100

Conclusion

Psychiatrists all around the world have various stakes in controlled medicines. They have an urgent need to be able to prescribe methadone or buprenorphine for the evidencebased treatment of dependence and to use benzodiazepines for various other mental disorders. In collaboration with organisations of other medical specialists, their national associations should advocate improved access to these medicines. Furthermore, they can play a role in monitoring misuse of and dependence on these medicines when prescribing them and in collecting information on the mechanisms behind the diversion and misuse of prescription medicines.

These associations can, together with those of other medical specialties and patients' organisations, assess the situation with regard to controlled medicines in their country by using the recent WHO policy guidelines and the checklist mentioned above. Together they can call on governments to implement policies and legislation aimed at solving any problems identified and can promote attitudes and practices among their members that will help to overcome such problems.

References

- Commission on Narcotic Drugs (2010) Resolution 53/4: Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse. Tenth plenary meeting. At http://www.unodc.org/documents/ commissions/CND-Res-2000-until-present/CND53_4e.pdf (accessed 4 January 2011).
- Human Rights Watch (2009) Please, Do Not Make Us Suffer Any More... Access to Pain Treatment as a Human Right. Human Rights Watch. At

http://www.hrw.org/sites/default/files/reports/health0309web_1.pdf (accessed 8 February 2011).

- Noble, M., Tregear, S. J., Treadwell, J. R., *et al* (2008) Long-term opioid therapy for chronic non-cancer pain: a systematic review and meta-analysis of efficacy and safety. *Journal of Pain and Symptom Management*, **35**, 214–228.
- Open Society Institute (2008) *Harm Reduction Developments 2008. Countries with Injection-Driven HIV Epidemics.* At http://www.soros. org/initiatives/health/focus/ihrd/articles_publications/publications/ developments_20080304/developments_20080304.pdf (accessed 8 February 2011).
- Seya, M. J., Gelders, S. F. A. M., Achara, O. U., et al (2011) A first comparison between the consumption of and the need for opioid analgesics at country, regional and global level. Journal of Pain and Palliative Care Pharmacotherapy, 25, 6–18.
- United Nations (2005) Resolution ECOSOC 2005/25. Treatment of pain using opioid analgesics. Thirty-sixth plenary meeting. At http://www. un.org/docs/ecosoc/documents/2005/resolutions/Resolution%20 2005-25.pdf (accessed 5 January 2011).
- United Nations (2010) *Report of the International Narcotics Control Board for 2009*. Paragraph 789. UN. At http://www.incb.org/pdf/annual-report/2009/en/AR 09 English.pdf (accessed 5 January 2011).
- World Health Organization (2005) Resolution WHA 58.22. Cancer prevention and control. World Health Assembly 58. At http://www.who. int/ipcs/publications/wha/cancer_resolution.pdf (assessed 5 January 2011).
- World Health Organization (2008) Scaling Up Care for Mental, Neurological, and Substance Use Disorders. Mental Health Gap Action Programme. WHO. At http://whqlibdoc.who.int/ publications/2008/9789241596206_eng.pdf (accessed 5 January 2011).
- World Health Organization (2009) Access to Controlled Medications Programme: improving access to medications under international drug conventions. Briefing note. WHO. At http://www.who.int/medicines/ areas/quality_safety/ACMP_BrNoteGenrl_EN_Feb09.pdf (accessed 5 January 2011).
- World Health Organization (2011) Ensuring Balance in National Policies on Controlled Substances: Guidance for Accessibility and Availability for Controlled Medicines. WHO.

NEWS AND NOTES

Contributions to the 'News and notes' column should be sent to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk

College position statement: recommendations for psychiatrists on spirituality and religion

Evidence suggests that the relationship between spirituality/ religion and mental health is a positive one, and there may be benefits associated with considering spiritual and religious factors within treatment planning. The Royal College of Psychiatrists' position statement recommends that psychiatrists consider a tactful and sensitive exploration of patients' religious beliefs and spirituality during consultations – but that psychiatrists should also ensure that a patient's lack of religious or spiritual beliefs is equally respected. The statement can be viewed on the College's website (http://www. rcpsych.ac.uk/publications/collegereports/positionstatements. aspx).

