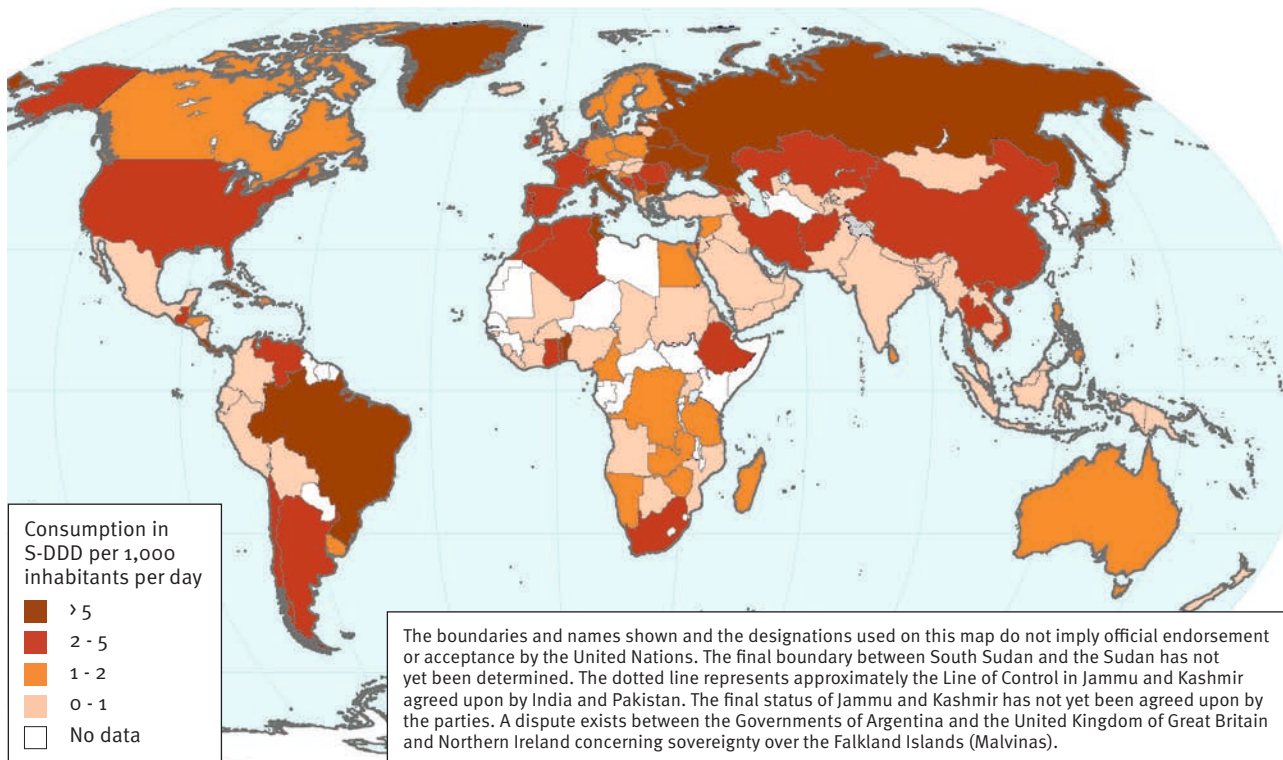


Map 28. Average national consumption of phenobarbital, 2011-2013



Source: International Narcotics Control Board.

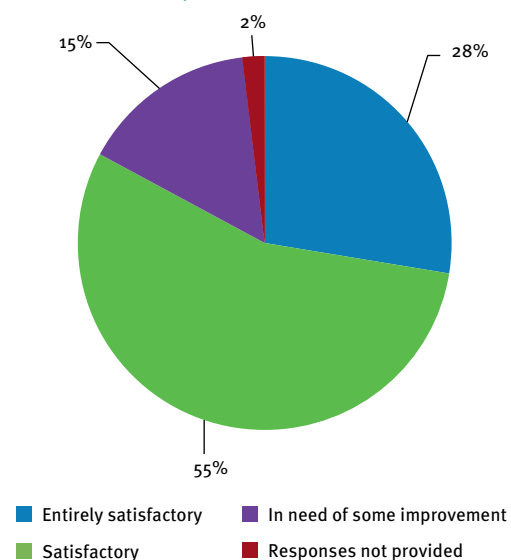
### C. Impediments to the availability of psychotropic substances

228. The availability of psychotropic substances is influenced by various social and economic factors, including (a) the structure and capacity of health-care systems; (b) the degree of priority given by the authorities to the relief of pain and suffering; and (c) social attitudes towards health care and medical therapies, as well as related laws and regulations. In fact, the availability of controlled substances does not necessarily imply that they are accessible to all patients who need them. In reality, further criteria and conditions determine the accessibility of the drugs and have an impact on the relief of patients.

