

STATEMENT FROM STAKEHOLDER MEETING ORGANIZED BY THE MENTAL HEALTH AUTHORITY (MHA) ON THE TRAMADOL MENACE IN GHANA

Stakeholders at a meeting on tramadol menace have observed with great concern the disturbing news of Tramadol abuse that has hit the country in the last couple of months. As reported in the media, this is an issue of the youth and young men who are mostly affected. Tramadol, or tramol as some people know it, is a prescription drug for treatment purposes but its abuse can have serious effects on the brain, the mind, the heart, the respiratory or breathing system and can even lead to coma and death.

The frequent reports led to the Mental Health Authority (MHA) to organise a stakeholder meeting on Thursday, May 10th 2018 aimed at arresting this developing canker.

Tramadol is a synthetic opioid which acts very much like heroin, a psychoactive substance with a major effect on the mind.

The youth abuse it for sexual and energy purposes and often it is added to some drinks or beverages to give a heightened 'feeling high' sensation and pleasure. As the drug is used the brain tells the user that he needs more and then without it one cannot perform his normal functions, then he is addicted or dependent. Dangers of addiction include overdose and coma or death. It also affects the heart and can give heart failure, likewise affecting the respiratory system to create breathing problems and eventually death.

Unscrupulous importers import those tablets of unauthorised high doses, sometimes five times the normal dose and therein lies the danger.

It is important that as a society, we pay particular attention to young people because those who indulge in these substances become a threat to the society. The relationship between drugs and crime is well known and it will not be surprising that armed robbers will put themselves on such drugs as tramadol.

At the stakeholder meeting it became obvious that we need to tackle the issue of opioids abuse holistically as a national agenda. The stakeholders noted, and recommended where necessary, that:

1. The role of regulatory bodies like to Food and Drugs Authority (FDA) and Pharmacy Council cannot be over-emphasized in regulating the availability and sale of such substances. These institutions must be adequately resourced to carry out this regulatory function.
2. Narcotics Control Board is the statutory body to regulate the availability of illicit narcotic drugs. Tramadol is a prescription drug and therefore licit, but the dosages we are seeing and hearing of must make tramadol necessarily come under the regulation of NACOB in terms of what can be allowed in the system.

It is hereby recommended that NACOB continues its vigilance to seize such drugs with strengths more than approved for treatment purposes.

3. Institutions with the mandate to control the importation of these drugs particularly at the borders should be strengthened and their mandates well enforced. In this regard, FDA, NACOB and Pharmacy Council must have full access to the containers that carry these drugs at the ports for them to be sure that the drugs are within prescription levels and this can only be with the cooperation of the Customs at the borders.
4. The Narcotic Drug Law in parliament should be amended to include tramadol among the list of drugs to be controlled by NACOB and to give stiffer punishment to importers of illicit or unapproved drugs, for in the long run such importers are killers.
5. There is the need for scientific data base to establish the magnitude of the problem, in terms of the drug use and its effects. It is recommended that all health facilities should include an enquiry on the use of tramadol in the battery of questions to their patients especially the youth, by which we can establish the size of the problem, among other approaches.
6. There should be more public education and media sensitisation on the dangers of drugs generally, and opioids in particular, to stem the tide of drug abuse. Institutions responsible for this education, like the Mental Health Authority, School Health Programmes, Demand Reduction Department of NACOB, should be adequately resourced to embark on this mandate of theirs.
7. Abuse of, and addiction to, some prescription opioids, like pentazocine, is often by health personnel and is often iatrogenic, that is, induced in the course of treatment. It is therefore strongly recommended that doctors and nurses should not be in a hurry to 'kill' the least pain in their clients. One should always judge the merits of treating the pain against the risk of addiction to the painkiller, and in that case many instances of pethidine and sosegun abuse would be reduced especially in surgical cases.
8. For now FDA classifies medicines into Controlled and Not Controlled. It is recommended that we go further to use the full scheduling system where drugs are in Schedules I-VI. For instance Schedule VI could be Over The Counter Drug (OTC) where one does not require prescription to buy because there is no risk of abuse and dependence; Schedule V would be where a prescription, not necessarily from a doctor, is required, because of a little danger of abuse; Schedule IV where a doctor's prescription is required for obvious reasons of abuse and some low addiction potential; Schedule III where a doctor's prescription is needed and there is a moderate potential for abuse and addiction; Schedule II where there is a high potential of abuse and addiction and one requires specially trained doctors, that is not any doctor at all; and Schedule I where there is the greatest potential of abuse and addiction and there is no medicinal or treatment value for the drug, eg. Heroin, LSD and Marijuana.

Of course with the scheduling there must be a mechanism to enforce, and not the situation where one can virtually buy every medicine in the open.

9. There is the need to set up treatment and rehabilitation centres for persons who are dependent on drugs, and train all doctors to be able to handle initial phases of drug abuse even before referral. That also means the agencies responsible for this training, the Mental Health Authority and NACOB, must be adequately resourced.
10. Researchers are invited to enter the area of researching on epidemiology of substance use, particularly opioids. Currently there is very little research in this area. Policy makers need data to inform decisions.
11. The government must give adequate attention to drug abuse. In the US the government has recognised opioid crisis as a national public health emergency. We certainly would not want to wait till we get there and we have the choice now. Agencies mentioned with any roles to play must be adequately resourced and strengthened. The Boards of the NACOB and the Mental Health Authority must be constituted at the minimum for them to support or approve major policy decisions of their agencies.

Implementation of these action points requires a well-coordinated, multi-agency approach to tackle the issue of tramadol and opioid abuse among the youth.

Stakeholders present at the meeting included were:

Mental Health Authority (MHA)
Food and Drugs Authority (FDA),
Narcotics Control Board (NACOB)
Ministry of Health (MOH)
Ghana Health Services (GES)
Private Mental Health Practitioners
Mental Health Consultants
Ghana Education Service (GES, SHEP)
NGOs and the
Media.

Thank you.

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