Inayat Khan

The World Health Organization has highlighted on its website the achievements of a former member of staff, Dr Inayat Khan, who is also a Fellow of the College (see http://www.who.int/archives/fonds_collections/special/ former staff history khan/en/index.html).

Obituary – Professor Tolani Asuni

The College is saddened to announce the death of Professor Tolani Asuni on 21 June 2011 at age 86 in Lagos. Professor Asuni was a Foundation Fellow of the Royal College of Psychiatrists and had a long, illustrious professional career in Nigeria at Obufemi Awolowo in Lagos, Ibadan University and the Federal Neuropsychiatric Hospital Abeokuta. He was one of the founders, and the first President, of the Association



of Psychiatrists in Africa. Professor Asuni was Director of the United Nations Social Defence Research Institute in Rome in the 1980s. He had a lifelong interest in the mental health of homeless people, as well as many other interests. He had an invaluable impact on improving mental health in Nigeria. The Psychiatrist will feature a full obituary of Professor Asuni.

International Narcotics **Control Board**

On 19 September 2011 in New York at the United Nations General Assembly High-Level Meeting on the Prevention and Control of Non-communicable Diseases, the President of the International Narcotics Control Board (INCB), Professor Hamid Ghodse, emphasised that millions of people around the world are afflicted by mental illnesses, which are non-communicable diseases and which include substance use disorders. Substance misuse requires prevention and treatment and is a contributing factor to some other noncommunicable diseases.

Addressing the Roundtable on strengthening national capacities and policies, Professor Ghodse highlighted the importance of the availability of internationally controlled drugs in the treatment of non-communicable diseases and for the relief of associated pain. He stressed that appropriate medical use of controlled medicines can improve the quality of life of patients, with opioids being essential in the palliative care of cancer patients and psychotropic substances being a key component in the treatment of mental illness. However, there are considerable disparities in the availability of controlled substances. Ninety per cent of global consumption of analgesics is accounted for by a number of high-income countries, and overconsumption in some countries is increasingly of concern. In contrast, 80% of the world's population has no or limited access to these essential medicines.

Professor Ghodse reminded member states of the right of all people to be free from the pain and suffering caused by non-communicable diseases and said that prevention should be the primary means of achieving this. Well-functioning regulatory systems within each country are essential in

ensuring the availability of controlled medicines, including for non-communicable diseases, and in preventing the diversion of drugs to illicit uses. The President of the Board indicated that many countries do not have a functioning drug control regulatory system in place and that the first steps to reverse this include the development of national drug policy and national capacity.

UN political declaration on the prevention and control of noncommunicable diseases

The United Nations General Assembly gathered in New York in September 2011 for a summit to shape the international agenda on non-communicable diseases (NCDs). Thanks to the work and lobbying by non-governmental organisations and senior mental health experts, the burden of mental ill-health was acknowledged as being a contributor to the burden of NCDs and the inclusion of mental health in the political declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. This declaration can be found on the United Nations' website (http://www.un.org/en).

World Psychiatric Association new officers

The General Assembly of the World Psychiatric Association took place on 21 September 2011 in Buenos Aires. Elections for new Officers of the WPA took place during the Assembly:

- O President Elect, D Bhugra
- Secretary of Education, E Belfort
- O Secretary of Publications, M Riba
- O Secretary of Sections, M A Javed.

Elections for zonal representatives also took place and details of all the elected officers can be found on the WPA webiste (http://www.wpanet.org).

CORRESPONDENCE

Correspondence should be sent to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk

Phenothiazines and community care

Sir: I felt I could not let go unchallenged the statement in the May issue of *International* Psychiatry (p. 36) that the movement towards community care in the UK started with the advent of phenothiazines (Banks et al, 2011). There is an alternative view (e.g. Odergard, 1964; Warner, 1985) - that the reduction in numbers of in-patients in psychiatric hospitals began after the Second World War and before the introduction of phenothiazines, which had relatively little effect on the

rate of emptying of the old asylums. This has been related to, among other things, the postwar labour shortage and the need to draw on the reservoir of labour available at that time from a number of sources, including the mental hospitals. It was also a view held at the time that the move in the 1980s to community care was about saving money and was made despite warnings that proper care in the community would be more expensive than hospital care. Some would say this was why the Care Programme Approach was introduced, as poor funding led to embarrassing examples of poor outcomes for those with mental illness in the community.