CND UNITED NATIONS COMMISSION ON NARCOTIC DRUGS

POLICYMAKING BODY OF THE UNITED NATIONS SYSTEM WITH PRIME RESPONSIBILITY FOR DRUG-RELATED MATTERS

CND THEMATIC DISCUSSIONS AUTUMN 2020

19-21 OCTOBER 2020

BACKGROUND PAPER

UNODC
United Nations Office on Drugs and Crime
Secretariat to the Governing Bodies

INTRODUCTION

At its 62nd session in March 2019 the Commission adopted by consensus the Ministerial Declaration entitled "Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of our Joint Commitments to Address and Counter the World Drug Problem". In the 2019 Ministerial Declaration, Member States, while acknowledging that tangible progress had been achieved over the past decade, noted with concern the persistent and emerging challenges posed by the world drug problem and committed to accelerating, based on the principle of common and shared responsibility, the full implementation of the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the 2016 UNGASS outcome document, aimed at achieving all commitments, operational recommendations and aspirational goals set out therein. In the stocktaking part of the declaration Member States identified a number of challenges to the effective implementation of international commitments.

Member States committed in para 7 of the "Way forward" to support the CND in continuing transparent and inclusive discussions involving all relevant stakeholders on effective strategies to address and counter the world drug problem, including through the sharing of information, best practices and lessons learned. A core part of the Commission-led follow-up process are annual thematic discussions that are focused on the exchange of good practices, challenges and lessons learned in the implementation of all international drug policy commitments. Based on the challenges identified in the 2019 Ministerial Declaration, the Commission, adopted in June 2019 a multi-year workplan to discuss how these challenges can be addressed through effectively implementing the provisions contained in the 2016, 2014 and 2009 documents.

The following challenges will be discussed during the 2020 Thematic Discussions from 19-21 October 2020:

- That drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased; (19 October 2020)
- That the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high; (19 October 2020)
- That the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels; (20 October 2020) and
- That the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world; (21 October 2020)

As was the case for the thematic discussions in October 2019, the Secretariat has prepared this note aiming to provide background information on the challenges under discussion in autumn 2020 with a view to facilitate a dialogue during the Commission's thematic sessions. The note reflects findings contained in the 2020 World Drug Report (https://wdr.unodc.org/wdr2020/), contributions provided by the UNODC substantive sections, as well as some discussion questions (not a comprehensive list).

19 OCTOBER 2020 - DRUG TREATMENT AND HEALTH SERVICES CONTINUE TO FALL SHORT OF MEETING NEEDS AND DEATHS RELATED TO DRUG USE HAVE INCREASED

POLICY COMMITMENTS

In the 2016 UNGASS Outcome Document, the chapter on demand reduction and related measures provides a set of operational recommendations, including on the prevention of drug use and the treatment of drug use disorders, with Member States recognizing that drug dependence was a complex, multifactorial health disorder that can be prevented and treated.[1] With regard to treatment, Member States committed among others to promote and strengthen regional and international cooperation in developing and implementing treatment-related initiatives; enhance technical assistance and capacity-building; and ensure non-discriminatory access to a broad range of interventions, including access to such services in prisons and after imprisonment, and giving special attention to the specific needs of women, children and youth in this regard.

In addition, the UNGASS Outcome Document calls for developing and strengthening the capacity of health, social and law enforcement and other criminal justice authorities to cooperate, within their mandates, in the implementation of comprehensive, integrated and balanced responses to drug abuse and drug use disorders, as well as promoting the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality.[2]

In the 2014 Joint Ministerial Statement, Member States identified achievements, challenges as well as priorities for action for demand reduction and related measures, and reaffirmed the need to strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence[3], with a view to ensuring access for all to comprehensive drug demand reduction measures.[4]

Already in the 2009 Political Declaration, Member States noted with great concern the adverse consequences of drug abuse for individuals and society as a whole, and reaffirmed the commitment to tackle those problems in the context of comprehensive, complementary and multisectoral drug demand reduction strategies, including working towards the goal of universal access to comprehensive prevention programmes and treatment, care and related support services.[5] In Part I of the 2009 Plan of Action, Member States noted that while some countries had implemented effective drug demand reduction policies, drug demand measures were often limited in the range of interventions offered, and measures were frequently planned and carried out in isolation and addressed only part of the health and socio-economic problems associated with drug use and dependence. Member States identified areas for action including to implement a comprehensive approach to drug demand reduction, mainstreaming community involvement and participation, targeting vulnerable groups and conditions as well as addressing drug use and dependence care in the criminal justice system[6].

