

III. Ensuring the availability of internationally controlled substances for medical and scientific purposes

43. With the concern over the health and welfare of humankind, the conventions underline that the medical use of controlled substances is indispensable for pain treatment and suffering and that provision must be made to ensure their availability. Those two fundamental principles were set forth in the 1961 Convention as amended. Later, in the 1971 Convention, it was recognized that psychotropic substances were also indispensable for medical and scientific purposes. In the 1971 Convention, the parties further agreed that the availability of such substances should not be unduly restricted.

44. Fifty and sixty years after their adoption, this essential element of the conventions is far from being achieved globally. Over the years, the Board has pointed out to Member States the lack of progress on this principal aim of the international drug control system.¹⁵

Narcotic drugs

45. Opioid analgesics, such as morphine, are indispensable for the treatment of pain caused by cancer, HIV/AIDS, cardiovascular disease, chronic respiratory disease, diabetes, childbirth, surgery, injuries and other conditions or situations. INCB estimates that 92 per cent of morphine is consumed in countries in which only 17 per cent of the world population lives (United States of America, Canada,

countries in Western Europe, Australia and New Zealand). At the same time, 75 per cent of the world population, predominantly in low- and middle-income countries, has limited or no access to proper pain relief. The increase in global consumption of opioid analgesics since 1991 seems to have been driven mainly by North America, Europe, Australia and New Zealand, where there has been growing concern about prescription drug abuse (see map).

46. In relation to narcotic drugs, specifically opioid analgesics, the most recent data and analysis highlight the following issues:

(a) Even with the global increase in the availability of opioid analgesics, the disparity and imbalance in access to them remain evident;

(b) The increase in the use of synthetic opioids in several high-income countries, which is associated with overconsumption and an overdose crisis in some countries, has not been matched by an increase in the use of affordable morphine in low- and middle-income countries;

(c) Most of the morphine available is not utilized by pharmaceutical companies to prepare morphine preparations for palliative care, but rather to produce codeine-based cough syrups. This reduces the overall amount available for pain treatment and palliative care. The

¹⁵In 2010, INCB launched a report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes* (E/INCB/2010/1/Supp.1), which contained an analysis of the global situation with regard to the consumption of internationally controlled substances. Similar reports had been produced in 1989 and 1995. In 2010, the scope of the report was broadened to include psychotropic substances. In 2016, INCB published a supplement to its annual report for 2015 entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes – Indispensable, Adequately Available and Not Unduly Restricted* (E/INCB/2015/1/Supp.1). On the basis of the analysis and recommendations presented by INCB in the above-mentioned supplement, the international community recognized the seriousness of the situation and, at the thirtieth special session of the General Assembly, held in 2016, Member States adopted an outcome document entitled “Our joint commitment to effectively addressing and countering the world drug problem”. Following up on the progress made in the implementation of those recommendations, in 2018, INCB sent a questionnaire to competent national authorities and also sought the opinions of civil society organizations and produced a report entitled *Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes* (E/INCB/2018/1/Supp.1).

demand in health services for pain treatment, in particular in low- and middle-income countries, remains low due to fear of dependence, a lack of training among health personnel and a lack of awareness among patients and families, and that lack of demand for pain treatment is exacerbated by supply problems.

Psychotropic substances

47. Insufficient or inadequate access to psychotropic substances seems to be particularly pronounced in low- and middle-income countries, where it is estimated that about four out of five people who need mental, neurological or substance abuse treatment do not receive such treatment.

48. In relation to psychotropic substances, the most recent data and analysis highlight the following issues:

(a) Despite an increasing number of people living with anxiety disorders and epilepsy around the globe, in the majority of countries for which data on the consumption of psychotropic substances were provided to INCB, the availability of some essential psychotropic substances for consumption in the treatment of those conditions has declined since 2012;

(b) While 80 per cent of people with epilepsy live in low- and middle-income countries, their levels of consumption of certain related psychotropic drugs remain largely unknown. The limited data submitted to INCB, however, suggest that the consumption of psychotropic substances is concentrated in high-income countries;

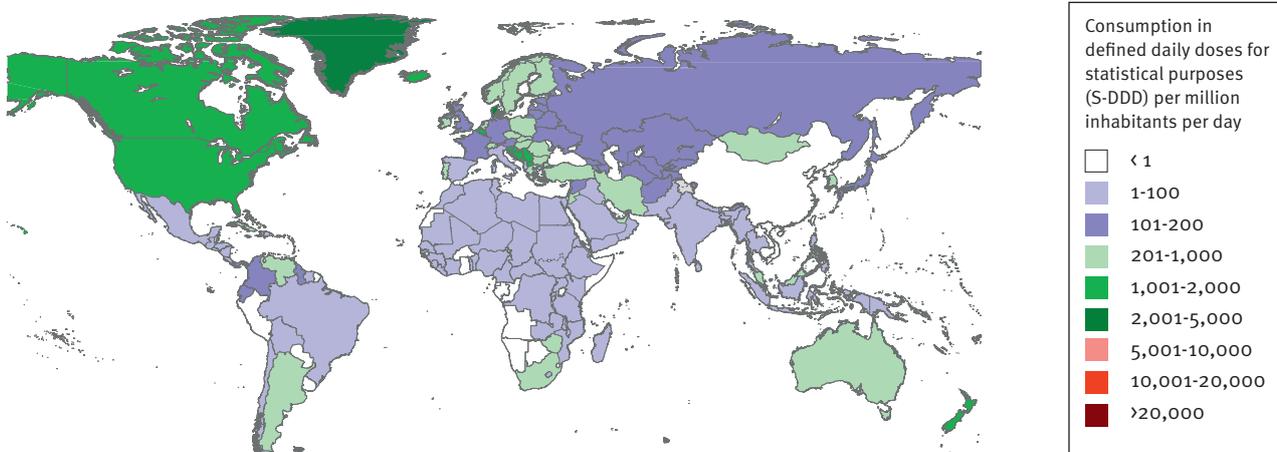
(c) The difference between the countries with the highest and lowest reported consumption rates widened between 2012 and 2016, confirming the growing global consumption gap.

