublin on 25 and 26 June 1990;

Express their appreciation of the work carried out by the *ad hoc* Working Party and the Commission;

Suggest that the European Council, at its meeting of 13 and 14 December 1990, approves the paragraph on demand reduction in the draft European plan to combat drugs proposed by Celad, in view of the important health-related objectives which it contains and which the Council supports;

Take note of the conclusions of the report on demand reduction policies, which the Commission forwarded to the Council;

Identify, amongst social and health measures, the following as the most urgent of the measures defined by Celad in the European plan to combat drugs and as being in keeping with the needs emphasized by the Commission in its report on demand reduction policies in the Member States:

1. The intensification of prevention measures in each Member State, aimed at the general population and high-risk groups.
2. The intensification of measures in the Member States, to extend the range of effective methods for treating drug addiction by:
  - (a) developing services providing the main therapeutic options, where appropriate in an integrated fashion, with special emphasis on those groups among which the continued use of drugs entails serious subsequent risks to their health;
  - (b) analysing, updating and applying the various methods of treatment assessment.
3. The intensification of intervention in the Member States of proven efficacy in obtaining and maintaining the social and occupational integration of addicts.
4. The intensification in the Member States of those activities and in-service training of qualified staff in the prevention, treatment and social integration sectors,

**INVITE THE COMMISSION:**

- (a) to promote the Community-wide exchange of information, concerning in particular information and educational material on prevention, approaches to treatment and measures taken on social and occupational integration;
- (b) to promote the exchange of information on the methods used to evaluate the efficacy of the different measures taken and, in close cooperation with the Member States, to explore the possibility of improving methods of evaluation, enabling the Member States to use compatible and comparable evaluation methods;
- (c) to draw up regular reports, in collaboration with the Member States, on demand reduction policies;
- (d) to carry out a feasibility study on the organization within the Community of regular training and update courses for qualified staff on themes which, because of their novelty and/or special nature, have not yet been sufficiently developed and studied;

Invite finally the *ad hoc* Working Party on Drug Abuse to act on any requests from Celad to examine the social and health aspects of studies concerning a Drugs Monitoring Centre and to report to the Council.

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**CONCLUSIONS OF THE COUNCIL AND OF THE MINISTERS FOR HEALTH,  
MEETING WITHIN THE COUNCIL**

**of 3 December 1990**

**on AIDS**

**(90/C 329/07)**

THE COUNCIL OF THE EUROPEAN COMMUNITIES  
AND THE MINISTERS FOR HEALTH, MEETING  
WITHIN THE COUNCIL,

Immunodeficiency Virus) and the development of HIV-related diseases in many of the European countries,

Having considered the epidemiological development and the medical and social consequences of the spread of HIV infection in Europe,

Having regard to the conclusions of the Council and the Ministers for Health, meeting within the Council, on 16 May 1989 regarding the prevention of AIDS in parenteral drug users (<sup>1</sup>), in particular the section on

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Having considered in particular the growing link between drug addiction, infection from HIV (Human

(<sup>1</sup>) OJ No C 185, 22. 7. 1989, p. 3.

pregnant women drug users, and to the increase in the number of children born sero-positive,

Having regard to the intermediate report and the guidelines for a European plan to combat drugs approved by the European Council in Dublin on 25 and 26 June 1990 and to the draft European plan to combat drugs to be submitted by the European Committee for the fight against drugs (Celad) to the next European Council on 13 and 14 December 1990, and in particular the paragraph on drug addiction and AIDS,

INVITE THE MEMBER STATES:

1. to promote, in drug addiction services and reception centres, access to early intervention and, where appropriate to treatment for sero-positive drug addicts and for those with clinical signs of HIV infection;
2. to foster within these structures, respecting confidentiality, a psychological and social climate which is sensitive to the needs of the individuals concerned,

INVITE THE COMMISSION:

1. to step up exchanges of information, experience and experts;

