Buprenorphine: reporting consumption as a first step towards availability

1. Buprenorphine is a substance belonging to the opioid family, used mainly as an analgesic and for the treatment of opioid dependence. It was placed under international control in 1989 and listed in Schedule III of the 1971 Convention on Psychotropic Substances following a decision of the United Nations Commission on Narcotic Drugs (CND).

2. Given its medical benefits and functions, in 2005 buprenorphine was included, together with methadone, in the World Health Organisations' (WHO) Essential Medicines List for use in substance dependence programmes. The pharmacologic treatment of opioid dependence with buprenorphine also contributes to the efficient prevention and treatment of HIV/AIDS among opioid-dependant injecting drug users.

3. Detoxification and opiate substitution treatment (OST) programmes using buprenorphine (alone or in combination with naloxone) are available in most European countries and in various other countries, including Australia, Malaysia and the United States. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimates that 28 percent of clients in opioid dependence programmes in Europe are treated with buprenorphine, which represents the principal substitution drug in seven countries (Czechia, Finland, France, Norway, Sweden and Turkey).[1] According to the International Narcotics Control Board (INCB) 2015 Availability Report, however, access to opioid substitution treatment services 'is either not available, or not sufficiently available, in all countries where there is a significant prevalence of people who inject drugs'.[2]

4. Diversion of preparations containing buprenorphine, mainly from domestic distribution channels, have been reported by few countries in 2016. Supervision of the treatment is recommended by the WHO in order to lower the risk of buprenorphine diversion to opioid dependants.[3] Abuse of this substance, particularly among those addicted to opioids, has also been reported. In Europe, for example, non-medical use of buprenorphine is the third most commonly reported cause of opioid addiction after heroin and methadone.[4] Ensuring buprenorphine availability while preventing its trafficking and abuse represents a challenge at both the national and international levels.

5. Commission on Narcotic Drugs resolution 54/6 of 2011 invited Governments to report consumption data on psychotropic substances to the INCB. In 2016, data on buprenorphine consumption was submitted to INCB by 39 countries. Among these, Belgium was the largest consumer, with 6.18 S-DDD[5] per 1,000 inhabitants per day, closely followed by the United States (5.80) and the United Kingdom (5.54). Other leading consumers in that year were Germany, Finland, Sweden, Austria, Montenegro and Denmark, in descending order (see figure 1, page 2, and figures 2 and 3, page 3).

6. Receiving consumption data on buprenorphine would enable the INCB to analyse its use for medical purposes - and specifically for opioid substitution therapy, if the information submitted provide this level of disaggregation, more accurately. This in turn would facilitate INCB supporting Member States' compliance to the United Nations drug control conventions, and ultimately to better address buprenorphine availability at both the national and international levels – a necessary first step towards removing access barriers to medical treatment based on this substance.

[1] European Monitoring Centre for Drugs and Drug Addiction (2017), Health and social responses to drug problems: a European guide, Publications Office of the European Union, Luxembourg.
[2] INCB (2015), Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes. Indispensable, adequately available and not unduly restricted.
[3] World Health Organization (2009), Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence.
[4] European Monitoring Centre for Drugs and Drug Addiction (2016), Strategies to prevent diversion of opioid substitution treatment medications.
[5] The term "defined daily doses for statistical purposes (S-DDD)" is used by INCB as a technical unit of measurement for the purpose of statistical analysis and is not a recommended prescription dose.

