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DRUG TAKING BECOMING WIDESPREAD HABIT TO TREAT SOCIAL PROBLEMS, WARNS UN DRUG CONTROL BODY

The widespread overuse of controlled drugs such as benzodiazepines and various amphetamine type stimulants to treat psychological problems caused by social pressures continues to be a growing socially accepted habit especially in developed countries, warns the International Narcotics Control Board (INCB) in its latest report. The INCB in its annual report released today warns about the growing problem of overconsumption of controlled drugs (narcotic drugs and psychotropic substances) with responsibility evenly spread among government authorities, health-care professionals, pharmaceutical companies and the consumers, the "patients", themselves.

Loose regulation, unreliable estimates and information as regards actual medical needs of controlled drugs, coupled with aggressive marketing techniques, improper or even unethical prescription practices together add to a situation of easy availability of psychotropic substances in especially, but not only, the developed countries. Easy availability, as the Board notes, leads to overconsumption of such substances either in the form of drug abuse or by fueling a culture of drug taking to deal with a variety of non-medical problems.

The INCB which regularly surveys the international drug situation, in its last report of 1999 reviewed the insufficient availability of drugs for certain medical purposes such as alleviation of pain and other forms of human suffering mostly in developing countries. This year's focus on overconsumption of controlled drugs mostly in developed countries completes the full picture of a world situation characterized by undersupply of much needed narcotic drugs for medical purposes in one part of the world with an oversupply and widespread consumption of controlled substances in the other part.

The Board is especially concerned that preference is given to quick solutions, whereas long-term negative effects are often disregarded, underestimated, or subordinated to short-term cost savings. It is alarming that - according to many surveys quoted by the Board - a considerable amount of the patients, suffering from social pressure were treated with psychotropic substances without having been diagnosed for having a real mental or physical disorder.

Psychotropic substances (barbiturates, several amphetamines and benzodiazepines) are mostly prescribed for the treatment of insomnia, anxiety, obesity and child hyperactivity as well as various kinds of pain. Scientific progress in understanding the underlying physiological processes of certain health conditions such as obesity and attention deficit disorder has been slow in the past few decades. In absence of effective causal therapies, symptomatic treatment continues, to a large extent using medicines containing psychotropic substances.

Another matter of concern is the use of multiple drugs (polypharmacy), often in irrational combinations, in inadequate dosages and for excessively long treatment periods. A prolonged, excessive consumption of drugs might result in drug dependency and other physical and mental suffering.

The interaction between doctor and patient has changed considerably. In an age of wider access to health-related information, expanded self-care and joint-decision-making, the patient is becoming an increasingly important contributor to the entire therapy process. Therefore, responsibilities on both sides, i.e. doctors and patients, are involved. The Board calls for educating doctors and other health-care professionals as well as the public at large to achieve a more rational prescription culture.

In the promotion of medical products, the Board calls for responsible and ethical behavior. Ethical norms for medical drug promotion have been developed, however, certain companies tend not to observe these norms. The continuing existence of aggressive sales methods and even some cases of financial support to various advocacy groups to foster sales have been reported. There are certain questionable company policies such as the promotion and sale of certain controlled drugs for disorders for which better treatment options are available.

In some countries, sales promotion is often addressed not only to physicians, but also to the public, thus not respecting restrictions on advertising of internationally controlled drugs. Direct advertisement frequently portrays drugs as common consumer goods. The Board, therefore, reiterates that the 1971 Convention on Psychotropic Substances prohibits the advertisement of psychotropic substances to the general public.

Telemedicine and Internet prescribing not only provide new opportunities, but also involve new risks. On one hand, Internet prescribing may greatly facilitate access to medical and pharmaceutical services for large segments of society at lower cost. At the same time, the potential for errors and intentional misuse is considerable. Substituting direct patient-doctor contact by electronic communication is problematic, particularly concerning the diagnosis of psychiatric disorders and prescriptions of controlled drugs. Therefore, the Board calls for governments to establish effective national and international safeguard mechanisms and also proposes an international consultative mechanism bringing together health experts and communication technology specialists.

As far as consumption patterns and medical practice are concerned, considerable transnational and in-country variations can be observed. Country-specific causes for excessive drug consumption lie in commercial, socio-cultural and educational environments. In affluent countries, the use of controlled drugs for correcting mood and behavior is becoming more socially acceptable. A quickly increasing consumption of drugs can also be noted in regions with rapid economic growth (Malaysia, Singapore, Hong Kong Special Administrative Region of China, Thailand), with drugs being fashionable due to newly gained wealth.

Excessive availability of drugs may result in their diversion to illicit trafficking and drug abuse. As the Board warns, new patterns of drug abuse can easily develop as a result of excessive availability and inadequate regulatory controls. Adherence to the provisions of the international regulatory system and the closer matching of the global manufacturing and trade volumes with medical needs for psychotropic substances through reliable information and needs assessment practices are the best proven methods to reduce incidents involving diversion.

The considerable reductions in the consumption of several types of controlled drugs during the last three decades indicate that improvement is possible. Once the negative effects of drugs became known, controls were soon required worldwide, following the adoption of the Convention on Psychotropic Substances of 1971, which led to major reductions. The changes had no negative effect on therapy. On the contrary, they led to pharmaceutical research for safer drugs for the same medical purposes. Those safer drugs gradually replaced or complemented the use of amphetamine, metamphetamine, barbiturates and benzodiazepines.

Such reductions have played a crucial role in cutting the large-scale diversion of such substances. The need for continuous international cooperation is underscored by the fact that the excessive use of certain psychoactive substances, once they become strictly controlled, often tend to be replaced by equally excessive use of less strictly controlled substitutes.

As the Board stresses, the reductions in the use of certain controlled drugs clearly document that persistent national efforts, complemented by international control, can yield excellent results. In the case of many controlled drugs, their volume manufactured and traded, as well as the scope of their medical use has been reduced to reasonable levels since the adoption of the international drug control treaties.

NOTE: Background information on the international drug control treaties, the work of INCB and drugs of abuse can be found on the INCB website: www.incb.org.