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## Commission on Narcotic Drugs

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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. (IAHPC), 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.

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\* [E/CN.7/2025/1](#).

\*\* Issued without formal editing.



# Achieving SDG Targets 3.5 and 3.8 by improving affordable availability of controlled medicines

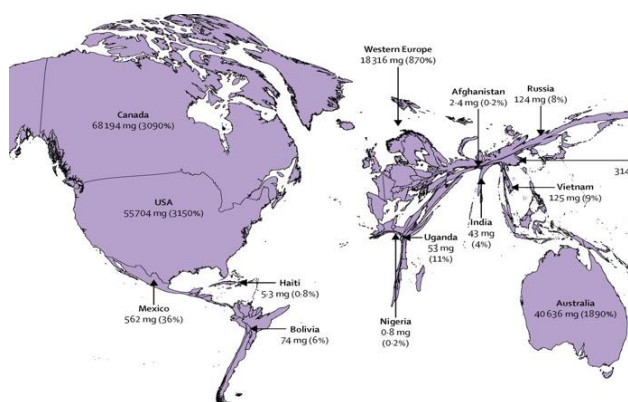
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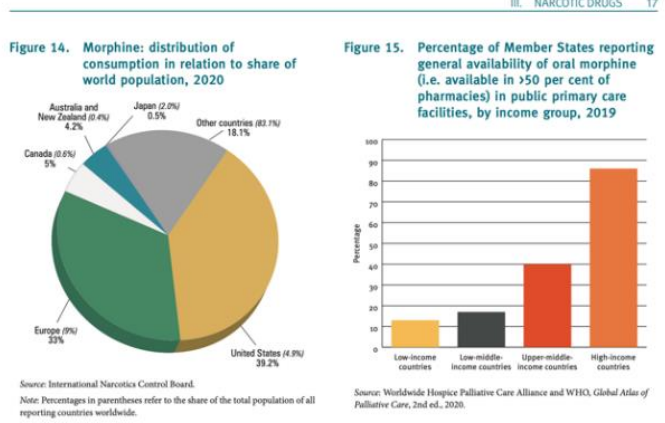
## I. Summary

The IAHP is a global civil society organization in special consultative status with ECOSOC with members in more than 1300 members in 170 countries, the majority of which lack adequate affordable access to internationally controlled essential medicines (ICEMs) for the relief of severe pain and symptoms associated with both chronic and communicable diseases. Both the International Narcotics Control Board (INCB) and the World Health Organization (WHO) report that ICEMs routinely used in well-resourced health systems for surgery, emergency medicine, treatment of traumatic injury, mental health, substance use disorders, and maternal child health, are unavailable in more than 85% of the world.<sup>1</sup>

This written submission claims that member states can achieve both targets 3.5 and 3.8 of the 2030 Agenda for Sustainable Development by improving rational, affordable, availability of controlled medicines through balanced national policies. It presents CND68 member states with the evolving global normative framework approved by CND and the UNGA on the topic, cites some impediments and strategies to overcome them, and concludes with three recommendations for member states to consider. The map below represents the global inequity in access to opioid based analgesics for medical purposes based on population need, and the graphs represent the inequity in global distribution of morphine.



Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: 2018; 391: 1391–1454



INCB Supplement 2022  
[www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E\\_INCB\\_2022\\_1\\_Supp\\_1\\_eng.pdf](http://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E_INCB_2022_1_Supp_1_eng.pdf)

## II. The evolving global normative framework: member state commitments to improve affordable availability of internationally controlled essential medicines

### A. Commission on Narcotic Drugs

The High-Level Declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019,

*“Reiterates [member states’] resolve in the framework of existing policy documents, inter alia, to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and address existing barriers in this regard, including affordability.”*<sup>2</sup>

The March 2024 high-level mid-term review featured the 68th CND Chair’s Initiative, “Pledge4Action” introduced by HE Ambassador Philibert Johnson of Ghana to mobilize Member States’ commitment toward concrete, impactful actions along the key challenges outlined in the 2019 Ministerial Declaration. One of the 11 challenges is:

*“[T]hat 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;”*

The International Narcotics Control Board (INCB), Belgium, Ghana, the International Association for Hospice and Palliative Care, and the Vienna NGO Committee on Drugs all took the Pledge4Action to improve availability of controlled medicines.

### B. UN General Assembly

The UN General Assembly unanimously adopted Resolution [71/211](#), approving the Outcome Document of the 2016 Special Session on the World Drug Problem (UNGASS),<sup>3</sup> and

*Reiterates[...]* the strong commitment of Member States to improving access to controlled substances for medical and scientific purposes 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 the diversion and abuse of and trafficking in such substances;<sup>4</sup>

The Outcome Document recommends seven practical measures detailed in the standalone chapter 2.<sup>5</sup>

### C. Human Rights Council

The 2024 thematic report of Special Rapporteur on the Right to Health Dr Tlalang Mofokeng presented to Human Rights Council stated that

- All people rely on essential controlled medicines for pain, opioid dependence, palliative care and other health conditions. The right to health includes a core, minimum obligation to provide access to essential medicines, which, under the WHO Model List of Essential Medicines, include morphine, methadone and buprenorphine.

The Report’s recommendations to member states included one that pertains to CND:

- Ensure that drug control policies do not impede access to essential medicines, including but not limited to those required for palliative care and pain

management (including for children) and harm reduction (e.g. methadone and buprenorphine).

