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THE IMPACT OF SCHEDULING DRUGS ON THE PRACTICE OF MEDICINE

A pilot study based on visits to
the Philippines, Sri Lanka and Thailand

OCTOBER 1984

by

D. C. JAYASURIYA

U.S.Ph.D. Attorney-at-Law

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The views expressed in this study are personal to the author.

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BACKGROUND

Conceived of as a pilot study to identify the broad parameters of the impact of scheduling drugs on the practice of medicine, visits were undertaken to three countries, namely, the Philippines, Sri Lanka and Thailand. Whilst these three countries are geographically not too distant from each other, yet this was not the reason for their selection. They provide an interesting mix of drug problems and approaches representative of a number of developing countries in other parts of the world. Out of these three countries, two (the Philippines and Thailand) are parties to both international drug control treaties (Single Convention on Narcotic Drugs, 1961 as amended by the Protocol of 1972 and the Convention on Psychotropic Substances, 1971). Sri Lanka, though a party to the Single Convention, has not yet ratified the Convention on Psychotropic Substances. This provided an opportunity to examine how different countries perceive the problems associated with psychoactive drugs and the type of mechanisms and strategies which have been devised to regulate the use of drugs.

NATURE OF VISITS AND COLLECTION OF DATA

The three countries covered in this report were visited in October 1984. Senior public health officials, representatives of professional associations of doctors, pharmacists, the industry and consumer groups and WHO officials were interviewed. A few pharmacies, both government as well as private, were visited to find out how scheduled drugs are stored and distributed and how the prices of products are determined. Annex 1 contains a list of the officials and others interviewed in these countries.

Since this was the first time that the impact of scheduling drugs on the practice of medicine has been investigated in these countries, no information relevant to the study was readily available. Attempts were, however, made during the visits to collect as much information as possible from a few sources which were able to provide some data. The problems relating to drugs vary from region to region (urban-rural) and from hospital to hospital (public sector-private sector). For any in-depth investigation, information has to be collected over a period of time from a variety of sources.

It is useful to bear this in mind when reading this report as well as in designing a more comprehensive study to be undertaken in the near future.

THE SCOPE OF THE STUDY

For the purposes of this study, the concept of "scheduling drugs" was interpreted to apply to drugs being "controlled" in one of two ways :

- (a) by the inclusion of a drug in any of the four schedules in the Single Convention on Narcotic Drugs, 1961; and
- (b) by the inclusion of a drug in any of the four schedules in the Convention on Psychotropic Substances, 1971.

At the national level a drug is "controlled" when it is brought within the purview of the legislation regulating drugs. Countries generally have a variety of legal texts which apply to different categories of drugs, e.g. narcotics, dangerous drugs, pharmaceuticals, etc. The nature of the applicable controls depends very much on the exact legal instrument which applies to the drug concerned. In view of the wide and varied nature of the legal controls

which may apply to a drug at the national level, for the purpose of this study attention was focussed on drugs which are controlled at the international level and in respect of which similar controls apply even at the national level, whatever be the legal basis for applying such controls.

There are difficulties in demarcating the "controls" which apply in respect of different drugs. This is for the reason that the two Conventions, for instance, envisage a series of different controls for each of the eight schedules. National laws also provide for a wide and varied range of controls to apply in respect of drugs. For the purposes of this investigation, "controls" were examined primarily in relation to two requirements in the form of restrictions: import restrictions and prescriptions, including record-keeping. This demarcation corresponds primarily to the international controls envisaged for drugs which are widely used for therapeutic purposes (e.g. drugs in schedule IV of the Convention on Psychotropic Substances). Any detailed investigation should, however, cover the totality of controls under the two Conventions as well as under the plethora of national laws.

