



European Union
Statement on the occasion of the

Intersessional Meeting 26-28 September 2017

Commission on Narcotic Drugs 60th session

Vienna, 27 September 2017

Chapter 2: Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

Madam Chair, Mr Facilitator,

The European Union and its Member States wish to thank you for organising this intersessional meeting in which we can share our experience as regards ensuring the availability of and access to controlled substances for medical and scientific purposes.

The EU and its Member States appreciate fully the importance of the access to and availability of controlled substances such as opioid medications in the treatment of pain and opioid dependence, whilst also acknowledging the potential for the diversion and misuse of these medications. The global lack of access to and availability of controlled substances for pain management, palliative care but also the treatment of mental and neurological disorders, such as anxiety and epilepsy is indeed a global health concern, and leads to avoidable and unacceptable suffering in many parts of the world. At the same time, the growing misuse of psychoactive medicines in certain parts of the world is highly problematic. We highlight that some EU Member States provide budgetary resources for actions in other regions on capacity building of health care professionals or on reporting requirements.

However, the opioid epidemic in certain parts of the world cannot disengage us from ensuring adequate access to and availability of controlled substances globally as enshrined in the UN drug conventions and confirmed in the UNGASS outcome document. We are of the opinion that it is the enforcement of the provisions in the existing framework of the international drug control conventions that provide adequate guarantees to prevent the misuse of psychoactive medicines. We also note, however, that the inadequate interpretation of the international drug control systems in place may inadvertently limit the availability of and access to the medicines.

The EU and its Member States advocate the need to remedy the situation as for example in some of the actions outlined in the new EU Drug Action Plan for 2017 to 2020 that tackle both aspects, namely availability and access and diversion, in a balanced manner. Thus, seeking to increase the availability of and access to these medicines, medical practitioners and other health care professionals receive special training on the use of such controlled medicines as part of their continuous professional development. One example of an EU action as regards this particular topic is the EU project CODEMISUSED, developed by a partnership of researchers and pharmacy industry experts. The results of the project will increase understanding of customer sales, purchasing habits and patterns of use, misuse and dependence, as well as will allow strengthening tracking systems, pharmacy dispensing practice and prescription procedures, along with treatment protocols, public health and drug information campaigns. This in turn, may provide an example of a best practice approach on how one is to better provide availability of and accessibility to these controlled medicines without inadvertently aiding and abetting their diversion.

Madam Chair, Mr Facilitator, dear panellists,

The EU and its Member States support the efforts of the WHO, UNODC and INCB in providing technical guidance and assistance in tackling existing barriers and guaranteeing the availability of and accessibility to controlled substances for medical and scientific purposes for those in need. We also underline the importance of working with civil society and scientific community, as well as the private sector in this area given their role, expertise and networks.

Thank you.