BACKGROUND

According to the 2020 World Drug Report (WDR), an estimated **269 million people worldwide had used in 2018 drugs at least once in the previous year**, which corresponds to 5.4 per cent of the global population aged 15–64. Adolescents and young adults account for the largest share of users, with higher

[1] 2016 UNGASS Outcome Document; recommendation 1 (i).
[2] 2016 UNGASS Outcome Document; recommendations 1 (j-m).
[3] 2014 Joint Ministerial Statement; A. Demand Reduction and Related Measures; Challenges and Priorities for Action; paragraph 8.
[4] Ibid., paragraph 10.
[5] 2009 Political Declaration; paragraph 20.
[6] 2009 Plan of Action; Part I. paragraphs 2ff.

probability of drug use disorders reported to be associated with initiation in adolescence[7]. The WDR further specifies that of the 269 million people, some **35.6 million people are estimated to suffer from drug use disorders**, meaning that their pattern of drug use is harmful, or they may experience drug dependence and/or require treatment.[8] Particularly in high-income countries, prevalence of drug use disorders is higher the lower the income of the population[9]. Rates of drug use, disorders and associated health consequences are higher in prison settings[10]. Of the estimated 585,000 deaths attributed to drug use in 2017, half are attributed to liver diseases related to hepatitis C, which remains mostly untreated among people who inject drugs, whilst deaths attributed to drug use disorders (167,000) account for 28 per cent of all deaths resulting from drug use, with 110,000 (or 66 per cent) of those deaths attributable to opioids.[11]

The findings of the WDR show, in line with concern expressed by Member States in the Ministerial Declaration, that for people with drug use disorders, **the availability of and access to treatment services remains limited at the global level**, as **only one in eight people with drug use disorders receives drug treatment each year**. Moreover, while one in three drug users is a woman, women continue to account for only one in five or less people in treatment.[12] In addition, populations in prison settings have lower access to services, in spite of the higher prevalence noted above.[13] This difficult situation has been compounded by the diversification of the substances available on the drug markets.[14]

There exists no comparable estimate with regard to the availability of interventions of the prevention of drug use. However, the limited data provided through the Annual Report Questionnaires indicates that only a minority of countries report a high-coverage of interventions are more consistently associated with evidence-based practice in schools, families, the workplace and the primary health sector.[15]

DISCUSSION QUESTIONS:

- How is your country expanding the coverage of evidence-based prevention interventions, as per the UNODC/WHO International Standards on Drug Use Prevention? How many children and/or youth and/or their families are being reached?

- How is your country expanding the coverage of evidence-based treatment, care and rehabilitation services for people who use drugs and people with drug use disorders, as per the UNODC/WHO International Standards for the Treatment of Drug Use Disorders? What mechanisms are in place to ensure high quality of service? How is the situation being improved in prison settings?

- What is the impact of COVID-19 pandemic on the availability of and funding for prevention and treatment interventions for people who use drugs?

[7] Box on use among adolescents and young adults on p. 14.
[8] 2020 UNODC World Drug Report, Booklet 2; Drug Use and Health Consequences; p 11.
[9] 2020 UNODC World Drug Report, Booklet 5, Socioeconomic Characteristics and Drug Use Disorders, p. 10.
[10] 2019 World Drug Report, Booklet 1, Executive Summary, pp. 20-22.
[11] 2020 UNODC World Drug Report, Booklet 2, Drug Use and Health Consequences, p. 32.
[12] 2020 UNODC World Drug Report, Booklet 2; Drug Use and Health Consequences p31.
[13] 2019 UNODC World Drug Report, Booklet 1, Executive Summary, pp. 20-22.
[14] 2020 UNODC World Drug Report, Booklet 2, Drug Use and Health Consequences, p. 10.
[15] E/CN.7/2020/6.

