Challenge 4: 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

U.S. National Statement

- Thank you, Chair. We find ourselves in unprecedented times, facing a global pandemic that has placed many of us at home, with limited access to the outside world. We recognize this may introduce additional barriers for the access and availability of internationally controlled substances for medical and scientific purposes.

- During the COVID-19 pandemic, the United States is taking important steps to support health system and health treatment delivery changes to facilitate access to care during times of social distancing and infrastructure disruption.

- In response to the public health emergency, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances, including opioid pain medications, without having to interact in-person with their patients.

- Further, the U.S. Department of Health and Human Services’ Centers for Medicare and Medicaid Services increased public payment for telehealth services and provided flexibility on accepted communication technologies for clinical care, including a waiver to allow use of audio-only communications.

- Despite the great strides we’ve made, we recognize that many patients across the world may still find reduced access.

- The international drug control framework within the UN drug treaty regime is an essential tool for addressing the World Drug Problem. At the same time, we must strive to ensure that domestic laws, regulations, and practices suitably reflect the dual mandate of the treaties to ensure access to controlled substances for medical and scientific purposes while preventing diversion of drugs from licit sources to illicit channels. Both aspects of this mandate are equally important and no person should suffer unnecessarily from untreated pain or be denied access to medicines.

- The INCB is treaty-mandated to collect information from States Parties on the availability of controlled substances for medical and scientific purposes. In this regard we appreciate the March 2018 INCB report: “Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes.” We urge
Member States to continue and deepen information sharing with the INCB on this issue and on the INCB to take further actions to increase reporting on this issue.

- Utilizing information to better identify gaps is a vital step to reducing barriers to access and availability, but it is not the end. We therefore urge Member States to consider the recommendations of the 2018 INCB special report, especially related to the need for greater prescribing authority for nurse practitioners, to reduce overly restrictive sanctions for errors in prescribing medicine, and for increased awareness-education and training directed at professionals in the medical and pharmaceutical fields. We also encourage use of relevant tools such as INCB Learning and I2ES.

- We have heard that in some cases the international control regime for narcotic drugs and psychotropic substances may create barriers to access and availability of scheduled drugs for medical and scientific purposes in some Member States. We would request further information on these barriers from the INCB, in accordance with its treaty mandate to endeavor to ensure the availability of narcotic drugs for medical and scientific purposes.

- Finally, on the troubling subject of falsified medical products, including counterfeits and intentionally substandard or contaminated substances, we urge greater awareness to inform the CND of the excellent products that INCB and UNODC have created in this field. We also encourage greater coordination across the UN entities to combat such trafficking and stress the important role UNODC, INCB, WHO, and other relevant UN system organizations have to play in this regard.