

CSTF Thematic and Regional Consultations

SUMMARIES³

Affected Populations: Availability of Controlled Substances for Medical and Scientific Purposes

Submitted by Katherine Pettus, CSTF Representative for Affected populations: Access to essential medicines and palliative care

The Consultation was carried out electronically and in person, through a series of letters and emails, with key focal points, as well as face to face at conferences where key colleagues were present. Our electronic response rate was mediocre, reflecting the fact that 1) we don't have a well structured advocacy network rather a loose coalition that responds to alerts, and 2) many clinicians are extremely busy with clinical practice and have very limited understanding of UNGASS and the stakes for our community. This remains the case despite many attempts to communicate complex policy issues in accessible language through social media, articles, group discussions, etc.

What worked best was one-on-one emails and meetings with key stakeholders, if we were attending the same conference, for instance. Presenting draft text for review and comment also worked well, rather than expecting busy clinicians to think up their own responses from scratch. When they could review draft text (for instance of the outcome document) they could make their own changes, additions, and deletions. Key worldwide and regional organisations signed off on the draft documents, and their changes and suggestions are recorded in the full report.

The main challenge was to have stakeholders respond to group emails and letters soliciting their input. It would be practically impossible, without

considerable funding and advance planning, to collect all the key stakeholders in countries and regions with low to no access to controlled medicines, in one place for a couple of days! Reliance on email requires that they understand the priority and how their voices can make a difference. Despite many attempts to explain the issues through journal and internet publications, as well as through social media, all the communication was done in English, and relied on access to internet, as well as time to respond. One lesson learned is that we need to build an advocacy network with more literacy on the links between drug policy and the controlled medicines essential for the treatment of pain and palliative care. We plan to do that this year.



Katherine Pettus (left hand side), CSTF Representative for Affected populations: Access to essential medicines and palliative care at 59th CND WHO side event "The Public Health Elements of Drug Policy"

³ The full length reports of the CSTF consultations are available at www.cstfondrugs.org

Action-orientated recommendations for the UNGASS roundtables⁴:

Drugs and Health

- ✓ The United Nations must designate WHO as the lead special agency with the mandate to ensure rational access to controlled medicines, training of healthcare and regulatory personnel, etc. Member states must support this mandate with earmarked funding. Member states' success in fulfilling the following recommendations require the assistance of WHO and civil society.
- ✓ Countries must review their drug control regulations to ensure they do not needlessly impede the rational medical use of controlled substances for pain, palliative care, substance use disorder, and surgical procedures.
- ✓ Countries must review their estimates for controlled medicines to ensure they reflect the actual epidemiological requirements for medical and scientific use.
- ✓ Countries must ensure adequate training of their health and narcotics control workforces both in the rational use of the controlled medicines and in strategies to prevent misuse and diversion.
- ✓ Countries must ensure that pain, palliative care, and treatment of substance use disorder are included in universal health coverage packages, and that opioid analgesics are available for use in all settings where palliative care is provided, including outpatient clinics, controlled environments, and at home.

⁴ The full description of the themes and subthemes of the UNGASS roundtables is available in General Assembly

- ✓ Since the Single Convention contains no operational recommendations encouraging or directing states parties to ensure adequate provision of controlled medicines, countries should pass legislation explicitly requiring adoption of normative and technical guidelines to ensure provision as well as control.

Drugs and Crime

- ✓ In collaboration with the academic and scientific communities, countries should call for research that tracks actual rates of diversion and abuse of controlled medicines for the purpose of drafting rational policy to improve access.

Cross-cutting issues: drugs and human rights, youth, women, children and communities.

- ✓ Health professionals, drug regulators, and narcotics police should receive training in the basics of human rights, including the right to health, the right to be free of torture, the right of children, people with disabilities, indigenous people, prisoners, and migrants, to receive adequate palliative care, pain control, and treatment for substance disorder.

Cross-cutting issues: new challenges, threats and realities in preventing and addressing the world drug problem

- ✓ States parties, as well as the academic and scientific community in the higher income countries, must offer to provide technical and scientific training for health professionals and drug regulators upon request from the lower and middle income countries, under the principle of mutual and shared responsibility for the

Resolution [A/RES/70/181](#) *Special session of the General Assembly on the world drug problem to be held in 2016*

protection and fulfilment of human rights, as well as the achievement of the Sustainable Development Goals.

Alternative development

✓ Subsistence opium and cannabis farmers should be allowed to cultivate crops for medicinal and scientific purposes to support traditional medical practices as well as national pharmaceutical industries.