

*Check against delivery*

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International Narcotics Control Board (INCB)**

**INCB 141<sup>st</sup> session  
Consultation with Member States:  
The human rights dimension of the drug control conventions**

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***Emergency situations***

Excellencies, ladies and gentlemen,

According to the United Nations Office for the Coordination of Humanitarian Affairs, in 2024, close to 300 million people worldwide need humanitarian assistance, because of armed conflicts, displacement, climate emergencies and disease outbreaks.

WHO has stated that reducing the health risks and consequences of emergencies is vital to local, national and global health security and to build the resilience of communities, countries and health systems<sup>1</sup>.

With that in mind, a list of essential medicines critical for pain management, palliative care, surgical care, anesthesia and the treatment of mental health, substance use disorders and neurological conditions has been prepared and is updated every two years.

This list includes several internationally controlled substances, such as morphine, diazepam, and phenobarbital. Although these essential drugs are often included in emergency health kits, their delivery to emergency sites is hindered by ongoing violence, logistical challenges and overly strict administrative measures.

International legal frameworks, such as the international drug conventions, international human rights law and international humanitarian law, play a key role in protecting access to health care, guarding the provision of medical care, and facilitating timely access to internationally controlled substances during emergency situations.

Recognized as a fundamental part of human rights both in the Universal Declaration of Human Rights and the 1966 International Covenant on Economic, Social and Cultural Rights, the right to health was first articulated in the 1946 Constitution of the World Health Organization, whose preamble states that

*“the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions.”*

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<sup>1</sup> <https://iris.who.int/bitstream/handle/10665/326106/9789241516181-eng.pdf>

Proclaimed by the United Nations General Assembly in Paris in 1948, the Universal Declaration of Human Rights not only affirms health as part of the right to an adequate standard of living, but also specifies access to medical care as an important component of the right to health.

Article 25 states that *“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...”*

Similarly, the International Convention on Economic, Social and Cultural Rights outlines governments’ responsibilities in protecting access to health care.

International humanitarian law provides rules to protect access to health care during humanitarian emergencies caused by armed conflicts.

Specifically, the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces stipulates that medical personnel and facilities must be respected and protected in all circumstances, as these protections are essential for the provisions of medical care during armed conflicts.

Parties are required to allow and facilitate the safe passage of all consignments of medical supplies, to ensure that adequate medical care is provided to the wounded and sick.

While international human rights law and international humanitarian law aim at protecting access to health care for all, the international drug control conventions focus on ensuring the availability of controlled substances for medical use, including during emergency situations.

The drug control conventions are designed to regulate the production, distribution, and use of controlled substances, and acknowledge the importance of ensuring availability of controlled substances for medical purposes.

The preambles of the two conventions (Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol and Convention on Psychotropic Substances of 1971), state that controlled narcotic drugs and psychotropic are indispensable and that therefore their availability should not be unduly restricted.

In addition to setting out a system of controls, the international drug control conventions also provide scope for the temporary exemption of some control measures under specific circumstances.

Specifically, the Single Convention on Narcotic Drugs of 1954 grants State Parties the possibility to authorize the export of medicines containing controlled substances in the absence of the corresponding import authorizations and/or estimates.

In accordance with Article 21 of the Convention, such exports should be permitted when the government of the exporting country is of the view that it is essential for the treatment of the sick.

The Board has repeatedly recalled that the international drug control conventions allow for the expedited movement of controlled substances for medical use during emergency situations.

To hasten the supply of controlled substances, the Board also facilitates communication between exporting and receiving countries and informs providers of humanitarian assistance about the simplified regulations.

Access to treatment for substance use disorders, including opioid agonist therapy, must continue, including during humanitarian emergencies.

In conflict situations, occupying powers have an obligation “to ensure and maintain, with the cooperation of national and local authorities, the medical and hospital establishments and services, and public health and hygiene in the occupied territory,” as provided in Art. 56 of the Geneva Convention Relative to the Protection of Civilian Persons in Time of War (of 12 August 1949).

Working with international humanitarian organizations, related UN agencies, and competent authorities, INCB has also organized meetings to discuss and review the implementation of simplified control measures during emergency situations and recommendations and best practices were discussed to improve their emergency preparedness.

As the number of humanitarian emergencies resulting from armed conflicts increases, the Board has reminded all States that, under international humanitarian law, parties to armed conflicts have an obligation not to impede the provision of medical care to civilian populations located in territories under their effective control.

This includes access to necessary narcotic drugs and psychotropic substances, and the continued access to controlled substances for opioid agonist therapy, should such treatment have been provided prior to occupation.

To conclude the Board has invited Governments and humanitarian relief agencies to bring to its attention any problems encountered in exporting and/or receiving controlled substances during emergency situations.

Together with the help of international humanitarian organizations and other United Nations agencies, INCB will continue to monitor and assist in the implementation of the simplified control measures during emergency situations to ensure the timely supply of controlled substances to alleviate the pain and suffering of the most vulnerable.

Thank you.