229. According to the second survey on the availability of controlled substances, carried out by the Board in 2014, to which 107 countries responded, the vast majority of Governments evaluated the situation in their countries as satisfactory. As shown in figure 62, more than three quarters of countries considered their situation to be satisfactory or entirely satisfactory (55 and 28 per cent, respectively), while others (15 per cent) indicated that the

availability of those substances in their countries was in need of some improvement. Nevertheless, the Board wishes to interpret this assessment with a certain amount of caution.

Figure 62. Availability of psychotropic substances, as evaluated by countries themselves, 2014



Source: International Narcotics Control Board survey 2014.

230. Furthermore, the availability of controlled substances in a country is not always a pertinent factor in determining the accessibility of such substances. Many aspects must be taken into account and addressed in order to achieve a fair and balanced distribution across the entire geographical area of a country and among its entire population.

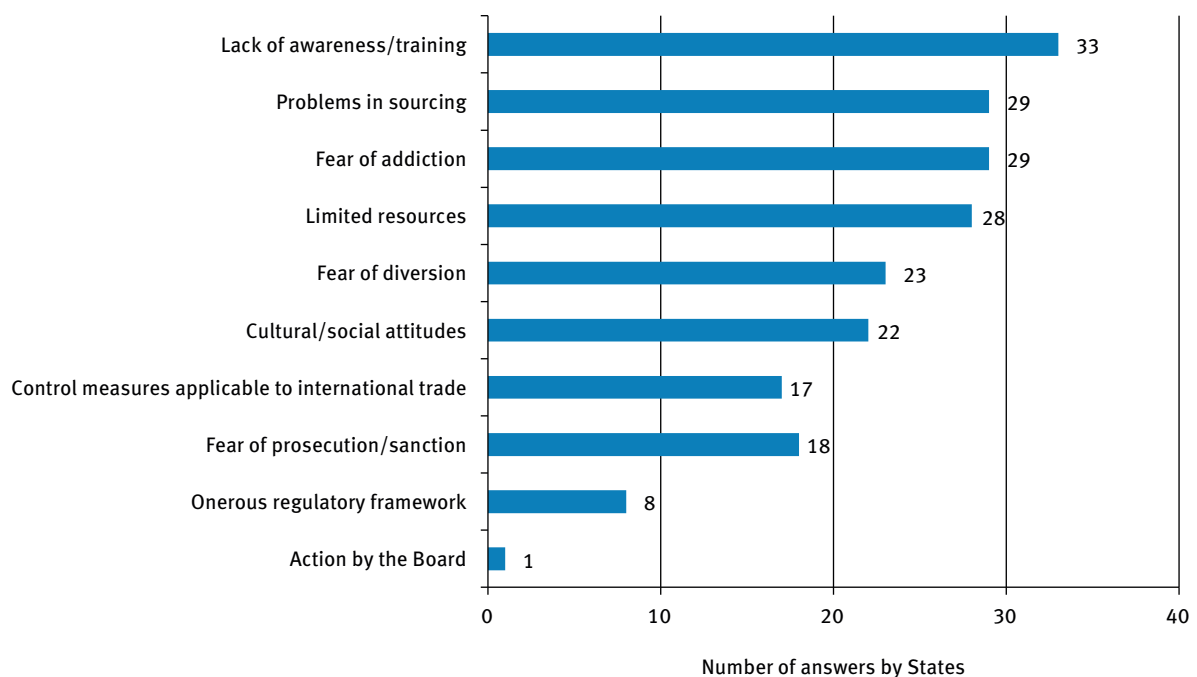
231. The extent of medical use of drugs depends on many factors. For instance, prescribers will select treatments according to their established therapeutic effectiveness, their availability and, importantly, the stability of their supply, which would entail a good awareness and knowledge of the market situation. The availability and accessibility of psychotropic substances have a direct impact on the level of consumption of such substances, but they do not automatically imply the existence of such a level of consumption, given that prescribers may select different protocols of treatment that will result in the prescription of other substances (for example, non-controlled or cheaper substances). In such cases, access by patients to treatment is ensured, but it does not involve

controlled substances and may result in the artificially low availability of such substances.

