



Economic and Social Council

Distr.: General
1 December 2022

English only

Commission on Narcotic Drugs

Reconvened sixty-fifth session

Vienna, 8 and 9 December 2022

Agenda item 5(d)

Implementation of the international drug control treaties: international cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

Statement submitted by the International Association for Hospice and Palliative Care (IAHPC), a non-governmental organization in special consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* Issued without formal editing.



Written submission of the International Association for Hospice and Palliative Care to the Reconvened Session of the 65th Commission on Narcotic Drugs

The International Association for Hospice and Palliative Care extends its deepest appreciation to the outgoing president of the 65th CND, Ambassador Ghislain D'Hoop for leading the Call To Action on access and availability of internationally controlled essential medicines. The high level events organized around this campaign in Vienna, Geneva, and New York called attention to the fact that more than half a century after almost all UN member states adopted the Single Convention on Narcotic Drugs, which stated that “the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,” more than 80 per cent of patients in the world who need them still have no access, meaning most suffer and die in uncontrolled agony.

There is no place for such preventable suffering in the second decade of the 21st century now that the medical knowledge exists to treat both severe pain and opioid use disorder. Many of the laws and regulations in countries where the INCB has identified lack of access as a problem were drafted and approved before the development of palliative care and addiction medicine in recent decades. They are blunt instruments that neither allow for rational medical use, nor do they prevent diversion and misuse. The INCB, CND and WHO have all recommended training health workforces in modern regulatory and prescription practices and implementing balanced drug policies to ensure adequate access while preventing diversion and harmful non-medical use.

The Lancet Commission on Pain and Palliative Care has now developed an algorithm to measure serious health related suffering associated with many health conditions afflicting the world's growing populations, and together with the Stanford Lancet Commission on the North American Opioid Crisis, has recommended that generic oral morphine, an essential medicine on the WHO Model List, be supplied to all health systems where access is low to inadequate as measured by the INCB.¹ Generic oral morphine must be procured and supplied by the public sector, and preferably locally manufactured, as it is unattractive to both the pharmaceutical industry and the cartels, which prefer to produce and market more profitable substances for rapidly expanding global markets.

At the system level, relief of preventable health related suffering associated with lack of access to internationally controlled essential medicines in more than 80 per cent of CND member states entails all of government approaches to examine system failures as well as positive member state adaptations initiated during the COVID pandemic. Excellent recent example of this inter-agency cooperation are the two [Joint Statements on Access to Medicines](#) issued by the INCB, the WHO and UNODC in August 2020 and 2021.

The International Association for Hospice and Palliative Care (IAHPC) as an NGO in consultative status with ECOSOC as well as a non-state actor in official relations with the World Health Organization, is participating in sessions of the WHO Inter-governmental Negotiating Body for a binding international treaty on pandemic preparedness and response, paying particular attention to the draft articles on supply chains and health system resilience. We recommend that strategic stockpiles prioritise

¹ Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X, Arreola-Ornelas H, Gómez-Dantés O, Rodríguez NM, Alleyne GA, Connor SR. Lancet Commission on Palliative Care and Pain Relief Study Group. *Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report*. Lancet. 2018 Apr 7;391(10128):1391–454; Humphreys K, Shover CL, Andrews CM, Bohnert AS, Brandeau ML, Caulkins JP, Chen JH, Cuéllar MF, Hurd YL, Juurlink DN, Koh HK. *Responding to the opioid crisis in North America and beyond: recommendations of the Stanford–Lancet Commission*. The Lancet. 2022 Feb 5;399(10324):555–604.

oral morphine, included on the WHO Model List, for the treatment of pain and terminal breathlessness. Stockpiles should also include other essential internationally controlled medicines such as midazolam and methadone for the treatment of opioid use disorder. We support the recommendations for multilateral and regional purchasing mechanisms including pooled mechanisms. IAHPC stands ready to assist member states wishing to honour their treaty obligations under the Single Convention and human rights treaties in order to Leave No Patient Behind.
