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

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Mr. Chair, Excellencies, ladies and gentlemen,

Over half a century ago, in adopting the 1961 and 1971 Conventions, the international community made a commitment to ensure - and not unduly restrict - the availability of drugs considered indispensable for medical and scientific purposes.

In line with its mandate to support governments meet this commitment, INCB carries out a range of activities related to narcotic drugs and psychotropic substances. This includes facilitating the international system for licit trade in controlled substances, providing technical support and guidance to Governments in their implementation of the provisions of the international drug control treaties and monitoring action taken by Governments, international organizations and other bodies to improve the availability and rational use of controlled substances for medical and scientific purposes.
Since the publication of INCB’s first report on availability of controlled substances for medical purposes back in 1989, INCB has continuously assessed and monitored that availability across the globe.

The Board’s latest availability report, the supplement to the 2022 INCB annual report, “No patient left behind: progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes”, shows that there remains a considerable regional imbalance in the availability of controlled substances globally.

Such an imbalance not only goes against the aims of the drug control conventions to promote the health and welfare of humankind, but also contradicts numerous human rights instruments relating to the right to health.

As presented in the 2023 Annual Report, the data reported to INCB confirm the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. Almost all such consumption is concentrated in Western Europe, North America, Australia and New Zealand. Consumption levels in other regions are often not sufficient to meet the medical needs of the population. Also, there is evidence that a large number of countries may not be accurately reflecting in their reported demand the actual medical needs of their populations, contributing to the disparity in availability.

While low and middle-income countries struggle to obtain affordable controlled substances, countries in North America continue to battle the dire consequences of the opioid overdose epidemic. When inadequate controls contributed to the exponential increase in the
prescription of highly potent opioids, such as oxycodone and fentanyl, the result was an enormous increase in overdose deaths and the number of people with opioid use disorders.

Specifically, the regional imbalance is notable in the following three aspects.

i. Firstly, the consumption of morphine, along with other opioid analgesics, remains very low in most of Africa and parts of Asia. Together with the continued decline in the global manufacture of morphine in 2022, which first started in 2015, this remains a major concern.

ii. Secondly, consumption of anti-epileptic drugs, including phenobarbital, is low in Africa, Asia and Oceania, despite the relatively high prevalence of epilepsy in these regions and phenobarbital being one of the most-used psychotropic substances in the essential medicines list.

iii. Thirdly, consumption of methadone and buprenorphine is concentrated in a limited number of countries, while in other countries with a high prevalence of people injecting drugs, the use of methadone and buprenorphine for opioid agonist therapy is limited or non-existent.

These disparities highlight the multiple and structural challenges faced by many low- and middle-income countries, which include:
- a lack of reliable data on the prevalence of conditions that require controlled medicines,
- a lack of reliable data on supply and consumption chains to estimate the national requirements for controlled medicines,
- limited financial resources, and
- problems in procurement and sourcing.

Affordability is another key concern of patients in the global south. As pointed out in our previous reports, most of the morphine produced globally is converted into other drugs with higher profit margins, such as codeine for cough medicine, instead of being used for palliative care in low-income regions.

There is no doubt that some progress has been made since 2019, when our shared commitment to ensuring equitable access and rational use of controlled substances was reaffirmed in the Ministerial Declaration. However, it is necessary to accelerate our efforts in this regard to ensure that this goal is enshrined in all national drug control policies and practices.

INCB recommends that Governments consider allocating sufficient resources to ensure the adequate availability of controlled substances and encourages countries to review pricing and production policies of medicines for low- and middle-income countries.

Furthermore, the Board also invites countries to increase the amount of morphine destined for palliative care and to give low- and
middle-income countries the possibility of purchasing affordable morphine instead of expensive synthetic opioids.

When it comes to people who inject drugs, governments and medical authorities should also consider using methadone and buprenorphine for the treatment of opioid dependence given the scientific evidence indicating the effectiveness of opioid agonist therapy programmes.

To reduce dependence on imports and increase affordability of controlled substances, INCB also recommends the strengthening of national and/or regional production of pharmaceuticals in their generic forms, so that cheaper procurement with shorter delivery time can be possible for more countries.

There is an urgent need to increase the availability of and access to opioid analgesics and to improve their prescription and use, especially in countries reporting inadequate levels of consumption, and INCB calls for targeted public policies supported by Governments, health systems and health professionals, civil society, the pharmaceutical industry and the international community.

In closing, I would like to thank Governments for their ongoing cooperation with the Board in ensuring the functioning of the international system for licit trade in controlled substances. I am delighted to announce the publication of INCB’s 2023 technical publications on narcotic drugs and psychotropic substances [hold up the reports]. I trust that these will be useful for your competent national authorities in carrying out their important work to ensure availability for
medical and scientific purposes while preventing diversion to illicit channels.

Thank you.