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STATEMENT BY DR. LOCHAN NAIDOO,
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High-level meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of Non-Communicable Diseases
Roundtable 2: Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases

11 July 2014, New York

[Mr/Madam Chair(s)/Esteemed Chairpersons,] Excellencies, Ladies and Gentlemen,

I am honoured to participate as a panellist at this roundtable in my capacity as President of the International Narcotic Control Board (INCB) and, more personally, as a family doctor and addiction specialist, having seen first-hand the impact of non-communicable disease on the lives of individuals, their families, and society at large. I congratulate the General Assembly, the World Health Organization and Member States on their commitment to preventing and controlling non-communicable diseases and on the progress made to date.

INCB, as the independent and quasi-judicial body mandated to monitor the implementation of the three international drug control treaties, is pleased to contribute its vision on how to, in the context of international cooperation and shared responsibility, tackle NCDs through improving the availability of internationally controlled medicines, which are essential to provide relief from pain and treat non-communicable diseases. Like other NCDs, drug addiction is best first tackled through prevention, then treatment, recovery and rehabilitation. Addiction is an NCD that affects millions of people and their families around the globe, and which, because of its prevalence, merits our attention.

We also must not forget the influence of addictive disorders on other NCDs and mental health, for example dementia, poor youth development with regard to educational performance, and loss of human capital and potential.

Promoting and facilitating the availability of narcotic drugs and psychotropic substances for medical and scientific use is an important function of INCB; the treaties that mandate INCB to do this work are premised on the principle that these products are indispensable for medical and scientific purposes and adequate provision must be made to ensure their availability. Together with this principle goes the practice of ensuring rational medical use, an area where WHO has invested significantly over the years.

INCB has repeatedly voiced its concern about the disparate and inadequate access to these medicines globally.

For years, global consumption of narcotic drugs and psychotropic substances was below the levels required for basic treatments. While substantial increases have been seen in several regions, particularly in Europe, North America and two countries of Oceania, many other countries, particularly in Africa and Asia, remain a major concern, with consumption levels in some countries even stagnating or decreasing.

Lack of access to these indispensable medicines means that a large majority of people around the world, patients, will not be able to derive the health benefits to which they are entitled.

In 2010, INCB broke new ground when it published its special report on "Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes". This report provided the first global overview of the consumption and availability of internationally controlled drugs for medical use. It drew attention to glaring differences in consumption around the world, identified major impediments, and made recommendations to Governments on how to address the situation.

Since then, the international community has paid increasing attention to this issue and some progress has been made.

[Indeed, the United Nations Commission on Narcotic Drugs took action in 2010 and 2011 (resolutions 53/4 and 54/6) to address the situation of improving availability, whilst at the same time preventing diversion and abuse.]

INCB is preparing an updated report to be published in 2015 to contribute to the 2016 Special Session of the General Assembly on the World Drug Problem and to assist Governments to take further action so that their citizens can gain access to the medical treatment they need. The report will update the situation on consumption and availability, will report on the impact of the implementation of past recommendations and will provide further concrete policy, legislative and programmatic recommendations to facilitate access, adequate availability and rational use of medicines containing controlled substances.

At this point, let me dispel a myth. Medicines containing narcotics and psychotropic substances are not regulated due to some arbitrary decision. It is all part of an evidence-based strategy, based inter alia on the recommendations of WHO and the scientific community to reduce harm. It is similar to our wearing seat belts when we drive or when special safety instructions apply to the operation of potentially dangerous equipment, or the regulation and control of many consumer products from cosmetics to foods, simply to ensure that they are safe and used as intended.

Appropriate control, supervision and expert administration of medicines by qualified health professionals is required. This is so, because in inexpert hands they can lead to intoxication, abuse, addiction and even death.

Treatment of addiction disorders needs to be seen as treatment of a primary disease, and not ONLY as part of public health policy in intravenous drug use programmes or as a consequence of psychiatric disease. The interpretation of the drug conventions with regard to harm reduction is relevant only when such interventions are part of a continuum of care aimed

at rehabilitation and recovery. Where insufficient investment is made in training and education of health care professionals with a knowledge base in addiction science, the default becomes "damage limitation" or "harm reduction".

We also have to recognize that, as with prevention and treatment of other NCDs, the major impediment to tackling inadequate use of medicines is insufficient knowledge among us, health care professionals and among our health authorities.

The systems of supervision at the national and international levels are designed to prevent the harm that powerful drugs can do if not prescribed properly and used rationally.

Thus, we must ensure that we provide training to health professionals and national regulatory authorities to ensure the prevention and appropriate treatment of NCDs, including the availability and proper use of medicines.

[This is the intent and one of the achievements of the treaties (Single Convention on Narcotic Drugs of 1961 and the Convention on Psychotropic Substances of 1971) that are often maligned, misunderstood and misrepresented. The reason why you, the Governments, have agreed to control these substances is because of their importance in the relief of pain and suffering, and because of their toxicity and risk they can pose to health if misused.]

Whilst a balance exists between the supply and demand of raw materials required for the manufacture of medications containing opiates, and while global stocks are increasing[1], as I noted earlier, all is not well. Consumption of narcotic drugs for pain relief is concentrated in a limited number of countries. The reality is that 92 per cent of the world's morphine, an essential pain killer, is consumed by 17 per cent of the world's population while the rest of the world population (83 per cent) consumes just 8 per cent.

This imbalance is particularly problematic as the latest data show that over 70 per cent of cancer deaths actually occur in low- and middle-income countries. Without sustained action, cancer incidence is projected to increase by 70 per cent in middle-income countries and by 82 per cent in lower-income countries by 2030. This has implications for requirements for pain treatment. One of the goals is to facilitate availability and accessibility for pain medication, inter alia, for palliative care.

