



INTERNATIONAL NARCOTICS CONTROL BOARD

2010

Report of the
International Narcotics Control Board on the
**Availability of
Internationally Controlled Drugs:
Ensuring Adequate Access for
Medical and Scientific Purposes**



UNITED NATIONS

Reports published by the International Narcotics Control Board in 2010

The *Report of the International Narcotics Control Board for 2010* (E/INCB/2010/1) is supplemented by the following reports:

Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes (E/INCB/2010/1/Supp.1)

Narcotic Drugs: Estimated World Requirements for 2011 — Statistics for 2009 (E/INCB/2010/2)

Psychotropic Substances: Statistics for 2009 — Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2010/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2010/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms (“Yellow List”, “Green List” and “Red List”), which are also issued by the Board.

Contacting the International Narcotics Control Board

The secretariat of the Board may be reached at the following address:

Vienna International Centre
Room E-1339
P.O. Box 500
1400 Vienna
Austria

In addition, the following may be used to contact the secretariat:

Telephone: (+43-1) 26060
Telex: 135 612
Fax: (+43-1) 26060-5867 or 26060-5868
Cables: unations vienna
E-mail: secretariat@incb.org

The text of the present report is also available on the website of the Board (www.incb.org).



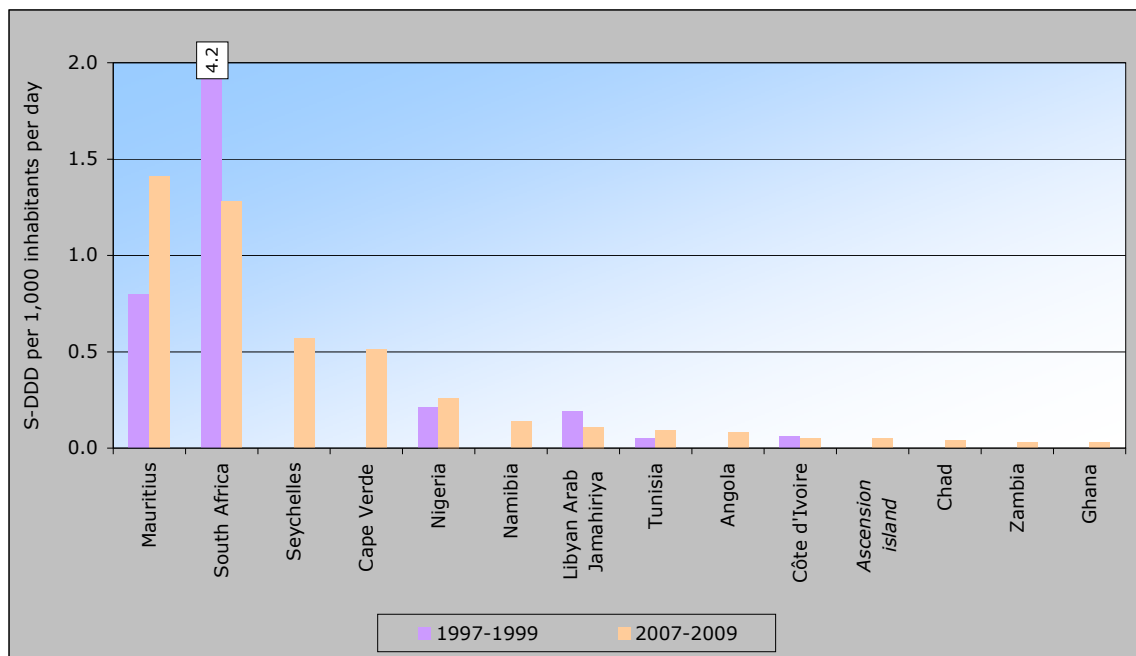
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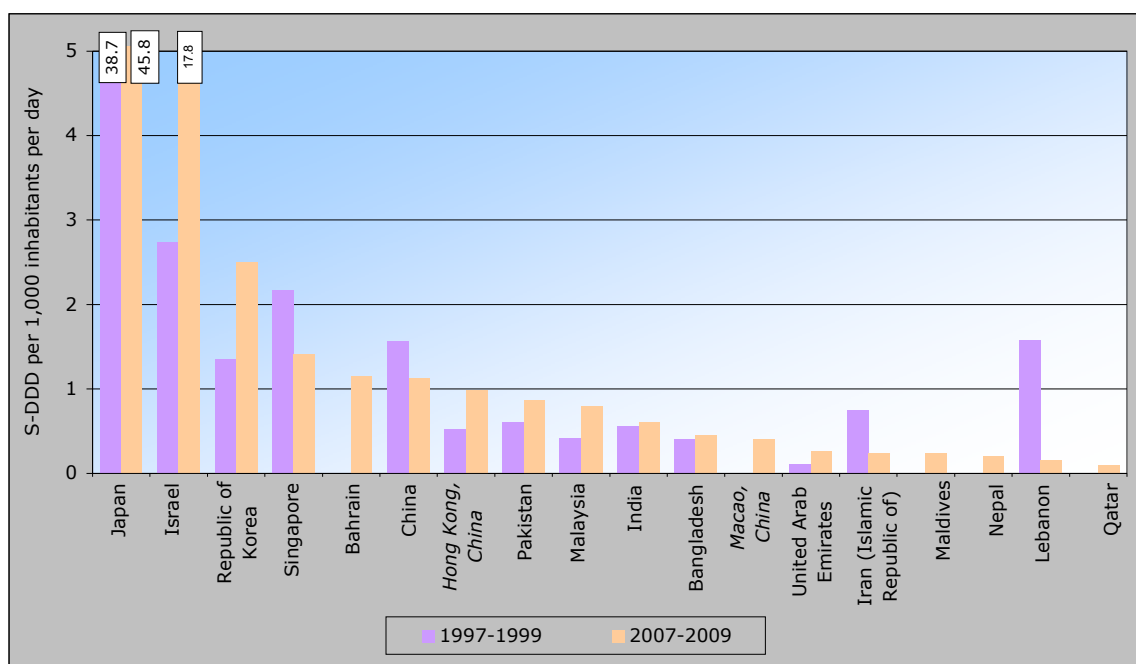
UNITED NATIONS
New York, 2011