In countries with plural systems of medicine there are conceptual differences in identifying the parameters of "medical practice". Moreover, self medication as well as the repetition or refilling of prescriptions without prior consultation are wide-spread. Due to the shortage of qualified doctors in developing countries, pharmacists play a prominent role in identifying drugs for various ailments. In order to take into account all Third World phenomena, the expression "medical practice" was given, for the purposes of this investigation, a broad interpretation to cover the activities of not only health professionals such as doctors and pharmacists but also of patients who have recourse to self-medication. The primary focus was, however, on the impact of scheduling drugs on the practice of medical doctors, both western and

ayurvedic. By looking into the practice of self-medication as well, an important dimension was added to the study, though this is an area which warrants a separate study.

THE DRUG SCENARIO IN THE THREE COUNTRIES

The drug problems prevalent in the Philippines, Sri Lanka and Thailand are quite different from one another. In Thailand and Sri Lanka, opium and heroin are major problem drugs. The Philippines, on the other hand, has a major problem with a wide range of psychotropic substances (pharmaceutical and synthetic opiates, barbiturates and benzodiazepines). The illicit cultivation of cannabis is widespread in all three countries. The drug scene changes very rapidly. Moreover, there are certain population sub-groups who use particular types of drugs. For instance, amphetamines were at one time widely used by Thai truck drivers.

The infamous "Golden Triangle" area is a major source of production of opium and heroin and these substances are available not only in Thailand. Both heroin and opium are illegally imported into Sri Lanka from various sources, through a number of channels, including tourists. In the Philippines, large quantities of barbiturates are diverted from licit sources. Illegal drug store sales, forged prescriptions and illegal imports are other sources of supply for the illicit market.

The relatively large young population in all three countries has been a major target group of the marketing operations of drug pedlars.

DRUG SCHEDULING AS A STRATEGY TO CURB DRUG ABUSE

In both Thailand and the Philippines, the scheduling of drugs is viewed as an important strategy to curb the abuse of drugs. In Thailand, the Psychotropic Substances Act of 1975 and the Narcotic Drugs Act of 1979 cover most of the drugs of abuse. In the Philippines, the Food, Drug and Cosmetic Act of 1963 and the Dangerous Drugs Act of 1972 are the principal legal texts in terms of which drugs are regulated. Lists of drugs to be controlled are periodically prepared or revised in both countries. The scheduling structure in Thailand generally reflects the subtle distinctions inherent in the Convention classifications but this is not so in the Philippines. The Dangerous Drugs Act provides only for a two-fold classification : prohibited drugs and regulated drugs. In Sri Lanka, the Poisons, Opium and Dangerous Drugs Ordinance of 1938 has provision for the application of controls to new drugs. With the exception of a statutory revision undertaken in 1984, in the course of which some of the lists were revised, Sri Lanka does not have an impressive tradition of periodically revising or up-dating lists of controlled drugs. The Cosmetics, Devices and Drugs Act of 1980 provides for a prescription system but no regulations have yet been enacted to introduce such a system. During discussions it transpired that instructions to this effect have been given to the Legal Draftsman.

Authorities in both Thailand and the Philippines follow very closely the recommendations of WHO and the decisions of the UN Commission on Narcotic Drugs on the scheduling and de-scheduling of drugs under the international drug control treaties. It is significant to note here that the Commission's decision in February 1984 on the scheduling of biazodiazepines has already been implemented by Thailand. Relevant regulations to this effect were enacted in June 1984

and these become operative one hundred and eighty days later (i.e. 12 December 1984). In the Philippines the various options of giving effect to this decision are being actively pursued. During discussions in Sri Lanka regarding the desirability of ratifying the 1971 Convention, the authorities concerned undertook to take appropriate action at an early date to ratify the Convention. With the ratification of this Convention and the establishment of administrative and legal procedures to fulfil the treaty obligations, it is likely that the decisions made at the international level will have greater visibility and thus provide a sound basis for appropriate action at the national level to regulate the use of drugs scheduled under the international drug control treaties.

