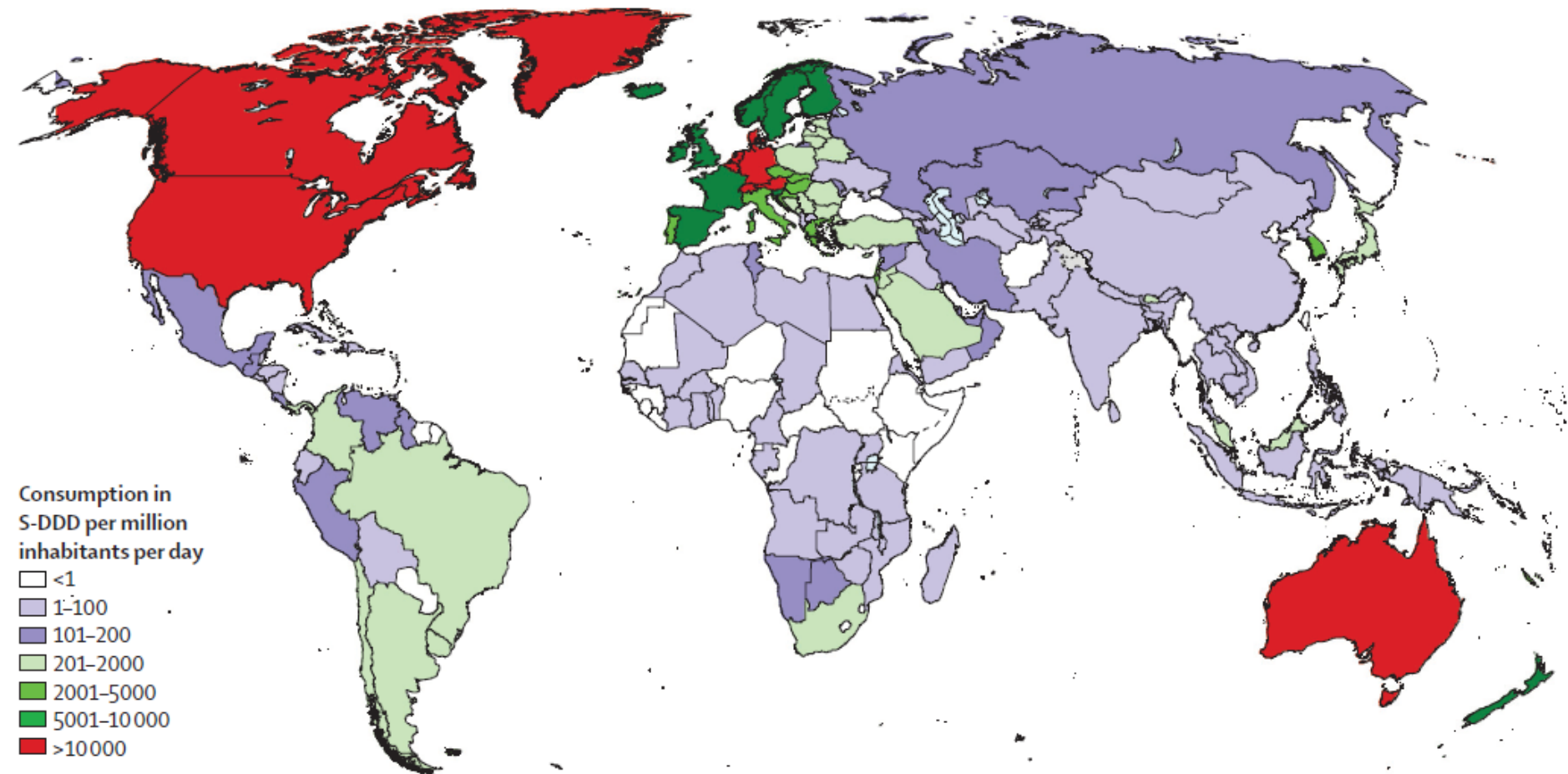


# Access to internationally controlled substances for medical purposes: a global unbalance

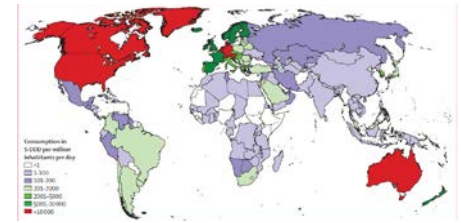
RAFFAELLA RAVINETTO

21 OCTOBER 2020



# Use of and barriers to access to opioid analgesics

*Lancet* 2016; 387: 1644–56



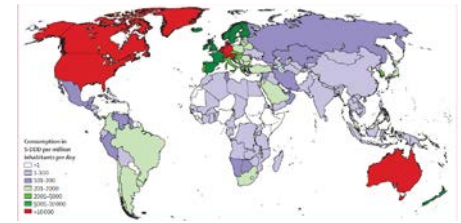
## ■ Impediments to use

- absence of training and awareness in medical professionals
- fear of dependence
- restricted financial resources
- issues in sourcing
- cultural attitudes
- fear of diversion
- international trade controls
- onerous regulation

