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WHO'S RESPONSE TO INTERNATIONAL DRUG CONTROL TREATIES

By

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1. WHO's responsibilities within the area of medicaments.

I will give now a brief review of the World Health Organization's responsibilities within the area of drugs. Article 2 of the WHO Constitution deals with the functions of the Organization in general terms as follows:-

- "(a) to act as the directing and co-ordinating authority on international health work;
.....
- (u) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products".

The wording of Articles 21 and 22 of the WHO Constitution are also of great interest. They read as follows:

"Article 21 - The Health Assembly shall have authority to adopt regulations concerning:

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- (d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;
- (e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce".

"Article 22 - Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within in period stated in the notice".

Thus the World Health Assembly has the powers to adopt international drug regulations. Some of the technical activities of WHO in this area are good practices in the manufacture and quality control of drugs, international standards and requirements of biological substances, international specifications for drugs, guidelines for the testing and evaluation of drugs, international monitoring of adverse reactions to drugs, selection of essential drugs, dissemination of drug information through the drug information circulars to all Member States and through the drug information bulletin published quarterly.

2. The responsibilities of the World Health Organization in the field of drug abuse and dependence according to the numerous resolutions of the World Health Assembly and the international drug control treaties are:-

- (i) to collaborate with countries in planning, managing and evaluating programmes concerned with the identification and magnitude of the problem, prevention of drug dependence, treatment and rehabilitation of those affected;
- (ii) to collaborate with countries in the training of health, social welfare, education and other professions, involved in the management of drug dependence;

- (iii) to stimulate, coordinate and promote research required for more effective programmes;
- (iv) to recommend to the United Nations Commission on Narcotic Drugs whether a substance should be controlled nationally or internationally and the level of such control, based on the benefit and risk ratio;
- (v) to give advice in the planning and implementation of drug dependence programmes sponsored by UN agencies and other intergovernmental and non-governmental organizations.

3: The responsibilities assigned to WHO under the various international drug control treaties are among the oldest activities the Organization inherited at the time of its inception. The World Health Organization shall advise the Secretary-General of the UN as to the need for control of narcotic and psychotropic substances on the basis of their dependence liability, and the causing of associated public health and social problems. At the UN Commission on Narcotics, when the decisions are taken to control these substances, WHO is the main advisory body as far as the medical and pharmaceutical aspects are concerned. During the past six years, since the 1971 Convention came into force in August 1976, WHO's Director-General has forwarded 45 notifications to the the Secretary-General of the UN, 38 of which related to psychotropic substances.

WHO carries out its functions through various mechanisms. 22 expert committees have been convened, and seven review meetings held, to review psychoactive substances, principally psychotropic drugs. WHO's major efforts are related to the development of methodology. Lately the Technical Report Series no. 618 is devoted to psychopharmacological methods, and no. 656 to methods to assess public health and social problems. Publication by the Finnish authorities, "Public Health Problems and Psychotropic Substances" by Heikkila and Khan (1982) provides methods to be used in many developing countries where psychotropic drugs are used abundantly and are capable of causing public and social problems. A document, "Drugs, driving and traffic safety", is under publication. This is based on the proceedings of a meeting held in Washington DC by WHO and the US National Institutes on Drug Abuse in 1981.

Action by WHO to review a substance is either initiated by a party to a convention or by WHO itself. WHO seeks the cooperation of its Member States to provide data on the abuse liability and the actual abuse of a substance or, invariably, a group of substances, as well as the associated public health and social problems. The cooperation of the United Nations Division of Narcotic Drugs, Interpol and the WHO regional offices has been sought. There is still great scope for improving this type of cooperation by countries with WHO. After the review, a recommendation is made to the Director-General of WHO, who then sends a notification to the Secretary-General of the United Nations. The UN Commission on Narcotic Drugs which invariably meets in Vienna every year, discusses WHO's recommendations, and decides by a vote. For narcotic drugs a simple majority is needed. For a psychotropic drug a two-third majority of the

total membership of the UN Commission on Narcotic Drugs is required for WHO's recommendation to be accepted. The mechanism used by WHO to review substances for international control is to be discussed at the forthcoming meeting of the WHO Executive Board in January 1984.

4. WHO guidelines in the context of international drug control treaty obligations are:-

the Thirty-third World Health Assembly, 1980, after having reviewed WHO work in progress, adopted resolution WHA33.27 on "Action in respect of international conventions on narcotic and psychotropic substances: Abuse of narcotic and psychotropic substances". In that resolution, after acknowledging the role and responsibilities of WHO in relation to the abuse of narcotic and psychotropic substances, and having noted the request of the United Nations General Assembly in resolution 32/124 (1977) that, in the effort to reduce drug abuse, WHO and other appropriate agencies and bodies of the United Nations design models for prevention, treatment and rehabilitation, affirmed that drug abuse constitutes a serious health hazard of steadily growing proportions in developing nations as well as industrialized countries. The Assembly invited Member States, as they developed their national strategies for "Health for all by the Year 2000", to give serious consideration to the inclusion of components that can deal effectively with the growing incidence of drug abuse. It went on to urge them to devote more attention to the incidence of drug abuse in their own societies, their regions, and the world community, and particularly to the disruptive effect that drug abuse has on the lives and future careers of young people. The Assembly drew attention to the negative effect of drug abuse on socioeconomic well-being, to the increasing difficulties in enforcing law, and to the need for measures aimed at reducing the demand for and illicit supply of drugs of abuse in their societies.

In its operative paragraph 7(3) the World Health Assembly resolution requests the Director-General "to promote the initiation and strengthening of national and international programmes for the assessment, scheduling, control and appropriate use of narcotic and psychotropic substances, including those of plant origin, and to support such programmes by the development of appropriate guidelines in consultation with the UN Division of Narcotic Drugs, International Narcotics Control Board and other UN organs concerned".

WHO, with the financial support of grants from the Netherlands and UNFDAC (United Nations Fund for Drug Abuse Control), carried out a study in seven countries, including China, of the actual situation in those countries. Based on this information and other similar information, cooperating with a large number of bodies, institutions and persons, data is being compiled in a publication which will be ready by the end of the year in English, and later in French and Spanish. These guidelines will, we hope, be useful to the countries which are planning to ratify a treaty, for example China, to those who wish to fill in certain gaps in their national responses to a treaty they have already ratified, and above all the guidelines do cover the wider subject of the rational use of psychoactive substances in particular, and drugs in general, at national level. Professor Björk Rexed of Sweden, Dr Edmundson of Australia and Mr Simpson of Holland have collaborated whole-heartedly with the WHO Secretariat in implementing this project.

5. The role of physicians and pharmacists in rational therapy with psychoactive substances.

It has been mentioned repeatedly, both at national and international forums, that doctors' prescribing habits are a major factor in facilitating the rational use of psychoactive drugs with dependence liability. The WHO Executive Board felt concerned, and in resolution EB69R.9 (January 1982), requested the Director-General of WHO in paragraph 1(5), "to intensify efforts aimed at improving prescription, delivery and utilization practices regarding psychoactive drugs, through educational programmes for physicians and other health workers, and other measures, seeking the cooperation of medical educational institutions, medical associations, the pharmaceutical industry and others in this endeavour". WHO has already started to take action in this field. It has organized two meetings, one in London in 1980 and another in the Philippines in 1982, and will hold three other meetings this year. These meetings will bring together various members of the medical, pharmaceutical and dental professions. They will discuss the various components of the subject, and will try to find ways and means of facilitating the rational use of these drugs.