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## Commission on Narcotic Drugs

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Item 5(d) of the provisional agenda\*

**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 Pallium India, 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

Pallium India, a civil society organization with ECOSOC consultative status, submits that improving access to controlled medicines can help achieve SDG targets 3.5 and 3.8. The WHO Collaborating Centre, Trivandrum Institute of Palliative Sciences, that works in the South East Asia Region (SEAR) where countries 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; highlights the global inequity in access to opioid-based analgesics, with over 85% of the world lacking adequate access.<sup>i</sup>

India, a major morphine producer, has a stark disparity in access to pain relief, with only 4% of the population having access. Domestic morphine consumption has stagnated, and the proportion used domestically has dropped from 10.8% in 2017 to 2.1% in 2022. Systemic change is urgently needed to address this access gap.

The submission presents the evolving global normative framework, impediments, and strategies to overcome them, concluding with recommendations for member states.

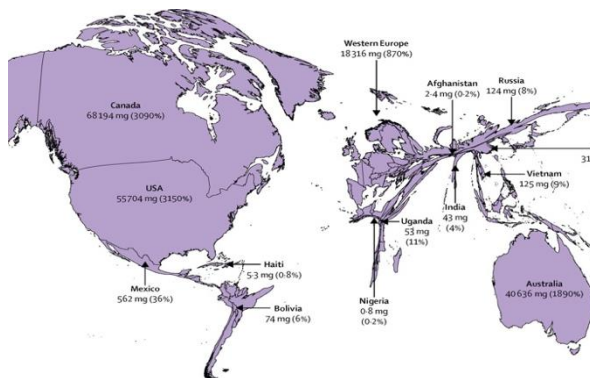
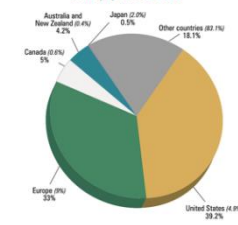
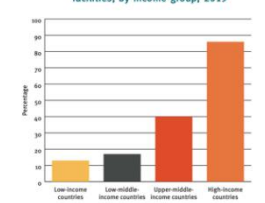


Figure 14. Morphine: distribution of consumption in relation to share of world population, 2020



Source: International Narcotics Control Board. Note: Percentages in parentheses refer to the share of the total population of all reporting countries worldwide.

Figure 15. Percentage of Member States reporting general availability of oral morphine (i.e. available in 150 per cent of pharmacies) in public primary care facilities, by income group, 2019



Source: Worldwide Hospice Palliative Care Alliance and WHO, Global Atlas of Palliative Care, 2nd ed., 2020.

INCB Supplement 2022 [https://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E\\_INCB\\_2022\\_1\\_Supp\\_1\\_eng.pdf](https://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E_INCB_2022_1_Supp_1_eng.pdf) Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: 2018; 391: 1391–1454.

## 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>ii</sup>

The March 2024 high-level mid-term review featured the 68<sup>th</sup> 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 (of which Pallium India is a member organisation), 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>iii</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>iv</sup>

The Outcome Document recommends seven practical measures detailed in the standalone chapter 2.<sup>v</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 providing access to essential medicines, such as morphine, methadone, and buprenorphine..

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

- The Report recommends that member states ensure drug control policies do not impede access to essential medicines for palliative care, 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>vi</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>vii</sup>

In particular, INCB

- Invites morphine-producing countries to increase affordable morphine supply for low- and middle-income countries.
- Prioritizes training health professionals in rational prescribing and safe administration of controlled substances.

Barriers to effective pain management in India include limited morphine access with the Standardized Daily Defined Dose (S-DDD) of morphine shows fluctuations (2017-2025: 4.931-8.205), inadequate physician training, sociocultural stigma, and fear of legal repercussions.

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>viii</sup>

**Workforce training** in the safe and rational use of opioids can be improved through:

- Legislative frameworks supporting public-private partnerships between ministries of health, medical schools, and hospitals.
- Governments recognizing and supporting transnational “train the trainer” initiatives between professional organizations

These initiatives should address the fear of addiction by:

- Including substance use disorder practitioners and ensuring treatment availability.

Western European health systems balance availability and integrate treatment into primary care.<sup>ix</sup>

## IV. Recommendations for member states

- Fund the INCB Learning Program and UNODC Opioid Project, expanding them to include structured dialog between regulators, policymakers, supply chain experts, academia, and prescribers. Follow the forthcoming WHO guideline recommendations to:
  1. Explore pooled procurement mechanisms for generics on the WHO Model List.
  2. Develop local manufacturing and distribution networks.
- Implement a national medicines policy including 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

- i 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* [https://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E\\_INCB\\_2022\\_1\\_Supp\\_1\\_eng.pdf](https://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*. <https://www.who.int/news/item/16-06-2023-people-with-medical-needs-are-left-behind-in-pain-reveals-new-report>.
- ii “High-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019” [https://www.unodc.org/documents/commissions/CND/2024\\_high-level\\_declaration/2414246E-Declaration-2024-eBook.pdf](https://www.unodc.org/documents/commissions/CND/2024_high-level_declaration/2414246E-Declaration-2024-eBook.pdf).
- iii <https://press.un.org/en/2016/ga11773.doc.htm>.
- iv Resolution adopted by the General Assembly on 19 December 201 [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>.
- v Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem New York, 19-21 April 2016. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>.
- vi [https://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E\\_INCB\\_2022\\_1\\_Supp\\_1\\_eng.pdf](https://www.incb.org/documents/Publications/AnnualReports/AR2022/Supplement/E_INCB_2022_1_Supp_1_eng.pdf) p.5.
- vii “*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>.
- viii Ibid.
- ix *Ensuring balance in national policies on controlled substances GUIDANCE FOR AVAILABILITY AND ACCESSIBILITY OF CONTROLLED MEDICINES*. [https://www.unodc.org/docs/treatment/Pain/WHO\\_encuring\\_balance\\_controlled\\_substances.pdf](https://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.*