



INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE
Advancing Hospice & Palliative Care Worldwide

INCB Civil Society Hearing on Illicit Financial Flows

Presentation of the International Association for Hospice and Palliative Care (IAHPC)

May 17, 2021

Presented by Ms. Heloisa Brogiato, IAHPC and Vienna NGO Committee on Drugs

Thank you for giving the International Association for Hospice and Palliative Care (IAHPC) the opportunity to participate in this civil society hearing. We are commenting in our capacity as an NGO in consultative status with the UN Economic and Social Council and a non-state actor in official relations with the World Health Organization. We understand the term “illicit financial flows” (IFF) as referring to illegally earned money that is transferred or used across borders. This statement specifically discusses how the IFFs generated in the black and grey markets for illicit drugs affect access to internationally controlled essential medicines for palliative care, thereby undermining development and security.

The drug control machinery that governs access to those essential medicines was set up in the mid-20th century, decades before the development of palliative care as a medical specialty. One of its objectives is to regulate both licit and illicit financial flows generated by “narcotic drugs” to ensure that only licensed growers, pharmaceutical companies, health centers, medical professionals, and revenue authorities benefit from the income generated by these medications. National drug enforcement authorities have spent billions of dollars of public funds on supply control efforts in the past half century to ensure this increasingly elusive outcome.

Lack of access to essential controlled medicines for the treatment of severe pain and other medical conditions has been identified as one of the factors leading to diversion. Over 70% of the global population does not have access to essential medicines needed for pain relief and palliative care. When such conditions occur, patients may seek relief by acquiring substances that have been diverted or manufactured illicitly.

For decades, the INCB has traced the origins of lack of global access to unduly restrictive laws and regulations, fear of addiction, and more recently to the lack of appropriately trained health workforces. This can be remedied by workforce training and examinable undergraduate courses in pain management.

Palliative care professionals with decades of experience in the field report little or no diversion from their clinics.¹ We respectfully remind the INCB that global seizures of morphine were down 50% in 2020.² There is no need for the INCB to update its 1995 assessment that “The international system to

¹ Rajagopal, M. R., & Joranson, D. E. (2007). India: opioid availability—an update. *Journal of pain and symptom management*, 33(5), 615-622.

[https://www.jpsmjournal.com/article/S0885-3924\(07\)00121-2/fulltext](https://www.jpsmjournal.com/article/S0885-3924(07)00121-2/fulltext)

² https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_Booklet_3.pdf



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prevent diversion of narcotic drugs is working well. The number of incidents involving diversion of narcotic drugs is small considering the large number of transactions at the international and national level.”

More granular research and widespread promotion of that assessment would support member states wishing to follow the recommendations in Chapter 2 of the UNGASS Outcome Document, giving them permission to replace inappropriate security-based oversight of health needs for controlled medicines with evidence based regulatory frameworks based on the principle of balance.³ This would support security and development and contribute to achievement of SDG3, Target 3.8 on UHC and access to essential medicines.

Reports of palliative care teams being unable to reach patients for routine and emergency visits when narcotics enforcement operations are underway in certain neighborhoods or districts are common. Ambulances cannot visit high crime areas after dark to take medications or services to patients in need without police escorts, if at all. Public health centers in another member state we have studied report that essential medicines disappear from government warehouses and reappear at private hospital pharmacies at much higher prices. Ministry of Health research revealed that this was a complex operation involving highly placed actors.

To reduce the opportunity costs of illicit financial flows and increase public funding to ensure availability, the IAHPC recommends that member states review and revise drug policies and regulatory frameworks to ensure that they are ‘balanced’ that they provide adequate access to affordable essential medicines while preventing any diversion that would produce illicit financial flows and associated harms. This calls for strengthening national and regional supply chains by developing local manufacturing capacity, joint procurement strategies for generic products, and workforce training on appropriate handling and prescribing of controlled medicines. These strategies support sustainable development and security.

Financial Action Task Forces (FTFs) address similar governance issues by supporting partner low- and middle-income countries to strengthen their legislative frameworks in line with international standards. Such initiatives could also help member states and regions with weak health systems and supply chains to reduce the incentive for patients and families to secure controlled medicines in the black and grey markets – an incentive that contributes to illicit financial flows and undermines security in small but often deadly ways.

The IAHPC values its good collaboration and communication with the INCB. We are happy to continue enabling productive relations and innovative approaches to ensure adequate access to essential palliative care medicines for all who need them.

I thank you.

³ https://www.unodc.org/documents/drug-prevention-and-treatment/WHO_Availability_and_Access_9789241564175_eng.pdf