Apart from the needs related to cancer, pain treatment is needed in many other health interventions (surgery, childbirth, etc.), and in several regions pain relief drugs are not commonly prescribed. Other internationally controlled drugs such as methadone and buprenorphine (an opioid analgesic whose use in substitution therapy continues to increase) are used in the management of drug dependence and their use is also limited in some countries despite considerable prevalence of heroin abuse.

Some years back, WHO estimated that as many as 450 million people worldwide suffered at any given time from some kind of mental or brain disorder, including behavioural and substance abuse disorders. WHO stated that "this is an overwhelming figure considering that mental health is not only essential for individual well-being, but also essential for enhancing human development including economic growth and poverty reduction." Last year the World Health Assembly adopted an Action Plan on Mental Health.

[1] Based on the information provided by Governments to INCB.

Earlier I mentioned that we need to dispel myths. Let me contribute to dispelling another one.

Our 2010 report on availability noted that one of the most important impediments to the availability of opioids analgesics, as reported by Governments, were concerns about addiction, reluctance to prescribe or stock, and insufficient training for health professionals. Unduly restrictive laws and burdensome regulations were also commonly perceived as a problem.

A smaller number of Governments reported that difficulties involving distribution and supply, and the high cost of opioids were major obstacles to making opioids adequately available. However, high costs should not be an issue in the majority of cases, as there are many such medicines whose costs are very low.

Similar disparities exist for consumption of psychotropic substances such as benzodiazepine-type anxiolytics, sedative-hypnotics and barbiturates, which are indispensable in the treatment of neurological and mental disorders. Reporting of such data by Governments is not obligatory; therefore the picture of the actual situation is less clear. Consumption levels for psychotropic substances vary greatly between regions and countries due to differences in medical and prescribing practices. However, INCB is concerned about very low levels of consumption observed in some countries, which may indicate that these substances may be almost inaccessible to certain segments of the population, and that those substances – or fake medicaments purported to contain those substances – may appear on unregulated markets to meet unmet needs, posing an additional health challenge.

In some countries, however, the pendulum has swung in the opposite direction, with overprescribing of opioid analgesics and medicines containing psychotropics in quantities greater than those recommended by sound medical practice. This has led to an epidemic explosion of abuse and addiction, with increases in mortality due to overdose and addiction related morbidity, and the medicalization of whole groups of people. Examples of this have been seen in North America and developed countries in other regions regarding the abuse of prescription pain killers and the huge increases in the prescribing of medicines used to tackle ADHD. This has resulted in nearly 2 in every 15 boys, between the ages of 13 and 17, being diagnosed in some countries. Does this reflect good medical practice and good prescribing?

We need to make sure that we exercise great care in the area of medicalization of conditions. We must tackle NCDs and do so in a responsible and professional way, based on good science and good medical practice.

Thus, I come back to the paramount need for training of health care professionals to ensure accurate diagnoses, rational prescribing and adequate availability, as well as good cooperation with and responsible action by the pharmaceutical industry.

In 2012, INCB, in collaboration with WHO, published the "Guide on Estimating Requirements for Substances under International Control". The Guide is designed to assist Governments in improving their capacity to accurately estimate and communicate their requirements for medicines containing narcotics and psychotropic substances. Soon, we will launch the International Import and Export System (I2ES), a web-based system designed to facilitate and expedite the work of Governments in facilitating trade in medicines whilst reducing the risk of diversion to non-medical use.

Governments must adopt a balanced approach designed to prevent and treat NCDs and, at the same time, also mitigate any risk that may arise from those actions. Thus, Governments have a commitment and obligation to ensuring the safe delivery of the best affordable health care, including medicines to their citizens, whilst at the same time preventing potential misuse and abuse.

In investing in appropriate regulatory and health systems, and in contributing to and participating in regional and international cooperative efforts, Governments are making a crucial investment in the health and well-being of their citizens, in the long-term interest of healthy and productive societies.

At this juncture, I would like to recall the importance of healthy lifestyles.

During this two-day meeting, much attention has been given to the role of alcohol and tobacco consumption as a risk factor contributing to non-communicable disease. However, we cannot afford to neglect drug abuse and addiction and its disastrous consequences on the health and well-being of individuals and society at large. A mental health issue and non-communicable disease itself, drug addiction causes untold suffering and loss of potential, particularly among our young, society's most precious resource.

Indeed, Article 33 of the Convention on the Rights of the Child sets out the obligation of Governments to protect children from drug abuse. Yet much remains to be done, and primary prevention initiatives are crucial to preventing drug abuse in the first instance. Evidence-based treatment and rehabilitation programmes, implemented with respect for human rights, have proven to be effective; I have seen the results myself first hand over many years. Sadly, only one in six problem drug users worldwide receives the drug abuse treatment they need. In Africa, only one in eighteen problem drug users receives treatment.

Yet for every dollar spent on prevention, Governments can save up to ten dollars in subsequent costs. In your review of progress in preventing and controlling non-communicable diseases, I urge you to recall that investment in drug abuse prevention, treatment and rehabilitation can lead to significant savings in health-care and crime-related costs and alleviate the suffering associated with drug abuse.

This high-level review represents an important milestone towards ensuring that, among other things, medicines, including for treatment of pain and mental and neurological disorders, are available. INCB stands ready to support this process, including by continuing to work with your Governments to improve the functioning of national supervisory systems - a requirement for the smooth operation of international cooperation needed to ensure availability and accessibility of medicines containing narcotics and psychotropics needed for the relief of pain and suffering.

Thank you.