

*Check against delivery*

**Statement by Ms. Jagjit Pavadia, President,  
International Narcotics Control Board (INCB)**

**Special event:  
Scaling up the implementation of the international drug policy  
commitments on improving availability of and access to controlled  
substances for medical and scientific purposes**

**Geneva, 6 September 2022**

Your Excellency, Ambassador Bhatia, Distinguished Panellists, Ladies and Gentlemen,

I am pleased to join again with the Chair of the Commission on Narcotic Drugs, Ambassador D’Hoop, the Executive Director of the United Nations Office on Drugs and Crime, Ms. Waly, and the Director-General of World Health Organization, Dr. Tedros, along with the Special Rapporteur on the Rights to Health, Dr. Mofokeng and the Permanent Representative of the Democratic Republic of Congo, Ambassador Efambe, in this special event aimed at scaling up activities to improve access to and availability of controlled substances for medical and scientific purposes. Once again, I congratulate Ambassador D’Hoop on his initiative that was launched with the Joint Call to Action by WHO, UNODC and INCB earlier this year.

Since the adoption of the 1961 Single Convention on Narcotic Drugs, as amended, over half a century ago and with the subsequent adoption of the 1971 Convention on Psychotropic Substances, the international community made a commitment to ensure - and not unduly restrict - the availability of drugs considered indispensable for medical and scientific purposes.

Despite this commitment, there remains a significant imbalance in the availability of controlled substances globally; an imbalance which not only goes against the aims of the drug control conventions to promote the health and welfare of humankind, but also contradicts numerous human rights instruments that contain the right to health or medical care, which also encompasses palliative care.

The issue was the focus of a series of supplements to the INCB annual reports for 2010, 2015 and 2018 with a further supplement currently being prepared for publication with the Board's Annual Report for 2022. In preparing this latest supplement, INCB has collected and analysed information on national legislation and regulatory systems, health systems, affordability, training of health care professionals, education and awareness-raising campaigns undertaken as well as on estimates and assessments of controlled substances. The information has been collected from 96 Member States and 65 civil society organisations.

While that analysis is still ongoing, preliminary data indicates progress in some key areas and this is reassuring, however persistent disparities remain between regions in the consumption of opioid analgesics for the treatment of pain.

Almost all such consumption is concentrated in Western Europe, North America, and Oceania. At the same time, consumption levels in other regions are often not sufficient to meet the medical needs of the populations. In fact, based on consumption data reported by Member States to INCB, we know that in 2020 low- and middle-income countries, consumed only 17 per cent of the total amount of morphine used for the management of pain. Currently, the lowest-consuming regions in the world include Africa, Central America and the Caribbean, South Asia, and East and South-East Asia, home to a large proportion of the global population.

It has to be stressed that these regional imbalances are not due to a shortage of opiate raw materials. Supply has been found to be more than sufficient to satisfy demand reported to INCB by governments, but it is evident that a large number of countries may not be accurately reflecting the actual medical needs of their populations and hence the disparity in availability.

Similar imbalances are also found in the consumption of psychotropic substances for the treatment of various mental health and neurological conditions. For example, while 80 per cent of people with epilepsy live in low- and middle-income countries, the consumption of psychotropic substances used in the treatment of epilepsy is concentrated in high-income countries.

The political will of the international community to ensure that globally all people have access to the controlled substances they need for medical treatment has been reiterated through General Assembly, ECOSOC and CND resolutions as mentioned by preceding speakers. It is

however clear that this political will needs to be urgently translated into tangible action to prevent unnecessary suffering.

This action is essential an essential component in achieving Sustainable Development Goal 3 on health and wellbeing for all at all ages.

The main barriers to achieving adequate availability have been identified by Member States themselves as a lack of capacity, under-resourced health systems, lack of know-how to accurately evaluate the needs of the population, inadequate regulation and too few sufficiently trained health-care professionals. These obstacles can be overcome with focussed investment in building the capacity, educating and training front line officers within the responsible offices. It is also essential to recognise that the transfer of knowledge and succession planning by Member states in this highly technical area is crucial for long-term and sustainable delivery.

In this regard, I once again encourage governments to calculate their estimates on the basis of the methods suggested in the “Guide on Estimating Requirements for Substances under International Control” developed by the INCB and WHO. The choice of which method to use is determined by the availability appropriate data, necessary resources and the structure of the controlled substance supply chain and distribution system. The competent national authorities need to familiarize themselves with the guide and identify the method that is best suited for their situation.

For those Government requiring assistance with capacity building, INCB Learning has online modules available free of charge to assist Governments in implement the drug control conventions and achieving their ultimate objective of ensuring the availability of controlled substances for medical and scientific purposes while preventing diversion, trafficking, illicit manufacture and non-medical use.

On this specific issue, less than a week ago Ambassador D’Hoop joined me in launching INCB’s 5<sup>th</sup> e-learning module on adequate availability of, and access to, internationally controlled substances. The module goes well beyond reporting requirements under the Conventions, but importantly elaborates on how Member States can take practical action to tackle this global challenge, in particular in response to the increased number of emergency situations. These urgent needs have been highlighted

through the ongoing pandemic as well as through the emergence and continuance of conflict situations.

Now more than ever it is crucial that drug control officials know how to respond quickly to ensure that the people have adequate and quick access to the medicines they need. INCB has been able to take concrete action with the World Customs Organisation to raise awareness of front-line officers in the application of simplified control procedures for the export, transportation and provision of controlled medicines in emergency situations to ensure all patients have access to the controlled medicines they need.

In closing, solutions to this issue can be found when there is commitment from all those concerned, which includes governments, health systems and health professionals, civil society, the pharmaceutical industry and the international community. Countries with greater resources should also consider assisting other countries in their efforts to ensure access to and availability of substances to relieve suffering, be it for the treatment of pain or mental health and neurological conditions .

Decisive and cooperative action by Member States is required so that no patient is left behind to suffer unnecessarily.

Thank You