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**2nd Vice-President of the International Narcotics Control Board
and Chair of the Standing Committee on Estimates**

**Commission on Narcotic Drugs Thematic Discussions on the Implementation of
All International Drug Policy Commitments, Following-up to the 2019 Ministerial
Declaration**

“Low availability of internationally controlled substances for medical and scientific
purposes”

6 December 2023

Thank you so much distinguished Chair, Excellencies, ladies and gentlemen,

The International Narcotics Control Board is pleased to contribute to the thematic discussions on the implementation of all international drug policy commitments, that were adopted by Member States in the 2019 Ministerial Declaration. The Board has also taken note of the many concerns that have been expressed by the different interventions and countries and what is also crucial to highlight is that this is of equal concern to the Board

Over half a century ago member states when adopting the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances made the commitment to ensure - and not unduly restrict - the availability of drugs considered indispensable for medical and scientific purposes.

Despite this commitment, we have acknowledged even today, that there remains a significant imbalance in the availability of controlled substances globally. This imbalance not only goes against the aims of the drug control conventions as we have heard reaffirmed here today, to promote the health and welfare of mankind, but it also contradicts numerous human rights, like the right to health or medical care, which also encompasses palliative care.

Over the past forty years, the consumption of opioids has more than tripled globally with, in particular, an exponential increase in the use of fentanyl. An overall significant decline in its consumption was registered since 2010 however, and this is possibly related to the introduction of the more stringent control measures in some countries to address the opioid crisis. Over-prescription of fentanyl and other strong opioids, also lies at the root of the opioid overdose epidemic that is still affecting a number of countries. However, it is still critical to ensure that balance that everybody has referred to today, between ensuring availability and access while also preventing diversion towards non-medical and other uses.

For many years, the Board has expressed concern about the limited availability of and access to controlled substances for medical purposes in many regions of the world. Due to these concerns, special reports on this issue were also published by the Board in 1989, 1995, 2010, 2015 and 2018, and as most of us will be aware, through each of the annual reports that the Board releases there is always a section that talks to availability and access, because this is core to our mandates. The latest report published last March 2023 is a further opportunity to provide the international community with information to assist in the implementation of the operational recommendations specifically related to availability and access.

The data confirm that there is persistent disparity between regions in the consumption of opioid analgesics for the treatment of pain. Many countries continue to report having difficulties procuring medications containing morphine. What is of further concern, however, is that even though sufficient quantities of opiate raw materials which are reported to be available, one of the critical problems we face is that the large parts of the morphine available is being used for the production of codeine to be used mainly for preparations in Schedule III of the 1961 Convention as amended, and only a small amount is used directly for medical purposes such as palliative care. An additional issue is that the available amount is used directly for pain relief and mostly in high-income countries.

For psychotropic substances, the situation is less clear, but limited access and availability, particularly in low- and middle-income countries seems to also be an issue even in this instance. The relevance of the topic of availability and accessibility was made

more evident through the continued evolution and growing problem of the opioid epidemic that started in North America in the mid-1990s and, more recently, with the COVID-pandemic, we then found that there was further exacerbation of this issue.

The analysis of the data and of the responses by Governments and civil society organizations, towards surveys that we have requested them to fill in, shows that there has been some progress. However, there are still some areas which require further action. The action is required from the Board, from other important collaborators and organizations but also from Member States and by the international community. I can share with you some findings to illustrate the current status on access and availability:

- The report confirms that scaling-up the implementation of the international drug policy commitments on improving availability of and access to controlled substances for medical and scientific purposes requires a comprehensive and multi-pronged approach.
- Countries need to strengthen their capacity to collect the best possible data and create a digital network of information collection from all stakeholders in the supply and consumption chain for determination of an appropriate estimation of their requirements for narcotic drugs and psychotropic substances.
- The procurement of opioid analgesics and psychotropic substances alone will not solve the problem of access and availability of the medicines for patients.
- Governments also need to improve the capacity of their health systems to deliver palliative care.
- Tackling the issue of availability and access to controlled substances for medical purposes passes through addressing the issue of affordability.
- Lack of training and awareness of the health professionals about the proper prescription and administration of controlled substances also remains a major issue for many countries.

A recent engagement with WHO, with whom we collaborate as a Board, indicated additional barriers which include stigma, they include fear of addiction and administrative bureaucracy. This has enabled us as the Board to further strengthen the will and also the purpose of collaborating with bodies like the WHO to also address these issues. And of special mention, one also has to indicate that access and availability in light of the many

ongoing humanitarian emergencies is of some concern. This on top of the COVID-19 pandemic that we have been through. We know that these disrupt the supply chain for controlled medicines in several parts of the world. The Board has been working with Governments to address the urgent need to ensure availability of controlled medicines even during emergency situations. There have also been discussions with WHO to further strengthen anything else that we might be able to do as the Board, to address specifically this issue for emergencies. There is some progress as we have indicated, however, ensuring availability of and access to controlled medication remains an ongoing problem. It is necessary to continue all efforts to ensure that this goal is strengthened and enshrined in all national drug control policies and practices.

To this effect, we have recommitted ourselves in terms of what the Board does and in terms of also what the Board issues in its annual report, to ensure that all member states have got adequate information about the areas of recommendations where actions can take place. The INCB is committed to work with and assist the international community towards greater availability of and access to controlled substances for medical and scientific purposes. Initiatives like the INCB Learning are critical to addressing some of the barriers which require training.

At this point, Mr Chair, please allow me to reiterate the call to action that has been coined by the previous Chair of the CND, 65th session, Ambassador De Hoop, when he indicated very clearly something that we are in support of, and I believe that our excellency from Morocco has also indicated this. The Board is also of the idea that “No Patient Left Behind”

I thank you.