

Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria  
Telephone: +43-1-26060, Telefax: +43-1-26060-5867 / 5868  
E-Mail: [secretariat@incb.org](mailto:secretariat@incb.org) Internet Address: <http://www.incb.org/>

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**Statement by Mr. Werner Sipp, President,  
International Narcotics Control Board (INCB)**

**Fifty-ninth session of the Commission on Narcotic Drugs**

**Agenda Item 6 (d)**

**Implementation of the international drug control treaties:  
International cooperation to ensure the availability of narcotic drugs and psychotropic  
substances for medical and scientific purposes while preventing their diversion**

**17 March 2016**

Mr. Chair, Excellencies, ladies and gentlemen,

Indispensable and adequately available and not unduly restricted.

These words used in the conventions describe the fundamental principles set forth in the Conventions that countries should apply to ensure the availability of internationally controlled drugs for medical and scientific purposes.

The Conventions express the primary interest of the international community in protecting the health and welfare of humankind by making these indispensable substances available for medical and scientific purposes while ensuring that there is no diversion or abuse.

The supplement to the annual report of the International Narcotics Control Board for 2015 is devoted to the analysis of global access to controlled substances.

After several decades since the entry into force of the Conventions, the essential objective of ensuring access to controlled substances for medical and scientific purposes is far from being achieved globally.

The importance of making these substances available for those who need them is also highlighted in international human rights instruments and in a series of resolutions of the Commission on Narcotic Drugs, the World Health Assembly and regional intergovernmental organizations.

Over the years, INCB has pointed out to Member States the importance of this significant aspect of the international drug control system. In 1989, 1995 and 2010 the Board prepared specific reports on this matter, calling on Governments to take action on the basis of concrete recommendations.

In 2015, the Board reviewed the situation and provided an update on the global situation, an analysis of the impediments to access and availability and a series of recommendations to address the problem of availability of narcotic drugs and psychotropic substances.

Opioid analgesics like morphine are indispensable for the treatment of pain caused by cancer, HIV/AIDS, cardiovascular disease, chronic respiratory disease, diabetes, childbirth, surgery, injuries and other conditions or situations.

INCB estimates that 92 per cent of morphine is consumed in countries in which only 17 per cent of the world population lives. At the same time,  $\frac{3}{4}$  (75 per cent) of the world population is left with limited or no access to proper pain relief, predominantly in lower-income countries.

The increase in global consumption of opioid analgesics since 1991 seems to have been driven mainly by North America, Europe, Australia and New Zealand, where there has also been growing concern about prescription drug abuse.

Low levels of consumption of opioid analgesics in some countries and regions do not seem to be the result of a lack of supply of opiate raw materials and opioids.

Data available to INCB indicate that global demand, expressed by submitted estimates, is fully met—and is expected to continue to be met—by the global production of opiate raw materials, the increasing manufacture of narcotic drugs, and growing stocks.

Despite some progress, levels of opioid consumption continue to be low in Africa, Asia, Central America and the Caribbean, and parts of South America, Eastern and South-Eastern Europe, and some of the island-States in Oceania.

Looking at the prevalence of health conditions requiring palliative care, it becomes apparent that these widespread conditions are often not matched by an adequate opioid treatment and palliative care infrastructure. Measuring the levels of consumption of opioid analgesics against cancer rates reveals insufficient consumption in parts of Africa, Asia, Central America and the Caribbean, Eastern and South-Eastern Europe, and some island-States in Oceania.

Inadequate opioid availability to treat pain related to AIDS seems to be pronounced in sub-Saharan African and Asian countries. In addition, even in the presence of high levels of national consumption, access for some sectors of the population (rural and poor communities) may be impaired by the limited provision of palliative care services.

Insufficient or inadequate access to psychotropic substances seems to be particularly pronounced in low- and middle-income countries, where it is estimated that about four out of five people who need treatment for mental, neurological or substance abuse disorders do not receive such treatment. In particular, the availability of psychotropic substances in these countries is influenced by various social and economic factors, including the structure and capacity of healthcare systems and the social attitudes towards healthcare and medical therapies.

Global supply and consumption of substances controlled under the 1971 Convention, including those listed in the World Health Organization Model List of Essential Medicines, shows diverse patterns, with consumption levels varying greatly between regions and countries.

During the period 2004-2013, the global calculated rate of annual consumption of benzodiazepines (anxiolytics and sedative-hypnotics) demonstrated distinct patterns. Benzodiazepines are used globally for a wide range of purposes, including for insomnia, anxiety, and pre-medication prior to surgical procedures. While that for anxiolytics has increased, the consumption rate for sedative-hypnotics dropped. Consumption rates in Africa, however, remained below the global average for both groups.

With the exception of a few substances (benzodiazepine anxiolytics, diazepam and clonazepam), the geographical distribution of the consumption of psychotropic substances remained the same between 2004 and 2013, with Europe and the Americas having the highest average consumption, and Asia, Africa and Oceania showing consumption levels lower than average.

An analysis of levels of consumption of methadone and buprenorphine, as well as opiate substitution treatment services, indicates that in all countries where there is a significant prevalence of people who inject drugs access to these services is either not available or not sufficiently available. This can be due to the non-recognition of the effectiveness of such services, cultural resistance, economic or structural incapacity and/or political inaction.

The impediments to availability that were most frequently identified by Member States included a lack of training/awareness among medical professionals, fear of addiction, limited financial resources, problems in sourcing, cultural attitudes and fear of diversion.

A comparison with data from previous INCB surveys reveals that fear of addiction and onerous regulations have declined considerably since 1995 while the importance that Member States give to the training of health care professionals has increased, however, not by enough.

Access is determined not only by physical availability and practical accessibility, but also by affordability and several countries referred to limited resources and high costs as issues.

Inadequate estimates, burdensome regulatory requirements, including harsh penalties for unintentional violations, and delays in the supply chain can also cause limited availability.

Against this background, the Board recommends that Governments take firm action as follows:

- Review and streamline **national legislation** and regulatory systems.
- Strengthen **health care infrastructure** for dispensing medications and improving access.
- Ensure that opioid analgesics are **affordable by ensuring that medications are covered by health insurance schemes and that they are available locally at affordable prices.**
- Ensure that health care professionals are **capable** of prescribing and administering controlled medicines in a rational manner.
- Provide education and **raise awareness** in order to reduce resistance to the use of opioid analgesics and associated stigma and ensure access.
- Improve the way in which they **estimate** their needs and requirements, and be more accurate in reporting to the Board.
- Establish **benchmarks** for consumption of psychotropic substances.

Many governments are not in a position to implement the above recommendations on their own. They need advice, training and resources to address the limitations of their systems. For this reason, there is a role for the **international community**.

INCB is implementing a project aimed at training national competent authorities in selected regions of the world and we would welcome countries to contribute to such a project.

We need to improve cooperation among governments, international organizations, the donor community, as well as civil society organizations, to ensure the sharing of expertise, and coordinated delivery of resources and technical support to countries in need of assistance.

Thank you.