

The Intersessional Session of the Commission on Narcotic Drugs (CND)

21st and 22nd September 2022

Statement of Dr. M.R Rajagopal

Chairman – Pallium India



Ladies and gentlemen,

I'm very glad to have this opportunity to present to you a problem that is vitally important for our low and middle income countries, particularly the problem that millions have substance use disorder. And at the same time, millions are in serious health related suffering.

We have a dual responsibility to prevent inappropriate and non-medical use of opioids, as well as to ensure access to opioids for people in pain because, as the single convention of 1961 points out, the medical use of narcotic drugs continued to be indispensable for the relief of pain and suffering and adequate provision must be made to ensure the availability of narcotic drugs for such purposes.

To achieve this, 19 years of efforts culminated in the amendment of the Narcotic Drugs and Psychotropic Substances Act of India by the Indian parliament in 2014, at least some of the provisions which were preventing access were removed. But eight years down the line, unfortunately, more than 96% of Indians continue to have lack of access to pain relief.

I believe the problems and the solutions would be slightly different, but vastly similar in most low and middle income countries, where the balance weighs heavily towards prevention of inappropriate use so much so that availability of medical use is practically negligible.

The Southwestern state of Kerala in India is an exception, where more than 600 recognised medical institutions stock and dispense essential narcotic drugs where low cost morphine made within the state is available. And where safe access to oral morphine is available for people in pain 16 times more than the national average. That's a success

story. But having said that, we also recognise that still, it is only about 1 in 150 of what we would consider ideal as in the United Kingdom.

We need to learn from the successes as well as from the failures and have a plan of action. What worked in Kerala was public awareness, a facilitatory state policy and opioid regulation, and professional education. And looking back what limited further progress was not enough professional education.

There is some silver lining in the sky. From 2019, the medical curriculum in India was revised. And this kind of progress should be relevant for much of the world where if we balance the regulations in both equally in favour of prevention of inappropriate use and availability for medical use, I believe success is around the corner.

We need balanced regulations. And that is our ask to CND - Learning from the successes of some countries, if we provide balanced regulations with an implementation framework, I believe a lot of progress can be made with concurrent advocacy and education.

Thank you very much.