232. As figure 63 shows, the Board's 2014 survey on the availability of controlled substances revealed the major impediments to the availability of such substances under international control as perceived by Governments.

233. With the exception of the fear of diversion, which was cited more frequently in relation to narcotic drugs than psychotropic substances, the main impediment to the availability of psychotropic substances, as was the case with regard to narcotic drugs, was inappropriate knowledge and lack of awareness among health-care professionals regarding rational use of those substances. Moreover, the survey also showed that the impediment least frequently cited by responding countries was action by the Board, with regard to the availability of both narcotic drugs and psychotropic substances. This is a positive and encouraging finding that shows that the Board is not perceived as a contributor to unduly limited availability of controlled substances, but rather the opposite.

Figure 63. Impediments to the availability of psychotropic substances, 2014



Source: International Narcotics Control Board survey 2014.

234. The environment surrounding a patient may hinder access to treatment, for example, if the necessary health structures (hospitals, clinics or pharmacies) are lacking in certain areas of a country or, as is unfortunately common in the rural communities of some developing countries, the closest health facilities are too

far to be reached. The capacity of health systems to reach patients affects the accessibility of controlled substances without influencing their availability (if sufficient stocks are available in distant regions). The emergence of parallel markets and counterfeit products, with the health hazard they represent, is the result when

proper and timely access to safe medicines is not possible.

235. In developing countries where the availability of medicines is determined by economic factors rather than by real medical needs, mental health care might not be given the priority it deserves. Furthermore, cultural attitudes vis-à-vis mental disorders and illnesses and the fear of addiction were also indicated as impediments to the consumption of psychotropic substances. A low level of prescription by health-care providers is a deterrent to their manufacture and/or import.

236. In some cases, misinformation and misconception concerning controlled substances, added to a fear of prosecution for storing these substances, often force distributors to refrain from holding large stocks.

237. The most often cited impediment was a lack of awareness among health-care professionals about the concept of rational use of psychotropic substances. Such an impediment may result from a lack of training and knowledge on the matter and will contribute greatly to low levels of prescription of these substances.

238. In several countries, a lack of knowledge among health-care professionals may result in non-justified concerns about the prescription, use and dependence potential of such substances. As is the case for narcotic drugs, insufficient attention to the rational prescription and use of psychotropic substances in the curricula of medical schools may also be a factor. Consequently, doctors may instead prescribe substances with which they are more familiar, in particular, substances that are not under international control.

239. According to the answers to the Board's survey, the curriculum for medical practitioners in 66 countries includes rational prescription and use of psychotropic substances. In addition, 58 countries reported implementing awareness-raising measures among health-care professionals regarding best prescription practices for psychotropic substances.

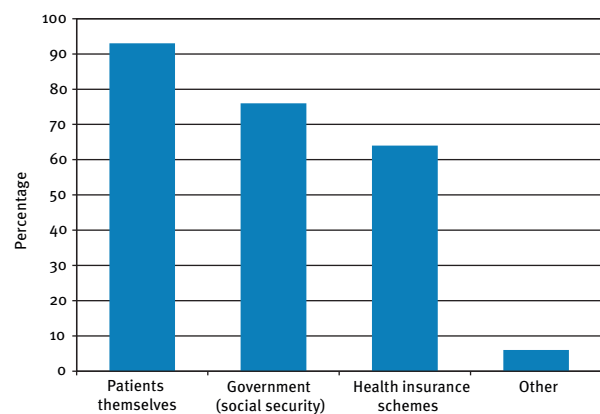
240. Furthermore, among responding countries, 39 per cent (29 countries) identified fear of addiction as an impediment to the availability of psychotropic substances, making it one of the most frequently mentioned impediments in the 2014 survey.

241. As was observed in the case of narcotic drugs, the fear of addiction to psychotropic substances seems to be related to a lack of awareness and training of health-care professionals, as well as cultural attitudes and misconceptions.

