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Implementation of the international drug control treaties: international cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

Statement submitted by the International Association for Hospice and Palliative Care Inc., a non-governmental organization in special consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* [E/CN.7/2024/1](#).

** Issued without formal editing.



Practical strategies to improve availability of controlled substances for medical and scientific purposes

Introduction

Figure 1. Impediments to availability as mentioned by competent national authorities (2022)



Source: INCB survey of Member States, 2022.

As CND has recognized in several resolutions,¹ and as UNODC, INCB, and the WHO have reported, global inequity in safe access to and availability of controlled substances for medical purposes exposes the international community's failure to achieve a core goal of the drug control system instituted in 1961. Availability deficits of opioid analgesics in more than 85% of the world causes preventable suffering for millions of people with serious physical and mental illness. This suffering is particularly acute in humanitarian emergencies.

ICEMs are commonly used in surgery, anaesthesia, acute care, military medicine, palliative care, maternal child health, mental health, and treatment of substance use disorder, to name only a few.

Collaborative strategies developed between professional associations and United Nations agencies target the impediments identified by the

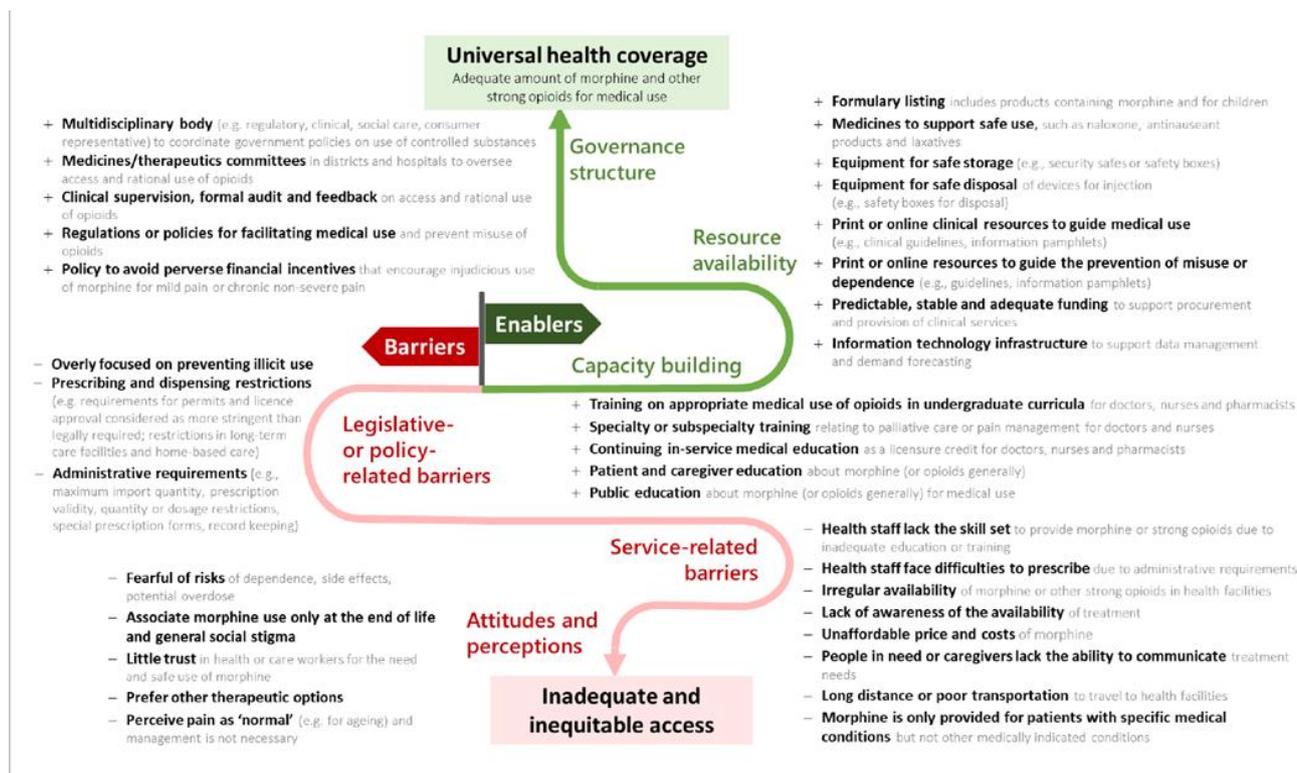
INCB in its 2022 Supplement² and the 2023 WHO report *Left Behind in Pain: Extent and causes of global variations in access to morphine for medical use and actions to improve safe access*.³

¹ UNGASS Outcome Document, Chapter Two; Resolutions 63/3, 62/5; 2019 Ministerial Declaration.

² https://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E_INCB_2022_1_Supp_1_eng.pdf.

³ <https://www.who.int/publications/i/item/9789240075269>.

