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**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**

**Promoting adequate availability of internationally
controlled narcotic drugs and psychotropic substances for
medical and scientific purposes while preventing their
diversion and abuse**

Report of the Executive Director**

Summary

The present report has been prepared pursuant to Commission on Narcotic Drugs resolution 54/6. It contains a summary of the current evidence as it pertains to the accessibility of narcotic drugs and psychotropic substances for medical and scientific purposes, as well as the tools available to monitor impediments to accessibility. In this report the United Nations Office on Drugs and Crime proposes a new monitoring tool that could better assist in assessing impediments to accessibility to controlled narcotic drugs and psychotropic substances, on the basis of a conference room paper entitled “Ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse: striking the right balance to achieve the optimal public health outcome”, which was presented to the Commission at its fifty-fourth session.^a

* E/CN.7/2012/1.

** The present report was submitted late owing to the delay in receiving all internal feedback on the questionnaire described in sect. III below.

^a E/CN.7/2011/CRP.3.



I. Introduction

1. In its resolution 54/6, entitled “Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse”, the Commission on Narcotic Drugs requested the Executive Director of the United Nations Office on Drugs and Crime (UNODC) to report to it at its fifty-fifth session on the measures taken and progress achieved in the implementation of that resolution.

2. Recalling its resolution 53/4, the Commission, in adopting resolution 54/6, aimed to promote adequate availability of internationally controlled drugs for medical and scientific purposes while preventing their diversion and abuse, in line with the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and the Convention on Psychotropic Substances of 1971.

3. Both resolutions 53/4 and 54/6 emanate from the concern that, although there is a sufficient supply of licit opiate raw materials to meet global requirements, as highlighted in the annual reports of the International Narcotics Control Board for 2008 and 2009, access to opioid-based medications is non-existent or almost non-existent in many countries and regions.

4. UNODC, in preparation for the fifty-fourth session of the Commission on Narcotic Drugs, prepared a conference room paper on the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes (E/CN.7/2011/CRP.3). The conference room paper complemented the annual report of the International Narcotics Control Board for 2010, and particularly the supplement entitled *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes* and the revised publication *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines* of the World Health Organization (WHO). The conference room paper was developed with the understanding that countries’ experiences, capacities, cultures and needs related to licit drugs vary widely and that what is required to achieve the optimum public health outcome in any particular country will depend on its particular circumstances.

5. The present report provides further information on the matter, particularly on available information on actions taken for the adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse. Moreover, it draws conclusions on the tools available internationally to assess the adequacy of the availability of, as well as impediments to access to, those substances. It also proposes a questionnaire that would contribute to further detailing the impediments faced globally to ensuring proper access to those substances, based on the aforementioned conference room paper.

II. Current level of accessibility to narcotic drugs and psychotropic substances for medical and scientific purposes

6. Pain relief is now recognized as part of the human right to the highest attainable standard of mental and physical health, or to some extent a human right on its own. Overall, a disparity in access to pain medication is sensed throughout the world, and the problem of inadequate pain relief has been under examination by the international community. Annually, since 2006, the International Narcotics Control Board has requested that all governments promote rational medical treatment with narcotic drugs and psychotropic substances. The resolutions mentioned in section I above are a reflection of the international concern with regard to ensuring proper access to narcotic drugs and psychotropic substances for medical and scientific purposes and for those in need.

7. Of all pain medications, opioids represent the gold standard for severe pain, usually linked to end-stage cancer and HIV. Opioids are considered essential for the treatment of moderate to severe pain, both acute and cancer-related, and are sometimes recommended for the treatment of chronic non-cancer pain in some patients. Suitable alternatives to strong opioids for the treatment of moderate to severe pain have not been found, despite a century of research in medical chemistry.

8. According to WHO, the realization of the Millennium Development Goal 8.E, i.e., providing access to affordable essential drugs in developing countries, is likely to be farther away for opioid analgesics than for any other class of medicines.¹ The International Narcotics Control Board is mandated to monitor the proper control of narcotic substances globally and has repeatedly voiced its concern over the disparate and inadequate access to controlled substances for medical and scientific purposes worldwide.²

9. Barriers to access to such pain medications for people in need are multifaceted and differ among countries. However, generally, they can be categorized under the headings legal, policy knowledge or attitudes. The root of these barriers to access could, in most cases, be traced back to fears of abuse and dependence on prescribed opioids when diverted to illicit markets and circuits. Hence, many governmental policies and laws focus primarily on making opioids unavailable, without taking into account that this also affects their rational medical use, which is in fact beneficial for patients in need.

10. The WHO indicators generally show that most people living in countries with adequate access to pain medication live in the more industrialized regions and, conversely, the worst access is found in developing countries. Moreover, according to the International Narcotics Control Board, while consumption levels have risen in several regions of the world, the bulk of the increase has occurred in a limited number of countries, particularly in three regions: Europe, North America and

¹ Seya, Marie-Josephine, et al. A First Comparison between the Consumption of and the Need for Opioid Analgesics at Country, Regional, and Global Levels. *Journal of Pain & Palliative Care Pharmacotherapy*. 2011;25:6-18.