MECHANICS OF REGULATING SCHEDULED DRUGS

In all three countries, the minimum procedure of regulating scheduled drugs is basically the same, namely by the application of an import and marketing licence system. Over and above the system, all three countries have a prescription requirement for the drugs. In Sri Lanka, the number of drugs available only on prescription is fewer than in the other two countries, but this is partly due to the non-ratification of the Convention and the absence of national regulations. Thailand and the Philippines have an elaborate record-keeping procedure, requiring each individual sale to be recorded by the pharmacist. Due to the shortage of both doctors and sales outlets however, compliance with the prescription requirement leaves much to be desired in Thailand, except in relation to some of the narcotic and dangerous drugs. In the Philippines stringent penalties apply to non-compliance with legal requirements.

The prescription system in the Philippines has certain unique features. Prescription pads have to be obtained

from the Dangerous Drugs Board. The original is retained by the pharmacist for a period of twelve months. One copy has to be retained by the patient until he has consumed the quantity supplied to him. The second copy has to be retained by the doctor. Within three days of issuing a prescription, the doctor has to notify the Board. In the event of loss of prescription forms, the Board has to be notified within twenty-four hours. Regulations require the loss to be notified in a newspaper and for the Police to be summoned to investigate the circumstances in which the loss had occurred. If investigations disclose negligence on the part of the doctor, the cost of the publication has to be reimbursed by him. Furthermore, he is liable to be debarred from obtaining prescription pads. Non-compliance with the prescription requirements entail the following penalties, which are severe by any standard :

- (a) Failure to maintain Records of Prescriptions and Sales - Imprisonment from 6 months to 4 years and fine upto 4000 pesos (approximately 20 pesos for US\$ 1.-);
- (b) Issuing a Prescription without Lawful Authority - Imprisonment from 4 to 8 years and fine upto 8000 pesos;
- (c) Prescribing for a person who has no therapeutic need for the drug - Imprisonment from 6 months to 4 years; fine upto 4000 pesos; and revocation of the licence to practice;
- (d) Unlawful and unauthorized Possession - Imprisonment from 6 years to 12 years and fine upto 12,000 pesos.

It may be noted that some of the above penal provisions apply to pharmacists, physicians, dentists, veterinarians, manufacturers, wholesalers, importers, distributors, dealers, retailers and patients. It may also be noted

that the death penalty applies in respect of the unlawful or unauthorized importation, manufacture, sale, transport, delivery and distribution of the drugs which are controlled.

PROBLEMS WITH SCHEDULED DRUGS

Discussions with government and WHO officials, doctors and pharmacists in Thailand and the Philippines revealed a number of problems relating to scheduled drugs. Discussions in Sri Lanka revealed only one problem but some of the measures taken in Sri Lanka are suggestive of possible ameliorative action to overcome some of the problems prevalent in both Thailand and the Philippines.

Whilst drug administrators, doctors, pharmacists, manufacturers, importers and patients face a multitude of problems, the following problem areas were identified as being directly attributable to the scheduling of drugs :

(a) Reluctance of Doctors to Prescribe

This problem was identified in both the Philippines and Sri Lanka but in relation to different contexts.

When drugs are scheduled in the Philippines, under the Dangerous Drugs Act, there is reluctance on the part of doctors to prescribe them. As mentioned earlier, the Dangerous Drugs Act has a two-fold classification - prohibited drugs and regulated drugs. Drugs which are placed in one of the eight schedules under the international drug control treaties have to be accommodated in the Philippines within this limited framework. For a drug for which an ordinary prescription requirement is deemed to be sufficient, then it may be placed under the

control regimes of the Food, Drug and Cosmetic Act, but this approach has certain limitations. The primary limitation is that the other controls necessary for drugs scheduled under the international treaties cannot have any application unless the provisions of the Dangerous Drugs Act are invoked. Furthermore, on account of the wide-spread abuse of psychotropic drugs in the Philippines, some authorities are of the view that the ordinary prescription requirement under the Food, Drugs and Cosmetic Act is not an adequate safeguard to stem the tide of drug abuse. According to tentative estimates, even less than half of the 14,000 medical doctors in the country obtain special prescription pads from the Dangerous Drugs Board. Some doctors who were interviewed said that they prefer to avoid prescribing regulated drugs than go through the inconvenience of obtaining special prescriptions and maintaining elaborate security systems.

