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DRUGS FUEL SLIMMING CRAZE WARNS BOARD

The trend of abuse of anorectics for slimming is rising, and can have fatal consequences for consumers, warned the International Narcotics Control Board (INCB) in its Annual Report released today, 1 March 2007.

“Last year, the world was witness to the tragic death of a Brazilian supermodel, who collapsed due to anorexia. Anorectics, which are meant to be prescribed and monitored by doctors, also have a use in the treatment of life-threatening obesity or Attention Deficit Disorder (ADD). However, they are instead being used indiscriminately to feed the slimming obsession that affects some societies,” pointed out Dr. Philip O. Emafo, President, INCB. “Effective intervention by local competent authorities is a must, if this trend is to be reversed,” he added.

Anorectics are substances that suppress the appetite or the sensation of hunger. Schedule IV of the 1971 Convention on Psychotropics lists 14 such substances. Of these, the main substances manufactured and consumed worldwide are phentermine (45 per cent), fenproporex (23 per cent), amfepramone (18 per cent), mazindol (9 per cent) and phendimetrazine (4 per cent). These substances are mainly prescribed as anorectics against obesity and for the treatment of narcolepsy and ADD. Their use can be addictive, and since they stimulate the central nervous system, indiscriminate use could produce serious adverse effects. Acute overdose could be very dangerous and may lead to panic states, aggressive and violent behaviour, hallucinations, respiratory depression, convulsions, coma and death. That is why these drugs have to be prescribed by a doctor who has carefully assessed the risk vs. benefit for the patient.

Five countries and one territory worldwide had the highest calculated rate of use of the stimulants listed in Schedule IV, namely, Brazil, Argentina, the Republic of Korea, the United States, Singapore and Hong Kong SAR of China, in decreasing order. With a few exceptions, while the use of anorectics in Asia seems to show a decreasing pattern, the highest consumption of anorectics remains in the Americas. The per capita consumption of anorectics in Brazil is almost 40 per cent higher than that of the United States. This high rate of consumption in Brazil is fuelled by domestic manufacture: in 2005, 98.6 per cent of fenproporex and 89.5 per cent of amfepramone used globally were manufactured in Brazil, and almost all consumed domestically. Production of these substances has also been increasing in the country – output jumped by 20 per cent from 2004 to 2005. In Argentina, while consumption of pemo-line has decreased due to newly introduced stricter controls over prescription and dispensation of that substance, the consumption of mazindol has sharply increased, reaching the global record levels during 2003-2005.

The Board stressed that if stricter control measures were applied by the relevant government authorities, consumption would come down, as has been evidenced in Chile, Denmark and France, where authorities achieved a significant reduction in consumption of stimulants as anorectics. Among other things, the Board recommends that authorities should examine the possibility of establishing stricter control measures on the formulation and special prescription/dispensation of medical preparations containing those substances. In addition, health care professionals can play an important role in these efforts by ensuring that the balance between benefit and risk is kept in mind and that the use of Schedule IV stimulants as anorectics is appropriate and in line with sound medical practice.