

# Executive summary

For many years, the International Narcotics Control Board (INCB) has expressed concern about the limited availability of and access to controlled substances for medical purposes in many regions of the world. Special reports on this issue were published in 1989, 1995, 2010, 2015 and 2018. The present report is a further opportunity to provide the international community with information that may assist in the implementation of the operational recommendations specifically related to availability and access adopted by Member States in the outcome document of the special session of the General Assembly on the world drug problem, held in 2016. The data confirm the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. For psychotropic substances, the situation is less clear, but limited access and availability, particularly in low- and middle-income countries seems to be also an issue in this case.

The relevance of the topic of availability and access was made more evident through the continued evolution and growing problem of the opioid epidemic that started in North America in the mid-1990s and, more recently, the coronavirus disease (COVID-19) pandemic.

The responses received from Member States and civil society describe an evolving situation in terms of the factors that are considered to be limiting or impeding access and availability, as well as in terms of concrete legislative, administrative and practical measures taken in the areas of the operational recommendations to address the situation.

The data on the global availability of opioid analgesics show a steep increase in the opioids available for consumption since 1978, with a significant decrease after 2018 mainly due to the reduced reported consumption of strong opioids (oxycodone and fentanyl), mainly in North America. At the same time, many countries continue to report having difficulties procuring medications containing morphine, although sufficient quantities of opiate raw materials are reported to be available. The problem is that the large majority of the morphine available is being used for the production of codeine to be used mainly for preparations in Schedule III of the 1961 Convention as amended, and only a small amount is used directly for medical purposes (such as palliative care). The limited amount used directly for pain relief is mostly used in high-income countries. This is confirmed by the data of the World Health Organization (WHO) on the availability of oral morphine in public primary care facilities, which show that there are considerable differences between the different income groups.

The consumption of opioid analgesics remains relatively high in North America, Western Europe, Australia and New Zealand. It has improved in the Russian Federation and in some countries in Eastern Europe. However, the situation remains problematic in most of Africa and parts of Asia where most countries continued to report very low consumption.

Plotting the level of consumption of opioid analgesics as reported by countries to INCB against the estimated number of people in need of palliative care (according to the *Global Atlas of Palliative Care*) confirms the global imbalance in the consumption of such substances: only high-income countries registered significant levels of consumption, with a corresponding number of people in need of pain relief, whereas most countries are clustered together in the lower levels as a result of the high level of consumption in a few countries.

Determining the global availability of psychotropic substances remains a challenge because only since 2011 have countries been requested to provide consumption data, and no more than half of countries provided any consumption data in 2020. Despite that situation, some key trends have emerged, namely regional disparities in the consumption of severely psychotropic substances. For example, consumption of anti-epileptic drugs, including clonazepam and phenobarbital, are low in Africa, Asia and Oceania relative to the Americas and Europe despite these substances being among the most traded psychotropic substances. Similarly, there are significant regional disparities in the consumption of

methylphenidate despite reports suggesting that prevalence levels of attention deficit hyperactivity disorder are not so different between regions.

Consumption of methadone and buprenorphine is concentrated in a limited number of countries. Even though estimates of the number of people injecting drugs are incomplete, there is evidence that in some countries, despite the existence (more or less prevalent) of that phenomenon, the consumption of buprenorphine and methadone, and also the presence of opioid agonist therapy services, are limited or not present at all.

The timely delivery of controlled substances for medical care in emergency situations is sometimes problematic, in part because there are additional administrative requirements for the international movement of such substances. The international community has long noted the urgent need for a practical solution to that administrative obstacle. The Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, published by WHO in 1996, reflect the concerted effort to expedite the supply of controlled substances during emergency situations through simplified control measures.

In 2021, INCB also conducted with competent national authorities, international humanitarian organizations and related United Nations agencies a review and discussion of the lessons learned in the implementation of simplified control measures during emergency situations. The outcome document of those meetings, entitled “Lessons from countries and humanitarian aid organizations in facilitating the timely supply of controlled substances during emergency situations”, contains important actions that Governments can take to improve their emergency preparedness and sets out procedures that they can follow during emergency situations.

Since the beginning of 2020, the COVID-19 pandemic has created unprecedented challenges to the economies and public health systems of all countries. The lockdowns, border closures and social distancing measures adopted by most countries have put to the test the ability of the international community to ensure adequate access to and availability of internationally controlled drugs for those in need. The global supply chain of medicines has been adversely affected, as a result of both the disruption in the manufacturing of key starting materials and active pharmaceutical ingredients in some major manufacturing countries. Logistical challenges arising from border closures and other social distancing policies adopted by a number of countries also prolonged delays.

The analysis of the data and of the responses by Governments and civil society organizations to the questionnaires sent by INCB in 2022 shows that there has been some progress but that there are still important areas requiring action, not only by Member States but also by the international community.

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