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## INCB DATA CONFIRM PERSISTENT INEQUITIES IN USE OF OPIOID-BASED MEDICINES FOR PAIN TREATMENT

Data reported to INCB confirm the persistent disparities between regions in the consumption of the main opioid analgesics for pain treatment (codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and tramadol). Almost all such consumption is concentrated in Western Europe, North America, Australia and New Zealand. Consumption levels in other regions are often insufficient to meet the medical needs of the population.

### Regional imbalances not a result of shortages of raw materials

These regional imbalances are not due to a shortage of opiate raw materials. Supply is more than sufficient to satisfy the demand reported to INCB by Governments, but INCB finds that the estimated requirements of a large number of countries may not accurately reflect the actual medical needs of their populations.

For comparison purposes, INCB uses an indicator, regional S-DDD<sub>pm</sub>, calculated on the basis of the total population of the countries reporting consumption and the overall amounts of opioid analgesics reported as consumed. In 2022, the reported consumption in some countries in North America, Oceania and Western and Central Europe resulted in regional averages of 15,467 S-DDD<sub>pm</sub> for North America, 9,720 S-DDD<sub>pm</sub> for Western and Central Europe and 5,327 S-DDD<sub>pm</sub> for Oceania. North America remains the region with the highest consumption of opioids for pain management in the world. In comparison, average consumption levels in East and South-East Asia, Central America and the Caribbean, Africa and South Asia were less than 220 S-DDD<sub>pm</sub>.

### Inadequate levels of consumption of opioid analgesics in East and South-East Asia, Central America and the Caribbean, Africa and South Asia

INCB considers levels of consumption of opioid analgesics in quantities between 100 and 200 S-DDD<sub>pm</sub> to be inadequate, and in quantities of less than 100 S-DDD<sub>pm</sub> to be very inadequate. In this context, the average levels of consumption reported in 2022 in East and South-East Asia (217 S-DDD<sub>pm</sub>), Central America and the Caribbean (170 S-DDD<sub>pm</sub>), Africa (62 S-DDD<sub>pm</sub>) and South Asia (16 S-DDD<sub>pm</sub>) are of particular concern.

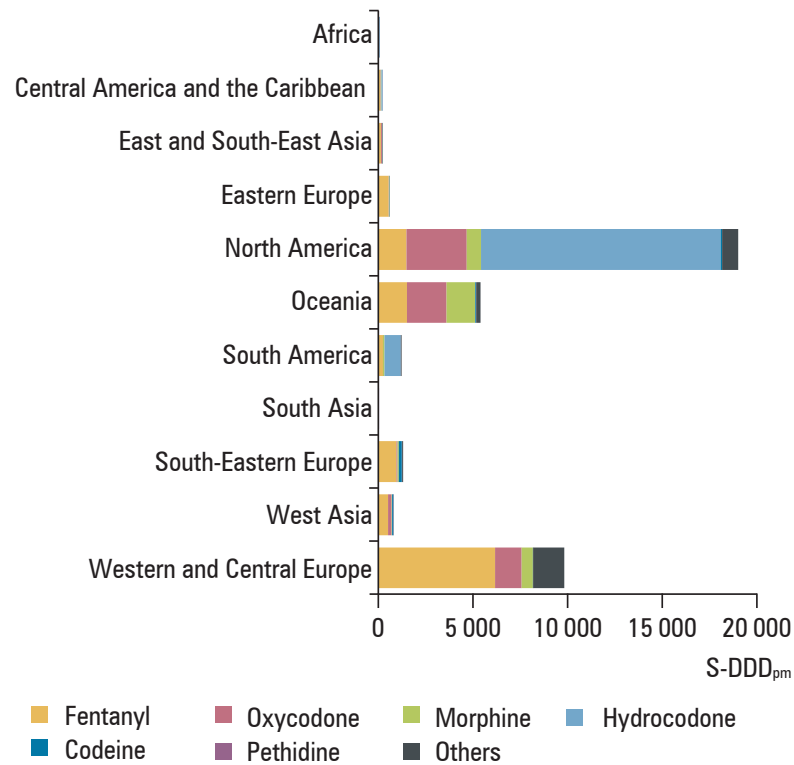
INCB stresses that there is an urgent need to increase the availability of and access to opioid analgesics and to improve their prescription and use, especially in countries reporting inadequate and very inadequate levels of consumption. INCB calls for targeted public policies supported by Governments, health systems and health professionals, civil society, the pharmaceutical industry and the international community.





