

CND Intersessional 18.10.2019. Intervention of IAHPC by Ms Heloisa Broggiato.

Slide 1

The IAHPC's vision is "a world free from serious health related suffering." This vision entails adequate access to essential medicines for the relief of severe pain and symptoms associated with life-threatening conditions such as cancer, heart disease, and post-surgical care. Access to these essential medicines and services is governed under the three international drug control treaties. As it happens, they are still unavailable in more than 70% of the world's countries. **Slide 2.**

The crisis of *lack of access is largely invisible to UN bodies such as CND because measures of human suffering have been absent until now.* The countries where this epidemic of suffering rages are reduced to mere lines on this map used by INCB in the 2018 Annual Report Supplement. This invisible epidemic is fueled by: lack of adequately trained prescribers, unduly restrictive legislation, weak supply chains, and unaffordable oral morphine. It is over-shadowed by the very visible crisis of *non-medical use*, the overdose epidemic in North America. This equally tragic epidemic is fueled by aggressive marketing by big pharma, polydrug use, and recreational consumption of synthetic opioids in contexts where harm reduction services are largely unavailable. **Slide 3**

So is there any improvement in the global distribution of opioids? According to INCB President Kees de Joncheere, in his recent speech at the UN, the data show that the increase in the use of expensive synthetic opioids, mainly in these high-income countries, has *not* been matched by an increase in the use of affordable morphine in the low and middle income countries. Although the prevalence of many of the conditions requiring pain management and palliative care, including cancer, is increasing everywhere, access to and availability of generic opioids for medical use remains an enormous challenge in many countries, where patients suffer and die in agony. https://www.incb.org/documents/Speeches/Speeches2019/ECOSOC_20190723.pdf

This appalling situation is worsening, as policymakers in many countries respond to the US crisis by tightening supplies of essential opioids for legitimate medical use rather than improving training, centralizing procurement of generics, and strengthening primary health care systems.

The most current evidence now shows that there is NO necessary correlation between rates of medical prescribing [licit use] and overdose, with Germany being the case in point. Germany has the second highest opioid prescription volume in the developed world. Its [pattern](#) of opioid prescribing for medical use mirrors that of the United States but Germany's opioid-related overdose rate *has consistently been among the lowest in the developed world.* Germany, unlike the US, has a system of universal health coverage, and it implements drug dependence treatment, harm reduction strategies, Medication Assisted Treatment, and rehabilitation programs.

Model programs for access to generic oral morphine include those in Uganda and in Kerala, South India. In Uganda, the government procures the medicine and supplies it at no cost to hospices for specially trained nurses to prescribe for patients. And in Kerala morphine is provided free to patients through government clinics. Slide 4. These governments report *no diversion and misuse* from the medical supply chain, which confirms the findings of UNODC's 2019 World Drug Report that morphine seizures all come from *illicit* sources. Generic oral morphine is not attractive either to big pharma or to the traffickers, and should be procured in bulk for medical purposes by governments aiming to meet Target 3.8 of the SDGs regarding access to essential medicines.

IAHPC welcomes the UNODC's Comprehensive Opioid Strategy, Slide 5 which is designed to address the complexity of *both* opioid crises. We are disappointed, however, that while the Prevention and Control pillars of this strategy have been well funded by the Northamerican countries experiencing the overdose crisis, the access pillar, Pillar 2, *has absolutely no funding*. We encourage member states to remedy this crucial deficit and contribute to this effort, which supports their commitments under the Single Convention, the UNGASS Outcome Document and the 2019 Ministerial Declaration, to improve access to "narcotic drugs for medical and scientific purposes while preventing diversion and abuse." IAHPC stands by to assist member states and the Secretariat in supporting this essential pillar of the Opioid Strategy.

Thank you \Slide 6.