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The Twin Opioid Crises Call for Common And Shared Responsibility CSR Intervention under Chapter 6

Good morning Chair, esteemed colleagues, ladies and gentlemen. Thank you for the floor. My name is Dr. Katherine Pettus. I am Advocacy Officer for the International Association for Hospice and Palliative Care, and Vice-Chair of the VNGOC.

There are two opioid crises: one of under-consumption, which affects more than 5 billion people in the world who live in countries where access to opioids is low to inadequate, according to the INCB, and one of over-consumption/misuse, largely affecting people who live in the US, where over 33,000 people died from opioid-related overdose in 2015. Member states can systematically address these crises through common and shared responsibility.

These are the facts:

High prescription opioid consumption rates for the treatment of severe pain, palliative care, and dependence syndrome do not automatically correlate with opioid misuse. Countries such as Switzerland, Austria, and United Kingdom report high opioid consumption to the INCB and very little or no misuse. Under the principle of CSR, they should help countries that need to improve access and avoid a crisis of misuse similar to that in the US.

The most frequently misused prescription drugs of choice are synthetic opioids such as hydrocodone, oxycodone and fentanyl, not the liquid or immediate release morphine needed in Low and Middle Income Countries (LMICs) for the relief of severe pain and palliative care.

Many cities and states across the U.S. are suing opioid manufacturers, alleging that aggressive and fraudulent marketing has contributed to the opioid misuse epidemic. Under the principles of CSR, countries with robust protection against fraudulent marketing should help countries with weak regulatory systems.



According to the INCB and the WHO, by 2030, the global cancer burden is expected to nearly double, growing to 21.4 million cases and 13.2 million deaths. The majority will be in LMICs.

It is estimated that about 80% of the 20 million people in need of palliative care (which includes rational use of controlled medicines) at the end of their lives, are citizens of the LMICs, and that up to 84% of patients suffer from severe pain due to cancer, HIV and other conditions. Annually, at least 18 million people die with treatable pain.

We recommend

- Under the principle of CSR, that countries strengthen measures to ensure that policy makers and health professionals are not unduly influenced by pharmaceutical companies with financial interests in the commercialization of opioids.
- In collaboration with colleagues from countries that report high opioid consumption rates with little or no misuse, healthcare providers in LMICs learn to prevent a misuse/ overuse situation similar to the US.
- In collaboration with WHO, INCB, and UNODC, governments implement the WHA Palliative Care Resolution 67/19 and the UNGASS Outcome Document recommendations on the safe and effective use of controlled medicines for pain and palliative care.
 - For example, the UNGASS document calls on Governments to enhance their data collection mechanisms throughout the controlled medicine supply chain to better detect occurrences of diversion in real-time, so that they can be immediately addressed
- In collaboration with UNODC and WHO, national health ministries promote the use of balanced guidelines that include individual and comprehensive approaches to the treatment of pain.

I thank you.