² *Report of the International Narcotics Control Board for 2004*, United Nations publication, Sales No. E.05.XI.3, para. 143.

Oceania. However, even some industrialized countries have inadequate consumption.

11. Overall, 5.5 billion people (83 per cent of the world's population) live in countries with low to non-existent access; 250 million (4 per cent) have moderate access; 460 million (7 per cent) have adequate access; and for 430 million (7 per cent) insufficient data are available. In 2006, the world used 231 tons of morphine equivalents. In order to more concretely represent the gap between availability and needs: if all countries increased their consumption to adequate levels, the required amount would be 1,292 tons (almost 6 times as much).

12. WHO estimates that every year untreated or undertreated moderate to severe pain results in the suffering of 5.5 million terminal cancer patients and 1 million end-stage HIV/AIDS patients, as well as many other people with chronic, non-malignant pain. These figures include 800,000 patients with lethal injuries caused by accidents and violence, patients with chronic illnesses, patients recovering from surgery, women in labour (110 million births each year) and paediatric patients.

13. The consequences of these impediments to access for people in need are well documented and include physical and psychological suffering, reduced quality of life, sleep deprivation and social isolation. The tragedy of the inadequate availability of opioid analgesics is well expressed by the International Narcotics Control Board: "Although medical science has the capacity to provide relief for most forms of moderate to severe pain, over 80 per cent of the world population will have insufficient analgesia, or no analgesia at all, if they suffer from such pain".³

14. It is worth noting that such estimates err on the conservative side. This is due to the fact that it is assumed that all of the opioids are used for deaths in pain due mostly to cancer. This underestimates the untreated deaths in pain, since opioids may also be used to treat burns, injuries, post-operative cases and patients with HIV or cancer who did not die in the same year.

15. The overall conclusions of both WHO and the International Narcotics Control Board on the availability of opioid analgesics at the country level indicated that there was no shortage of licitly produced opioid analgesic raw material worldwide. They concluded that global licit consumption of opioids had increased substantially in the past two decades, but access to opioid analgesics continued to be difficult in many countries, owing to several constraints.

III. Available tools to assess inadequacy and impediments to accessibility to narcotic drugs and psychotropic substances for medical and scientific purposes, and proposal for a new questionnaire

16. A key tool for assessing inadequacies in access to opioids as medicine is the comparison between consumption of and need for opioids. Various methods have

³ *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, United Nations Publication, Sales No. E.11.XI.7, para. 5.

been suggested to establish such needs at the country level; however, most of those methods fail to account for country-specific morbidity patterns and do not relate to the adequacy of the actual use of such opioids

17. One attempt undertaken by WHO was to generate an “adequacy of consumption measure” (ACM) index for opioid medication, standardized and normalized with reference to the top 20 countries in the Human Development Index. An ACM indicator of 1.00 or more indicated an adequate consumption level related to adequate access to opioid analgesics. An ACM equal to or greater than 0.30 and less than 1.00 was described as moderate, equal to or greater than 0.10 and less than 0.30 was described as low, equal to or greater than 0.03 and less than 0.10 as very low, and less than 0.03 as virtually non-existent. The results gave an indication of the degree of adequacy but not an exact indication of the country needs or the impediments to accessibility.

18. The International Narcotics Control Board, on a regular basis, assesses whether countries improve availability levels, or at least are aware of the problem and show the intention to improve. This is done through the analysis of estimates for narcotic drugs, which all countries submit to the Board. With regard to impediments to access to pain medication, the International Narcotics Control Board questionnaire on the evaluation of implementation of the international drug control treaties contains one essential question covering this area. The Board recommends that governments identify impediments to the availability of narcotic drugs and psychotropic substances (policy, regulatory, administrative) and take detailed, step-by-step measures to remove those impediments.

19. The tools to monitor the control measures under the international drug conventions provide an adequate approach, but what is missing is the monitoring of the impediments to availability of opioid analgesics. Those impediments to be monitored have been extensively described in the aforementioned conference room paper presented during the fifty-fourth session of the Commission on Narcotic Drugs.

20. On the basis of the indicators presented in the conference room paper, and in consultation with the International Narcotics Control Board, UNODC has drafted a questionnaire that could present a more elaborate and detailed assessment of the impediments. Such a tool could shed further light and lead to more concrete recommendations in this regard. The tool is available on the UNODC website, at www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html.

21. The Commission on Narcotic Drugs may wish to consider the work done on the present matter and provide its guidance on actions that UNODC needs to undertake. The draft questionnaire mentioned above is a proposed way of enhancing reporting on impediments to access to pain medications. Accordingly, Member States are invited to visit the website, review the questionnaire and provide their feedback.