

Preface

Several decades ago, the international community made a solemn commitment with the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol¹ and the Convention on Psychotropic Substances of 1971:² to make adequate provision to ensure, and not to unduly restrict, the availability of drugs that were considered indispensable for medical and scientific purposes. In recent decades, that promise has not been completely fulfilled. Too many people still suffer or die in pain or do not have access to the medications they need. Unnecessary suffering resulting from a lack of appropriate medication due to inaction and excessive administrative requirements is a situation that shames us all.

Around 5.5 billion people still have limited or no access to medicines containing narcotic drugs, such as codeine or morphine, leaving 75 per cent of the world population without access to proper pain relief treatment. Around 92 per cent of morphine used worldwide is consumed in countries in which only 17 per cent of the world population lives: primarily the United States of America, Canada, Western Europe, Australia and New Zealand. Inadequate access contradicts the notion of article 25 of the Universal Declaration of Human Rights,³ including the right to medical care, which also encompasses palliative care.

The imbalance in the availability of opioid analgesics is particularly worrying, as the latest data show that many of the conditions that require pain management, particularly cancer, are prevalent and increasing in low- and middle-income countries.⁴ At the same time, in recent years there has been an increase in the abuse of prescription drugs and related overdose deaths in countries with high per capita levels of consumption of opioid analgesics.

Apart from the needs related to cancer, pain treatment is required for many other health conditions. In several regions of the world, pain relief drugs are not commonly prescribed. Other internationally controlled drugs such as methadone and buprenorphine are used in the management of drug dependence, but their use is also limited in some countries despite a considerable prevalence of heroin abuse.

In addition to narcotic drugs, the present report also discusses the availability of psychotropic substances controlled under the 1971 Convention. There are significant concerns regarding the consumption and accessibility of these substances, which are necessary in the treatment of a range of serious health conditions. According to the World Health Organization (WHO), mental disorders afflict hundreds of millions of people and their families, but the resources available in most countries to treat such conditions are insufficient. The vast majority of countries allocate less than 2 per cent of their health budgets to mental health, leaving more than 75 per cent of the population in many low- and middle-income countries with no access to such treatment. Insufficient attention has been devoted to this problem. Levels of consumption of psychotropic substances, which are used for the treatment of mental and neurological disorders, such as anxiety, insomnia and epilepsy, continue to vary widely among countries and regions. This reflects on the one hand a diversity in medical practice and related variations in prescription patterns, and on the other hand a lack of accurate data, both quantitative and qualitative, on the consumption of such substances.

Addressing the discrepancy in the availability of narcotic drugs and psychotropic substances for medical and scientific purposes is one of the obligations of Governments in complying with the international drug control conventions. In 1961, the international community committed to

¹United Nations, *Treaty Series*, vol. 976, No. 14152.

²*Ibid.*, vol. 1019, No. 14956.

³General Assembly resolution 217 A (III).

⁴World Health Organization and Worldwide Palliative Care Alliance, *Global Atlas of Palliative Care at the End of Life* (Worldwide Palliative Care Alliance, 2014).

making adequate provision to ensure the availability of narcotic drugs for the relief of pain and suffering. At the same time, parties to that Convention recognized the problem of addiction to narcotic drugs. Both of those principles were set forth in the preamble to the Single Convention. This dual responsibility is at the centre of the discussion that Member States are currently having on the achievements and future prospects of the international drug control system.

Equally, the parties to the 1971 Convention, while expressing a determination to prevent and combat abuse of and trafficking in psychotropic substances, recognized that the use of such substances for medical and scientific purposes was indispensable and that their availability for such purposes should not be unduly restricted.

The Board has raised the issue of availability on various occasions in its history. It devoted special reports to that topic in 1989, 1995 and 2010. The 2010 report⁵ contained a number of recommendations based on the information provided by Member States. These recommendations focused on the availability of narcotic drugs and psychotropic substances, appropriate use, national control systems and the prevention of diversion and abuse.