Availability of internationally controlled drugs for the treatment of opioid dependence

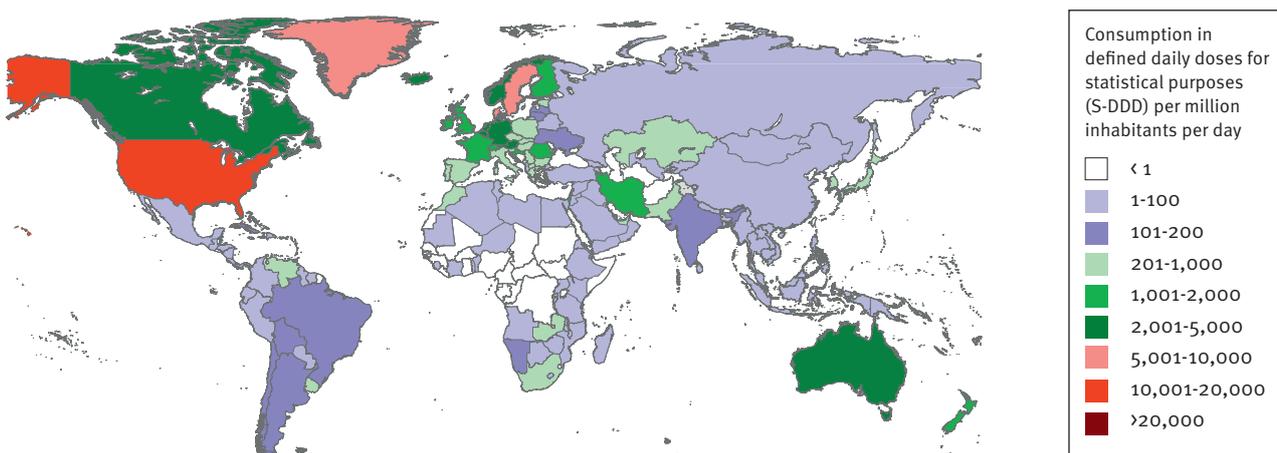
49. An analysis of levels of consumption of methadone and buprenorphine, as well as medication-assisted treatment services for opioid dependence, indicates that those services are either not accessible or not sufficiently accessible in all countries where there is a significant prevalence of people who inject drugs. This can be due to non-recognition of the effectiveness of such services, cultural resistance, economic or structural incapacity and/or political inaction.

Map 1. Availability of opioids for consumption for pain management, 1977–1979, 1997–1999 and 2017–2019 averages

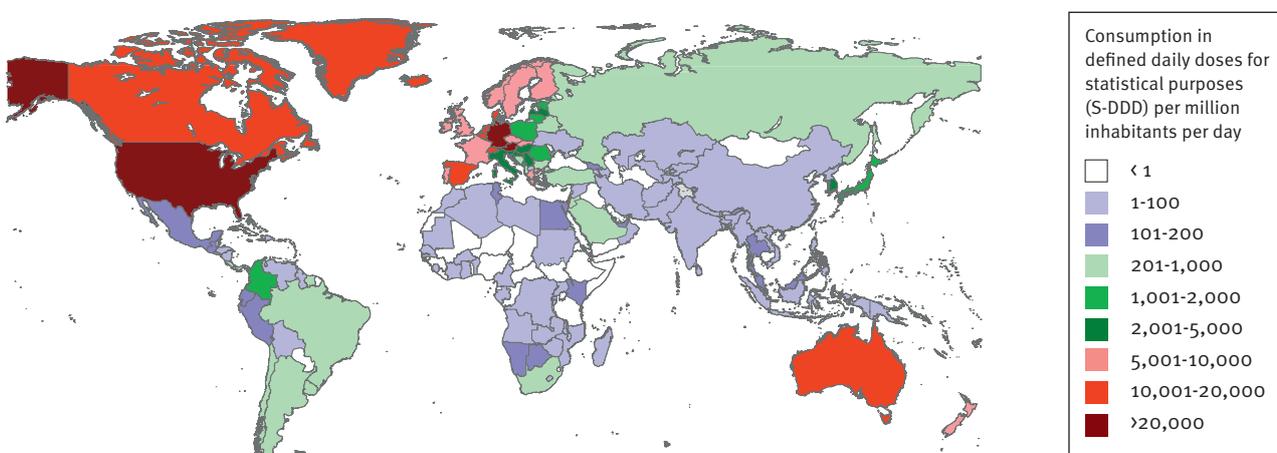
Mean availability of opioids for pain management, 1977–1979



Mean availability of opioids for pain management, 1997–1999



Mean availability of opioids for pain management, 2017–2019



The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations. The final boundary between the Sudan and South Sudan has not yet been determined. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Source: International Narcotics Control Board