

Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria
Telephone: +43-1-26060, Telefax: +43-1-26060-5867 / 5868
E-Mail: incb.secretariat@un.org Internet Address: <http://www.incb.org/>

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**Statement by Dr. Viroj Sumyai, President,
International Narcotics Control Board (INCB)**

**Third high-level meeting of the General Assembly on
the prevention and control of non-communicable diseases**

26 September 2018, New York

Mr. President, Honorable Chair, Excellencies, Ladies and Gentlemen,

Drug abuse and dependence must be given due priority in efforts to prevent and control non-communicable diseases. Drug dependence is a mental health issue. It is preventable, treatable and curable.

Alcohol and illicit drug use are responsible for 5.4 per cent of the total global burden of disease. Drug dependence accounts for almost one per cent of the global burden of disease from all causes.

INCB has been urging Governments to step up their efforts in treating drug dependence. The [INCB Annual Report for 2017](#) focused on treatment, rehabilitation and social reintegration for drug use disorders. We made specific recommendations which I urge your Governments to implement.

Prevention of drug use must be strengthened and included in efforts to change lifestyle and habits, the same way we are now preventing other NCDs. Members States have an obligation to take *all practicable measures for prevention, treatment, rehabilitation and social reintegration*.

The availability of controlled substances for medical purposes is relevant to NCDs:

1. in treating some NCDs, such as neurological or mental health disorders;
2. in relieving the symptoms of some NCDs, such as for pain relief or palliative care; and
3. in medical procedures.

In adopting the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances, the international community decided to make adequate provision to ensure, and not unduly restrict, the availability of drugs that are indispensable for medical and scientific purposes.

Decades later, the global imbalance in the availability of controlled medicines remains of grave concern.

Over the past 20 years, the licit global consumption of opioids more than tripled. Yet this trend varies across substances and regions. Licit fentanyl consumption increased exponentially. However, morphine availability remained relatively stable. This is a matter of concern, as morphine is the most affordable opioid used for pain management. *If* morphine availability increases, it *would significantly reduce the gap* between the *need* for pain treatment and its *availability* in low- and middle-income countries.

[According to data reported by States to INCB,] of the morphine available for pain management, only 14 per cent is available in countries that represent 80 per cent of the world population, mostly low- and lower-middle income countries. The remaining 86 per cent of available morphine is consumed in a few countries, mostly in Western Europe and North America.

The disparity in consumption of opioid analgesics is confirmed by INCB's analysis of reported consumption in 2016. Average levels in North America, Western Europe and Oceania were significantly greater than elsewhere. For example, the average level of opioid consumption in North America was almost *400 times* higher than that of South Asia. INCB will be addressing this matter and remedial measures in a special, updated report on availability to be published in early 2019.

Six psychotropic substances [controlled under the 1971 convention] are also on the WHO Essential Medicines List, and are used in, for example, the treatment of anxiety, epilepsy and opioid dependence.

Reported consumption levels for psychotropic substances vary greatly between regions and countries.

INCB is concerned about the low levels of consumption of psychotropic substances in some parts of the world for two reasons. Firstly, these substances may be almost inaccessible to some populations, resulting in unnecessary suffering. Secondly, those substances – or counterfeit versions – may enter unregulated markets, posing a health risk.

Mental health services should be incorporated into national policies, health care systems and training curricula for physicians. Resources for mental health should be adequate and equitably distributed. Medicines must be of high quality, appropriately regulated and rationally prescribed.

INCB is supporting Governments towards achieving the health and welfare objectives established by the drug control conventions and subsequent instruments, such as the outcome document of the 2016 special session of the General Assembly on the world drug problem. We are working with Governments to promote treaty compliance with a view to ensuring the availability of narcotic drugs and psychotropic substances for medical purposes, while preventing their diversion and abuse.

To this end, INCB has developed two new initiatives.

INCB Learning builds national capacity in the regulatory control and monitoring of licit trade in controlled substances. The ultimate goal is to support Governments in ensuring the adequate availability of narcotic drugs and psychotropic substances for medical use. With voluntary contributions from Governments, regional training seminars are being held and e-learning modules for regulatory authorities developed.

With the support of Member States, INCB launched a web-based platform, [I2ES](#), to facilitate international trade in narcotic drugs and psychotropic substances, contributing towards ensuring their availability for medical use.

Yet much more needs to be done. Inadequate access contradicts the notion of article 25 of the Universal Declaration of Human Rights, including the right to medical care, also encompassing palliative care.

As we mark this year the seventieth anniversary of the Universal Declaration, let us not miss the opportunity provided by this high-level meeting to re-invigorate international cooperative action to ensure the availability of and access to controlled substances for the treatment and management of disease and symptoms.

In the context of the right to health, and promoting health and well-being, I urge all Governments to act.

Firstly, to ensure that controlled medicines are available and accessible to all those who need them, Governments must ascertain whether the levels of estimated requirements are sufficient to meet the *real* needs of patients, doctors, pharmacies and hospitals nationwide.

Secondly, national NCD prevention and treatment plans must include drug use disorders.

Thirdly, and finally, Governments must ensure resources and training to enable physicians and other health professionals to prevent, diagnose and treat drug use disorders.

Thank you.