The inequitable use of opioid analgesics does not seem to be attributable to a lack of raw materials. Global production of opiate raw materials has exceeded global demand for many years. As a result, stocks have been increasing, albeit with some fluctuation. Over the past 20 years, global consumption of opioids has more than tripled. Available data indicate that the amount of opiate raw material that is available for the manufacture of narcotic drugs for pain relief is more than sufficient to satisfy the current level of demand as estimated by Governments. For psychotropic substances, the issue of supply is more complex. That topic is addressed in detail in the chapter devoted to those substances.

Impediments and barriers that can adversely affect availability include regulatory, attitudinal, knowledge-related, economic and procurement-related factors. In 2010, the impediments most often cited by countries were concerns about addiction, reluctance to prescribe or stock, and insufficient training for health professionals. Unduly restrictive laws and burdensome regulations were also commonly perceived as playing a significant role in limiting the availability of opioids. A smaller number of Governments reported that difficulties involving distribution, supply and the cost of opioids were major obstacles to making opioids adequately available.

To assist Governments, INCB decided to prepare the present report on availability five years after the one published in 2010. It has been prepared with inputs from various stakeholders. Member States received a questionnaire in 2014, and more than 100 countries responded, providing valuable information on policies and practices at the national level. Intergovernmental organizations such as WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) have been consulted and have offered relevant data and information to complement those available to INCB. Various civil society organizations representing patients, families, health professionals and other stakeholders have also contributed data and information, and offered their views. In addition, a number of researchers have provided relevant analyses and insights.

The analysis of the latest data on consumption of narcotic drugs shows that, despite the persistence of serious inequalities, there has been significant progress with regard to the availability of opioid analgesics for medical purposes. The data show measurable increases in the average amount of opioid analgesics consumed during the 2011-2013 period compared with the 2000-2003 period. In addition, in comparing the responses provided by Member States in the surveys that were carried out in 1995, 2010 and 2014, it emerges that concerns about the risk of addiction and legislative

⁵*Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes (E/INCB/2010/1/Supp. 1).*

impediments are becoming less relevant and that countries believe that it is necessary to address other key impediments such as lack of training and education, streamlining of supply, costs and limited financial resources.

These data confirm that it is possible, within the framework of the international conventions, to improve the availability of internationally controlled drugs. To achieve this, it is important to have sensible and rational national legislation that both ensures that medicines are available to patients and also protects their health, with health professionals trained in responsible and rational prescribing and aware of the risk of overprescription and abuse.

The data related to psychotropic substances show disparities among countries and regions in the levels of consumption of such substances. Inadequate availability and poor access to necessary medical treatment, as well as excessive availability and medically unsound use of psychotropic substances, all pose challenges to their control and use.

The Board is presenting this special report to Member States in the hope that the analysis and recommendations presented therein may assist them in the development of national policies and control systems that are capable of achieving the goals of the international drug control conventions in relation to ensuring availability of narcotic drugs and psychotropic substances. Member States have already underlined the importance of this issue in a number of resolutions and political declarations adopted by the Commission on Narcotic Drugs. They also referred to it in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases⁶ and in resolution WHA67.19 of the World Health Assembly, on strengthening of palliative care as a component of comprehensive care throughout the life course.⁷ Furthermore, the present report is being offered to the international community ahead of the special session of the General Assembly on the world drug problem to be held in 2016, and the Board hopes that this contribution will help Member States in their deliberations. At a time when countries are discussing the achievements of the international drug control system, the Board would like to offer a reminder that the overall goal of the international drug control conventions is a well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances by ensuring the safe and rational delivery of the best affordable drugs to those patients who need them and, at the same time, preventing the diversion of such drugs for the purpose of abuse.



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⁶General Assembly resolution 66/2.

⁷Available from http://apps.who.int/gb/e/e_wha67.html.