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## Consumption of codeine,<sup>a</sup> fentanyl, hydrocodone, morphine, oxycodone, pethidine and other opioids, all regions, expressed in S-DDD<sub>pm</sub>, 2022



<sup>a</sup> Only codeine used directly for pain relief is considered. Codeine used for preparations included in Schedule III is excluded.

### Limited data on consumption of psychotropic substances hinder the ability to assess availability of medicines containing these substances

There are limited data available on the consumption of internationally controlled psychotropic substances, used in the treatment of mental health and neurological conditions. This makes it difficult to determine the levels of availability in some regions of the world. Where data are available, levels of consumption have fluctuated among countries and for different substances. For example, reported consumption of methylphenidate increased in 2022 in a number of countries. In contrast, the reported consumption of diazepam and phenobarbital decreased, with fewer countries providing data in 2022. Reported consumption of zolpidem is highest in Europe in 2022, although there are notable spikes in consumption in some countries in South America.

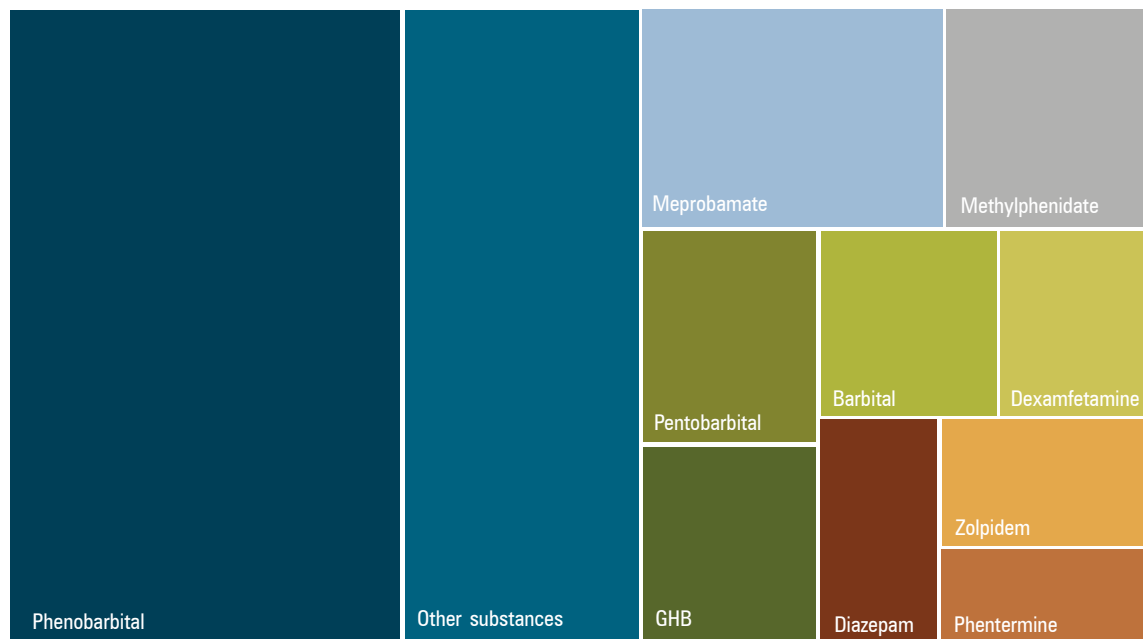
In terms of manufacture, as has been the case for several years, 10 psychotropic substances accounted for 80 per cent of all global manufacture of internationally controlled psychotropic substances by gross weight in 2022. Phenobarbital alone accounted for approximately 35 per cent of all global manufacture,



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at 364 tons. Of the 1,049.3 tons of internationally controlled psychotropic substances manufactured in 2022, 863.8 tons were sedatives, 160.3 tons were stimulants, and 25.2 tons comprised hallucinogens, analgesics and other substances.

### Shares of manufacture of major internationally controlled psychotropic substances by gross weight, 2022



Overall trade in internationally controlled psychotropic substances in 2022 remained at levels similar to previous years, with diazepam, midazolam, phenobarbital, alprazolam and clonazepam being the most widely traded substances, with more than 135 countries and territories reporting imports. However, this information is insufficient to determine whether the quantities traded are sufficient to meet the actual medical needs in these countries.

INCB stresses the need to improve consumption data for psychotropic substances and calls upon Governments to take the necessary steps to enable their respective drug control authorities to collect and provide these data. These data are essential for INCB and the international community to better understand the levels of availability of key psychotropic substances including phenobarbital, diazepam and midazolam in all regions of the world.