(a) on medical and social assistance to sero-positive pregnant women and newborn babies;

(b) on the organization of home care for people suffering from HIV/AIDS and other forms of health care for HIV-infected persons;

(c) for assessing the measures implemented in the Member States to supply safer injecting materials; this assessment will also cover new types of disposable syringes and needles;

2. to inform the Council of the results of the exchange of experience referred to in point 1 and to submit an appropriate assessment and, if necessary, proposals for action;

In addition, repeat the call made to the Member States in the conclusions of the Council and the Ministers for Health, meeting within the Council, on 17 May 1990 to continue with active policies to avoid any discrimination against sero-positive persons and people suffering from HIV/AIDS and to encourage the social acceptance of such persons;

Finally invite the Member States to extend the commitment to non-discrimination and social acceptance to those living with sero-positive persons and people suffering from HIV/AIDS or to those who have contact with such persons.

**RESOLUTION OF THE COUNCIL AND MINISTERS FOR EDUCATION, MEETING  
WITHIN THE COUNCIL**

**of 6 December 1990**

**concerning the Eurydice Education Information Network in the European Community**

(90/C 329/08)

THE COUNCIL AND THE MINISTERS FOR  
EDUCATION, MEETING WITHIN THE COUNCIL,

Referring to the resolution of the Council and of the Ministers for Education, meeting within the Council, of 9 February 1976 comprising an action programme in the field of education (<sup>(1)</sup>), and the general report of the Education Committee, which was approved in substance by the Council and the Ministers for Education meeting within the Council on 27 June 1980 and concerned the establishment of an education information network known as Eurydice, as well as, for an initial stage, the network's intended beneficiaries and its priority topics and operational structure;

Referring to several resolutions of the European Parliament and in particular that of 11 March 1982 (<sup>(2)</sup>) on the implementation of the Eurydice network;

Whereas the process of political, economic and social integration of the European Community is resulting in a quantitative and a qualitative increase in information requirements concerning education and training systems and specific questions relating to the development of education systems; whereas the Eurydice network forms part of a whole range of public and private sources of information on education in the Community;

Whereas in their conclusions of 6 October 1989 (<sup>(3)</sup>) the Council and the Ministers for Education meeting within the Council, agreed to develop cooperation in education in the run-up to 1993; whereas they have recognized the value of the Eurydice network as an instrument of such cooperation, most recently in the conclusions of 31 May 1990 (<sup>(4)</sup>) on meetings of senior officials;

Whereas the Council resolution of 22 January 1990 provides for the development of a programme to set up

(<sup>1</sup>) OJ No C 38, 19. 2. 1976.

(<sup>2</sup>) OJ No C 87, 5. 4. 1982.

(<sup>3</sup>) OJ No C 277, 31. 10. 1989.

(<sup>4</sup>) OJ No C 162, 31. 5. 1990.

trans-European networks, of which the Eurydice network could be regarded as one of the elements;

Welcoming the measures taken by the Commission to develop cooperation with appropriate international organizations, and especially with the Council of Europe for the coproduction of the European Education Thesaurus;

Noting the Commission's report on 10 years of Eurydice activities, which points to the need for a better definition and a development of the education information network in the European Community,

**HEREBY ADOPT THIS RESOLUTION:**

1. In order to intensify and improve cooperation in education between the Member States of the Community, and to assist the preparation of initiatives at national and Community level, it is necessary to reinforce and develop the Eurydice network as the chief instrument for providing information on national and Community structures, systems and developments in the field of education. The network consists of a European unit and units in the Member States. It is designed as a system permitting the mutual exchange of documentary information.

2. Development of the Eurydice network should help to:

(a) improve, in the first place, the procedure of the question/answer system for the rapid provision of reliable information to the relevant national and Community authorities;

(b) assist, in the second place, the drawing up of comparative analyses, reports and surveys on common priority topics determined *inter alia* in the Education Committee and at the regular meetings of senior officials;

(c) also diversify the dissemination of the products available in the framework of the network, collaborating on this with public and private bodies.