### III. Impediments to availability and recommendations to overcome them

INCB reports the top four impediments to affordable availability as:

- Problems in sourcing
- Lack of training/awareness of professionals
- Fear of addiction
- Limited financial resources<sup>6</sup>

To overcome problems in sourcing, the INCB and WHO recommend that Governments:

- Ensure that administrative and budgetary measures are put in place to address the problems of the procurement and the affordability of medicines containing controlled – substances.
- Review pricing and – production policies of medicines for low- and middle-income countries.
- Develop small-scale or state-wide programs and establish regional or local manufacturing and/or pooled procurement of morphine products.<sup>7</sup>

In particular, INCB:

- Invites major morphine-producing countries to increase the amount destined for palliative care use and to give low- and middle-income countries the possibility of purchasing affordable morphine instead of expensive synthetic opioids.
- Continue to prioritize training health professionals in the rational prescribing and safe administration of controlled substances.

As the WHO notes, “any efforts to improve the availability of morphine products must be accompanied by a health workforce that is well-trained in the use of opioids for medical purposes through professional education. Without it, increased product availability cannot translate into safe and effective pain relief for patients and can cause wastage.”<sup>8</sup>

**Workforce training** in the safe and rational use of opioids can be improved through development, funding and implementation of legislative frameworks supporting transparent public private partnerships between ministries of health, medical, nursing, and pharmacy schools, and public and private hospitals. Governments can also recognize and support the many transnational, privately funded “train the trainer” initiatives taking place on the ground between professional organizations in different countries, usually via national and regional palliative care associations. To allay the impediment of fear of addiction, it is important that these training and education initiatives also include practitioners who treat substance use disorder, and that treatment for substance use disorder is available through the primary health system.

Several Western European health systems considered by experts to be models of balanced availability of controlled medicines ensure adequate stockpiles for medical and scientific use, while at the same time integrating treatment of substance use disorder into their primary health care services.<sup>9</sup>

## IV. Recommendations for member states

- Fund the INCB Learning Program and UNODC Opioid Project, both of which should be expanded to include several rounds of structured dialog between regulators, policymakers, supply chain experts, academia, and prescribers from all disciplines that routinely use ICEMs.
- Follow recommendations in the forthcoming WHO guideline *Ensuring balanced national policies for access and safe use of controlled medicines* to explore pooled procurement mechanisms for generics on the WHO Model List, develop local manufacturing and distribution networks such as those in Uganda and Kenya, and implement a national medicines policy that includes the essential analgesics on the WHO Model List.
- Support education and training programs for professionals who routinely prescribe ICEMs for palliative care and other disciplines, including substance use disorder practitioners.

In sum, for governments to achieve both Targets 3.5 and 3.8 of the 2030 Agenda for Sustainable Development, they need to develop their political commitment to ensure adequate availability of generic controlled essential medicines for palliative care, surgery, mental health, and substance use disorder treatment. This is a ‘both/and’, not an ‘either/or’ prescription. Public procurement of generics such as morphine minimize the risks of diversion of prescribed medicines to the illicit market, as does proper training of supply chain professionals, regulators, physicians, nurses, pharmacists, and other health care professionals.

## References

- <sup>1</sup> INCB 2022, *Supplement to the annual report of the Board for 2022 on the availability of Internationally Controlled Substances: No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes* [www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E\\_INCB\\_2022\\_1\\_Supp\\_1\\_eng.pdf](http://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E_INCB_2022_1_Supp_1_eng.pdf); 2023, Extent and causes of global variations in access to morphine for medical use and actions to improve safe access. [www.who.int/news/item/16-06-2023-people-with-medical-needs-are-left-behind-in-pain--reveals-new-report](http://www.who.int/news/item/16-06-2023-people-with-medical-needs-are-left-behind-in-pain--reveals-new-report).
- <sup>2</sup> “High-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019” [www.unodc.org/documents/commissions/CND/2024\\_high-level\\_declaration/2414246E-Declaration-2024-eBook.pdf](http://www.unodc.org/documents/commissions/CND/2024_high-level_declaration/2414246E-Declaration-2024-eBook.pdf).
- <sup>3</sup> <https://press.un.org/en/2016/ga11773.doc.htm>.
- <sup>4</sup> Resolution adopted by the General Assembly on 19 December 2011 [on the report of the Third Committee (A/71/486)] 71/211. International cooperation to address and counter the world drug problem <https://docs.un.org/en/A/RES/71/211>.
- <sup>5</sup> Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem New York, 19-21 April 2016. [www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf](http://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf).
- <sup>6</sup> [www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E\\_INCB\\_2022\\_1\\_Supp\\_1\\_eng.pdf](http://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E_INCB_2022_1_Supp_1_eng.pdf) p.5.
- <sup>7</sup> “Left Behind in Pain: Extent and causes of global variations in access to morphine for medical use and actions to improve safe access” p. 21 <https://iris.who.int/bitstream/handle/10665/369294/9789240075269-eng.pdf>.
- <sup>8</sup> *Ibid.*
- <sup>9</sup> *Ensuring balance in national policies on controlled substances GUIDANCE FOR AVAILABILITY AND ACCESSIBILITY OF CONTROLLED MEDICINES* [www.unodc.org/docs/treatment/Pain/WHO\\_encuring\\_balance\\_controlled\\_substances.pdf](http://www.unodc.org/docs/treatment/Pain/WHO_encuring_balance_controlled_substances.pdf). See also Knaul FM, Farmer PE, Krakauer EL, et al. Lancet commission on palliative care and pain relief study group. Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report. *Lancet* 2018; 391: 1391–1454. Radbruch L. Rising opioid prescriptions may not be a crisis. *Br Med J* 2019; 367: 16452. Häuser W, Petzke F, Radbruch L, et al. The opioid epidemic and the long-term opioid therapy for chronic noncancer pain revisited: a transatlantic perspective. *Pain Manag* 2016; 6:249–263.