19 OCTOBER - THE RATE OF TRANSMISSION OF HIV, THE HEPATITIS C VIRUS AND OTHER BLOOD-BORNE DISEASES ASSOCIATED WITH DRUG USE, INCLUDING INJECTING DRUG USE IN SOME COUNTRIES, REMAINS HIGH

POLICY COMMITMENTS

In the preambular part of the 2016 UNGASS Outcome Document, Member States reiterated the commitment to ending, by 2030, the epidemics of AIDS and tuberculosis, as well as to combating viral hepatitis and other communicable diseases, inter alia, among people who use drugs, including people who inject drugs.[16]

In the UNGASS 2016 chapter on demand reduction and related measures, the operational recommendations among others, call on relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use. The recommendations further call on Member States to consider ensuring access to these interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS.[17]

In the 2014 Joint Ministerial Declaration, Member States reiterated the commitment to reducing the transmission of HIV among injecting drug users by 50 per cent by the – at that time - 2015 target.[18]

In the 2009 Political Declaration Member States noted with great concern the alarming rise in the incidence of HIV/AIDS and other blood-borne diseases among injecting drug users, reaffirming their commitment to work towards the goal of universal access to comprehensive prevention programmes and treatment, care and related support services.[19]

BACKGROUND

The health consequences of drug use can include a range of negative outcomes including drug use disorders, mental health disorders, HIV and Hepatitis C infection, overdose and premature death. **According to the 2020 World Drug Report, the greatest harms to health are those associated with the use of opioids and with injecting drug use, owing to the risk of acquiring HIV or Hepatitis C through unsafe injecting practices.**[20] The global epidemics of HIV and hepatitis C continue to be major global public health concerns. The prevalence of HIV and hepatitis C is disproportionally high among people who inject drugs, and it accounts for a significant proportion of new HIV and hepatitis C infections globally.[21]

Worldwide, every eighth person who injects drugs is living with HIV and more than half are living with hepatitis C. In 2019, 10 per cent of the new HIV infections worldwide were among people who inject drugs[22]. People who inject drugs (PWID) are estimated to be 22 times more likely than people in the general

[16] 2016 UNGASS Outcome Document; preamble.
[17] 2016 UNGASS Outcome Document; recommendation 1(o).
[18] 2014 Joint Ministerial Declaration; A. Demand reduction and related measures, para 11.
[19] 2009 Political Declaration, para 20.
[20] 2020 UNODC World Drug Report, Booklet 2; Drug Use and Health Consequences; p.35.
[21] UNAIDS, Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices (Geneva, 2018) and WHO, Global Hepatitis Report 2017 (Geneva, 2017); in 2020 UNODC World Drug Report, Booklet 2; Drug Use and Health Consequences; p.9.
[22] UNAIDS Data 2020 https://www.unaids.org/en/resources/documents/2020/unaids-data.

population to be living with HIV.[23] Global estimates suggest that 71 million people worldwide were chronically infected with hepatitis C in 2017 and that 23 per cent of new hepatitis C infections and one in three hepatitis C-related deaths are attributable to injecting drug use. Hepatitis C-related morbidity and mortality continue to rise, mainly as a result of cirrhosis, hepatocellular carcinoma and death in cases of untreated hepatitis C.[24]

DISCUSSION QUESTIONS:

- In 2019, 10% of new HIV infections globally are among people who inject drugs.
  How can we address the challenges through increasing access to HIV prevention, treatment, care and support among people who use drugs?
- What is the impact of COVID-19 pandemic on the national/international HIV responses among people who use drugs?
- What is the impact of COVID-19 pandemic on funding available for HIV prevention treatment and care interventions among people who use drugs?

