

Contribution of traditional medicine to public health: coca leaf

Report by the Secretariat

1. The governing bodies have acknowledged the growing importance and value of traditional medicine and complementary/alternative medicine¹ (referred hereafter as “traditional medicine”) in the provision of national health care globally.²
2. Traditional medicine represents the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, where explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. The term herbal medicines is used to cover herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations. Traditional use of herbal medicines refers to the long historical use of these medicines.³
3. One particular plant or part of a plant can be classified in different categories, such as a medicine, functional/health food, dietary supplement or food, depending on the purpose of its use and the national regulatory framework.
4. In Andean cultures the leaves of the coca bush *Erythroxylon coca* have traditionally been chewed or sucked with a pinch of alkaline ashes as a stimulant and appetite suppressant and to increase endurance at high altitudes. Cocaine is extracted from coca leaves whose major chemical constituents are a complex mixture of tropane alkaloids, mainly cocaine and other ecgonine esters.
5. Coca leaves have been used traditionally by people in some countries and regions for health benefits, for example, for the relief of gastrointestinal problems and respiratory ailments and treatment of altitude sickness. However, there may still be insufficient research data to prove that using coca leaf brings only health benefits and no negative health consequence, in view of the specific nature of coca leaf and its chemical constituents.

¹ In some countries where traditional medicine has not been incorporated into the national health-care system, it is often termed “complementary”, “alternative” or “nonconventional” medicine.

² See for example resolution WHA56.31 on traditional medicine.

³ Document WHO/EDM/TRM/2000.1.

6. Coca leaf and some of its constituents, including cocaine, are placed on Schedule I of the Single Convention on Narcotic Drugs, 1961, of the United Nations. Article 1 of the Convention defines coca bush as “the plant of any species of the genus *Erythroxylon*” and coca leaf as “the leaf of the coca bush except a leaf from which all ecgonine, cocaine and any other ecgonine alkaloids have been removed”. The WHO Expert Committee on Drug Dependence advises on the scheduling of substances under this Convention and the Convention on Psychotropic Substances, 1971.

Evaluation of traditional medicines

7. Each Member State, as its prerogative, has its own national regulatory framework and respective requirements for evaluation of safety, efficacy and quality of both conventional and traditional medicines. There is no international uniform standard for regulatory evaluation of safety, efficacy and quality of medicines, particularly traditional medicines, which can be specified only by relevant national regulatory authorities. Therefore, national regulatory requirements of medicines vary from country to country.¹

8. If any plant or part of a plant, including coca bush or coca leaf, is to be used as a medicine or traditional medicine, its safety, efficacy and quality need to meet the national regulatory requirements, and only national authorities have the right to decide on the basis of national legal provisions.

ACTION BY EXECUTIVE BOARD

9. The Executive Board is invited to note the report.

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¹ *National policy on traditional medicine and regulation of herbal medicines: report of a WHO global survey.* Geneva, World Health Organization, 2005.