3. Within constitutional and financial limits and in the framework of their own structures and policies, the Member States and the Commission are requested, in accordance with the principle of subsidiarity, to promote the following activities:
  - (a) making the collection and documentary processing of information more systematic and more effective by using the new technologies to the full;
  - (b) making the various specialized sources of information more accessible by fostering cooperation between the units of the network and the information structures and services concerning education and training at both national and Community level;
  - (c) conducting a review of working methods with a view to securing improved efficiency and effectiveness.
4. The Member States' units should be capable of playing a dual role: on the one hand, providing the European network with information on the development of their own education systems; on the other hand, contributing to dissemination at national level with regard to the development of Member States' educational systems and policies and of Community activities concerning cooperation in education matters.
5. To ensure a more systematic provision of information on Community activities, the Member States' units should liaise with those responsible at national level for Community activities concerning education and training.
6. So that the Member States' units can perform their tasks within an active European network, national authorities should take adequate measures concerning staff and its training, as well as equipment.
7. The Commission is requested to strengthen the Eurydice European unit's vitalizing and coordinating role with regard to exchanges of information within the network, in particular by feeding the network's databanks and encouraging the preparation and dissemination of information.
8. The European unit, assisted by the Member States' units, should develop a computerized information system in the field of education and facilitate access by those units to the other Community databanks.
9. The European unit, assisted by the Member States' units, should contribute to the provision of information on Community education and training activities, in cooperation with, in particular, the European Centre for the Development of Vocational Training (Cedefop) and the National Academic Recognition Information Centre (Naric).
10. The European unit, assisted by the Member States' units, should provide technical assistance in the preparation and follow-up of meetings of senior officials.
11. The Commission is requested to continue its cooperation with the international organizations active in this field, especially the Council of Europe and the OECD, and to involve the Eurydice network in such cooperation.
12. The Commission is requested to strengthen links with the existing scheme of study visits for educational specialists (Arion), which is also concerned with the exchange of information between education systems, and to involve Eurydice in the preparation of visits and the utilization of information generated by such visits.
13. The Commission is invited to submit to the Council a progress report in particular covering the activities set out in paragraph 3 concerning the exchange of information on education.

## COUNCIL RESOLUTION

of 14 December 1990

### **on the final stage of the coordinated introduction of pan-European land-based public digital mobile cellular communications in the Community (GSM)**

(90/C 329/09)

THE COUNCIL OF THE EUROPEAN COMMUNITIES,

Notes with satisfaction that substantial progress has been made on the basis of recommendation 87/371/EEC (<sup>1</sup>) and Directive 87/372/EEC (<sup>2</sup>) with the implementation of the pan-European digital mobile cellular GSM system;

It notes, however, that a number of issues will have to be tackled in order to make truly trans-European mobile services a reality and to develop the potential of the GSM system fully. Many of these issues are currently being addressed in the context of the work of the European Conference for Postal Administration and Telecommunications (CEPT), the European Telecommunications Standards Institute (ETSI) and in the context of the implementation of the GSM Memorandum of Understanding;

It also notes that Community action is required in a number of critical areas.

These areas are in particular:

— establishment of an interim scheme for the mutual recognition of approval of GSM terminals.

An examination should in particular be made of the possibilities and criteria for implementing the principles set out in the future Council Directive concerning the approximation of the laws of the Member States on telecommunications terminals equipment including the mutual recognition of conformity on a provisional basis for GSM terminals only as a special case, before the formal procedures provided for in this Directive concerning terminals in general are fully operational.

Given the central role of the European Telecommunications Standard on mobile stations of the pan-European digital cellular telecommunications system (NET 10) in this context, the Council urges the ETSI to commit itself to completing its discussions by a specific date,

— implementation of mutual recognition of licences for the operation of GSM terminals in all Member States.

