Recommendations and draft language for UNGASS 2016 Outcome Document on Controlled Medicines

Ensuring the availability of controlled substances for medical and scientific purposes while preventing their misuse and diversion is a fundamental objective of the UN drug conventions and an obligation for Member States.[i] To date, however, few countries have achieved this objective.

In its 2014 Annual Report, the International Narcotics Control Board (INCB) concluded that 5.5 billion people live in countries with "low levels of, or non-existent access to," controlled medicines, and have "inadequate access to treatment for moderate to severe pain."[ii] The World Health Organization estimates that 5.5 million people with terminal cancer suffer moderate to severe pain without access to treatment each year.

On the other hand, INCB has expressed concern about the misuse of controlled medicines, noting that in some countries it had "reached or overtaken the levels of abuse of illicit drugs."[iii]

Although UN bodies and agencies have repeatedly expressed concern about the limited availability of controlled medicines, a concerted, multi-sectorial response has yet to be implemented. [iv] Progress on this issue requires a whole-of-UN response, as it involves regulatory and enforcement infrastructure, health system strengthening, including health worker training, and development-related measures.

The 2016 UNGASS on the World Drug Problem is an extraordinary opportunity to set in motion this kind of response. The undersigned organizations therefore propose that the outcome document of the UNGASS call for the establishment of an action plan to address this long-standing challenge.

Suggestions for language to use in advocacy to governments

The table below contains language that the international palliative care community would like to see in the final outcomes document. We recommend that you use this when briefing the relevant government officials from your country. Please see the list of delegations to the 2015 session of the Commission on Narcotic Drugs to help determine which ministries and officials from your country are likely to be involved in the UNGASS process.

Suggestions for language	**Source**
Recognizing that ensuring the adequate availability of controlled substances for medical and scientific purposes for the relief of pain and suffering, as well as preventing their misuse and diversion, is a key objective of the UN drug control conventions and global drug policy.	Preamble 1961 Single Convention on Narcotic Drugs; CND resolutions 53/4 and 54/6.

Recognizing the existence of an enormous gap between the Single Convention goal of adequate availability, and actual medical need in much of the world, while diversion and misuse have become significant challenges in some other countries.	INCB 2014 Annual Report; INCB Supplement 2010.
Recognizing the need to significantly increase coordinated, multi-sectorial efforts to realize the Single Convention goals with respect to medical use of controlled substances.	WHA resolution 67.19; INCB 2014 Annual Report; INCB Supplement 2010; CND resolutions 53/4 and 54/6; ECOSOC resolution 2005/25.
Recognizing the leading roles of the World Health Organization as the primary specialized agency for health; the International Narcotics Control Board, the quasi-judicial expert body responsible for ensuring the availability of controlled substances for medical and scientific purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs; and UNODC, as the primary specialized agency on drugs.	
Commits to a concerted UN-wide effort, including UNODC, INCB, WHO and UNDP, to close the gap in availability of and access to controlled substances for medical use while reinforcing efforts to prevent their diversion and misuse where relevant.	
Requests WHO and UNODC and other relevant UN agencies to work together to implement World Health Assembly resolution 67.19, Commission on Narcotic Drugs resolutions 53/4 and 54/6.	

Requests WHO and UNODC to develop an action plan that ensures the adequate availability of controlled substances for medical purposes while preventing misuse and diversion, including specific objectives, indicators and responsibilities, in cooperation with Member States, other relevant UN agencies and civil society, to be presented to the Commission on Narcotic Drugs and the World Health Assembly in 2017.	
Requests the Secretary-General, in close collaboration with Member States, the UNODC, WHO and relevant funds, programs and specialized agencies of the United Nations system to present to the General Assembly in 2019 a report on the progress achieved in implementation of the action plan.	
Under the principle of mutual and shared responsibility, request Member States to consider making voluntary contributions to facilitate the full implementation of the convention objectives with respect to the medical and scientific use of controlled substances.	

List of signatories

African Palliative Care Association

Asia-Pacific Hospice and Palliative Care Network

European Association for Palliative Care

Hospice and Palliative Care Association of South Africa

Human Rights Watch

International Association for Hospice and Palliative Care

International Association for the Study of Pain

International Children's Palliative Care Network

Kenya Hospice and Palliative Care Association

Latin American Association for Palliative Care

Non-Communicable Diseases Alliance

Pain and Policy Studies Group

Pallium India

Union for International Cancer Control

Worldwide Hospice Palliative Care Alliance

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[i] INCB, Report of the International Narcotics Control Board for 2014, para 11 (2015) United Nation: New York. http://www.unis.unvienna.org/unis/protected/2015/AR_2014_E.pdf.

[ii] Ibid, para 12.

[iii] Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes 2010, supplement para 106. (2011) United Nation: New York. https://www.incb.org/documents/Publications/AnnualReports/AR2010/Supplement-AR10_availability_English.pdf

[iv] These include the CND, ECOSOC, INCB, UNODC, WHO and the World Health Assembly.