In Sri Lanka, the legislation permits ayurvedic medical practitioners to obtain opium which they require for medical purposes. A significant number of ayurvedic preparations contain opium as an important ingredient. Furthermore, in certain areas of the country ayurvedic doctors also treat animals, especially elephants. They require opium for this purpose too. There is only a single administrative mechanism under the legislation to screen applications for opium and handle the distribution. Ayurvedic doctors have complained that there is no separate mechanism to cater to their needs. It has been contended that if there be a separate mechanism, they will be able to command greater respect, in keeping with their social dignity and decorum. In the meantime, on account of this problem, some ayurvedic practitioners have refrained from obtaining their supplies.

(b) Reluctance of Pharmacists to handle Scheduled Drugs

Both in Thailand and in the Philippines, pharma-

cists are reluctant to handle scheduled drugs. The explanation given by them is that they find the record-keeping procedures too tedious and time-consuming. One pharmacist in Bangkok remarked that on some days one employee has to spend some 3 to 4 hours to keep records of prescriptions, make entries in the registers, take account of existing stocks etc. He prefers to engage the employee on other duties rather than to distribute scheduled drugs. There is also the fear that enforcement officials of the Food and Drug Authority might examine registers. It is also feared that revenue officials might examine registers to get an idea of the business turnover, though the sale of prescription drugs constitutes only a small percentage of the daily sales. Security problems in storing drugs appears to be a problem which confronts pharmacists in the Philippines.

(c) Non-availability of Scheduled Drugs

The non-availability of scheduled drugs is a recurring problem in both Thailand and the Philippines. This is due to two reasons: Firstly, the reluctance of pharmacists to handle scheduled drugs; and secondly, the reluctance of importers to import the required quantities. The first reason was dealt with earlier. The second reason brings into focus several complex issues.

During discussions with Thai drug industry representatives, it transpired that when a drug is scheduled, a number of pharmacists cancel purchase orders. For this reason, whenever a drug is scheduled, import orders are drastically reduced. One example given of the drop in the volume of sales is in respect of diazepam injections. The wholesale orders had dropped by as much as 60 percent. In the Philippines the representatives of the drug industry indicated that when a drug is scheduled, some importers no longer import the drug and the

drug totally disappears from the market. However, within a matter of few months, counterfeit products, manufactured by generic manufacturers in neighbouring countries, flood the illicit market. The stringent legal requirements applicable to the importation and distribution of scheduled drugs and the reluctance of doctors to prescribe them were advanced as reasons for suspending the import of scheduled drugs. It was, however, not clear as to why the manufacturers, importers and the Dangerous Drugs Board have not been successful in taking action against illegal importers and eliminating from the market unauthorized or sub-standard products. The products in the illicit market have a ready demand not only due to the conglomeration of abusers but also due to patients with a genuine therapeutic need who suddenly find themselves without the drugs they are accustomed to use available in pharmacies and retail outlets.

(d) Price Fluctuations

The sudden increase in the price of scheduled drugs is a phenomenon in both Thailand and the Philippines, though this happens more frequently in the former. The increase in the price of scheduled drugs is generally attributed to pharmacists. Some of the pharmacists who were interviewed admitted increasing prices whenever a drug is controlled. They claimed that they 'mark-up' the price by as much as 30 or 40 percent. The justification for doing so was the drop in the volume of sales. Some products which formerly had a ready market moved very slowly after the prescription requirement was introduced. In Thailand, pharmacists claimed that the price of the newly controlled benzodiazepines will go up after the 12th of December (the day when the regulations come into force). Manufacturers and importers generally do not lay down a maximum price for their products. Nor is there a system of price control operated by the State.

