

Preface

Over half a century ago, in adopting the Single Convention on Narcotic Drugs of 1961, and later the 1972 Protocol amending the Convention, and the Convention on Psychotropic Substances of 1971, the international community made a commitment to ensure – and not unduly restrict – the availability of drugs considered indispensable for medical and scientific purposes.

Despite that commitment, there remains a significant imbalance in the availability of controlled substances globally, an imbalance which not only goes against the aim of the international drug control conventions to promote the health and welfare of humankind but also contradicts numerous human rights instruments that contain the right to health or medical care, which also encompasses palliative care.

The International Narcotics Control Board (INCB) issued supplementary reports on the availability of controlled substances for medical purposes in 1989, 1995, 2010, 2015 and 2018. In 2022, INCB has collected and analysed information from Member States and civil society to once again provide the international community with an update on the situation and to recommend remedial action. The data confirm the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. Almost all such consumption is concentrated in Western Europe, North America, Australia and New Zealand. Consumption levels in other regions are often not sufficient to meet the medical needs of the population. These regional imbalances are not due to a shortage of opiate raw materials. Supply has been found to be more than sufficient to satisfy the demand reported to INCB by Governments, but it is evident that a large number of countries may not be accurately reflecting the actual medical needs of their populations in their reported demand, and hence the disparity in availability.

Analysis of the consumption of opioid analgesics, as reported by Governments to the Board, relative to the estimated number of people in need of palliative care in countries as provided in the *Global Atlas of Palliative Care* (2nd edition, 2020) by the Worldwide Hospice Palliative Care Alliance and the World Health Organization (WHO), confirmed the inequities. There is a clear need for decisive action, in particular in low- and middle-income countries. A major problem in those countries is the limited access to affordable opioid analgesics, such as morphine. One reason for this is that most of the morphine produced globally is converted into other drugs and not much is used for palliative care. In 2020, for example, 78 per cent of the morphine produced globally was converted into other drugs, mainly codeine, which in turn was mainly used in cough medicines, while only 11 per cent was consumed directly, mainly for palliative care. Furthermore, over 82 per cent of the global population had access to less than 17 per cent of the world's morphine-based medicines.

While those imbalances show that authorities are not accurately estimating their needs for narcotic drugs used for palliative care, similar imbalances are also found with regard to the psychotropic substances used for the treatment of various mental health and neurological conditions. For example, while 80 per cent of people with epilepsy live in low- and middle-income countries, consumption of psychotropic substances used in the treatment of epilepsy is concentrated in high-income countries. Similarly, access to and availability of methadone and buprenorphine, which are used in the management of drug dependence, are still limited in some countries despite a significant prevalence of injecting drug use.

The Board's analysis identifies some of the underlying reasons for these discrepancies, with regulatory controls often being cited as the main factor contributing to the low availability of psychotropic medicines. More studies are, however, required to determine whether regulatory controls do in fact hamper availability; and other factors, such as the low rate of diagnosis of mental health conditions and the stigma associated with use of psychotropic substances, also need to be considered.

The Board continues to encourage Governments to calculate their estimates on the basis of the methods suggested in the *Guide on Estimating Requirements for Substances under International Control*, developed by INCB and WHO. The *Guide* describes three methods and their variants that are commonly used to quantify the requirements for controlled substances: the consumption-based, service-based and morbidity-based methods. The choice of which method to use is determined by the availability of the data needed for the quantification, the availability of the necessary resources and the structure of the controlled substance supply and distribution system. The competent national authorities need to familiarize themselves with the *Guide* and identify the method that is best suited to their situation.

Countries are also encouraged, with the support of bilateral and international partners as appropriate, to strengthen their capacity to collect the best possible data and create a digital network of information collection from all stakeholders in the supply and consumption chain for the determination of an appropriate estimation of their requirements for narcotic drugs and psychotropic substances.

INCB is committed to supporting Governments in their renewed efforts to improve availability of controlled substances for medical and scientific purposes. INCB Learning was established in 2016 to build the capacity of Governments in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. Activities focus on building the capacities of Governments to implement the drug control conventions and achieve their ultimate objective of ensuring the availability of controlled substances for medical and scientific purposes while preventing diversion, trafficking, illicit manufacture and non-medical use.

Indeed, while working to ensure the availability of controlled substances for medical and scientific purposes, countries must ensure that adequate measures are in place to prevent diversion to illicit channels and non-medical use. Overprescription of fentanyl and other strong opioids is at the root of the opioid overdose epidemic that is still affecting some countries. After having increased exponentially over the past 40 years, an overall significant decline in the consumption of fentanyl has been registered since 2010, possibly related to the introduction of the more stringent control measures in some countries.

Some progress has been made since 2016 in realizing the goal of ensuring adequate availability of and access to controlled medication, which is key to achieving Sustainable Development Goal 3 on health and well-being. However, it is necessary to continue working to ensure that this goal is enshrined in all national drug control policies and practices. The Board is committed to working and assisting the international community for the greater availability of and access to controlled substances for medical and scientific purposes.



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