"UNITED NATIONS AND ITS ORGANISATION FOR THE DRUG CONTROL"

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The United Nations Organisation (U.N.O.) came into existence in 1945 soon after the end of the second World War. The peoples of the nations had become tired of an orgy of self-destruction and started to search for a better world. In San Francisco in 1945, The United Nations Conference on International Organisation recognised that a common endeavour to promote the health of all peoples without distinction of race, religion, or political adherence, offered one of the most promising paths to the promotion of peace and security. Cardinal spellman in 1945 also declared—"Medicine is one of the Pillars of peace".

The U.N.O. and the W.H.O.

The United Nations itself carries out its duties through its General Assembly, which is the highest Authority. The General Assembly acts through many councils one of which is the Economic and social council (ECOSOC). The ECOSOC is responsible for many functions of the United Nations including World-wide control of Drugs, narcotics and other general health problems. The ECOSOC in turn carries out its duties through specialised Agencies of which THE WORLD HEALTH ORGANISATION (W.H.O.) is one.

The World Health Organisation, a type of world Government, came into force on April 7, 1948 with 26 states. Today, the membership is over 135. In order to cope with the many specialised fields, the W.H.O. works through expert committees or international groups of experts who advise on technical and scientific matters. Such experts do not represent any Governments and their selection is based primarily on their competence, ability and technical experience in their particular fields of specialisation. The reports of the expert committees or groups are published in the W.H.O. Technical Report Series which I commend to your future readings. These reports contain invaluable information covering several aspects of medical and pharmaceutical problems. They also spotlight most of the activities of the W.H.O. in prosecuting its ideals of Universality that is implicit in its title and inherent in its constitution.

Expert Committee and Drug Control

The work of the W.H.O. on the control of Drugs is very comprehensive. The Organisation carries out its own original researches and also carries out investigations on matters referred to it by other World Bodies. For example, it has given opinions on dependence-producing potentials of certain drugs and has helped in the classification of drugs either as narcotics or as psychotropic substances. It is of interest to note that the W.H.O. technical report series 1965, no 312 commented on the abuse of drugs not falling under international conventions, and specified sedatives and stimulants. The report also suggested "the following measures to improve the situation:

(*a*) Availability on medical prescription only.....
(*b*) Full accounting of all transactions from production to retail distribution.
(*c*) Licensing of all producers.
(*d*) Limitation of trade to authorised persons.
(*e*) Prohibition of non-authorised possession and
(*f*) Establishment of an import/export authorisation system".

Further developments on the international forum show that the recommendations were adopted by the ECOSOC with the blessing of the General Assembly of the United Nations Organisation. This later evolved into a separate **International Convention on Control of Psychotropic Substances of 1971.** This convention imposed additional International control on psychotropic substances which comprise the following groups of drugs:

Stimulants
Depressants and
Hallucinogens

As already mentioned in passing, the W.H.O. through its expert committees is closely involved with the reviews of the medical usefulness of old or known remedies in comparison with the risk such usefulness constitutes to public Health. The Organisation's opinion has been sought for in re-scheduling drugs especially those to which the Narcotic schedules apply; and more recently,

Difenoxin
Propiran and
Nicodicodine

were rescheduled in the light of new researches.

Expert Committee and Drug Dependence

The W.H.O. established a special expert committee on dependence-producing drugs and through the Committee a lot of information has been disclosed as to the nature of the drugs, their actions and the mechanics of drug dependence itself. The Committee's work has been regarded as an authentic reference guide in the use of terms that are so often confused in this field. Useful reference can be made to the W.H.O. technical report series 1973 no. 526 part 2 chapter 3 on "Terminology". It may be useful to reproduce some here.

"Drug Dependence. A state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterised by behavioural and other responses that always include a compulsion to take the drug on a continous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug. Perhaps a most elucidating, which shows classification and suggests regimes of control is that of "Dependence-Producing drug. A drug having the capacity to interact with a living organism to produce a state of psychic or psysical dependence or both. Such a drug may be used medically or non-medically without necessarily producing such a state. The Characteristics of a state of drug dependence, once developed, will vary with the type of drug involved. Some types of drug, including those present in tea and coffee, are capable of producing drug dependence in a very broad sense. The existence of such a state is not necessarily harmful in itself. There are however, several types of drugs that,

because they can produce substantial central nervous stimulation or depression, or disturbances in perception, mood, thinking, behaviour, or motor function, are generally recognised as having the capacity, under certain circumstances of use, to produce individual and public health social problems. Drugs of the types listed below can produce substantial effects and problems of the kinds mentioned above. As used in the W.H.O. report, dependence-producing drug (s) means one or more of the following types:

(1) Alcohol-barbiturate type e.g. ethanol, barbiturates and certain other drugs with sedative effects, such as chloral hydrate, chlordiazepoxide, diazepam, meprobamate, and methaqualone;

(2) Amphetamine type e.g. amphetamine, dexamphetamine, methamphetamine, methylphenidate and phenmetrazines;

(3) Canabis type e.g. preparations of canabis sativa L. such as marihuana (bang dagga, kif maconha), ganji and hashish (Charas);

(4) Cocaine type e.g. cocaine and coca leaves;

(5) Hallucinogen type e.g. Lysergide (LSD), mescaline and psilocybin;

(6) Khat type e.g. preparations of catha edulis forssk;

(7) Opiate type e.g. Opiates such as morphine, heroine, codeine and synthetics with morphinelike effects such as methadone and pethidine;

(8) Volatile solvent type e.g. toluene, acetone, and carbontetrachloride. . . . . ."

Quoting at length here is very necessary and almost indispensable in the interest of precision, which is the whole essence of terminologies.

Specifications for Pharmaceutical Preparations

It is not practicable in a brief paper like this even to summarise all W.H.O.'s involvement in Drug Control, but this paper may not be complete in itself without a brief mention of the work of another W.H.O. expert committee on "Specifications for Pharmaceutical preparations". The International Pharmacopoeia (I.P.) is a book of standards and it is this committee that reviews it periodically and sets out new specifications for drugs and pharmaceuticals.

International Chemical reference substances are also periodically reviewed. The importance of such standard reference substances can not be over-emphasised especially in quality control laboratories where it is often necessary to compare physical or chemical reactions in order to determine purity. Specifications for pharmaceutical preparations is aimed at ensuring good products; but that quality cannot be **added on** after the product has been manufactured. It therefore has to be **built into** the product during manufacturing processes. Thus the Committee has attempted to lay down procedures and guide-lines for good manufacturing practice and quality control of drugs. Such considerations include:

Personnel
Premises
Equipments
Sanitation
Manufacturing operations
Labelling and packaging
The Quality Control system
Self-inspection
Distribution records
Complaints and reports of adverse reactions

Quality Control

Time limits me to go into detailed considerations of this aspect but the quality control system deserves special mention. The W.H.O. recommended that "Every manufacturing establishment must have a quality control department supervised by a suitably qualified expert directly responsible to the Management but independent of other departments. The Quality Control department should control all starting materials, monitor the quality aspects of manufacturing operations and control the quality and stability of drugs".

It is however understood that not all manufacturing laboratories could afford some expensive and sophisticated instruments and that there is need for securing the services of independent outside laboratories for "complex analytical and biological procedures that require the use of costly equipments".

Here again, one may make mention of the proposed Federal Government Drug Quality Control Laboratory and suggest that the authorities adopt the W.H.O. recommendations. The National Drug Quality Control Laboratory should be completely insulated from political or commercial forces. It should be directly responsible to a bigger administrative professional body which in turn is directly responsible to parliament or the Supreme Military Council as the case may be.

International Control of Drugs

The World Control of Drugs is effected by treaties to bind the respective countries to their international obligation. The carrying out of such obligations within the country has to be made legal by enactment of suitable domestic laws. Thus, "The Single Convention on Narcotic Drugs 1961" made it obligatory of Nigeria and all other countries who were signatories to the treaty, to restrict and control narcotics. This is made so emphatic in article 4 of the Convention which states.

"The parties shall take such legislative and administrative measures as may be necessary:

(*a*) To give effect to and carry out the provisions of this convention within their own territories;

(*b*) To cooperate with other states in the execution of the provisions of this convention;

(*c*) Subject to the provisions of this convention, to limit exclusively to Medical and Scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs".

Article 17 reads: "The Parties shall maintain a special administration for the purpose of applying the provisions of this convention".

Although Nigeria is not yet party to "The Convention on psychotropic substances 1971", the Convention urged that countries should try to re-orientate their laws on psychotropic substances so as to operate in parallels with the provisions of the Convention. This to us in Nigeria means that we should start to reflect the spirit of the convention in our own domestic laws and activities even before Nigeria becomes formally bound; in other words, as a first step, a Federal Control of psychotropic substances be established by a Federal decree similar to the Dangerous drugs Act or the Decree No. 34, 1974 (Foods and Drugs) be so amended to give more powers to the Pharmacists' Board of Nigeria to control the importation possession, sale and delivery of such substances.

From the above, one will observe that an efficient world control of drugs rests on the efficiency of the internal or domestic administration of each party to the treaty. Each country is therefore a vital link in the chain of world control activities. Any weakness, therefore, in a link could cause a collapse.

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