POSITIVE EFFECTS OF SCHEDULING DRUGS

Whilst drug utilization studies in relation to scheduled drugs are yet to be undertaken in the three countries, the general impression was that the scheduling of drugs has the effect of limiting use to those with a therapeutic need. The extent to which over stringent prescription requirements and reluctance on the part of importers to import drugs and pharmacists to handle them have deprived genuine patients from having access to the drugs they need is difficult to quantify. With over-crowded hospitals and high fee levying private practitioners, it is inevitable that some patients will have recourse to self-medication. No ready-made answers can be given to questions such as whether self-medication is undesirable for all medicines or only for some medicines and whether a patient who knows to use a particular drug judiciously should be denied access to such drug except with a prescription for which he may have to pay some 30 or 40 baht, pesos or rupees.

Many health administrators and doctors who were interviewed feel that record-keeping procedures are not bad and that strict compliance with these requirements may lead, in the long run, to a new breed of pharmacists with good managerial skills. Record-keeping procedures were described as having a symbolic value regarding the manner in which drugs should be handled. The medical profession feels that scheduling, if properly done, will enable them to become acquainted with the latest pharmacological and public health findings of the abuse potential of various drugs. This is on the assumption that there is a good national system to disseminate the information collected by the World Health Organization on which the Commission on Narcotic Drugs makes its decisions regarding the scheduling of various drugs. The view was also expressed that at present very little consultation and debate precede the scheduling of drugs. There is a

need for more scientific information regarding the reasons for scheduling various drugs.

There are a few drug companies which monitor, for promotional purposes, the prescriptions issued by doctors in respect of their products. When drugs are scheduled it is easier for such companies, as well as for the doctors concerned, to assess the total volume of drugs prescribed.

It must be noted here that in respect of both Thailand and the Philippines, that the general impression was that internal licensing procedures were very efficient and did not cause any problems. Organizational profiles of the administrative mechanisms in these countries should be closely studied for replication elsewhere.

STRATEGIES TO OVERCOME PROBLEMS WITH SCHEDULED DRUGS

It is not sufficient merely to draw up a balance sheet on scheduling drugs with entries on the debit side and on the credit side. What is important is to find out whether the system of regulation is capable of further refinements and improvements. It is outside the scope of this pilot study to make suggestions for improving the international drug control treaties or for that matter the national scheduling systems. What will be attempted here is to outline the ameliorative action possible for the four problem areas identified in this study.

The problems which have been encountered in the three countries considered in this study are not necessarily confined to them and have relevance to other developing countries as well. Solutions to all these problems cannot be easily identified but some of the corrective measures taken or which could be taken in these three countries are suggestive of what may be done to minimize these problems, should they exist or arise elsewhere. Possible solutions to the four problems are

discussed below :

PROBLEM (A)

Philippines

It seems that nothing short of an amendment to the Dangerous Drugs Act, can stimulate doctors to prescribe scheduled drugs when needed. The present dual statutory dichotomy of prohibited drugs and regulated drugs is unrealistic, especially in the context of eight schedules under the international drug control treaties. Amendments to the statute had been under consideration in the Philippines for several years and it is hoped that the legislation will soon be amended. This problem focusses on another issue of importance, namely the need to have some congruence between national drug legislation and international drug control treaties. With nearly thirty years of experience in operating the Single Convention and twenty years with the Convention on Psychotropic Substances, the time is perhaps opportune for the international community to re-examine both national laws as well as the treaties. It may well be that the treaties themselves need to be consolidated or otherwise amended to reflect what is more realistic at the national level.

Sri Lanka

The Sri Lankan authorities indicated that sanction has been obtained to amend the existing legislation to provide for Ayurvedic Practitioners to obtain their requirements of opium through a different channel. In countries with plural systems of medicine, the sensitivities of health professionals ought to be taken into due consideration in establishing procedures and control mechanisms.