242. Clearly, one of the main impediments to access to a particular medical treatment is its cost; hence, such a treatment might be available but not accessible to those who need it most. Furthermore, access to medicines, provided that they are available, may depend on other factors, such as the health-care structure itself. Twenty-eight countries (37 per cent) identified financial aspects as a potential impediment to the availability of psychotropic substances. Indeed, limited available financial resources can have an impact on the choice of which medicines to purchase, and priority might be given to substances that are perceived as essential (such as antibiotics).

243. Furthermore, the availability of psychotropic substances is also dependent on their affordability for patients. In this context, the presence of social security or national health insurance schemes plays a crucial role. In the responses to the question about who pays for medical treatments containing psychotropic substances prescribed, patients were mentioned the most often (89 per cent), followed by the government (73 per cent) and health insurance schemes (62 per cent) (see figure 64).

Figure 64. Who bears the cost of prescribed psychotropic substances, 2014

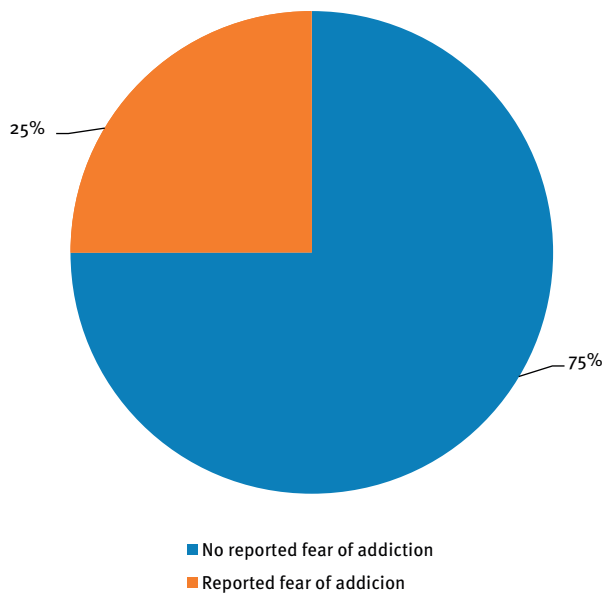


Source: International Narcotics Control Board survey 2014.

244. Cultural and social attitudes regarding the use of psychotropic substances were also recognized as playing a major role in contributing to restrictions on the use of such substances.

245. A better awareness of rational use and prescription of psychotropic substances among health-care professionals can greatly contribute to overcoming restrictions on use that result from fear of addiction. The Board survey shows that, out of 58 countries that had implemented awareness-raising measures among health-care

Figure 65. Reports of fear of addiction among countries that have implemented awareness-raising measures, 2014



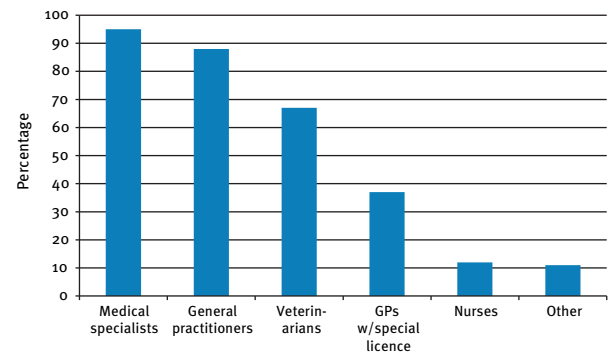
Source: International Narcotics Control Board survey 2014.

professionals, a large proportion (75 per cent) did not report the fear of addiction as an impediment to the availability of psychotropic substances (see figure 65).

246. Countries may refrain from the manufacture and/or import of controlled substances in order to avoid their diversion into illicit traffic and abuse networks. Out of 75 responding countries, 26 reported fear of diversion of psychotropic substances as an impediment to the availability of such substances. Furthermore, the emergence of unregulated and parallel markets for psychotropic substances can also greatly contribute to the fear of diversion. Patients may sometimes refuse a treatment that contains psychotropic substances, as they may be concerned about possible side effects and also worry about the stigma associated with the use of such substances.