[23] 2020 UNODC World Drug Report, Booklet 2; Drug Use and Health Consequences; p.39.
[24] 2020 UNODC World Drug Report, Booklet 2; Drug Use and Health Consequences; p.41 ff.

20 OCTOBER 2020 - THE ADVERSE HEALTH CONSEQUENCES OF AND RISKS ASSOCIATED WITH NEW PSYCHOACTIVE SUBSTANCES HAVE REACHED ALARMING LEVELS

POLICY COMMITMENTS

In addressing the persistent and emerging challenges posed by new psychoactive substances (NPS), Member States adopted with the 2016 UNGASS Outcome Document a set of operational recommendations with a standalone sub-chapter on new psychoactive substances, resolving to inter alia develop appropriate national legislative, prevention and treatment models and supporting scientific evidence-based review and scheduling of the most prevalent, persistent and harmful substances. The sub-chapter calls for continued efforts to identify and monitor trends in the composition, production, prevalence and distribution of new psychoactive substances, as well as patterns of use and adverse consequences, and assess the risks to health and safety of individuals and society as a whole and the potential uses of new psychoactive substances for medical and scientific purposes.[25] The outcome further calls for strengthened domestic information-sharing and promotion of information exchange at all levels on effective prevention and treatment and related legislative measures in order to support the development of effective, scientific evidence-based responses to the emerging challenge of new psychoactive substances with regard to their adverse social and health consequences.[26]

In the 2014 Joint Ministerial Statement, Member States had already underscored the need to deepen knowledge of the challenges posed by new psychoactive substances and highlighted the need to develop comprehensive and integrated approaches to the detection, analysis and identification of new psychoactive substances, trends and possible negative health and other impacts of those substances, in close cooperation with the Commission on Narcotic Drugs, the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other relevant international organizations and global and regional cooperation frameworks.[27]

BACKGROUND INFORMATION

UNODC uses the term **"new psychoactive substances (NPS)" which are defined as "substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat".** The term "new" does not necessarily refer to new inventions — several NPS were first synthesized decades ago — but to substances that have recently become available on the market[28] and mimic the properties of substances already under international control. These include synthetic cannabinoids, stimulants, hallucinogens, dissociatives, sedative/hypnotics and opioids, among which are various fentanyl analogues.

In 2013, Member States reported the emergence of 254 substances which at that time exceeded the total number of 234 substances that were in the schedules of the international drug conventions. **By September 2020, a total of 1004 NPS have been reported to the UNODC Early Warning Advisory (EWA)** which supports the international community in identifying the most harmful, prevalent and persistent substances for international action.[29] The majority of those are synthetic stimulants, followed by synthetic cannabinoid receptor agonists, while an increasing number of NPS are synthetic opioids (fentanyl analogues or other synthetic opioids). NPS within the same effect group – for example, stimulants – comprise a wide range of chemical substances; thus, their effects remain unpredictable and they sometimes have severe adverse health consequences, including death.

[25] 2016 UNGASS Outcome Document; recommendation 5(d).
[26] 2016 UNGASS Outcome Document; recommendation 5(i).
[27] 2009 Political Declaration and Plan of Action; Part A (13).
[28] https://www.unodc.org/LSS/Page/NPS.
[29] UNODC Early Warning Advisory on New Psychoactive Substances, September 2020.

This has resulted in a new wave of scheduling of such substances at the international level, with the total number of substances under international control rising from 234 in 2014 to 294 in 2020.[30]

Most NPS tend to be transient and, other than their use among some marginalized groups of people who use drugs, have not carved out a niche of their own on the drug markets. However, patterns of NPS use, in particular the use of synthetic cannabinoid receptor agonists and stimulants among marginalized, vulnerable and socially disadvantaged groups, including homeless people and those in prisons or on probation, have been observed.[31]

