

**Statement by Prof. Hamid Ghodse,
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SIXTY-FOURTH WORLD HEALTH ASSEMBLY**

Geneva, 21 May 2011

Mr. Chair, Excellencies, Ladies and Gentlemen,

The International Narcotics Control Board is an independent quasi-judicial body monitoring and promoting the implementation of the international drug control treaties by Governments. On this occasion, and in the lead-up to the General Assembly high-level meeting on non-communicable diseases, I would like to take this opportunity to outline the Board's perspective with regard to non-communicable diseases. Within this context, the Board follows a two-pronged approach as foreseen by the international drug control conventions— addressing both licit drug use and illicit drug use.

Licit drugs are essential for the treatment of non-communicable diseases. Narcotic drugs such as opiates are used in palliative care, for instance for the relief of pain of cancer patients. Psychotropic substances are used in the management and treatment of mental illness. In both cases, the appropriate medical use of controlled drugs can improve quality of life - a key objective of the global strategy for the prevention and control of non-communicable diseases.

Indeed, many internationally controlled substances are included in the WHO list of essential medicines. However, the availability of and access to these medicines is a cause for grave concern, as I will explain today.

Drug dependency can be considered as a disease – a non-communicable disease – in so far as it requires prevention in the first instance, treatment, and eventually rehabilitation.

Both of these aspects – drug dependency and the licit use of drugs for the treatment of pain and illness – are addressed by the international drug control conventions, which have the dual aim of ensuring the availability of internationally controlled substances for medical and scientific use and preventing their diversion to illicit uses. The International Narcotics Control Board is mandated to monitor and promote the implementation of the conventions to ensure that narcotic drugs and psychotropic substances are available for licit uses, e.g., for medical purposes, and that these drugs – and their precursor chemicals – are not diverted for illicit uses.

The Board maintains an ongoing dialogue with Member States and the international community to monitor and promote the implementation of the treaties, with the ultimate goal of protecting human health.

For a long time, the Board has been concerned about the inadequate availability of internationally controlled drugs for licit – medical and scientific - purposes. Based on data collected by the Board, we know that the supplies of the raw materials for opiates are more than adequate to meet the global demand for opiates for medical use. Manufacture of all opioid medications has increased by a factor of five over the past twenty years. However, growth in consumption has mainly occurred in countries where consumption was already high and while in many countries availability is still limited or non-existent.

In March this year, the Board released a special report containing a detailed analysis of the global situation with regard to the availability of internationally controlled drugs for medical and scientific purposes. Two findings from this report are illustrative of the problem in general. Firstly - 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. And secondly - 80 per cent of the world population has limited or no access to opioid analgesics for the treatment of pain. Whichever way we look at it, the present situation is inequitable.

Similar disparities exist in the consumption of psychotropic substances, although it is more difficult to compare consumption levels for these substances, since under the 1971 Convention Governments are not obliged to report data on the consumption of psychotropic substances to the Board. While some countries provide voluntary data, we do not yet have a detailed picture of global consumption patterns.

Consumption levels differ not only between regions but also between countries that have similar levels of socio-economic development within the same region. Indeed, of the major constraints to availability that were identified by Governments, economic issues were of lower concern, given the success that some countries have had utilising lower-cost generic products. The main barriers appear to be concerns about addiction and a resistance to prescribing.

To address the situation, the Board made a number of recommendations in its report addressed to Governments and the international community. These include, but are not limited to: training and education of health professionals and the general public; identification of overly-restrictive laws; identification of licit requirements for narcotic drugs and psychotropic substances; and developing infrastructure and distribution mechanisms.

The recent, fifty-fourth session of the Commission on Narcotic Drugs adopted resolution 54/6 aimed at promoting the availability of these substances while preventing their diversion and abuse. The resolution endorsed the Board's efforts to develop, in cooperation with WHO, guidelines to assist Member States in estimating their medical and scientific requirements for internationally controlled narcotic drugs and psychotropic substances. The resolution also called on the Board to continue providing assistance to

competent national authorities to improve national reporting of statistical data, the estimation of licit requirements for narcotic drugs and the voluntary assessment of licit requirements for psychotropic substances. The Board works with WHO on, inter alia, this issue on an ongoing basis and will continue its efforts to support Member States in addressing the problem.

The Board considers it highly important that the issues of drug dependency and the use of drugs for the medical treatment of non-communicable diseases be incorporated in the organization of and documentation for the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. In this regard, The Board stands ready to work with and support WHO, and the international community in general, in the preparation of and follow-up to the high-level meeting of the General Assembly.

Everyone has a right to be free from pain and suffering. Individuals must therefore be protected – through prevention as part of a balanced supply and demand reduction policy – from drug abuse and be treated for drug dependence, should preventative measures be ineffective. Adequate availability of psychotropic substances should be ensured for the treatment of mental illness and neurological disorders, and narcotic drugs should be available for appropriate treatment of pain and illness.

Thank you.