

## V. Conclusions and the way ahead

101. The data on and analysis of the availability of opioid analgesics show that, despite a global increase in the availability of opioid analgesics for consumption, mostly in high-income countries, global disparity and imbalance remain evident. There has been an increase in the use of expensive synthetic opioids, again mostly in high-income countries, that is not matched by an increase in the use of affordable morphine.

102. For the majority of countries for which data are reported to INCB, the availability for consumption of some essential psychotropic substances (diazepam, midazolam, lorazepam and phenobarbital) has been declining, despite an increasing number of people living with anxiety disorders and epilepsy. There is also a significant global disparity in the availability of those substances for consumption: higher availability for consumption is reported by competent national authorities in high-income countries, but the morbidity associated with those disorders continues to increase in low- and middle-income countries. The difference between the highest and the lowest rates of consumption widened between 2012 and 2016, pointing to a growing consumption gap among all countries for which data were reported.

103. Not much time has passed since the recommendations formulated by INCB and those adopted at the special session of the General Assembly on the world drug problem held in 2016. For this reason, the questionnaire sent by INCB to Member States for the preparation of the present report solicited information on actions taken over the period 2012–2017.

104. It emerged from the responses of Member States that some of the impediments to the availability of controlled substances for medical and scientific purposes that are related to cultural issues and biases are progressively diminishing, while more concrete impediments (such as lack of training or awareness among health-care professionals, problems in sourcing and limited financial

resources) are increasingly being reported. This gradual change in the perception of which factors are an obstacle to availability and access seems to indicate that there is more awareness of the practical factors that need to be addressed and that it may be possible to address successfully. The number of times that onerous regulation was mentioned continued to decrease, pointing to some positive developments in that area that were confirmed by the number of countries in which it was reported that changes in legislation or regulations had been implemented in the previous five years. In their responses covering a small number of countries, civil society organizations stated that they viewed legislation as an impediment.

105. About 40 per cent of the competent national authorities that responded to the questionnaire reported that, in the previous five years, there had been reviews and/or changes in their legislation and/or regulatory systems; the same percentage reported that those changes had affected the availability of controlled drugs.

106. In relation to the recommendations on increasing the base of health-care professionals able to prescribe opioid analgesics, the responses showed that nurses were allowed to prescribe them in only 2 per cent of the countries represented, leaving many people in need of palliative care and other treatments with no or limited access to opioid analgesics.

107. In 26 per cent of the countries for which responses were received, there are legal sanctions for unintentional errors in handling opioid analgesics. This situation was reported to be a factor in the decision of some doctors not to procure, stock or prescribe opioid analgesics, thereby contributing to limiting access to those substances. Similar challenges affect the number of pharmacies willing to dispense opioids. Policies in 34 countries allowed prescriptions to be valid for one month; in 17 countries, they are valid for longer than one month.

108. Most (53 per cent) of the competent national authorities responding to the questionnaire reported the introduction of new palliative care policies and 69 per cent reported that the introduction of low-cost palliative care services was being considered in their countries.

109. While the majority (almost three quarters) of the authorities reported having sufficient resources to procure the medications needed and make them available through public or private health-care systems, 23 per cent reported a lack of resources for that purpose and the same percentage also indicated the absence of a national health insurance and reimbursement scheme.

110. Palliative care was reported to be part of the curricula of medical schools in 62 per cent of the countries for which responses were received; in 68 per cent of the countries there were programmes of continued education, training and information on palliative care for health-care professionals, including on the rational use and the importance of reducing prescription drug abuse.

111. Specific campaigns and awareness-raising programmes targeting the pharmaceutical industry, with the involvement of competent national authorities and interest groups (e.g., professionals and consumers), aimed at overcoming the cultural resistance and stigma associated with the consumption of opioid analgesics or psychotropic substances, have been implemented in most countries.

