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**Statement by Dr. Viroj Sumyai, President,
International Narcotics Control Board (INCB)**

Sixty-first session of the Commission on Narcotic Drugs

**Item 5(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**

14 March 2018, Vienna Austria

Madam Chair, Excellencies, ladies and gentlemen,

For a long time, the International Narcotics Control Board has been drawing the attention of States to the importance of ensuring access to and availability of internationally controlled substances for medical purposes. This is a key element of the Board's mandate, and a key aim of the international drug control conventions.

We have highlighted the great disparity in access and availability around the world. INCB has urged countries with low levels of consumption to ensure adequate access, availability and rational use of medicines containing internationally controlled substances.

In 2016, INCB released a [special report on the availability of internationally controlled drugs](#)¹. We analyzed the global situation and made recommendations on how Governments could address the current imbalance. Those recommendations have been reflected in the operational recommendations adopted by Member States at the thirtieth special session of the General Assembly on the world drug problem in 2016 (UNGASS).

INCB has recently sent a questionnaire to Member States on the implementation of those recommendations. I urge your Governments to respond as this will enable the Board to report back to you, at the 2019 session of the Commission, on progress made.

The first operational recommendation addresses the need for Member States to:

- review national legislation,
- and streamline and simplify regulations and administrative procedures.

For example, remove regulations that are unduly restrictive. This may include: allowing a larger base of professionals to prescribe and dispense; increasing prescription validity; and strengthening inter-agency cooperation at the national level. All this while maintaining appropriate control mechanisms. Some Member States have developed new regulations, as

¹¹ Available in all official languages of the United Nations from www.incb.org

well as electronic systems for prescribing and dispensing. These are producing results in accessibility while reducing the risk of diversion of prescription drugs.

Another element crucial to success is ensuring that competent national authorities have the capacity, human resources and know-how to implement revised legislation, streamlined regulations and administrative procedures. This includes the capacity and expertise required to forecast and determine adequate levels of estimates and assessments for controlled substances to be consumed. In this regard, the [INCB and WHO guide on estimating requirements²](#) is a key resource.

Another recommendation is that States must address issues related to the affordability of medicines containing controlled substances, along with the availability of resources in health care budgets and health insurance coverage, and sourcing and supply, including in cooperation with the private sector. Several countries have started initiatives such as: national morphine production; importing morphine powder; and providing morphine free of charge to patients.

We have observed that some Governments have taken action to establish computerized systems to monitor stocks of pharmaceutical products and ensure their availability. Likewise, we encourage those Governments to share their experience so that others also develop national supply management systems. Other replicable experiences are the establishment of palliative care observatories to monitor needs and trends, and inform policy and the determination of estimates and assessments.

Member States must ensure that their health care professionals and competent national authorities receive adequate training.

INCB is directly engaged in the implementation of this UNGASS recommendation. Through INCB Learning, INCB has developed e-Learning tools, which we are launching during this session of the Commission, and provided training to competent national authorities in countries in East Africa and South and South-East Asia, Oceania, Europe and Central America. Awareness-raising workshops on access and availability of opioids analgesics have also been conducted in collaboration with WHO and UNODC.

The problem of over-consumption of controlled substances in some regions must not be forgotten and we need to raise awareness to prevent its spread. However, a well-run monitoring system at the national level is no impediment to adequate access and availability of controlled substances. In fact, a well-functioning national control and regulatory system, with appropriate checks and balances, is indispensable to ensuring proper medical use, and preventing diversion and abuse. Where those controls and checks and balances are inadequate, they can play a role in the overdose crisis being experienced in some regions of the world. But controlled substances are not to be feared - they simply need to be appropriately managed.

We note and welcome the fact that global consumption of opioid analgesics has been increasing in recent decades. However, as mentioned before, we also noted a major geographical imbalance in consumption patterns.

² Available in all official languages of the United Nations at <http://www.incb.org/incb/en/publications/guidelines-for-use-by-competent-national-authorities.html>

The strong increases in the consumption of opioid analgesics since 2000, particularly in high-income countries, does not respond to a proportionate increase in the cancer morbidity rate, but rather to an increase in the prescription of strong opioid analgesics for the treatment of chronic non-cancer pain in some regions of the world.

A number of factors have influenced this development, including social, economic and demographic factors. But the paramount drivers of extensive prescription practices and subsequent abuse of opioid analgesics include: overprescribing by medical professionals, aggressive marketing, as well as inadequate monitoring, controls, check and balances, and capacity for timely action by national authorities. The Board drew attention to the risk in certain countries almost 20 years ago in its Annual Report, when we began to see rapidly increasing trends in consumption of some substances.

Some Governments have introduced measures to address overprescribing, misuse of prescription drugs and the opioid overdose crisis.

For example, several countries are requiring that the prescription of controlled substances by health professionals be guided by a rational approach as described in the *WHO Guide to Good Prescribing: A Practical Manual*.³

Another example is the use of electronic prescriptions to monitor use and ensure that only prescribed amounts are dispensed and that prescriptions are not re-used without authorization.

In some countries, prescribing health-care professionals must receive adequate independent and unbiased training in order to be able to prescribe opioid analgesics, including on how to avoid the risk of dependence and identify drug use disorders.

Awareness raising campaigns by national health authorities have been another way to inform the public on the proper use of medication.

Treatment services for opioid use disorders, including opioid substitution therapies have been expanded and first responders are increasingly carrying opioid overdose reversal medications (such as naloxone).

The Board encourages Governments to adopt, wherever appropriate to their national situation, some of the measures I have described. Governments should work together with public health officials, health care professionals, manufacturers and distributors of pharmaceutical products, consumer protection associations and law enforcement agencies, and promote public education about the appropriate use of prescription drugs and associated health risks.

I would like to refer to mental health and the importance of access and availability of psychotropic substances for medical use.

³WHO/DAP/94.11.

Mental, neurological and substance use disorders can affect not only the person concerned but also impact upon their families, working environments, and general enjoyment of daily life.

Examples include depression, epilepsy, anxiety, post-traumatic stress disorder, and other conditions, such as Alzheimer and Dementia. Psychotropic substances can play a role in the treatment of these disorders.

Improving access to psychotropic substances controlled under the 1971 Convention, and ensuring their appropriate use, remains a priority, especially in low- and middle- income countries.

In its resolution 54/6, the Commission called on Member States to submit to INCB data on consumption of psychotropic substances. In 2016, 80 countries submitted data on consumption of psychotropic substances to INCB. This represents an increase of 86 per cent over the five years since the adoption of the resolution. The Board thanks those Governments and urges all others to revisit the resolution and submit the information on an annual basis. Such information will enable INCB, over time, to establish more effective monitoring of consumption, assess availability of and access to psychotropic substances and report to you, Member States, on the world situation, and whether the level of use appears adequate in relation to morbidity rates. I should add that this is work under development and being done in cooperation with WHO.

The Board stands ready to work with Governments and provide guidelines and support for collecting consumption data in order to ultimately better understand and map the consumption and availability of psychotropic substances worldwide. One of the aims of this work is to identify impediments to universal access to adequate treatment for populations affected by mental health and neurological disorders.

Let me finish with two points and one plea to you all.

We need to expedite and improve the processes for the issuance and monitoring of import and export authorizations for narcotic drugs and psychotropic substances. To this end, INCB has put at your disposal I2ES, the International Import and Export Authorization System. We also need to improve the capacity of competent national authorities to monitor and manage licit national control of medicines. For this purpose, INCB has developed and is implementing INCB Learning. My plea to you is: implement these initiatives and provide the Board with the required financial and human resources to permit their sustainability and expansion.

Thank you for your attention.