

269. The increase in the abuse of prescription opioids and the consequent increase in overdose deaths has so far been limited to certain countries. However, all Governments should be aware of the risks associated with the abuse of prescription drugs as they work to ensure that controlled substances are available for medical and scientific purposes. Some Governments have introduced measures and the Board would like to draw the attention of all Governments to this issue.

270. Several countries are requiring the prescription of controlled substances by medical and health professionals to be guided by a rational approach to prescribing as described in the WHO *Guide to Good Prescribing: A Practical Manual*,⁸³ which recommends that patients receive medications appropriate to their clinical needs and for a specific therapeutic objective, in doses that meet their own individual requirements, with information, instruction and warnings, for an adequate period of time during which the treatment is monitored and eventually stopped, at the lowest cost to them and their community. In addition, when prescribing controlled substances that may entail risks of generating dependence, medical practitioners should conduct clinical interviews to assess the risk of dependence and the concomitant presence of health conditions that may make the individual more vulnerable to the development of drug use disorders.

271. For patients suffering chronic non-cancer pain, national health authorities in some countries have developed guidelines recommending alternatives to opioid analgesics.

272. Some government agencies responsible for the safe use of controlled substances have introduced control measures to reduce and eliminate the misuse of prescription drugs. Those measures include programmes to monitor electronic or digital prescriptions to ensure that only the prescribed amount is dispensed to the patient.

273. Various countries have taken regular initiatives to take back prescription drugs to ensure that expired and/or unused medications are returned, properly disposed of and not used improperly.

274. In some countries, health-care professionals are required to receive adequate independent and unbiased training on the use of medications, including ways to avoid the associated risk of dependence and measures to mitigate those risks. In addition, national health authorities have put in place campaigns to raise public

awareness of the risk of dependence and of the proper use of medications.

275. Some countries have expanded treatment services for opioid use disorders, while ensuring that opioid substitution therapies (such as medication-assisted treatments with methadone and buprenorphine) are available and accessible to patients and that first responders in areas affected by the abuse of opioids have access to overdose reversing medication (such as naloxone).

276. Abuse deterrent formulations are promoted by some companies as the solution to the problem of prescription drug abuse, despite the fact that to date there is virtually no evidence of their effectiveness in reducing the risk of abuse. Further research is required to find effective technological solutions to address the abuse of pharmaceutical formulations containing opioids, as such solutions appear to be still some distance away from being found.

277. The Board encourages Governments to adopt, wherever appropriate to their national situation, some of the measures described in this section and work together with public health officials, pharmacists, manufacturers and distributors of pharmaceutical products, physicians, consumer protection associations and law enforcement agencies to promote public education about the risks associated with prescription drugs, their abuse and their potential to cause dependence, in particular those prescription drugs containing narcotic drugs and psychotropic substances under international control.

3. National requirements for travellers carrying medical preparations containing internationally controlled substances

278. The international drug control system allows travellers to carry small quantities of preparations containing narcotic drugs and psychotropic substances for personal medical use only. The drug control treaties do not regulate this matter directly, but article 4 of the 1971 Convention permits Governments to introduce special provisions for international travellers to carry small quantities of preparations with psychotropic substances other than those listed in Schedule I of that Convention. The 1961 Convention as amended by the 1972 Protocol, does not contain any provision to that effect. In its report for 2000, INCB recommended the development of guidelines for national regulations concerning international travellers under treatment with internationally controlled drugs.

⁸³WHO/DAP/94.11.

279. Pursuant to Commission on Narcotic Drugs resolution 44/15, UNODC convened a meeting of experts to develop such guidelines in cooperation with INCB and WHO. The resulting international guidelines for national regulations concerning travellers under treatment with internationally controlled drugs were published in 2003 in the six official languages of the United Nations.⁸⁴

280. The guidelines are intended to support competent national authorities in establishing a regulatory framework for travellers under treatment carrying small quantities of preparations containing internationally controlled substances. Although it is not compulsory for States to implement the unified procedures suggested in the guidelines, their wide application would facilitate both the mutual disclosure of relevant information through INCB and the work of government authorities.

281. In 2003, mindful of the need for travellers to be kept informed of relevant national requirements, the Commission adopted resolution 46/6. In it, the Commission strongly encouraged parties to the 1961 Convention, that Convention as amended by the 1972 Protocol and the 1971 Convention to notify INCB of restrictions currently applicable to travellers under medical treatment with internationally controlled substances and requested INCB to publish the above-mentioned information in a unified form, in order to ensure its wide dissemination.

282. Consequently, in 2004, INCB sent all Governments a circular letter in which it asked them to provide the information required by the Commission. Since then, INCB has continued to seek regular information updates from Governments and has compiled and published standardized summaries for each country that has provided the requested information. The summaries are published on the INCB website. They provide the following information to competent national authorities and prospective travellers: documentation required for carrying medical preparations containing internationally controlled substances (e.g., medical prescriptions), qualitative and/or quantitative restrictions (e.g., doses sufficient for a specific maximum amount of time) and contact details of the competent national authority in the intended country of destination or transit of the prospective travellers.

283. Over the years, many prospective travellers have asked INCB about the regulations applicable to medical preparations in the countries they were planning to visit and transit through. Most travellers, when approaching the Board, expressed their concern over the possibility of not having access to the medical preparations necessary

to continue their treatment while in a foreign country. Some expressed genuine fears of being accused of, or imprisoned for, attempted drug trafficking. Others, planning to stay abroad for several months, wished to know whether they could carry with them doses sufficient for the entire duration of their visit.

284. As of 1 November 2017, information regarding national requirements for travellers under medical treatment who carry small quantities of substances under international control has been obtained from 107 countries. In the light of the growing mobility of travellers under treatment and the concerns expressed by many of them, INCB strives to provide the necessary assistance and disseminates the latest information at its disposal. The relevant information INCB possesses is directly received from the Governments and their competent national authorities, and the Board solely depends on them to provide it.

285. Many countries have not submitted the relevant information to date, while others have not updated the information they had initially provided. **Given the importance of ensuring that patients are not forced to discontinue their medical treatments while travelling abroad and that their safety, security and even their freedom should not be put at risk because of their need for medication while travelling, the Board urges all States parties to the 1961 and 1971 Conventions to notify INCB, through their competent authorities, of restrictions currently applicable in their national jurisdictions to travellers under medical treatment with internationally controlled drugs, using the forms available on the Board's website (www.incb.org). The Board also wishes to invite countries that have already submitted information to inform INCB about the validity of the summary published on the INCB website concerning their domestic regulations and to submit updated information as necessary as early as practicable.**

286. Furthermore, the Board encourages all Governments to deepen the cooperation among their competent national authorities, law enforcement agencies, customs, immigration and border control authorities, and tour operators so that all are aware of their national regulations permitting travellers under medical treatment who are carrying prescription medications containing substances under international control to enter their territory and not be unduly delayed or otherwise importuned when crossing international borders.

⁸⁴ Available at www.incb.org.