

*Check against delivery*

**Statement by Mr. Raymond Yans, President, International Narcotics Control Board,  
at the fifty-seventh session of the Commission on Narcotic Drugs  
(Vienna, 13 to 21 March 2014)**

**Agenda Item 10 (d)**

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

Mr. Chairman, Excellencies, Ladies and Gentlemen,

Ensuring availability and rational use of narcotic drugs and psychotropic substances for medical use has always been a major goal of the international drug control treaties.

The issue of availability was at the heart of a 2010 INCB special report entitled “Availability of International Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes”. That report provided a global overview of the consumption and availability of controlled drugs for medical use as well as major impediments and recommendations to improve their availability. Since the publication of that report, the international community has continued to show great interest in this issue. Indeed, the Commission adopted resolutions 53/4 in 2010 and 54/6 in 2011 with a view to promoting adequate availability internationally controlled substances for medical and scientific purposes while preventing their diversion and abuse. You have also established a separate sub-agenda item to ensure that sufficient attention is being devoted to this issue.

In this context, INCB has decided to prepare a supplement to its annual report for 2015, which will consist of an update and follow up of the implementation by Governments of the Board’s recommendations contained in its 2010 report on availability.

INCB has an important role to play in the supply of raw materials required for the manufacture of all medications containing opiates. At the same time, the Board strives, in cooperation with Governments, to maintain a lasting balance between supply and demand for those materials. The analysis of the data provided by Member States shows that the amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy current demand level and that global stocks are increasing.

However, despite this, the consumption of narcotic drugs for pain relief is concentrated in a limited number of countries. Access to these drugs continues to be uneven, with consumption concentrated primarily in countries in North America, Western Europe and Oceania. The reality is that, for example, 92 per cent of the world’s

morphine is consumed by 17 per cent of the world's population while the rest of the world population (83 per cent) consumes just 8 per cent.

This imbalance is particularly problematic, since the latest data show that over 70 per cent of cancer deaths actually occur in low- and middle-income countries. Without sustained action, cancer incidence is projected to increase by 70 per cent in middle-income countries and by 82 per cent in lower-income countries by 2030.

Apart from the needs related to cancer, pain treatment is needed in many other health situations (surgery, delivery, etc.), and in several regions pain relief drugs are not commonly prescribed. Other internationally controlled drugs such as methadone and buprenorphine (an opioid analgesic which is controlled under the 1971 Convention and whose use in substitution therapy continues to increase) are used in the management of drug dependence and their use is also limited in some countries despite considerable prevalence of heroin abuse.

As long as these drugs remain inaccessible to the large majority of people around the world, patients will not be able to derive the health benefits to which they are entitled under the Universal Declaration of Human Rights. In other countries, however, overprescribing of opioid analgesics and their availability in quantities greater than those required for sound medical treatment may lead to the diversion and abuse of those substances, with negative consequences such as overdose and addiction.

The Board's 2010 report on the availability of internationally controlled drugs outlined the impediments to the availability of opioids analgesics as reported by countries. These impediments include regulatory, attitudinal, knowledge-related, economic and procurement-related factors that adversely affect availability. In 2010, the most important impediments listed by countries were concerns about addiction, reluctance to prescribe or stock, and insufficient training for health professionals. Unduly restrictive laws and burdensome regulations were also commonly perceived as playing a significant role in limiting the availability of opioids. A smaller number of Governments reported that difficulties involving distribution and supply, and the high cost of opioids were major obstacles to making opioids adequately available.

INCB is committed to addressing the issue of availability and, as part of our ongoing efforts, we provided training to the competent national authorities of 12 West African countries in June 2013. The aim of the training was to strengthen the capacity of Governments to comply with treaty-based reporting obligations and thereby contribute to facilitating availability of narcotic drugs and psychotropic substances for medical use, while preventing their diversion. I cannot over-emphasise the importance of such training in other regions and sub-regions to strengthen national drug control systems, not only to contribute to improving availability for medical uses, but also to prevent diversion and abuse. I count on your support in ensuring that INCB is able to provide such support to the national authorities.

Consumption levels of psychotropic substances, which are used for the treatment of mental and neurological disorders, such as anxiety, insomnia and epilepsy, continue to differ widely between countries and regions. This reflects on one hand the diversity in medical practice and related variations in prescription patterns but also the lack of data on consumption of those substances, both quantitative and qualitative.

INCB notes with satisfaction that the number of countries that submit consumption data for psychotropic substances on a voluntary basis in accordance with the Commission's resolution 54/6 has continued to increase since 2010. 53 countries and territories submitted data on consumption of some or all psychotropic substances for 2012, which represents an increase of 26 per cent over 2011.

Such information is key to a better evaluation of the availability of psychotropic substances for medical and scientific purposes. The Board hopes that in the future more Governments will report to it reliable data on the consumption of psychotropic substances so as to enable the Board to identify developments and recommend remedial action as appropriate, with the aim of ensuring adequate availability of psychotropic substances for medical and scientific purposes.

INCB urges countries and governments to implement the recommendations contained in the 2010 report on availability, with the overall goal of establishing a well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances that should provide relief from pain and suffering by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, prevent the diversion of drugs for the purpose of abuse.

Thank you.