247. Other major impediments perceived by responding countries included the burden imposed by some internal administrative frameworks for regulating the use of controlled substances and the various rules and regulations regarding international trade in those substances, as well as the fear of prosecution and/or sanction associated with dealing with controlled substances. These measures may concern international trade in psychotropic substances and domestic distribution networks (prescription and dispensing). The survey found that, out of 37 countries that reported having taken legislative or regulatory action in the previous 10 years to increase the availability of psychotropic substances for medical purposes,

Figure 66. Prescribers of psychotropic substances, 2014



Source: International Narcotics Control Board survey 2014.

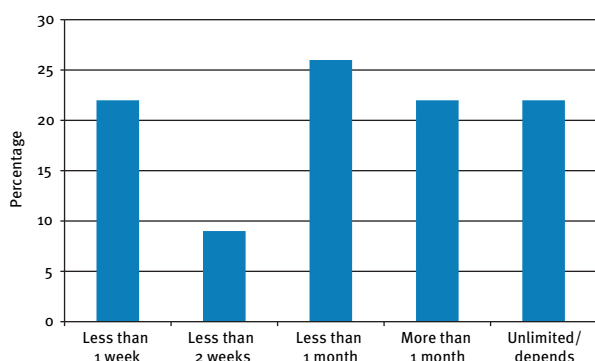
35 countries had observed an increase in consumption expressed in S-DDD since the 2007-2009 period. However, out of 83 responding countries, 75 reported the existence of penalties for inadequate record-keeping.

248. Of 102 responding countries, 66 per cent legally required prescribers to keep records of prescriptions for psychotropic substances. This may discourage the stocking of such substances, owing to costs and time-consuming procedures, and possibly because of fear of prosecution and sanctions.

249. As illustrated in figure 66, general practitioners and specialized doctors have a nearly identical degree of authority in terms of prescribing psychotropic substances. In a large proportion of responding countries, nurses were not allowed to prescribe psychotropic substances, which may be an impediment to availability, especially in rural areas with basic health-care systems and infrastructure.

250. Lower levels of access to psychotropic substances could also result from overly restrictive rules concerning distribution networks and dispensing protocols. The validity period of a medical prescription that contains psychotropic substances, as well as constraints on or inflexibility regarding a prescription's refill, could also play a role, especially since treatment that includes psychotropic substances can very often last for years. In this context, 26 per cent of countries reported prescriptions to be valid for one month or less. The second most

Figure 67. Maximum validity period of medical prescriptions that contain psychotropic substances, 2014



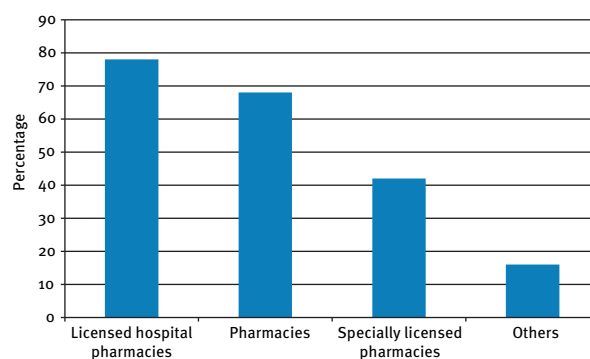
Source: International Narcotics Control Board survey 2014.

frequently reported validity period was up to one week (22 per cent) (see figure 67).

251. Member States reported that psychotropic substances were dispensed mostly in licensed hospital pharmacies or in regular pharmacies. Less than half of responding countries reported that psychotropic substances could be dispensed in specially licensed pharmacies (see figure 68).

252. Restrictions on the number of pharmacies that are allowed to dispense psychotropic substances, although not as stringent as those observed for the dispensing of narcotic drugs, may still reduce the availability of such drugs.

Figure 68. Facilities where prescriptions for psychotropic substances can be dispensed, 2014



Source: International Narcotics Control Board survey 2014.

253. Finally, in only one country was action by the Board identified as an obstacle to the availability of psychotropic substances. While the large majority of countries are familiar with the procedures for establishing, submitting and modifying assessments of their medical requirements for psychotropic substances (98 per cent), and furthermore more than 80 per cent of responding countries were using the INCB training materials, as well as the joint INCB/WHO guidelines on the preparation of estimates, some responding authorities proposed actions that could be taken by the Board that could contribute to the improvement of the availability of psychotropic substances, including the training of and the provision of information to competent national authorities.