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STATEMENT BY PROFESSOR HAMID GHODSE, PRESIDENT INTERNATIONAL NARCOTICS CONTROL BOARD

**Fifty-fourth session of the Commission on Narcotic Drugs
(21-25 March 2011)**

AGENDA ITEM 4 C:

International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

Madam Chairperson,

The availability of narcotic drugs and psychotropic substances for medical and scientific purposes is at the core of the international drug control treaties. These drugs and substances are indispensable for the treatment of various disorders, including severe pain and mental and neurological disorders. Despite their important role in medicinal treatment, their availability remains sadly below the required levels in many parts of the world.

The International Narcotics Control Board, within its responsibilities to monitor the implementation of the provisions of the international drug control treaties, has repeatedly voiced its concern about the globally disparate, and in many parts of the world inadequate, access to controlled substances. Inadequate availability of narcotic drugs and psychotropic substances has been one of the main topics of the Board's dialogue with Governments on treaty implementation. The Board has been cooperating closely with the World Health Organization to achieve progress in this area.

The Board welcomed the decision of the Commission on Narcotic Drugs to bring this issue to the forefront of its discussions as a separate agenda item and appreciates the increased attention by Governments as well as non-governmental organizations to this issue. In order to support these discussions and to encourage remedial action, and also in response to the Commission's resolution 53/4, the Board prepared a supplement report to its Annual Report for 2010, entitled "Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes". This supplement, which was launched at the beginning of March, is available to the session participants.

The report presents a number of significant findings of the Board. For example, as indicated during my earlier speech under agenda item 4b, ninety percent of the global consumption of opioid analgesics is consumed by a group of developed countries: Australia, Canada, New Zealand, the United States of America and several European countries. On the other hand 80 per cent of the world population has limited or no access to opioid analgesics for the treatment of pain.

Similar disparities exist in the consumption of psychotropic substances, although comparisons of consumption levels of these substances are more difficult, since under the 1971 Convention Governments are not required to report data on the consumption of psychotropic substances to the Board. This results in an inadequacy of information available to the Board for the analysis of consumption levels of psychotropic substances. The Board therefore invites the Commission to examine this matter and encourages Governments to start providing information on the consumption of psychotropic substances to the Board, on a voluntary basis as soon as possible.

In order to support the availability of controlled substances, the Board monitors the global supply of and demand for opiate raw materials. I am pleased to reassure the international community that the global supply of opiate raw materials is more than adequate to ensure that opiates can be produced in the quantities required for medical purposes. Similarly, there is sufficient global capacity for the manufacture of synthetic opioids. Manufacture of all opioid medications has increased fivefold over the last 20 years.

These impressive growth rates in manufacture and consumption did not however benefit the whole world. The growth rates were actually mainly caused by strong growth rates of manufacture and imports in countries where consumption was already high. In many of the low consumption countries, levels remained low or in some cases even decreased. It is a sad reality that the readily available supply of licitly produced opioid raw materials, and the end products manufactured from those raw materials, did not lead to the adequate supply of these medicines to all patients in need, worldwide.

Access to medicines containing internationally controlled substances is limited or almost non-existent in many countries. Major differences in consumption levels exist between regions but also between countries within the same region and with similar levels of socio-economic development. These differences are shown in the graphs and the tables contained in the aforementioned report of the Board on the availability of internationally controlled drugs. Each country should check its ranking in these tables. If a country is identified as a particularly low consumer country within its region, and especially if a country is identified as consuming a level of opioid analgesics below the benchmark of 200 defined daily doses per million inhabitants per day, action needs to be taken immediately in order to improve the situation of patients - patients who are suffering because of inadequate pain treatment.

In its attempt to address the barriers to the availability of narcotic drugs, the Board has identified the most prevalent impediments and recommended specific actions to overcome these impediments. It appears that the major barriers are (i) concerns about addiction and (ii) resistance to prescribe. These barriers need to be overcome through the provision of training for doctors and health care workers. Competent authorities will also need to verify whether overly restrictive laws and administrative burdens play a major role in the low levels of consumption of their country. And, finally, infrastructure and distribution mechanisms need to be developed, in order to ascertain that a country's public health sector has the capacity to supply the required medication to the patients in need.

Over the last 20 years, several countries have acted and have succeeded in removing impediments to availability. These countries have observed remarkable improvements. Educational efforts geared towards health professionals, but also towards the general public, have changed the attitude of doctors and patients and have led to significant increases in opioid consumption in a number of countries. Special pain clinics as well as changes in the public health insurance schemes have led to marked improvements in the availability of these medicines.

Madam Chairperson,

Impediments vary between countries and it is the responsibility of the respective authorities to identify these impediments and take appropriate countermeasures. An extensive list of remedial actions that could be taken by Governments is included in the section of recommendations in the Board's supplement on availability.

However, the very first step that needs to be taken is the identification of the actual requirements for internationally controlled substances in a country. The success of such efforts depends, to a large extent, on a well-functioning drug control system. Without an effective drug control system, countries will not be able to assess the present consumption levels, identify the additional quantities required under existing treatment facilities, and define the required improvements in the health care infrastructure and the drug distribution system that would allow the medications to reach the patients in need of them.

The Board's experience has clearly shown that countries which are in a position to adequately estimate and assess their requirements for narcotic drugs and psychotropic substances are able to take the steps required to improve availability. The process of establishing the mechanism and developing the expertise to make appropriate estimates and assessments of legitimate requirements inevitably leads to improved supply of internationally controlled substances. Obtaining accurate information about the legitimate requirements for such substances is a prerequisite to ensuring their availability.

Sadly, there are still many countries which are not able to provide adequate estimates and assessments. It is even more disturbing that there are several countries that are not able to provide such estimates at all. In order to support these countries the Board, in cooperation with WHO, is presently developing guidelines on estimating requirements for internationally controlled substances. These guidelines will assist Governments with low levels of consumption of controlled substances to become aware of their requirements and, ultimately, submit to the Board estimates and assessments that reflect more accurately those requirements.

Madam Chairperson,

The Board appreciates and welcomes the increased attention given by the Commission on Narcotic Drugs to the subject of availability of internationally controlled substances and hopes that this increased attention will result in appropriate public health policies to ensure worldwide improvements in the availability of internationally controlled substances. The Board will continue to support Governments in this regard, in accordance with its mandate under the international drug control treaties.

Thank you, Madam Chairperson.