Some NPS are in fact pharmaceuticals, i.e. psychoactive substances that are not controlled under the Conventions and that have a medical use. In this respect, they may pose some challenges with regard to drug prevention, as they might be perceived as less harmful. In this context, it should be remembered that most interventions that have been scientifically found to be effective in preventing drug use focus on supporting the healthy and safe development of children and youth for the prevention of risky behaviours, including drug use.[32] Therefore, whilst an information component highlighting the dangers of the use of certain substances would be also be necessary, a robust investment in evidence-based prevention would already be effective in preventing the use of psychoactive substances as a whole, including NPS. These would need to be complemented by clear provisions ensuring access to these medicines for those who needs them, whilst preventing diversion and non-medical use. Finally, many NPS present particular challenges for first responders and emergency health services to acute cases of intoxication. Addressing these challenges effectively involves developing response protocols and training first responders and emergency health services on a continuous basis.

DISCUSSION QUESTIONS:

- How is the country increasing the capacity of first responders and emergency health services to respond to acute cases of intoxication by NPS?
- How can the international community strengthen the collection and use of relevant, reliable and objective data as a basis for comprehensive, integrated and balanced evidence-based drug policies within the framework of the international drug conventions?
- What measures e.g. early warning systems, are in place to enhance the ability of Member States to anticipate the risks due to NPS/synthetic drugs and their preparedness to address such issues?
- What needs to be done to increase access to HIV, Hepatitis B and C prevention, treatment, care and support among people who use stimulant drugs?

[30] UNODC, Global SMART Update Volume 24, September 2020.
[31] 19 World Drug Report 2018: Analysis of Drug Markets – Opiates, Cocaine, Cannabis, Synthetic Drugs (United Nations publication, Sales No. E.18.XI.9 (Booklet 3)).
[32] UNODC (2018), International Standards on Drug Use Prevention.

21 OCTOBER 2020 - THE AVAILABILITY OF INTERNATIONALLY CONTROLLED SUBSTANCES FOR MEDICAL AND SCIENTIFIC PURPOSES, INCLUDING FOR THE RELIEF OF PAIN AND PALLIATIVE CARE, REMAINS LOW TO NON-EXISTENT IN MANY PARTS OF THE WORLD

POLICY COMMITMENTS

In the 2019 Ministerial Declaration, Member States noted with concern that the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remained low to non-existent in many parts of the world.

This concern and the strong commitment to enhance efforts at the national and international level can be found in all main policy documents of the Commission, including the 2016 UNGASS Outcome Document, the 2014 Joint Ministerial Statement and the 2009 Political Declaration and Plan of Action. In the 2016 UNGASS Outcome Document, Member States for the first time devoted a stand-alone chapter [33] to operational recommendations on ensuring the availability of and access to controlled substances for medical and scientific purposes, while preventing their diversion, underscoring the commitment to improve access to controlled substances, including by appropriately addressing existing barriers in this regard, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, while concurrently preventing their diversion, abuse and trafficking.[34]

In the 2014 Joint Ministerial Statement Member States already noted with concern the availability of internationally controlled drugs for medical and scientific purposes, and highlighted the need for Member States, the Commission on Narcotic Drugs and the International Narcotics Control Board, in cooperation with the United Nations Office on Drugs and Crime and the World Health Organization, as appropriate, to address that situation by promoting measures to ensure their availability and accessibility for medical and scientific purposes, in accordance with national legislation, while simultaneously preventing their diversion, abuse and trafficking, in order to realize the aims of the three international drug control conventions.[35]

In the 2009 Plan of Action, Part I, Member States had resolved that a range of barriers to specific drug demand reduction services made it difficult for those in need to access those services, and identified a set of action points with regard to the availability of and accessibility, underlining inter alia the need to maintain a balance between the demand for and supply of controlled substances to ensure the relief of pain and suffering and the availability of medication-assisted dependence.[36]

BACKGROUND INFORMATION

According to the 2020 World Drug Report[37], **despite the growing global advocacy, progress has been extremely slow and significant challenges and barriers remain in improving the accessibility and availability of controlled medicines.**