PROBLEM (B) AND PROBLEM (C)

Non-availability of certain types of controlled drugs

due to reluctance either to import them or to handle them in pharmacies creates problems for bona fide patients who need them. Such a situation also creates problems for prescribers who are compelled to prescribe an alternative drug. During discussions in the Philippines with the representatives of the drug industry, it was suggested that companies which decide to suspend imports should forthwith inform the authorities in order to enable them to make other arrangements to prevent an unexpected or artificial shortage of drugs in the market. The Sri Lankan experience with a semi-state purchasing and marketing mechanism, the State Pharmaceuticals Corporation, is suggestive of a possible course of action to make alternative arrangements for importing and distributing drugs. The Corporation has procured a range of drugs at competitive prices from reliable sources and sells them through both retail and wholesale outlets. The Corporation is geared to serving both the private sector and the public sector. In Thailand there is a Government Pharmaceutical Organization to procure and supply drugs for government hospitals and clinics. It behoves the industry to assist national health authorities to import those drugs which it does not wish to import any longer and for which there is an established market. Availability through legal channels is one strategy to regulate illicit drug marketing.

Paper work, whether it be in relation to records of drugs or not, has increased in almost every sphere of human activity. Attempts must be made to simplify the record-keeping systems in pharmacies. Whilst computerized data recording and retrieval systems will continue to be a luxury beyond the reach of Third World pharmacies in the immediate future, existing record-keeping procedures must be re-examined with a view to designing simple but reliable procedures.

A coded system of entries, for instance, could considerably reduce the volume of paper work. Continuing education programmes for pharmacists; model pharma-

cies such as the one at the Mahidol University in Bangkok; and the distribution of printed registers with clear instructions for recording data, are some measures which ought to be accorded priority. Drug purchasing and utilization studies are also important to understand the dynamics of drug distribution.

PROBLEM (D)

Price control of drugs has been tried out in a few countries, including Sri Lanka. Under the Consumer Protection Act every product intended for sale must have a price tag. Once the price has been marked it cannot be varied without replacing the tag. Manufactured products must have a tag before they leave the warehouse. In the case of imported products, the tag must remain upto the point of retail sale. Furthermore, there is statutory provision for fixing the minimum and maximum prices of specified products. Whilst there are merits and demerits in price control systems, what is perhaps possible and is least objectionable is for national drug authorities to enter into an informal understanding with associations of manufacturers, importers and distributors and retailers of scheduled drugs regarding the price structure of scheduled drugs. The number of drugs to be scheduled in any country is relatively small compared with the total number of products in the market, which may extend to even 25,000 as in some countries. Considering that the number of drugs in respect of which a price structure has to be established is not large, this exercise is not going to create an enormous administrative burden. Reasonable and uniform prices benefit all concerned. Appropriate fiscal and tax incentive schemes may also be considered to set-off the losses which may have to be incurred by manufacturers and distributors if a pricing policy is operated.

RECOMMENDATIONS FOR THE FUTURE

This pilot study does not make any claims to comprehensiveness regarding the issues it has dealt with. It has

identified, in relation to three countries, the parameters of an important problem which has far reaching implications for the functional utility of the international drug control treaties and national legal controls.

Whilst the study has identified several issues which need to be followed-up by national authorities in the three countries, the following general recommendations are addressed to the Programme Planning Working Group and concerned agencies :

- (1) WHO should, in collaboration with UNDND, INCB and UNFDAC, undertake in-depth surveys in a few selected countries to monitor the impact of international and national controls on the use and availability of drugs.
- (2) WHO should undertake a comprehensive survey of national legal requirements relating to the circumstances under which drugs are available (e.g. prescription requirements; internal quota systems etc.) and formulate guidelines for the application of reasonably balanced control mechanisms to regulate different categories of drugs.
- (3) The International Federation of Pharmaceutical Manufacturers' Associations should request member associations to ensure that companies which decide not to manufacture or import scheduled drugs notify national authorities. The authorities should receive this information well in time to make alternative arrangements to prevent a scarcity of those drugs in the market. Companies should bring to the notice of the authorities attempts to introduce into the market counterfeit drugs similar to their registered products but which are no longer manufactured or imported by them.
- (4) Associations of doctors and pharmacists should be encouraged to discuss the problems arising from the regulation of drugs and make representations to the authorities concerned with a view to resol-

ving them. Continuing education programmes should deal with the rationale underlying the scheduling of drugs and create a better awareness of the role of the international drug control treaties and national legal instruments.