The Council notes the work in the CEPT on this issue and urges the CEPT to complete it rapidly. The Council also calls upon the Member States to guarantee the free circulation and use of mobile stations throughout the Community, referring to the procedures being worked out within the CEPT,

— examination of the possibilities of rapid extension of the technological potential and progressive development of the use of higher frequency bands for new personal communications network systems, e.g. DCS 1800, in order to create new mass markets for mobile telecommunication, taking the World Administrative Radiocommunications Conference (WARC 92) into account,

— in the context of general relations between the Community and the countries of Central and Eastern Europe and their development, promotion of the use of the GSM system in those countries which aim — within the reconstruction of their economies — at rapidly building up their mobile systems,

— encouraging the setting up of appropriate tariff and accounting arrangements, concerning in particular the inter-operator agreements which are needed to support international operation and use of mobile terminals, in accordance with Community law,

— ensuring required measures concerning data protection in particular in the context of digital mobile telecommunications. It notes in this connection that it has received proposals from the Commission, which are currently being studied.

The Council supports the development in Europe of conditions which will encourage a vigorous mobile communications market throughout the Community, by

(<sup>1</sup>) OJ No L 196, 17. 7. 1987, p. 81.

(<sup>2</sup>) OJ No L 196, 17. 7. 1987, p. 85.

extending the benefits of mobile communications to peripheral areas of the Community using fully as necessary any relevant instrument for promoting such a development, such as the STAR programme

The Council is pleased to note that the Commission intends to address the overall future development of mobile communications in a Green Paper to be published before the end of 1991

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## II

*(Preparatory Acts)*

## COUNCIL

ASSENT No 38/90

given by the Council, under the second paragraph of Article 54 of the Treaty establishing the European Coal and Steel Community, to a loan to part-finance the construction of a natural gas distribution system in Greece

(90/C 329/10)

In a letter dated 23 November 1990 the Commission of the European Communities requested the assent of the Council of the European Communities under the second paragraph of Article 54 of the ECSC Treaty, to a loan to part-finance the construction of a natural gas distribution system in Greece.

The Council gave the assent requested by the Commission at its 1461st meeting on 14 December 1990.

*For the Council**The President*O. MAMMÍ

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**ASSENT Nos 39 to 48/90**

given by the Council pursuant to Article 56 (2) (a) of the Treaty establishing the European Coal and Steel Community, to enable the Commission to grant the following 10 global loans

(90/C 329/11)

- FF 50 million ( $\pm$  ECU 7,220 million) to Société de développement régional (Sodler) (France),
- Lit 50 000 million ( $\pm$  ECU 33,015 million) to Cassa di Risparmio delle Province Lombarde (Italy),
- ECU 50 000 million to Banque Nationale de Paris (France),
- DM 50 million ( $\pm$  ECU 24,261 million) to Norddeutsche Landesbank Girozentrale (Federal Republic of Germany),
- Lit 75 000 million ( $\pm$  ECU 49,522 million) to SPI Promozione e Sviluppo Imprenditoriale Spa (Italy),
- DM 150 million ( $\pm$  ECU 72,784 million) to Deutsche Bank AG (Federal Republic of Germany),
- £ 50 million ( $\pm$  ECU 70,218 million) to Royal Bank of Scotland plc (United Kingdom),
- DM 40 million ( $\pm$  ECU 19,554 million) to Bayerische Landesbank Girozentrale (Federal Republic of Germany),
- Bfrs 700 million ( $\pm$  ECU 16,578 million) to Société nationale de crédit à l'industrie (Belgium),
- £ 10 million ( $\pm$  ECU 14,043 million) to Clydesdale Bank plc (United Kingdom).

The Council gave the assents at its 1465th meeting held on 18 December 1990.

*For the Council**The President*

C. DONAT CATTIN