Enablers and barriers influencing access to morphine for medical use (Left Behind in Pain, WHO 2023)



Healthy Drug Policy Ecosystems: the way forward

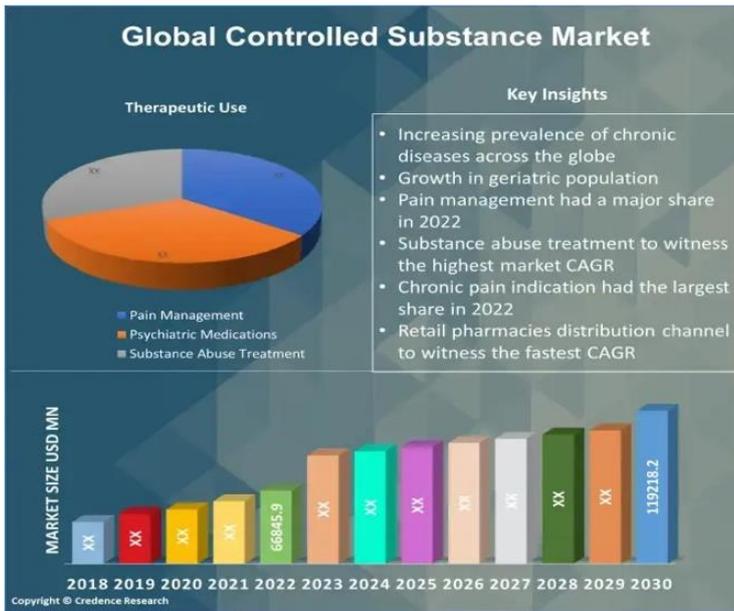
Governments building healthy drug policy ecosystems with improved and safe availability of ICEMs, have more control than they think. Healthy drug policy ecosystems aligned with the goals of the three international conventions reduce illicit manufacture and diversion of pharmaceutical products to parallel or illicit markets and undercut the proliferation of substandard or counterfeit medicines readily available when market and regulatory failure result in unavailability.

Inter-ministerial task forces that include participation of accredited civil society, academic, and professional organizations improve licit distribution systems by reviewing regulatory frameworks and educational opportunities for healthcare and supply chain staff. As the INCB has reported, inadequate licit distribution systems *themselves* configure illicit markets and compromise public health.⁴

When pharmaceutical products such as generic oral morphine are *unaffordable or unavailable* in licit markets, patients with legitimate medical needs either 1) suffer in agonizing preventable pain or withdrawal from substance use disorder; 2) search the illicit or parallel markets for the product they need; 3) kill themselves. Parallel and illicit markets can be violent and dangerous, and patients who avail themselves of substances obtained therein may face serious law enforcement problems or purchase substandard products that are lethal, harmful, or of no use whatsoever.

The increasing global prevalence of chronic diseases accompanied by severe pain, often lasting for many years, growing geriatric populations, the escalating rates of substance use disorder, the growing market for pain management medicines, and the lack of accredited pharmacies carrying ICEMs, provide a framework for policy development and professional education that can be funded through international development banks as well as bilateral grants procured under the United Nations principle of mutual and shared responsibility, including restorative justice and debt reduction.

⁴ The inadequacy of the licit distribution systems for pharmaceuticals contributes to the development of so-called parallel distribution systems.
https://www.incb.org/documents/Publications/AnnualReports/AR1994/AR_1994_E.pdf, para 19.



The global market for controlled substances is expected to grow steadily in coming years, and if that demand is not met in the licit market, it will be met through the illicit market, undermining member state and international progress towards the 2030 Agenda for Sustainable Development and the goals of the 2019 Ministerial Declaration

Conclusion: A healthy drug policy ecosystem that does not feed the illicit market features:

- Rational policies that promote science-based prevention, promotion, treatment, rehabilitation, adequate availability of ICEMs;
- An appropriately trained primary care and regulatory and supply chain workforce; and
- Mechanisms to support regional manufacturing of generics opiates such as morphine, and pooled procurement of morphine and other ICEMs.

Appendices

Identified impediment	United Nations agencies' responses	Professional associations' responses
Problems in sourcing	Promote pooled procurement and local manufacturing through reports and resolutions (INCB and WHO). PAHO Strategic Fund ⁵	Advocate at int'l, regional, and national level for local manufacturing and pooled procurement
Lack of training/awareness of health and regulatory human resources	Publish reports, guidelines, Joint Declarations, technical and normative and standards ⁶	Host professional inter- and intra-national trainings for pharmacists, doctors and nurses. (underfunded)
	INCB Learning Programme hosts trainings in regions and countries (underfunded)	Advocate with medical, nursing and pharmacy schools to include opioid prescription and use in curricula. (unfunded)
Fear of addiction	Awareness raising initiatives at multilateral meetings – “No Patient Left Behind” Chair’s Initiative CND 2022	Educate health workforce and raise public awareness regarding public of safe use by trained prescribers
Limited financial resources	WHO country offices oversee morphine production units in partnership with CSOs in selected countries (DRC, Burkina Faso)	Advocate with district, state, and national governments as well as WHO regional and country offices for start-up morphine production facilities
		<ul style="list-style-type: none"> • Support local manufacturing with government subsidies in several LMICs and Indian states⁷ • Partner with academic researchers – Lancet Commission Essential Package⁸ • Procure generic oral morphine imports where local manufacturing not an option over expensive brand opioids⁹

⁵ <https://www.paho.org/en/paho-strategic-fund>; Anon (2022). Pooled procurement in pandemic preparedness and response: leveraging the PAHO Revolving Funds to strengthen health equity and resilience. (<https://iris.paho.org/handle/10665.2/56946>).