ANNEX 1

LIST OF PERSONS INTERVIEWED

Thailand

- H.E. Marut Bunnag, Minister of Public Health
Dr. Channa Kambunrat, Secretary-General, FDA
Mr. Panya Vanasatit, Deputy Secretary-General, FDA
Mr. Viwat Wanaraks, Chief of Narcotics Division
Police Major General Chavlit Yodmani, Secretary-General, Office of the Narcotics Control Board
Dr. Oraphan P. Matangkasombut, Chairman, Dept. of Pharmacology, Faculty of Pharmacy, Mahidol University
Dr. Sukhon Poonpipat, Dean, Faculty of Pharmacy, Mahidol University
Mr. Bob Shaw and Mr. Dhanate Runcharoen, Welcome Thailand Ltd.
Mr. Prachote Plengvidhya, Head, Biochemistry Department, Chulalongkorn University and President, Pharmaceutical Association of Thailand
Dr. Songkram Supcharoen, President, Medical Association of Thailand
Mr. R. Petruzzi, President, Pharmaceutical Products Association
Mr. C.P. Murray, Regional General Manager, Roche Far East

Philippines

- Attorney Manuel Supnet, Executive Director, Dangerous Drugs Board
Dr. Francisco G. Dizon, President, Medical Association
Ms. Julie Benedicto, President, Consumers Federated Group of the Philippines
Ms. Catalina Sanchez, Director, Bureau of Food and Drugs

Mr. Jose Cardenas, Jr. Executive Director of the Drug Association of the Philippines (and other members)
Dr. R. Torres, Secretary, Association of Medical Directors of the Philippine Pharmaceutical Industry (and other members)

Sri Lanka

Dr. G. Fernando, Deputy Director-General, Ministry of Health
Mr. D. Dharmasiri, Secretary, Ministry of Indigenous Medicine
Mr. R. Sunderalingam, Senior Deputy Inspector General of Police
Mr. H. Weerasinghe, Chairman, Dangerous Drugs Board
Mr. C.M. Piachaud, Chairman, Sri Lanka Pharmaceuticals Manufacturers' Association

[The assistance given by all those listed above is much appreciated. Thanks are also due to Dr. I. Khan, WHO, Geneva and WHO officials in the three countries visited (Dr. Chical, Bangkok; Dr. Shinfuku, Manila; and Dr. Notaney, Colombo); Mr. Panya of Thailand; Mr. Supnet of the Philippines; and Dr. Arnold of IFPMA for making necessary arrangements for interviews. If not for their co-operation this study would not have been possible.]

ANNOTATED BIBLIOGRAPHY

The impact of scheduling drugs on the practice of medicine is a relatively new issue which does not appear to have received much attention in the past. However, there are a number of publications which have focussed attention on the complexity of the social, public health and legal issues arising from the use and abuse of drugs. This annotated bibliography covers a representative sample of publications dealing with an interesting mix of problem areas; research surveys; the state-of-the-art; and possible approaches and modalities.

Edwards, G. and A. Arif (eds) Drug Problems in the Socio-cultural Context : A Basis for Policies and Programme Planning, WHO, Geneva, 1980

The collection of research studies included in this publication provides global perspectives of the social and cultural factors underlying the drug problem and the range of health-care and social strategies deployed to cope with the problem.

Dixon, W.H. "Narcotics Legislation and Islam in Egypt", Bulletin on Narcotics, vol. XXIV (4), 1972, pp.11-18

Strong social pressures for compliance with generally accepted norms and patterns of conduct should be encouraged in order to combat drug abuse. Religion has a strong influence and in drafting legislation this dimension must be taken into consideration.

Jayasuriya, D.C. "The Regulation of Drug Abuse in Developing Countries", Int. Dig. Hlth. Leg. Vol.30, 1980, pp. 715-750

This is a comparative survey on the legislation on drugs in some 40 developing countries. It highlights the range of legislative approaches and control mechanisms available to regulate drugs of abuse.

