



Opinion

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In Need of Strategies to Prevent Uncontrolled Use of Controlled Medication in Lesser Privileged Countries



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Opinion

In a scenario where 44% of the WHO member states have less than 1 physician per 1000 population [1], patients often resort on alternate ways of treatment. In such countries, lack of disciplined system resulted in a spike in dispensing of medicines by local pharmacies. Consequently, controlled substances are easily accessible without prescriptions. Therapeutically beneficial narcotic substances having opiate like action (*tramadol*, *oxycodone*) or psychotropic activity as central nervous stimulants (*methamphetamine*), sedatives (*diazepam*), hypnotics (*zolpidem*), tranquilizers (*ketamine*), etc. often produce addiction. Uncontrolled abuse of such substances is a large-scale public health and social issue. While problems of illicit traffic exist, the present scenario of unrestrained sell of controlled medications for abuse purpose by pharmacies is a growing phenomenon and needs to be addressed.

Despite of the acute precipitation of harmful outcomes by illegal use of opiates or psychoactive medications, it is ironic that in most countries sell of tobacco is the priority of control as substance abuse, followed by alcohol, and with other illicit medications way behind. WHO guidelines [2] in context to international treaties recommended registration, distribution and surveillance on supply of controlled drugs. However, in recent studies WHO revealed country income level appears to influence the availability of substance abuse policies [3]. Such outcomes reveal a complete failure of adherence to the WHO guidelines and need a massive make-over in the approach to control the increasing abuse of drug products.

Opiates and sedatives are notoriously available through internet. It signifies the ease of unrestricted manufacture and distribution of medication, meant to be controlled. An international regulation must be implemented at the source. Manufacture of such drug substances of concern must be authorized by narcotics enforcement authorities of the country and should be limited. A database and inventory strategy at

source needs to be monitored by designated drug authorities. Batch to batch active raw material usage, total units manufactured and reconciliation data is essential to be documented and audited. Redefining of current legislation and enforcement policies in such countries require more budgetary assignments. An efficient way to generate revenue is feasible by means of increased taxation on such items. Drugs, for instance tramadol, not included in the WHO essential-drug list can be excluded from the minimum drug-price list of individual countries. In the prevention of habitual drug harm, the most effective strategies include managing the real price of product. On entirety, if the habit-forming drugs are controlled in its true sense, it will drive the industry to alternative medications without its narcotic effect.

In most countries where drugs are easily available without prescription, the US model of legit prescription-only system would be beneficial to prevent unnecessary usage of drugs. In countries with low physician to population ratio, it is often problematic for physicians to prescribe and authorize all prescriptions. Training of special nursing staff to authorize prescription on behalf of the physician might solve the problem and prevent abuse of controlled medication. All unethical distribution of drugs (with abuse potential) by local pharmacies could be checked if the license to sell narcotics is issued only to hospital pharmacies or designated focal points. The general practice of archiving prescription at the dispensing units should be implemented to prevent duplication and collection of medication from several pharmacies with a single prescription. A system must be employed to address prescription or inventory record in digital format to local monitoring units on regular basis for better tracking.

An integral part of the monitoring strategy should include regular and transparent surveillance on the distribution center to keep an account on the consumption of the controlled drug.

Involvement of enforcement authorities and integration of trained staff with a well-structured system might provide adequate reforms in the management of addiction due to habitual drugs.

We are in a very sensitive juncture of time where it is the responsibility of global authorities to synergistically fight the epidemic of drug abuse. While guidance's have failed to generate positive outcomes, we need widespread implementation of legislations to prevent unregulated usage of controlled medication in all parts of the world.



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