⁶ UNODC Technical Guidance on Increasing Access to, and Availability of Controlled Drugs for Medical.

Purposes: Key Areas of Focus Advanced Draft March 2018

https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2018_technical_guidance_on_promoting_access_at_national_level.pdf.

Ensuring Balance in National Policies on Controlled Substances

https://www.unodc.org/docs/treatment/Pain/WHO_encuring_balance_controlled_substances.pdf.

⁷ Burkina Faso, Malawi, Kenya, Kerala, Nepal, Uganda.

Paudel, B.D., Ryan, K.M., Brown, M.S., Krakauer, E.L., Rajagopal, M.R., Maurer, M.A. and Cleary, J.F., 2015. Opioid availability and palliative care in Nepal: influence of an international pain policy fellowship. *Journal of Pain and Symptom Management*, <https://walthercenter.iu.edu/publications/doc-files/opioid-availability-and-palliative-care-in-nepal--influence-of-an-international-pain-policy-fellowship.pdf>.

⁸ “Report of The Lancet Commission on Palliative Care and Pain Relief—findings, recommendations, and future directions.” <https://www.mia.as.miami.edu/initiatives/hemispheric-health/lancet-palliative-care/index.html>; Logie DE, Harding R. An evaluation of a morphine public health programme for cancer and AIDS pain relief in Sub-Saharan Africa. *BMC Public Health*. 2005;5:82. [PMC free article]

⁹ Morphine Manifesto <https://palliumindia.org/manifesto>; Morphine manifesto seeks to boost access to oral morphine.

Dinesh C Sharma, Dec. 2023. [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(23\)00645-9/abstract](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(23)00645-9/abstract).

Malawi: A success story regarding improved availability of morphine¹⁰

Malawi is ranked as the sixth poorest country in the world, with more than two-thirds of the population living below the international poverty line.¹¹

“Malawi has made considerable progress in expanding access to analgesic medication and in 2018 was ranked third in Africa within the palliative care medicines category. Malawi adopted the WHO List of Essential Medicines, which includes palliative care medications. The Central Medical Store is now responsible for the bulk ordering of essential palliative care medicines, and morphine availability is monitored by a national task force led by the Palliative Care Association of Malawi (PACAM). In the public sector, essential opioid formulations are provided free of charge.

Broadening the range of opioid prescribers is an important strategy to improve opioid accessibility. Malawi has allowed oncologists, surgeons and family physicians to prescribe opium and, in emergency situations, nurses are also permitted to prescribe opioids. Following Hospice Africa Uganda’s lead, it was informally agreed by the Ministry of Health that opioids could be prescribed by nurses and other clinicians who have received specialized training.

In the late 2000s, PACAM began working with the Pharmacy, Drugs and Poisons Board and the Ministry of Health to request suitable quotas from the International Narcotics Control Board, and to establish systems for procurement, reporting and distribution of opioids. However, of the seven essential opioid formulations, only codeine, immediate release morphine and controlled-release morphine were available on formulary by 2013. The availability of these opioid formulations for patients with a prescription was inconsistent. Further, a report published by PACAM in 2014 found that there were still challenges with morphine procurement. Independent palliative care centres were required to order morphine through the closest District or Central hospital, where supplies were inconsistently available, and the process of obtaining the appropriate signatures could be lengthy. Consequently, the PACAM report recommended that there should be a universal system of procurement, by which established palliative care providers could order directly from the Central Medical Store.

As a result of the initiatives that were undertaken to improve opioid availability for palliative care, morphine use roughly doubled in Malawi between 2009 and 2013, from 0.41 to 0.82 mg/per capita. There was also an annual increase in the opioid quota in Malawi, which is as an indicator of the spread of palliative care. However, despite progress in opioid availability, morphine stockouts still occur at hospitals in Malawi, especially in district hospitals outside of the larger towns.”¹²

¹⁰ See cited article below for references.

¹¹ World Bank. Country Partnership Framework For The Republic of Malawi For The Period FY21 - FY25. (Report No. 154505-MW). 2021 Apr. Available from: <https://documents1.worldbank.org/curated/en/573101618580009934/pdf/Malawi-Country-Partnership-Framework-for-the-Period-FY21-FY25.pdf>.

¹² Palumbo, N., Tilly, A., Namisango, E. *et al.* Palliative care in Malawi: a scoping review. *BMC Palliat Care* **22**, 146 (2023). <https://doi.org/10.1186/s12904-023-01264-8>.