112. Some 105 authorities reported making use of the *Guide on Estimating Requirements for Substances under International Control* to estimate requirements for narcotic drugs and assess the availability of psychotropic substances and all of them believed their estimates to be appropriate and realistic. While in the view of INCB and on the basis of the data submitted by Governments this assessment by Governments may not always be accurate—that is, it may not be commensurate with known morbidity rates—INCB acknowledges the efforts and increased awareness of Governments in this area. The majority of the authorities responding to the questionnaire reported having regular contact with pharmaceutical companies or other stakeholders licensed to manufacture, import, export or stock controlled substances. Electronic tools for processing import and export authorizations had been established in only 46 countries.

### The way ahead

113. The analysis of the data and responses to the questionnaires by Governments and civil society organizations show promising developments in some areas; however, there are still important issues that require

further action, not only by Member States but also by the international community. On the basis of this analysis, INCB urges Governments to take further action to:

- Enable a broader range of health-care professionals, in particular nurses who are specifically trained and certified, to prescribe controlled substances, especially in countries that do not have decentralized health services and where the number of available doctors is limited.
- Increase and strengthen the availability of training in the use and rational prescribing of controlled substances for health-care professionals, in particular specifically trained and certified nurses, by incorporating training modules in the training and educational programmes for health-care professionals.
- Ensure that prescriptions are appropriate to the needs of patients, while also ensuring that monitoring and dispensing arrangements are adequate to that effect.
- Mitigate the sanctions applicable in the case of unintentional errors made in the prescribing of controlled substances to reflect the lack of intent.
- Offer low-cost palliative care services to patients, including in remote areas.
- Ensure that competent national authorities prioritize public health concerns when issuing licences for the manufacture, import and export of essential medicines.
- Bolster the national and/or regional production of pharmaceuticals, in their generic forms, in order to reduce dependence on imports and increase affordability.
- Develop mechanisms to ensure that the pharmaceutical industry produces and makes available medicines containing controlled substances, such as opioid analgesics, specifically morphine, that are affordable, and enforce the regulation of the pharmaceutical industry to deal with promotional and informational campaigns on prescribing and use of high-cost formulations, including with respect to costly synthetic opioids.
- Consider banning the advertising of medical products containing narcotic drugs and psychotropic substances under international control and, where that is not constitutionally permitted, consider restricting to the largest extent possible advertising, informational and promotional campaigns for such products.
- Include palliative care in the national curricula of medical and nursing schools.

- Expand the coverage of health services and include substances in the WHO *Model List of Essential Medicines* in national lists of essential medicines.
- Periodically review their estimates and assessments for narcotic drugs and psychotropic substances with a view to ensuring that they are adequate to meet medical needs, on the basis of morbidity rates and the capacity to prescribe and dispense rationally.
- Establish tools for processing import and export authorizations, and join the electronic International Import and Export Authorization System (I2ES) developed by INCB and UNODC.

114. INCB stands ready to support Governments in their renewed efforts towards achieving those goals, which in turn will contribute towards their achievement of Sustainable Development Goal 3, on ensuring healthy lives and promoting well-being for all at all ages. The Board provides assistance through its secretariat on an ad hoc basis to Member States, and since 2016 has been implementing INCB Learning, in collaboration with WHO, UNODC and other relevant entities, with a view to strengthening the capacity of Governments in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor

chemicals. The ultimate goal of INCB Learning is to support Governments in ensuring the adequate availability of controlled substances for medical use. To achieve that goal and to support Governments, the Board relies on voluntary contributions from Governments for its capacity-building activities.

### A final word

115. INCB is grateful to Member States for their input and for answering the questionnaire thoroughly. INCB is aware that completing the questionnaire required consulting more than one government agency, and the efforts made are appreciated. Similarly, the Board would like to recognize the contribution of civil society organizations. The time that has passed since the publication of the previous supplement to the Board's annual report and the outcome document of the special session of the General Assembly on the world drug problem held in 2016 is short, but there are clear indications that Governments are committed to the goal of ensuring adequate access to internationally controlled substances for medical and scientific purposes. That goal is at the heart of the international drug control conventions and should also be at the heart of national drug control policies.