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NO PATIENT LEFT BEHIND: PROGRESS IN ENSURING ADEQUATE ACCESS TO INTERNATIONALLY CONTROLLED SUBSTANCES FOR MEDICAL AND SCIENTIFIC PURPOSES

Supplement to the INCB Annual Report 2022

INCB is issuing a special report entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*, as a supplement to its 2022 Annual Report. The supplement reviews the situation based on information reported to INCB by Governments and civil society. The review ties in with the initiative of the Chair of the sixty-fifth session of the Commission on Narcotic Drugs (CND) to scale up the implementation of international drug policy commitments on improving availability of and access to controlled substances for medical and scientific purposes.

Regional differences in the availability of opioid analgesics, including morphine, persist

Data show that many countries continue to have difficulties procuring enough opioid analgesics to treat pain. For psychotropic substances, the situation is less clear, but limited access and availability, particularly in low- and middle-income countries, seem to be an issue.

Regional disparities also exist for many countries attempting to buy medications containing morphine, although enough opiate raw materials are reported to be available.

Since a large proportion of the available morphine is being used for the production of codeine, for example used in cough medicine, only a small amount is left to be used directly for other medical purposes, such as pain relief or palliative care.

Data reported show that the limited amount of morphine used directly for pain relief is mostly used in high-income countries. This is confirmed by the data of the World Health Organization (WHO) on the availability of oral morphine in public primary care facilities, showing considerable differences in usage between different income groups.

Regional disparities in levels of consumption of anti-epileptic drugs and medication for attention deficit hyperactivity disorder (ADHD)

Some key trends about regional disparities in the consumption of several psychotropic substances have emerged. For example, the consumption of anti-epileptic drugs, including clonazepam and phenobarbital, is low in Africa, Asia and Oceania relative to the Americas and Europe despite these substances being among the most traded psychotropic substances.

Similarly, there are significant regional disparities in the consumption of methylphenidate despite reports suggesting that prevalence levels of attention deficit hyperactivity disorder (ADHD) are not so different between regions.





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Only a small number of countries use controlled substances for the treatment of opioid dependence

Scientific evidence indicates that opioid agonist therapy programmes are effective in treating opioid dependencies. Yet, the use of methadone and buprenorphine to treat opioid dependence is concentrated in a limited number of countries, most of which are in Western and Central Europe. In other countries with widespread drug use by injection, buprenorphine, methadone and other opioid agonist therapies are limited or not present at all. INCB urges Governments and medical authorities to use methadone and buprenorphine for the treatment of opioid dependence, given their therapeutic effectiveness.

Delivery of controlled medicines during emergency situations remains problematic

At a time of increasing global need for controlled substances during emergency situations, countries face challenges in the timely receipt and delivery of these substances. This is due in part to the additional administrative requirements for the international movement of controlled substances.

Controlled substances included in humanitarian emergency health kits, such as morphine, diazepam and phenobarbital, are vital for pain management, palliative care, surgical care and anaesthesia and the treatment of mental health and neurological conditions of people facing various emergencies, including those resulting from protracted conflicts and climate change.

Lessons learnt from Belgium, Brazil and Lebanon, which had adopted various measures to facilitate access to medical supplies, highlight the importance of timely emergency legislation, relevant legislative change, and coordinated communication in expediting access to controlled substances for humanitarian assistance.

Global supply chain of medicines improved somewhat since COVID-19

The COVID-19 pandemic created unprecedented challenges to the economies and public health systems of all countries since the beginning of 2020. The lockdowns, border closures and social distancing measures disrupted the global supply chain of medicines because key starting materials and active pharmaceutical ingredients could not be manufactured in some major economies. Logistical challenges resulting from border closures and social distancing policies caused prolonged delays.

Analysing data from Governments and civil society organizations, INCB found that some progress was made in improving global supply chains in 2022. There are still important areas requiring action, not only by Member States but also by the international community.

Growing threat from surging illicit cocaine production and trafficking

A changing criminal landscape in the parts of the world affected by illicit coca bush cultivation led to an unprecedented increase in cultivation, cocaine manufacture and the trafficking of cocaine. Due to





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specialization by manufacturers and traffickers at the different stages of the cocaine supply chain, larger quantities of a purer product have become available at cheaper prices for the end consumers.

INCB recommends a coordinated response targeting each element of the cocaine supply chain through evidence-based interventions relating to coca bush cultivation and effective precursor control such as partnerships between Governments and private shipping and logistic companies to address trafficking and to disrupt illicit financial flows stemming from cocaine trafficking.

Action needed to ensure that people with mental health challenges have access to adequate treatment and medications, including in emergency situations

INCB finds that people with mental health conditions do not have access to necessary services, such as treatment and medications, and that inadequate investment means the needs of the affected population group are not being met.

Based on data from the World Health Organization (WHO), at least three quarters of the world's population with mental, neurological and substance use disorders live in low- and middle-income countries. Mental health services for these populations are scarce and often difficult to access.

The high number of humanitarian crises resulting from armed conflict, climate change or public health emergencies have had a major impact on people's mental health in all parts of the world. Some groups, such as health and other front-line workers, elderly people, women, children, people with drug use disorders and those with pre-existing mental health conditions, have been particularly affected.

At the same time, INCB is concerned about an overprescription of psychotropic substances to treat mental, neurological and substance use disorders in some countries. Unsupervised self-medication by people with mental health challenges because of a lack of access to professional services is another concern.

INCB reminds Governments that people living with mental health challenges need suitable access to adequate treatment and necessary medications to alleviate their conditions. INCB encourages Governments to include evidence-based mental health treatment and support services in their national health-care systems and ensure that these services continue to be provided during emergency situations.