Global amounts of pharmaceutical opioids available for consumption

Access to and availability of controlled medicines for pain relief, i.e., opioids, are according to the findings of the 2020 World Drug Report unequally distributed across the geographical regions and have had diverging trends in different regions. The amount of opioids (expressed in daily doses) available for consumption for medical purposes more than doubled globally over the period 1998–2010, followed by a period of stabilization and a

[33] 2016 UNGASS Outcome Document; recommendations 2 (a-g)
[34] 2016 UNGASS Outcome Document; recommendations 2 (a-g).
[35] 2014 Joint Ministerial Declaration; A. Demand reduction and related measures, para 11.
[36] 2009 Plan of Action; Part II. 5(c).
[37] 2020 World Drug Report, Booklet 6, Access to controlled medicines for pain management, p. 9ff.

decline over the period 2014–2018. There is a gaping chasm between countries in the availability of opioids for medical purposes. On the basis of data on the amount of opioids available for medical purposes, there is a clear disparity between high-income countries versus low- and middle-income countries for all opioids combined (i.e., codeine, fentanyl, hydromorphone, morphine, oxycodone, pethidine and methadone). In that regards, **WHO estimates that globally, each year 5.5 million terminal cancer patients and 1 million end-stage HIV/AIDS patients do not have adequate treatment for moderate to severe pain.**[38]

Barriers to access to and availability of controlled medicines for pain management and palliative care[39]

According to the 2020 World Drug Report, the reasons for inequities in access to and availability of opioids for pain management are extraordinarily complex and include historical vestiges across multiple systems, i.e., government, health care and society, as well as modern-day challenges, including the concerns arising out of the opioid overdose crisis. There are several challenges and barriers to access to controlled medicines for pain management and other healthcare needs, all of which are complex, multitiered and interrelated. These include, but are not limited to, trade systems, education, justice, foreign affairs, workforce and development, but perhaps the most recognized and salient among them are legislation and regulatory systems, national supply management systems and health systems. Each of these directly and indirectly influences the barriers to both access to and availability of controlled medicines for pain management and palliative care.

Legislation and regulatory systems

In 2018, INCB conducted a survey of competent national authorities in order to assess the barriers and evaluate progress made at the national level in improving access to and availability of controlled substances for pain management since the previous surveys in 1995, 2010 and 2014. Of the 130 countries (representing 78 per cent of the global population) that responded, 40 per cent indicated that over the previous five years, legislation and/or regulatory systems had been reviewed or changed to affect the availability of controlled medicines. Some countries reported unspecified "general changes," others indicated that changes were made to the status of controlled substances, while some introduced electronic measures to facilitate prescriptions and/or procurement.[40]

National supply management systems[41]

Functional, effective and efficient national supply chain management systems that are guided by the international drug control conventions are critically important to achieving the balance between preventing diversion and ensuring adequate access to and availability of controlled medicines for pain management and palliative care. Within national supply chains and management systems, diverse domains affect export, import, procurement and monitoring of access to and availability of controlled medicines, to name but a few. Within this chain, primary areas that affect the accessibility of controlled substances in a country are: (1) processes to produce national estimates of controlled medicines for pain management and palliative care; (2) assessment of the availability of controlled substances; and (3) developing benchmarks (compared to thresholds for high and low use of controlled substances).[42]

DISCUSSION QUESTIONS:

- How does the fear of addiction contribute to the development, and/or implementation of a National Policy for controlled medicines?
- How do supply and demand contribute to the process by which Member States estimate the need for narcotics, and what are the potential consequences of estimating incorrectly?
- The global COVID-19 pandemic has made more visible the gap between countries that have access to controlled medicines and those that do not. How can the international community address this gap?

[38] 2020 World Drug Report, Booklet 6, Access to controlled medicines for pain management, p. 15.
[39] Ibid, p. 16.
[40] Ibid, p. 16.
[41] Ibid, p. 18.
[42] 2020 World Drug Report, Booklet 6, Access to controlled medicines for pain management, p. 18.