Mr. Chair, Excellencies, Ladies and Gentlemen,

Let me recall, at the outset, that the fundamental aims of the international drug control conventions are to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, while preventing their diversion and abuse, as well as their illicit cultivation, production, manufacture and trafficking. The medicines that are under the control of the conventions have proven indispensable in the treatment of pain and illness, including mental health and neurological disorders. Yet, in many countries, the availability of these substances remains inadequate, resulting in unnecessary and avoidable pain and suffering.

The INCB technical publications on narcotic drugs and psychotropic substances, released just a few weeks ago, contain the most recent information on levels of consumption of narcotic drugs and psychotropic substances in all regions and countries. The data presented show that the disparities – as presented in the INCB 2010 Report on the Availability of Internationally Controlled Substances – prevail. Levels of consumption of these substances in a limited number of countries in Europe, North America and Oceania account for the lion’s share of global consumption while some countries in Africa and Asia have almost negligible levels of consumption.

Low consumption levels are not the result of a lack of raw materials used in the manufacture of narcotic drugs, nor by a lack of manufacture of synthetic narcotic drugs or psychotropic substances. In fact, the global supply of controlled substances is more than sufficient to meet global demand and could easily be increased further, if there was to be an increase in demand.
As INCB has reiterated over the years, inadequate availability primarily results from an exceedingly low demand for narcotic drugs and psychotropic substances in many countries, due to economic, social and cultural factors, as well as structural issues. During our country missions, we pay much attention to the issue of availability. Depending on national circumstances, we recommend that Governments review the national situation and identify any impediments to adequate availability for medical purposes. We insist that Governments take steps to ensure adequate availability for medical purposes, taking into account the recommendations of the Board and WHO. We also encourage Governments to refer to Board’s 2010 report on availability.

In many countries, there is an inability to adequately calculate national annual requirements for narcotic drugs and psychotropic substances. To this end, INCB and the World Health Organization jointly developed the Guide on Estimating Requirements for Substances under International Control, which was launched during the fifty-fifth session of the Commission in March 2012. The purpose of the Guide is to assist national competent authorities in calculating the quantities of controlled substances required for medical and scientific purposes, and in preparing the estimates and assessments of annual requirements for controlled substances, which countries are required by the Conventions to provide to the Board.

As I mentioned earlier under agenda item 4b, INCB is working towards providing capacity building assistance to national competent authorities. The first activity, a training seminar for African countries, organized in cooperation with the United Nations Interregional Crime and Justice Research Institute (UNICRI), has been under preparation and should be held in the coming months. INCB, in cooperation with UNODC, is developing a mechanism to strengthen the capacity of national regulatory authorities. These initiatives include as a key element ensuring the adequate availability of internationally controlled substances. In this regard, the training of national authorities will address, inter alia, the establishment of estimates for narcotic drugs and assessments of annual requirements for psychotropic substances, with reference to the aforementioned INCB and WHO Guide.

INCB notes with appreciation the increasing number of activities that are being undertaken by international organizations, inter-governmental bodies and non-governmental organizations with a focus on the disparate accessibility of opioids for pain management. These initiatives have helped to bring the issue of availability of narcotic drugs to the forefront of public attention, drawing attention to the need for resources, education and administrative measures to ensure the adequate provision of medicine to all individuals in need.

At this juncture, I would like to note that in several countries action has been taken to increase the level of consumption of internationally controlled substances, in particular opioid analgesics. In the INCB Annual Report for 2012, we noted in particular the efforts undertaken in Georgia, Guatemala, Jamaica, Nepal, the Russian Federation and Serbia to improve the availability of controlled substances for medical and scientific purposes. Such examples could be useful in countries where health administrations face similar difficulties.

Mr. Chair,

With regard to the adequacy of availability of psychotropic substances, it is unfortunately more difficult to come to reliable conclusions than in the case of narcotic
drugs. More action is needed to assess the current levels of availability and use of psychotropic substances and to promote remedial changes where these may be needed.

Firstly, the analysis of the availability of psychotropic substances is hindered by the lack of adequate data. The 1971 Convention does not require Governments to submit data on the consumption of psychotropic substances to INCB. The Commission in its resolution 54/6 encouraged Governments to provide such data to the Board. I am pleased to say that, in accordance with that resolution, over 50 Governments have furnished to the Board consumption data for 2010 or 2011. However, INCB still lacks reliable consumption data for the majority of countries. I urge all Governments to comply with the request in that resolution.

Secondly, INCB is not aware of any intergovernmental, regional or national initiatives in countries and regions with low levels of access to psychotropic substances to increase the availability and accessibility of medications containing psychotropic substances. Indeed, most action taken to increase the availability of controlled substances has focused heavily or exclusively on opioid analgesics. It is time for Governments to also pay adequate attention to the adequate availability and use of psychotropics.

Thirdly, among a few countries there still appears to be unusually high levels of consumption of psychotropic substances. Where this appears to be the case, i.e. where there is apparent excessive use of these substances, Governments should study the situation and take action, as required, to address excessive use. In a few instances where action was taken, its impact did not appear to be sustained.

INCB trusts that the lessons learned from the initiatives aimed at improving the availability of medications used in the treatment of pain can be applied in support of the rational use of psychotropic substances in all countries and regions.

The Board recommends that all Governments continue to: (i) collect reliable data on the consumption of psychotropic substances and share them with INCB to allow for accurate analysis of their consumption levels; (ii) based on these findings, compare their consumption levels with those of other countries and regions, with a view to identifying low or excessive availability; and (iii) take appropriate action to promote the rational use of psychotropic substances in their countries, with the help of WHO and other intergovernmental or non-governmental organizations, as appropriate.

In closing, allow me to emphasise the importance of ensuring the adequate availability of internationally controlled substances for medical and scientific purposes, in line with the provisions of the conventions. INCB stands ready to assist your authorities to this end.

Thank you.