



Supporting access to controlled substances for medical and scientific purposes, including the implementation of international drug policy commitments

Statement

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Delivered online under the leadership of the Chair of the 65th session of the Commission on Narcotic Drugs

Event

Scaling Up the Implementation of International Drug Policy Commitments on Improving Availability of and Access to Controlled Substances for Medical and Scientific Purposes – An Exchange of National Perspectives and Good Practices

Tuesday, 06 September 2022, 12:00-1.30 CET

Excellencies,

It is my pleasure to join you today at this event under the leadership of the Chair of the 65th session of the Commission on Narcotic Drugs, to raise awareness for the international drug policy commitments on improving availability of and access to controlled substances for medical and scientific purposes.

The mandate has extensively elaborated on access to medicines for all. Despite progress made, many people still lack access to essential medicines. This is due to the obstacles that block access to medicines of good quality, in an affordable and timely way. This challenges human dignity and the basis of all human rights, including the rights to life, health and development of all persons.

Despite recent growing global advocacy, high-level statements of intent, as demonstrated in the UNGASS 2016 commitments¹ and the 2019 Ministerial Declaration,² to improving access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in this regard, progress has been slow and significant challenges and barriers remain in improving the accessibility and availability of controlled medicines.³

Health systems should ensure the availability of controlled medicines for pain management, palliative care and treatment of drug dependence. The obligation to **provide access to essential medicines is a core minimum obligation of the right to health**, which means that such access should be prioritised.⁴ The need to ensure ‘access to safe, effective, quality and affordable essential medicines’ is also reflected in the Sustainable Development Goals (*See Sustainable Development Goal 3.8.*). When essential controlled medicines are not accessible, this is translated into suffering for the patient, the families but also healthcare providers.⁵

There are **serious global inequalities in the availability of internationally controlled substances for medical purposes**. This inaccessibility creates barriers for the consumption of opioid analgesics. For instance, statistic of consumption on low- and middle-income countries represent less than 20% of the global amount of morphine used for pain relief. The lowest-consuming regions of narcotic drugs for medical purposes in the world include Africa, Central America and the Caribbean, South Asia, and East and South-East Asia.⁶

Considering political and social institutions usually collapse in conflict situations, **limited availability of controlled medicines is even worst in countries affected by violent conflict**. For example, the population in Syria, as well as healthcare providers, clinics and hospitals have been strategically targeted.⁷ In addition, restriction of movement both for patients and health care professionals is often in placed, affecting the general access to medicine.⁸

¹ <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>, see pages 8-10.

² https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf, see page 2.

³ World Drug Report, 2020, Booklet 6; available at: https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_BOOKLET_6.pdf

⁴ Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The Right to Health*, UN Doc. E/C.12/2000/4 (2000), para. 43(d).

⁵ Side event: Access to Controlled Medicines During COVID-19: meeting the needs of patients around the world. Dr. Tania Pastrana, International Association for Hospice and Palliative Care (IAHPC).

⁶ Statement by Jagjit Pavadia, President of the International Narcotics Control Board, for International Day against Drug Abuse and Illicit Trafficking, 2022; available at: <https://unis.unvienna.org/unis/en/pressrels/2022/unisnar1463.html>

⁷ *Ibid.*

⁸ Access to Medicines in Times of Conflict: Overlapping Compliance and Accountability Frameworks for Syria. 2018, p. 238.

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Most recently, the International Narcotics Control Board (INCB) raised its concern on Ukraine and neighbouring countries. Urgent actions are required to ensure unimpeded access to medications, including medicines containing internationally controlled narcotic drugs and psychotropic substances.⁹ and for a simplification on the control measures during emergency situations, so that authorities permit the export of medicines containing international controlled substances to affected areas and expedite the delivery of them.¹⁰

To overcome barriers related to access to controlled medicine in emergency conflict situations, I recommend the competent national authorities to use the *Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care*¹¹ and lessons from countries and humanitarian aid organizations in facilitating the timely supply of controlled Substances during emergency situations.

For both, on the access to controlled medicine, emergency conflict situations and non-conflict ones, the *International Guidelines on Human Rights and Drug Policy (2019)*¹² provides some concrete guidance. The International Guidelines recognises that the access to controlled medicines without discrimination is a key element of the right to health. This includes for use as opioid substitution therapy, for pain management, in palliative care, as anaesthesia during medical procedures, and for the treatment and management of various health conditions.

The Guidelines advocated for States to take legal and administrative steps to ensure the adequate availability, accessibility, and affordability of controlled medicines, with a particular focus on those medicines included in the World Health Organization Model List of Essential Medicines. This includes the amendment of laws, policies, and regulations that unnecessarily restrict the availability of and access to controlled medicines.

In addition, States should include access to controlled essential medicines for drug dependence treatment, treatment of pain, and palliative care in national health plans and policies and on national essential medicines lists. Particularly important is to ensure the special provision of controlled medicines for children, including appropriate paediatric formulations of such medicines. Lastly, governments should raise public awareness about the right to have access to controlled drugs for medical purposes, including for the treatment of drug dependence and pain relief, and about the availability of such treatment.

It is of the outmost importance for States to **review the 1961 and the 1971 drug control conventions' schedules of substances** under international control in light of the recent scientific evidence and enshrine the commitment made by the international community on the 1988 Convention.

⁹ INCB statement on ensuring availability of and access to controlled medicines in Ukraine and neighbouring countries, 2022; available at: https://www.incb.org/incb/en/news/news_2022/incb-statement-on-ensuring-availability-of-and-access-to-controlled-medicines-in-ukraine-and-neighbouring-countries.html

¹⁰ Letter "Members of World Customs Organization (WCO)", Vienna/Brussels, 21 March 2022.

¹¹ See: The interagency health kit 2017, Annex 6 <https://www.who.int/publications/i/item/978924115221>. See also: INCB statement on ensuring availability of and access to controlled medicines in Ukraine and neighbouring countries, 2022; available at: https://www.incb.org/incb/en/news/news_2022/incb-statement-on-ensuring-availability-of-and-access-to-controlled-medicines-in-ukraine-and-neighbouring-countries.html

¹² Available at: https://www.humanrights-drugpolicy.org/site/assets/files/1640/hrdp_guidelines_2020_english.pdf

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I urge States and other relevant bodies and stakeholders to continue exploring the **medical benefits of controlled substances** in accordance with the World Health Organization's scheduling of the recommendations.¹³

In concluding, I underscore that States remain legally bound by their **obligations to respect, protect, and fulfil human rights** including while developing and implementing their responses to the urgent issue of access for controlled substances for medical and scientific purposes.

From a human rights perspective, **access to medicines is intrinsically linked with the principles of equality and non-discrimination, transparency, participation, and accountability**. There remains an intrinsic link between poverty and the realization of the right to health, where developing nations have the greatest need and the least access to medicines.

In particular, pursuant with the **United Nations System Common Position on drug related matters**,¹⁴ UN offices, agencies and departments must accelerate their efforts to support States and others, including civil society and concerned community, to enhance access to controlled medicines for legitimate medical and scientific purposes.

Thank you for your attention.

¹³ Health obligations, viii. 1.3 *Access to controlled substances as medicines*, International Guidelines on Human Rights and Drug Policy.

¹⁴ <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>