

The use of internationally controlled drugs for the treatment of opioid dependence

1. Methadone and buprenorphine (substances controlled under the 1961 and 1971 Conventions respectively) are used in the management of pain. They are also extensively used for the management and treatment of opioid use disorders. As opioid agonist maintenance treatment the World Health Organization (WHO) recommends using buprenorphine or methadone in adequate doses. An extensive review of the scientific literature has concluded that in terms of cost-effectiveness, agonist maintenance treatments, such as methadone and buprenorphine, should be considered first-line treatment options for opioid dependence¹.
2. An analysis of the trend in the consumption, manufacture and stocks of both substances shows steady increases over the last 20 years. However, there are large differences in the patterns of consumption at the global level.
3. In some cases, the different level of consumption (expressed in S-DDD²) is related to the presence or absence of people who inject drugs (PWID). In other cases, despite the presence of PWID, it seems that the consumption of methadone and buprenorphine and also the presence of opiate substitution treatment (OST) services are limited or not present. This may be due to government policies that do not recognize these services for the treatment of opioid dependence, or to non-recognition of the problem of opioid dependence.
4. Preventing the transmission of HIV/AIDS among people who inject drugs is an essential component to reducing HIV/AIDS infections and related deaths. Globally, one of the main drivers of the AIDS epidemic is has been and still is the transmission through the sharing of injecting equipment. The right to health of individuals dependant on opioids directly relates to the availability and non-discriminatory access to treatment, including opiate substitution therapy with internationally controlled substances, such as methadone and buprenorphine.
5. The Board has urged in the past Governments of countries where opioids such as buprenorphine and methadone are used for substitution treatment to take all necessary measures to prevent their diversion into illicit channels. Those measures include supervised consumption, application of appropriate conditions for drugs to be taken home, treatment according to clinical standards, prescription monitoring systems and mandatory training of health-care professionals.³

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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¹ Chris Doran, "Economic evaluation of interventions for illicit opioid dependence: a review of evidence", background document prepared for the third meeting of the technical development group for the WHO guidelines for psychosocially assisted pharmacotherapy of opioid dependence, held in Geneva from 17 to 21 September 2007.

² The term "defined daily doses (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.

³ INCB, Annual Report 2006 (p. 89, R. 20)