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**Statement by Dr. Lochan Naidoo,
President, International Narcotics Control Board,
at the fifty-eighth session of the Commission on Narcotic Drugs
(Vienna, 9 to 17 March 2015)**

**Agenda Item 6 (d)
International cooperation to ensure the availability of narcotic drugs and
psychotropic substances for medical and scientific purposes while
preventing their diversion.**

Mr. Chairman, Excellencies, Ladies and Gentlemen,

Dying in pain and living without access to adequate medical care and required medicines is an affront to the dignity of the individual patient and their families.

Around 5.5 billion people worldwide or 75 per cent of the world's population live in countries with limited or no access to medicines containing narcotic drugs, leaving them beyond access to pain relief. Conversely, 92 per cent of the morphine used worldwide is consumed in countries that are home to 17 per cent of the world's population¹.

Access to adequate medical care and required medications is a matter that needs urgent addressing. Article 25 of the Universal Declaration of Human Rights talks about the "right to a standard of living adequate for the health and well-being" of the person and his/her family, "including" medical care.

In 1961, the international community committed to make adequate provisions to ensure the availability of narcotic drugs for the relief of pain and suffering. At the same time the preamble of the Convention recognizes the problem of addiction to narcotic drugs. Ten years later, the 1971 Convention extended these principles to psychotropic substances. One of the central objectives of the treaties is to ensure availability while preventing diversion to abuse and it has been the focus of much of the discussions over the past few days.

Addressing discrepancies in the availability of narcotic drugs and psychotropic substances for medical and scientific purposes is one of the obligations of Governments under the treaties.

¹ Primarily the United States, Canada, Australia and New Zealand, and countries in Western Europe.

The Board already raised the issue of availability in a special report over 25 years ago and again in special reports in 1995 and 2010².

In 2010, INCB identified impediments to access to controlled substances. These vary from country to country and include concerns about addiction, reluctance to prescribe or stock, and insufficient training of health professionals. Unduly restrictive laws and burdensome regulations were also perceived as affecting the availability of opioids. To a lesser extent, distribution and supply, economic and procurement-related factors were also reported as obstacles.

The [2010 Special Report of the Board on availability](#) made recommendations, still very much valid today, to tackle the barriers to access to narcotic drugs and psychotropic substances for medical purposes, promote rational use, dismantle obstacles, lighten administrative burdens, enhance national regulatory systems, improve know-how, prevent diversion and more.

A few years later, together with World Health Organization (WHO), the Board supplemented that report with the [Guide on Estimating Requirements for Substances under International Control](#)³.

The reason for underperformance is not a lack of raw materials. The global production of opiate raw materials has exceeded the global demand for many years. As a result, stocks have been increasing, albeit also with fluctuations.

The available data indicates that the amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy the current level of demand as estimated by Governments.

The data collected and analysed by the INCB shows that progress is being made.

Over the past 20 years, the global consumption of medicines containing controlled substances has improved. For instance, the consumption of opioids has more than tripled.

Many countries have improved their situations and there is much to commend. The contributions of some NGOs, working closely with Governments are also to be noted.

However, that progress has not been swift enough. Discrepancies remain. The imbalance is particularly worrying as diagnosis of many of the conditions requiring access to medicines containing controlled substances are increasing in low- and middle-income countries.

On the other hand, there has been an increase in the abuse of prescription drugs, including, in the case of narcotics, related overdose deaths

² Special Report on [Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purpose](#), United Nations publication, Sales No. E.11.XI.7, E/INCB/2010/1/Supp.1.

³ [Guide on Estimating Requirements for Substances under International Control](#), INCB and WHO, Feb. 2012.

particularly in countries with a high per capita consumption of opioid analgesics. Thus, access and availability must be accompanied by training in rational prescribing, education and measures to prevent diversion and abuse.

Apart from the needs related to cancer and pain management, controlled substances are essential in many other health situations. In several cases pain relief drugs are not commonly prescribed. Other internationally controlled substances such as methadone and buprenorphine are used in the management of drug dependence, and while their overall use continued to increase with the expansion of opioid substitution therapy, their availability and use have remained limited in some countries despite considerable prevalence of heroin abuse.

I would also like to mention a matter that often seems neglected in the discussion of this issue: the access and rational use of psychotropic substances controlled under the 1971 Convention.

There are serious concerns relating to the consumption and accessibility of these substances. Much of the focus has been on narcotics, but psychotropics are essential to tackle many serious medical situations from those related to mental health disorders, but also in pre-surgery and other areas of medicine.

WHO gave us a measure of the size of the problem when it reported just a few years back that that untreated mental, neurological and substance use disorders accounted for 13 per cent of the total global burden of disease⁴.

The rational use and prevention of abuse of psychotropic substances does not always seem to attract the attention it merits.

The use of psychotropic substances in the treatment of mental health and other conditions such as anxiety, attention deficit and hyperactivity disorder (ADHD), eating disorders, epilepsy and insomnia amongst others depends on many factors, including the medical and prescription practices that may vary among countries.

In addition, reliable data on manufacture, trade and consumption of psychotropic substances, both quantitative and qualitative, represents the best mechanism through which the Board can estimate and monitor the availability of these substances for medical and scientific purposes.

For example, according to available data for 2013, the calculated licit per capita consumption of stimulants included in schedule IV of the 1971 Convention, substances that are mainly prescribed as anorectics, was concentrated in just a handful of countries. Indeed, 78 per cent of the total consumption of substances in this group took place in less than 10 countries. Similarly, nine countries accounted for 65 per cent of the total consumption of anti-epileptics medicines containing substances under international control.

In order to enable the Board to monitor developments with regard to psychotropic substances and to assess if there may be over or under-use, over-

⁴ World Health Organization, document A65/10.

or under-prescribing, misuse and diversion, the Board urges countries to continue providing it with data on the consumption of psychotropic substances and to continue to take measures to promote rational use, including in this regard by consulting WHO.

As I mentioned earlier, main problems seem to reside in administrative requirements at country level, the know-how of health-care professionals and the capacity of health care systems. Governments should undertake diagnosis at the national level of the impediments to adequate availability and rational use and implement measures to address it. In our experience, the importance of providing training to health-care professionals, maximizing their reach capacity, and making more effective and efficient the work of competent national authorities cannot be overemphasized. In this regard, the [launch of I2ES](#) I announced earlier should constitute a major contribution; and I encourage all countries to take up utilization of the system as early as possible.

Adequate access and availability for medical use goes hand in hand with rational use of medicines and with preventing diversion and abuse.

As a contribution to this discussion, the Board will publish a special report on availability in early 2016 as a supplement to our 2015 Annual Report. The Board will be offering this special report as a contribution to UNGASS 2016 with a view to assisting Member States addressing this matter.

Finally, let me draw your attention to our two [technical reports](#) on [narcotic drugs](#)⁵ and [psychotropic substances](#)⁶, in particular to the comments and notes sections, which provide very interesting reading regarding the requirements, manufacture and consumption of these substances around the world.

Let me conclude by recalling that an essential requirement of the international drug control treaties are well-functioning national drug control systems, the building blocks of the international system. This means, systems that are capable of managing the availability of narcotic drugs and psychotropic substances essential for health and the treatment of disease and, at the same time, capable of ensuring the safe and rational delivery of the best affordable medicines to those patients that need them whilst preventing their diversion.

Thank you.

⁵ [Narcotic Drugs 2014 - Estimated World Requirements for 2015 - Statistics for 2013.](#)

⁶ [Psychotropic Substances 2014 - Statistics for 2013 - Assessments of Annual Medical and Scientific Requirements.](#)