Figure 25. Africa (selected countries): average consumption^a of benzodiazepines (sedative-hypnotics), 1997-1999 and 2007-2009



^a Approximate consumption calculated by the Board.

Figure 26. Asia (selected countries and territories): average consumption^a of benzodiazepines (sedative-hypnotics), 1997-1999 and 2007-2009

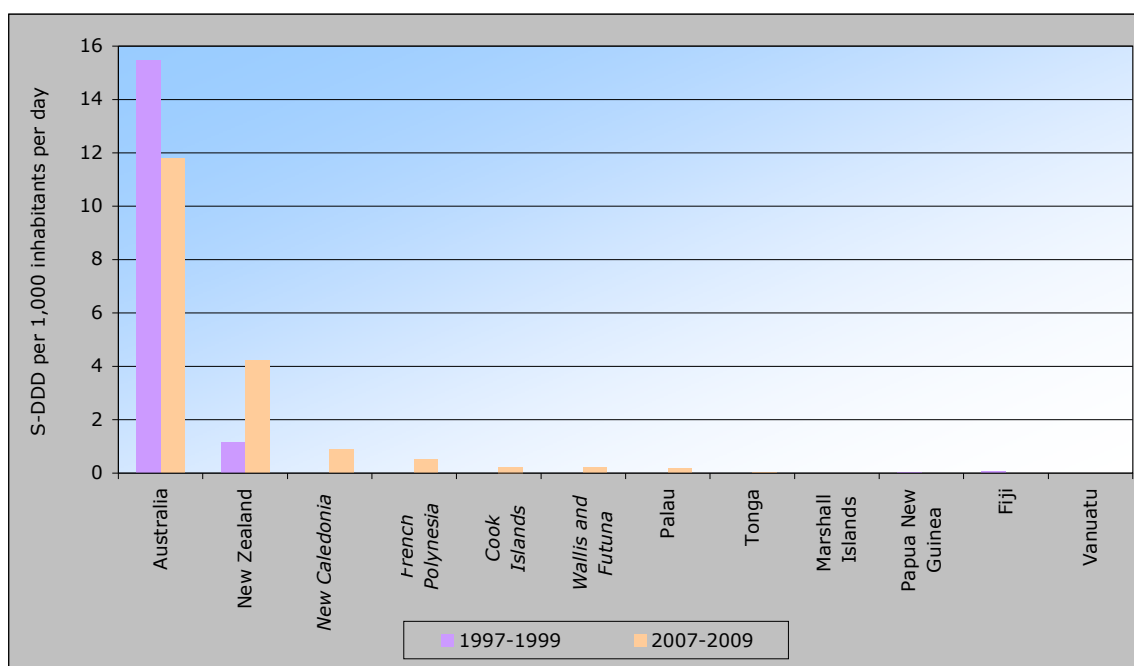


^a Approximate consumption calculated by the Board.

89. In Asia, consumption levels of benzodiazepine sedative-hypnotics tend to be very low, except in Israel and Japan, which are the two countries in Asia with the largest populations of elderly people. The high consumption levels observed in Japan might also reflect inappropriate prescribing patterns and associated abuse. In the period 2007-2009, apart from Israel and Japan, four countries (Bahrain, China, Republic of Korea and Singapore) had consumption levels of more than 1 S-DDD of this group of benzodiazepines per thousand inhabitants per day, whereas the majority of countries and territories in the region (88 per cent) had levels of less than 1 S-DDD per thousand inhabitants per day.

90. In Oceania, in the period 2007-2009, only Australia and New Zealand had an average calculated consumption level of benzodiazepine-type sedative-hypnotics above 1 S-DDD per thousand inhabitants per day. Six other countries and territories had consumption levels of at least 0.01 S-DDD of this group of benzodiazepines per thousand inhabitants per day, as shown in figure 27. Although Fiji, the Marshall Islands, Papua New Guinea and Vanuatu imported and used benzodiazepine-type sedative-hypnotics, their calculated consumption levels were less than 0.01 S-DDD per thousand inhabitants per day.

Figure 27. Oceania (selected countries and territories): average consumption^a of benzodiazepines (sedative-hypnotics), 1997-1999 and 2007-2009



^a Approximate consumption calculated by the Board.

91. In the Americas, in the period 2007-2009, Cuba and Uruguay had consumption levels averaging more than 10 S-DDD of benzodiazepine-type sedative-hypnotics per thousand inhabitants per day. Three countries (Canada, Paraguay and United States) had levels between 2 and 10 S-DDD per thousand inhabitants per day, and five countries and one territory (Argentina, Brazil, Chile, Panama,