opioid analgesics, 8% sold stimulants and 1% sold barbiturates; 89% of them did not require a prescription and only 3% indicated that, before they dispensed a medicine, a prescription would be required (National Center on Addiction and Substance Abuse, 2006). In 2006, 34 illegal internet pharmacies dispensed more than 98 million dosage units of hydrocodone products (International Narcotics Control Board, 2008). In the USA, the law enforcement authorities examined 1153 imported parcels containing medicinal products during a 3-day operation in 2003. The overwhelming majority of the products (88%) were illegally imported drugs, including more than 25 different controlled psychotropic medicines, such as diazepam and codeine (Food and Drug Administration, 2003).

**Law enforcement and cooperation**

According to a study conducted by the World Health Organization (2003), in 30% of countries drug regulation is either non-existent or very limited. Clandestine manufacture and trafficking are facilitated by weak drug regulations, weak enforcement of existing regulations and lenient penal sanctions for counterfeiters. If sanctions are not commensurate with the enormous profits that are made, they do not serve as a sufficient deterrent.

Effective action requires the existence of competent national drug regulatory authorities, with a sustained resource base, to ensure control and regular inspection of those involved in the manufacture, trade and distribution of pharmaceuticals.

To regulate the medicines market effectively, national drug regulatory authorities require political will, relevant legislation, appropriate organisational capacity and skilled professionals. The training of healthcare professionals should include guidance on how to promote the rational use of medicines, especially those from unregulated sources, so that adequate preventive measures can be undertaken. Without the cooperation of all concerned, there will be little chance to overcome this problem.

These actions at national level need to be complemented by strengthened, concerted international preventive and investigative efforts. National drug regulatory authorities should cooperate effectively in eliminating counterfeit medicines from international commerce. Cooperation and intelligence sharing among national drug regulatory and law enforcement authorities would help to stop shipments of counterfeit medicines and would facilitate the arrest of persons engaged in counterfeiting. Furthermore, national drug regulatory authorities should cooperate with the International Medical Products Anti-Counterfeiting Taskforce, set up with the Declaration of Rome of 18 February 2006. Governments need to be appropriately sensitised to the health and economic risks associated with the counterfeiting of medicines, so that appropriate laws against counterfeiting are enacted, and resources and infrastructure are provided for effective law enforcement at national level.

Apart from governments, the pharmaceutical industry, professional organisations, consumer associations and healthcare professionals, mass media and particularly the health and medical journals all have an important role to play in public education. Psychiatrists, particularly through psychiatric and mental health societies and associations, have a pivotal role to play in relation to the appropriate use of psychotropic medicines, which should include education of both patients and their carers in the risks associated with the counterfeiting of medicines, so that appropriate laws against counterfeiting are enacted, and resources and infrastructure are provided for effective law enforcement at national level.

Effective action requires the existence of competent national drug regulatory authorities, with a sustained resource base, to ensure control and regular inspection of those involved in the manufacture, trade and distribution of pharmaceuticals.

To regulate the medicines market effectively, national drug regulatory authorities require political will, relevant legislation, appropriate organisational capacity and skilled professionals. The training of healthcare professionals should include guidance on how to promote the rational use of medicines, especially those from unregulated sources, so that adequate preventive measures can be undertaken. Without the cooperation of all concerned, there will be little chance to overcome this problem.

These actions at national level need to be complemented by strengthened, concerted international preventive and investigative efforts. National drug regulatory authorities should cooperate effectively in eliminating counterfeit medicines from international commerce. Cooperation and intelligence sharing among national drug regulatory and law enforcement authorities would help to stop shipments of counterfeit medicines and would facilitate the arrest of persons engaged in counterfeiting. Furthermore, national drug regulatory authorities should cooperate with the International Medical Products Anti-Counterfeiting Taskforce, set up with the Declaration of Rome of 18 February 2006. Governments need to be appropriately sensitised to the health and economic risks associated with the counterfeiting of medicines, so that appropriate laws against counterfeiting are enacted, and resources and infrastructure are provided for effective law enforcement at national level.

Apart from governments, the pharmaceutical industry, professional organisations, consumer associations and healthcare professionals, mass media and particularly the health and medical journals all have an important role to play in public education. Psychiatrists, particularly through psychiatric and mental health societies and associations, have a pivotal role to play in relation to the appropriate use of psychotropic medicines, which should include education of both patients and their carers in the risks associated with the use and misuse of medicines, especially those from unregulated sources.

**References**

Food and Drug Administration (2003) Customs import blitz exams reveal potentially dangerous import drug shipments. *FDA News*, 29 September.

International Narcotics Control Board (2008) *Report of the International Narcotics Control Board for 2007*. United Nations. Available at http://www.incb.org/incb/en/annual-report-2007.html

National Center on Addiction and Substance Abuse at Columbia University (2006) ‘You’ve Got Drugs!’ Prescription Drug Pushers on the Internet: 2006 Update. CASA White Paper.

World Health Organization (2003) *Effective Medicines Regulation: Ensuring Safety, Efficacy and Quality*. WHO Policy Perspectives on Medicines No. 7. WHO.

World Health Organization (2006) *Counterfeit Medicines*. Fact Sheet No. 275. WHO. Available at http://www.who.int/mediacentre/factsheets/fs275/en/

**Migration and psychiatric adjustment**

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London WC1 1EH, UK, email d.skuse@ich.ucl.ac.uk

With the extraordinarily large movements of populations from some of the former Soviet Union states into Western Europe, since their recent membership of the European Union, attention has been focused in recent years on how easy or otherwise it has been for these people to adjust to life in very different economic and social circumstances. It has been estimated that the UK has absorbed up to a million immigrants from Eastern European states.
Mental health among recent immigrants to Sweden from Eastern Europe and the former Soviet Union

Solvig Ekblad PhD
Associate Professor in Transcultural Psychology, Stress Research Institute, Stockholm University, email Solvig.Ekblad@stressforskning.su.se

Several European states such as Sweden have become transit countries for migrants, as well as reception countries for an increasing number of young migrants, not only asylum seekers and refugees from beyond Europe but also from the European Union’s new members, after the dissolution of the Soviet bloc in 1989 and then the Soviet Union itself in 1991. Over 110,000 immigrants from Eastern Europe and the former Soviet Union resided in Sweden in 2002, although the exact figure is difficult to estimate because of the varied legal status of the migrants. International migration is not a new phenomenon in this part of the world, of course: people have always moved in the search of greater personal safety, among other reasons. However, new groups with new psychosocial needs and demands on the healthcare systems of the host countries will be a challenge. The aim of this article is to give an overview of three sets of empirical data:

- the prevalence of mental disorders among recent immigrants to Sweden from Eastern Europe and the former Soviet Union
- their access to mental health and social care facilities arising from their legal status
- their utilisation of health and social services