

*Check against delivery*

**Statement by Ms. Jagjit Pavadia, President,  
International Narcotics Control Board (INCB)**

**Sixty-fifth session of the Commission on Narcotic Drugs,**

**JOINT CALL FOR ACTION BY THE UNITED NATIONS  
AND THE COMMISSION ON NARCOTIC DRUGS:  
Scaling up the implementation of international drug policy  
commitments on improving availability of and access to  
controlled substances for medical and scientific purposes**

**14 March 2022**

Mr. Chair, Ms. Waly, Dr. Tedros, Excellencies, Ladies and  
Gentlemen,

On behalf of the International Narcotics Control Board, I am pleased to come together with UNODC, WHO and the Commission on Narcotic Drugs to make this very important joint call to action. At the outset, I would like to thank the Chair of the Commission, Ambassador D'Hoop for leading this important initiative, which is an opportunity to further raise awareness of the need to ensure the availability of and access to controlled substances for medical and scientific purposes, including in emergency situations.

Over the past weeks we have witnessed an emergency situation in Ukraine and the surrounding countries. The International Narcotics Control Board has expressed its deep concern about the

humanitarian crisis, with over 2 million refugees having fled Ukraine to neighbouring countries. The growing humanitarian needs resulting from this emergency situation require urgent action to ensure unimpeded access to medications, including medicines containing internationally controlled narcotic drugs and psychotropic substances.

This includes opioid analgesics for the treatment of pain, substances for sedation for medical procedures, as well as medications for mental health and neurological conditions. It also includes controlled substances for drug substitution therapy. Specifically, the provision of palliative care, pain management, surgical care and anaesthesia, and treatment for mental health and neurological conditions are all important components of the immediate assistance required in humanitarian settings.

INCB has reminded all Governments that in acute emergencies it is possible to utilize simplified control procedures for the export, transportation, and provision of medicinal products containing controlled substances. Competent national authorities may permit the export of medicines containing narcotic drugs and/or psychotropic substances to the areas in the absence of the corresponding import authorizations or estimates. We have highlighted that urgent deliveries do not need to be included in the estimates of the receiving country.

Since the beginning of March, the Board has received enquiries from a number of competent national authorities and the World Health Organization on the operation of these simplified control measures.

It is therefore very important that we work together to speed up the supply and delivery of some controlled substances, like morphine and diazepam, which are often included in emergency health kits and very much needed by the affected populations. Simplified control measures and lessons learnt from countries and humanitarian aid organizations during emergency situations, are available on the INCB website. INCB will continue to support Governments in the application of these simplified control measures.

The COVID-19 pandemic also continues to test the international community's ability to ensure adequate availability of and access to controlled substances.

Excellencies, ladies and gentlemen, over half a century ago, in adopting the 1961 Single Convention on Narcotic Drugs, as amended, and the 1971 Convention on Psychotropic Substances, the international community made a commitment to ensure – and not unduly restrict - the availability of drugs considered indispensable for medical and scientific purposes.

Despite this commitment, there remains a significant imbalance in the availability of controlled substances globally; an imbalance which is not only contrary to the aims of health and welfare of mankind of

the drug control conventions, but which also contradicts numerous human rights instruments that contain the right to health or medical care, which also encompasses palliative care.

Over the past 20 years, the consumption of opioids has more than tripled globally with, in particular, an exponential increase in the use of fentanyl being observed. Over-prescription of fentanyl and other strong opioids is at the root of the opioid overdose epidemic that is still affecting some countries, mostly in North America.

INCB has issued special supplements on availability with its Annual Reports for 2015 and 2018. This year, INCB will be collecting and analysing information from Member States and civil society for a special report on availability and access that will accompany the Board's 2022 Annual Report.

INCB has highlighted the persistent disparities between regions in the consumption of opioid analgesics for the treatment of pain. Almost all such consumption is concentrated in Europe and North America. At the same time, consumption levels in other regions are often not sufficient to meet the medical needs of the populations.

These regional imbalances are not due to a shortage of opiate raw materials. Supply has been found to be more than sufficient to satisfy demand reported to INCB in form of estimates of consumption. Some countries may not be accurately reflecting the actual medical needs of their populations and hence the disparity in availability.

A major problem in low-income countries is the limited access to affordable opioid analgesics, such as morphine. One reason for this

is the conversion of morphine into other drugs not covered by the 1961 convention. In 2020, 77.6 per cent of global morphine was converted, while only 11.4 per cent was consumed directly, mainly for palliative care. Of this amount consumed directly, only 16.9 per cent was available for use by 82.6 per cent of the global population.

These imbalances indicate that authorities are not accurately estimating their needs for palliative care. Similar imbalances are also found in the consumption of psychotropic substances for the treatment of various mental health and neurological conditions. While 80 per cent of people with epilepsy live in low- and middle-income countries, the consumption of psychotropic substances used in the treatment of epilepsy is concentrated in high-income countries.

In this regard, the Board encourages governments to calculate their estimates on the basis of the methods suggested in the “Guide on Estimating Requirements for Substances under International Control” developed by the INCB and the WHO. The guide describes three methods and their variants that are commonly used to quantify the requirements for controlled substances: the consumption-based, service-based and morbidity-based methods.

The choice of which method to use is determined by the availability of the data needed for the quantification, the availability of the necessary resources and the structure of the controlled substance supply and distribution system. The competent national authorities

need to familiarize themselves with the guide and identify the method that is best suited for their situation.

However, countries are also encouraged to strengthen their capacity to collect the best possible data and create a digital network of information collection from all stakeholders in the supply and consumption chain for determination of an appropriate estimation of their requirements for narcotic drugs and psychotropic substances.

INCB is committed to supporting Governments in their renewed efforts to improve availability of controlled substances for medical and scientific purposes.

INCB Learning was established in 2016 to build the capacity of Governments in the regulatory control and monitoring of the licit trade in narcotic drugs, psychotropic substances and precursor chemicals. INCB Learning is building capacities of Governments to implement the drug control conventions and achieve their ultimate objective of ensuring the availability of controlled substances for medical and scientific purposes while preventing diversion, trafficking, illicit manufacture and non-medical use.

Today's joint call to action builds upon the joint statement<sup>1</sup> made by INCB, WHO and UNODC in 2021 calling for the use of the simplified control measures for medicines containing controlled substances during emergency situations. It also reinforces the 2018 joint

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<sup>1</sup> [https://www.incb.org/incb/en/news/news\\_2021/incb--unodc-and-who-joint-statement-on-access-to-controlled-medicines-in-emergencies.html](https://www.incb.org/incb/en/news/news_2021/incb--unodc-and-who-joint-statement-on-access-to-controlled-medicines-in-emergencies.html)

statement<sup>2</sup> made at the 61<sup>st</sup> session of the Commission on Narcotic Drugs by INCB, WHO and UNODC on implementation of the outcome document of the 30th Special Session of the General Assembly.

INCB looks forward to further engagement with the Commission on Narcotic Drugs, UNODC, WHO, Member States, civil society and other partners in the implementation of the conventions and related commitments to ensure availability of controlled substances, including in emergency situations.

Thank you.

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<sup>2</sup> <https://www.incb.org/incb/en/news/press-releases/2018/joint-statement-of-incb--unodc-and-who-on-implementation-of-the-ungass-2016-recommendations.html>