Jones, L. (et. al.) "Prescribing Psychotropic Drugs in General Practice : Three Year Study", British Medical Journal, Vol.289, 20 October 1984, pp. 1045-1048.

Over a period of three years some 74,000 prescriptions were analysed. Repeat prescriptions written without a consultation accounted for 44 per cent of all prescriptions for psychotropic drugs. The study reported that there is a greater use of psychotropic drugs among women and elderly people. Prescribing habits of doctors and the needs of patient are two important factors to be taken into consideration in attempts to reduce to the volume of prescriptions for psychotropic drugs.

Noll, Alfons "Drug Abuse and Penal Provisions of the International Drug Control Treaties", Bulletin on Narcotics, Vol.XXIX (4), 1977, pp. 41-57.

This article analyses the penal provisions in the international drug control treaties and underlines the need to ensure that national laws provide for appropriate penal measures. Whilst there are significant differences in national approaches and this is to some extent inevitable, yet attempts must be made to harmonize national penal provisions with a view to filling or reconciling existing gaps and inconsistencies.

Rexed, B.K., Edmondson, I.Khan and R.J.Samson - Guidelines for the Control of Narcotic and Psychotropic Drugs in the Context of the International Drug Control Treaties, WHO, Geneva, 1984.

This publication provides guidance to enable national authorities to formulate a comprehensive programme to give effect to the treaty obligations and regulate the manner in which psychoactive drugs are manufactured or imported, distributed and used.

Smart, R.G. et al. (eds.) Psychotropic Substances and their International Control, 1981

This book comprises the papers presented at a meeting held in 1980 under the aegis of the Addiction Research Foundation in

Toronto to examine the implications of ratifying the international drug control treaties. The volume contains country case studies from Canada, Egypt, Federal Republic of Germany, Hungary, Malaysia, Mexico, Nigeria, Sweden, United Kingdom and the United States. Out of these ten countries, six had ratified the Convention on Psychotropic Substances.

Smart, R.G. and Murray, G.F. "International Drug Control Treaties - The Connection between Ratification and Social and Economic Conditions", Drug and Alcohol Dependence, Vol. 13, 1984, pp. 107-116.

The article calls for assistance to be extended to countries which have not yet ratified the treaties. Assistance is needed to promote a better understanding of the nature and scope of the treaties and the mechanisms such as prescription systems which are needed to translate the principles in the Conventions into national legal and administrative requirements.

Temin, Peter "The Origin of Compulsory Drug Prescription", The Journal of Law and Economics, Vol. 22, 1979, pp. 91-105.

The article traces the legislative developments in the United States of America relating to the classification of drugs into the two categories of "prescription" and "over-the-counter" drugs. The freedom of choice available to the consumer had been curtailed on the assumption that people did not behave rationally in their choice of medicine.

Waxler, Nancy "Behavioural Convergence and Institutional Separation : An Analysis of Plural Medicine in Sri Lanka", Culture, Medicine and Psychiatry, Vol. 8, 1984, pp.187-205.

The article deals with the Western and Ayurvedic systems of medicine which operate as parallel systems. The author concludes that striking similarities exist in the manner in which medicine is practised and in the selection of physicians for treatment. Patients tend to perceive both systems as indistinguishable from each other and make the rounds of all types of practitioners to get relief.

Westermeyer, J. "The Pro-Heroin Effects of Anti-Opium Laws in Aisa", Arch.Gen.Psychiatry, Vol. 33, 1976, pp. 1135-1139.

Based on data from Hong Kong, Thailand and Laos, the author advances the view that the transition from opium to heroin addiction was almost an inevitable consequence of the attempt to enforce anti-opium legislation without deploying other strategies. For the successful implementation of anti-narcotic legislation, it is essential to change social attitudes; mobilize resources for treatment and rehabilitation; incarcerate 'recidivist' addicts; and finally prevent narcotic production or importation.