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**Statement by Mr. Cornelis de Joncheere, President,  
International Narcotics Control Board (INCB)**

**Sixty-third session of the Commission on Narcotic Drugs**

**Item 5(d) International cooperation to ensure the availability of narcotic drugs and  
psychotropic substances for medical and scientific purposes while preventing their  
diversion**

**3 March 2020, Vienna, Austria**

Mr. Chair, Excellencies, Ladies and Gentlemen,

In 1961, the Governments drafting the Single Convention on Narcotic Drugs recognized the medical use of narcotic drugs and their indispensable role in the relief of pain. They also recognized that countries needed to ensure and make adequate provision for the availability of narcotic drugs for medical and scientific use.

The Convention on Psychotropic Substances of 1971 reaffirmed those principles and extended it to psychotropic substances.

Almost 60 years since the adoption of the Single Convention and 50 years since the adoption of the 1971 Convention, the goal of ensuring the availability of and access to narcotic drugs and psychotropic substances for medical and scientific purposes is still far from being universally met.

People are still suffering: some people must undergo surgery without anaesthesia, have no access to the medication they need, and people are dying in unnecessary, treatable pain. At the other extreme, aggressive marketing of expensive synthetic opioids, over-prescription and use without adequate medical supervision and oversight is having a grave impact on public health and has led to more than 50,000 deaths yearly in North America in the last years.

Last year, INCB presented a special report on "[Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes](#)" using the latest data on medical and scientific use of narcotic drugs and psychotropic substances.

The special report presented the findings of an INCB survey of over 130 countries where 78 per cent of the world population lives.

The most recent INCB data shows that 79 per cent of the world's population, mainly people living in low- and middle-income countries, consumed only 13 per cent of the total amount of morphine used for pain management. This disparity in access, availability and consumption of narcotic drugs for palliative care continues to be a matter of great concern to the Board and it is, more importantly, an obstacle for Governments in their efforts to achieve sustainable development, in particular sustainable development goal 3 on health and well-being.

The picture is not all bleak, however. The INCB survey revealed that Governments have changed legislation and regulatory systems to facilitate the rational use of internationally

controlled drugs for medical purposes and have implemented education and awareness raising initiatives that help doctors and patients use these medications appropriately.

Where the consumption of narcotic drugs for medical purposes has risen, the Board finds that these increases often relate to expensive synthetic opiates such as fentanyl. And the data, that Governments from around the world report to INCB, also show that the vast majority of the morphine that is produced, is actually converted into other opiates. Morphine has a critical place in pain management and palliative care and is often the more affordable option, a consideration that is particularly relevant for low and middle-income countries, which are most affected by the underutilization of these important medicines. In its recent report on availability, the Board therefore called on Governments and other key stakeholders to develop mechanisms to ensure that affordable opioid analgesics such as morphine are made available.

Equally important – and this brings me to the second point I would like to make today – is the availability of psychotropic substances for treatment of mental health conditions.

With the adoption of the 1971 Convention, the international community recognized that psychotropic substances are indispensable for medical use and that their availability for these purposes should not be unduly restricted.

Like pain treatment, treatment of mental health disorders is a challenge in all parts of the world: high-, middle- and low-income countries. It is estimated that up to half of people with mental health conditions, such as anxiety and depression, in high-income countries receive no treatment and over three-quarters of patients in low and middle-income countries do not receive appropriate treatment.

While the reasons behind this alarming situation are many, INCB calls on Member States to take measures to ensure that psychotropic substances are available for medical purposes in their countries and that they are appropriately used.

Currently, INCB monitors the 149 psychotropic substances under international control. Of these, 42 substances had a significant presence on the licit market in 2018. Four of those are also included on the WHO Essential Medicines' List. These 42 substances are used for a number of medical indications, including the treatment of a large spectrum of mental health conditions. However, again there is a significant global disparity in the availability for consumption of those substances, and in fact, their availability has declined or has remained stable in the majority of the countries for which INCB has received data, despite an increasing number of people living with mental health disorders.

Let us take epilepsy as an example. There is a significant global disparity in the availability of antiepileptic drugs, with higher availability reported in high-income countries, even though most of the people suffering from epilepsy live in low- and middle-income countries. This is not the only example affecting low and middle-income countries disproportionately. For instance, these countries also experience a higher proportion of death from suicide. Every year some 800,000 people die due to suicide and many more attempt suicide. Almost 80 per cent of suicides occur in low- and middle-income countries. One of the measures to prevent suicide is to ensure that people who are at risk have timely access to appropriate medical and mental health support, which may include the use of psychotropic medicines.

In 2015, the world set an ambitious target: “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing” (SDG target 3.4).

At the UN General Assembly high-level meeting on Universal Health Coverage last September, INCB stressed the importance of incorporating mental health services into national policies, health care systems and national training curricula for health care practitioners. INCB

further stressed the need to ensure availability and proper access to controlled substances and incorporate treatment and prevention of drug use disorders into health systems.

However, we still lack comprehensive data on consumption of psychotropics to measure global availability for the treatment of mental health conditions. I would like to thank those countries that submit consumption data to INCB (pursuant to Commission resolution 54/6) and to those that have replied to our call on the data collection methodologies. Consumption data enables the Board to analyse and assess global availability of psychotropics, although at the moment only to a certain extent. To assist Member States that do not have a mechanism to collect consumption data, INCB is working on compiling possible methodologies and looks forward to further cooperating with Governments in the foreseeable future.

The lack of availability of controlled narcotic drugs and psychotropic substances for legitimate medical use continues to represent a pressing public health problem in many parts of the world. This situation can be attributed to under-resourced health-care systems, too few and/or insufficiently trained health care professionals, weak or inadequate regulatory systems and undertrained competent national authorities lacking capacity to adequately estimate the national needs of controlled substances, but also due to misconceptions among health care personnel, patients and their families, and due to overly strict regulations in the supply chain and for prescribing and dispensing that hamper health care personnel using these medicines.

INCB works with Member States to increase the rational use of internationally controlled drugs. This issue is, for example, discussed during the Board's country missions and recommendations to the respective Governments are made subsequent to INCB missions, where appropriate. Since 2016, through the INCB Learning Project, regional seminars have been held to further strengthen the capacity of Governments in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals and these have been supplemented by national availability workshops to raise awareness.

INCB also collaborates with WHO and UNODC on this issue and remains committed to the 2018 Joint Statement of INCB-UNODC and WHO on the implementation of the UNGASS 2016 recommendations and its pledge to support Governments in their endeavours to improve equitable access to controlled medicines, in particular for the management of pain and for palliative care and mental health conditions, a key element of that statement.

Mr Chair,

Ensuring adequate access to internationally controlled substances for medical and scientific purposes is a goal that is at the heart of the international drug control conventions, is key to achieving sustainable development goal 3 on health and well-being and should also be at the heart of national drug control policy and practice.

Thank you.