Figure 1 - Buprenorphine: reported consumption rate, 2016
(S-DDD per 1,000 inhabitants per day)

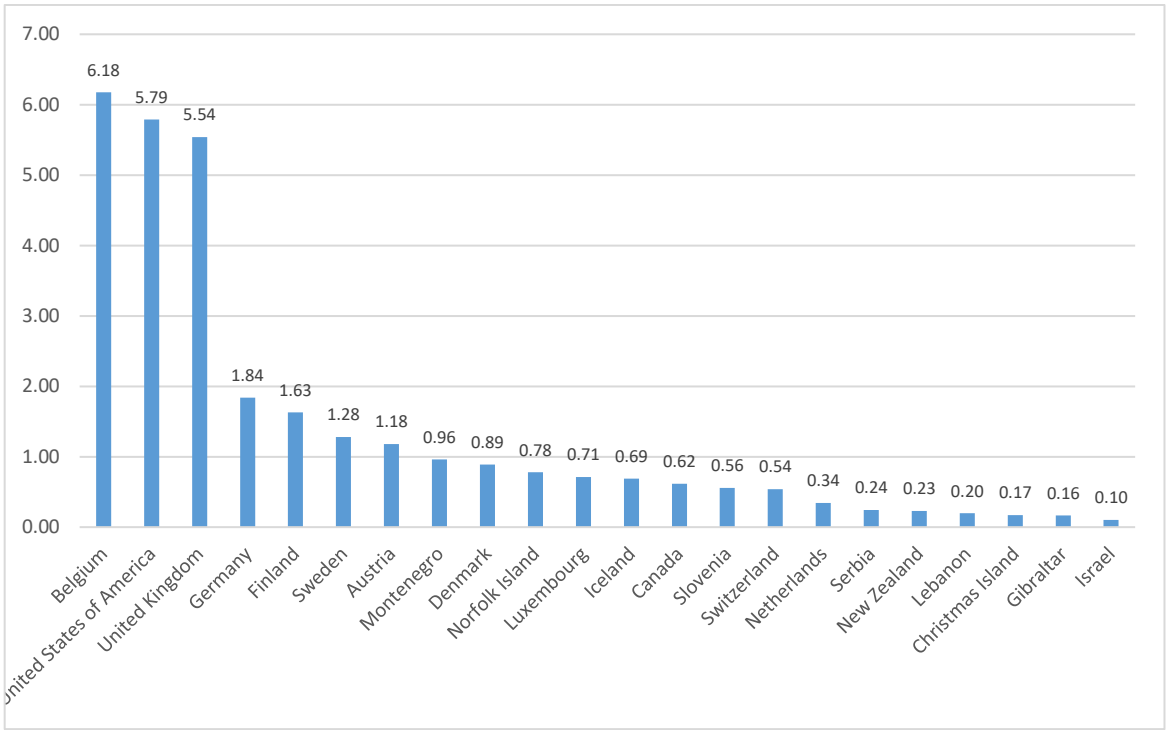


Figure 2 - Buprenorphine: reported consumption rate, 2016
(S-DDD per 1,000 inhabitants per day)

