

# UNGASS Ten Year Drug Strategy Review: Ten Reasons Why Access to Controlled Medicines is an Issue for CND

*The medical use of narcotic drugs continues 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.*

Preamble, 1961 Single Convention on Narcotic Drugs

- 1. A legal obligation:** The UN drug conventions recognise an obligation for countries to ensure controlled substances are available for the relief of pain and suffering. In the words of the INCB, the 1961 Convention establishes a 'dual drug control obligation: to ensure adequate availability of narcotic drugs, including opiates, for medical and scientific purposes, while at the same time preventing illicit production of, trafficking in and use of such drugs.' Yet, in practice, the balance envisioned by the 1961 Single Convention has been distorted beyond recognition.
- 2. A moral obligation:** Tens of millions of people worldwide suffer from severe pain without access to treatment, including 5.5 million cancer patients and 1 million end-stage AIDS patients. In many cases, this suffering is entirely preventable as most pain can be treated with inexpensive and safe medications that are generally easy to administer. Even in countries with limited resources, providing pain treatment is realistic. Controlled medicines for the treatment of drug dependence are also poorly available in many countries, leaving many people who use drugs who might have successfully entered treatment programs vulnerable to HIV, Hepatitis C and death by overdose.
- 3. Untreated pain and drug dependence cause tremendous suffering:** CND routinely refers to the havoc caused by abuse of narcotic drugs and other controlled substances. But the failure to make these same substances available for legitimate medical purposes—to treat pain and drug dependence—is no less shocking. Untreated pain, for example, has enormous social, psychological, health, and financial consequences for patients and their families alike.
- 4. Controlled medicines save lives:** Every year, half a million women die in childbirth; one-quarter from postpartum bleeding. These deaths could be avoided if medicines to stop bleeding, including controlled medications, were available. Improved methadone availability for drug dependence treatment could save the lives of countless heroin users who overdose when they relapse after detoxification in treatment centers or prisons that do not offer substitution treatment.
- 5. Drug control efforts are a primary cause of poor availability of controlled medicines:** For decades, the world, led by the CND, has focused on preventing abuse of controlled substances and neglected their availability for legitimate purposes. As a result, many countries have failed to take even basic, cost-neutral steps to ensure that people have access to essential medications.
- 6. Drug control laws and regulations in many countries directly interfere with availability of controlled medicines:** In many countries, excessively strict narcotic drug control laws, policies, and practices severely limit access to essential medicines. Such laws and regulations often make it difficult for healthcare workers to prescribe controlled medicines or discourage them from doing so due to the potential of legal sanction for unintentional mistakes in handling controlled medicines.
- 7. Under international human rights law, countries should ensure access to essential medicines:** The right to health requires that countries make essential medicines recognised by the World Health Organization available to those who need them. Morphine, codeine, methadone and buprenorphine are all included in the WHO List of Essential Medicines.
- 8. Denial of pain treatment may constitute cruel, inhuman and degrading treatment:** Countries have an international obligation to protect those in their jurisdiction from cruel, inhuman and degrading treatment or punishment. Failure to take reasonable steps to ensure that people who suffer severe pain have access to adequate treatment may result in a violation of this obligation.
- 9. Denial of opioid substitution therapy may constitute cruel, inhuman and degrading treatment:** The UN Special Rapporteur on torture has stated that denial of medical treatment – including opioid substitution therapy – may constitute cruel, inhuman, or degrading treatment or punishment, and in such circumstances is therefore prohibited under international human rights law.
- 10. CND leadership on this issue could have major consequences:** If the UNGASS political declaration and annex clearly identify access to controlled medicines a goal of global drug policy priority for the next ten years—and set clear and measurable goals for improving such access—this would start a process that could save millions of people from terrible, unnecessary suffering.

**Ensuring availability of controlled medications must be a core aim of drug policy.**

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