**UNODC Resolution 2020** *Promoting awareness-raising, education and training as part of a comprehensive approach to ensuring access to and the availability of internationally controlled substances for medical and scientific purposes and improving their rational use*

# Use of and barriers to access to opioid analgesics

*Lancet* 2016; 387: 1644–56



## ■ Impediments to use

- absence of training and awareness in medical professionals
  - fear of dependence
  - restricted financial resources
  - issues in sourcing
  - cultural attitudes
  - fear of diversion
  - international trade controls
  - onerous regulation
- **INCB learning** to address barriers to availability for medical treatments - raising awareness, training
  - International Import and Export Authorization System (**I2ES**): paperless trade in controlled substances
  - **I2ES Forum** - Platform on contingency measures during COVID-19 (simplified procedure)

vas406  
WHO/PSA/96.17  
ORIGINAL: ENGLISH  
DISTR: GENERAL

MODEL GUIDELINES  
for the  
INTERNATIONAL PROVISION OF  
CONTROLLED MEDICINES  
for Emergency Medical Care

# WHO (1996) Model guidelines for the international provision of controlled medicines for emergency medical care

## *Emergency*

Any acute situation (e.g. earthquakes, floods, hurricanes, epidemics, conflicts, displacement of populations) in which the health conditions of a group of individuals are seriously threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures.

The model guidelines are aimed at enabling operators to supply, across international boundaries, essential narcotic drugs and psychotropic substances for emergency medical care.

Faced with this difficulty, the World Health Organization (WHO) and the International Narcotics Control Board (INCB) agreed that there was an urgent need to find a practical solution to this problem. Through subsequent discussions at the United Nations Commission on Narcotic Drugs in April 1996, and the World Health Assembly in May 1996, an international consensus was established to support the application of simplified export-import control procedures in emergency situations, in order to improve the accessibility of disaster-stricken peoples to controlled medicines. With regard to the actual mechanism of such a simplified procedure, WHO was invited to draw up Model Guidelines to assist national authorities.

# WHO (1996) Model guidelines for the international provision of controlled medicines for emergency medical care

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## Emergency in Mozambique, Malawi and Zimbabwe - Cyclone *Idai* and floods

VIENNA, 21 March 2019 - In response to tropical Cyclone Idai and devastating flooding in Mozambique, Malawi and Zimbabwe where more than a million people have been affected, the International Narcotics Control Board (INCB) reiterates its call upon Governments to facilitate the supply of internationally controlled substances urgently needed for the medical treatment of those affected.

INCB draws to the attention of all Governments that in acute emergencies, such as the one experienced by these three countries, 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 even in the absence of the corresponding import authorizations and/or estimates. Urgent deliveries do not need to be included in the estimates of the receiving countries affected by the natural disasters.

See **E/INCB/NAR/C.L.10/2019 MLW MOZ ZIM**: [ [ENG](#) / [FRA](#) / [SPA](#) ]

Competent national authorities may find further information on the subject in the [Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care](#) developed by the WHO in cooperation with the INCB.

14:46 14/10/2020



# INCB, WHO and UNODC statement on access to internationally controlled medicines during COVID-19 pandemic (14.8.2020)

- Scope: COVID-19 and non-COVID-19 patients
- Need for equitable access
- Solutions to address barriers



[HTTPS://WWW.UNODC.ORG/UNODC/EN/FRONTPAGE/2020/AUGUST/INCB--WHO-AND-UNODC-STATEMENT-ON-ACCESS-TO-INTERNATIONALLY-CONTROLLED-MEDICINES-DURING-COVID-19-PANDEMIC.HTML](https://www.unodc.org/unodc/en/frontpage/2020/august/incb--who-and-unodc-statement-on-access-to-internationally-controlled-medicines-during-covid-19-pandemic.html)

- **The pandemic should not obscure preexisting (routine or emergency) needs**

- Deaths due to HIV, TB, malaria over 5 years could increase by up to 10%, 20%, and 36%
- HIV: interruption of therapy, due to high health system demand
- TB: reductions in timely diagnosis and treatment, due to prolonged suppression of interventions
- Malaria: interruption of net campaigns
- *Lancet Glob Health, July 2020*

**Need to estimate the pandemic impact on access to controlled medicines?**

# What can the global health community do?

## Suggestions for (more focused) collaborative research

- Monitoring & Evaluation of the implementation of Resolution *“Promoting awareness-raising, education and training .....”*
  - Case studies ? Under-researched context?
- COVID19 impact on access to controlled medicines
- Capacity to react to public health emergencies
- (Lack of) access as a trigger of risky behaviors
- Access in specific groups / contexts (e.g. chronic pain in children? Palliative care in humanitarian contexts?)
  - Generate evidence to orient/guide policy makers
  - Focus on under-researched contexts/communities