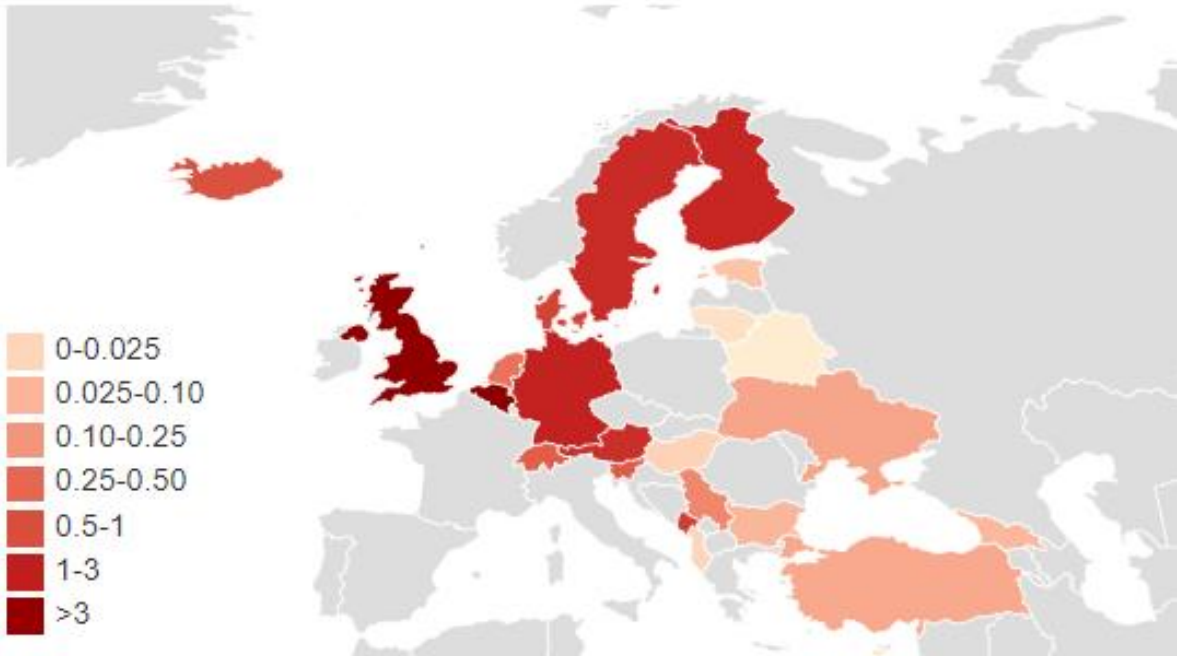
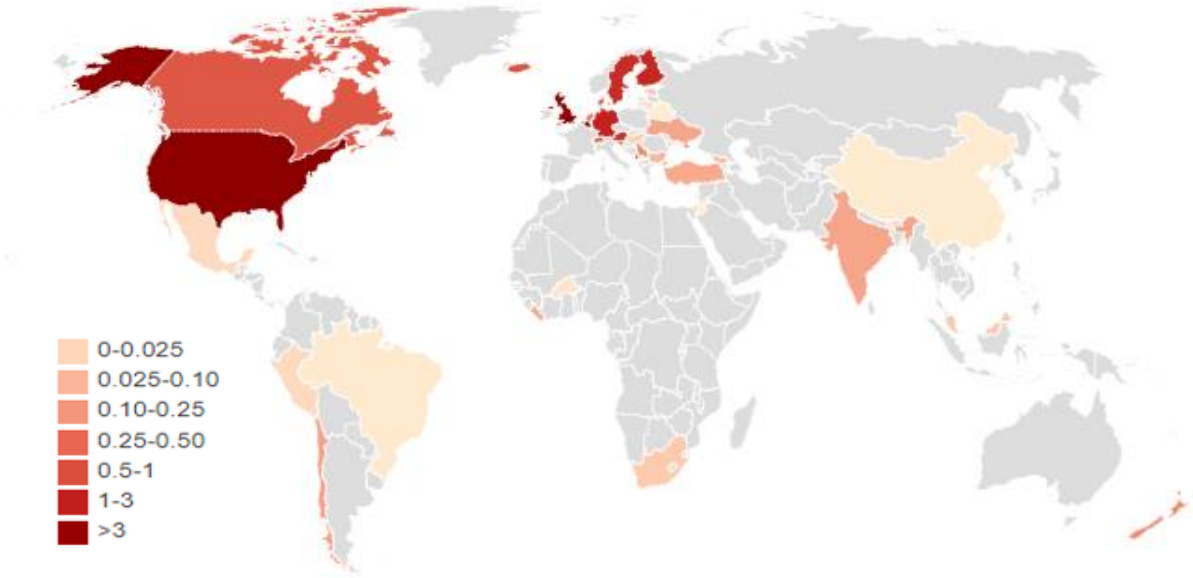


Figure 3 - Buprenorphine: reported consumption rate, Europe, 2016
(S-DDD per 1,000 inhabitants per day)



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INCB is the independent, quasi-judicial body charged with promoting and monitoring Government compliance with the three international drug control conventions: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

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