Increasing Access to Controlled Drugs while Preventing Diversion, Misuse and Abuse: Global Vision

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What does success look like?
The International Drug Control Conventions and System

- Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol
- Convention on Psychotropic Substances of 1971
- United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

Commission on Narcotic Drugs

National Drug Control System
Protecting the health of people from the dangerous effects of drugs is not in conflict with promoting the medical and scientific use of controlled drugs

Resolution 53/4 and Resolution 54/6 of the Commission on Narcotic Drugs

• Promote adequate availability of internationally controlled drugs for medical and scientific purposes, while preventing their diversion and abuse

• Access to controlled medications is not existent or almost not existent in many countries
Support increased availability of and access to controlled drugs for medical purposes

Regulate – control diversion, misuse and abuse
Pain relief recognized as part of the human right to the highest attainable standards of mental and physical health

Opioid medications essential for treatment of severe pain (acute pain, cancer pain)
“Foundation Documents”

INCB

2010 Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes

2015 Report of the International Narcotics Control Board on the Availability of International Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes:

Indispensable, adequately available and not unduly restricted
WHO

2010 Ensuring balance in national policies on controlled substances: Guidance for availability and accessibility of controlled medicines
Medical purposes: Indispensable

Non-Medical purposes: Not Permitted
“Foundation Documents”

UNODC
Technical Guidance: Increasing access and Availability of Controlled medicines

Advanced Draft
2018
UNODC-WHO-UICC Joint Global Program

- Global Advocacy and Partnerships
- National Strategic Planning
- National Policy and Guidelines
- Data and research
"High-Level Political Documents"

Political Declaration and Plan of Action 2009

Outcome Document of the 2016 UNGASS

High-level segment
Commission on Narcotic Drugs
Vienna, 11-12 March 2009

OUTCOME DOCUMENT OF THE 2016
UNITED NATIONS GENERAL ASSEMBLY SPECIAL
SESSION ON THE WORLD DRUG PROBLEM

OUR JOINT COMMITMENT TO EFFECTIVELY ADDRESSING
AND COUNTERING THE WORLD DRUG PROBLEM

UNGASS
2016
SPECIAL SESSION OF THE UNITED NATIONS GENERAL ASSEMBLY
ON THE WORLD DRUG PROBLEM

Thirtieth Special Session
General Assembly
New York, 19-21 April 2016
Chapter II

• Access to controlled medicines
• Recognize the dramatic situation of lack of access to pain medication for 80% of the world population
• Correct unduly restrictive regulations
• Implementing regulatory, financial and educational administrative measures
• Legislation revision
• Training competent national authorities, health professionals, including pharmacists
• Expedite the process of issuing import export authorizations for controlled substances for medical purposes (guidance INCB)

UN General Assembly, 2016
Global Data

Access imbalance for the world’s population

5.5 billion (83%): low or non-existent access

250 million (4%): moderate access

460 million (7%): adequate access

430 million (6%): insufficient data

WHO, 2011
Global Data

Disparity in the global consumption or access to pain medication

- Canada and US with 812 and 749 ME/mg/cap
- Nigeria and Myanmar with 0.014 and 0.015 ME/mg/cap

High income countries: 17 per cent of population account 92% of medical morphine

Half of the countries reporting to INCB in 2011 consumed less than 1 mg of morphine per person
Addressing common misconceptions:

- Pain medications create “addiction”
- Pain medications undermine identity
- Using analgesics is materialistic / as opposed to pain acceptance, that is spiritual
- Using analgesics is a sign of fragility and lack of willpower
Concurring to dependence:

- Drug
- Brain adaptation

Concurring to addiction:

- Drug
- Brain adaptation

Gene/Environmental factors

Compulsive behaviour
Opioid Risk Screening Tools

Screener and Opioid Assessment for Patients in Pain-Revised (SOAPP-R)

Current Opioid Misuse Measure (COMM)

Opioid Risk Tool (ORT)

Diagnosis, Intractability, Risk, and Efficacy (DIRE)

Screening Instrument for Substance Abuse Potential (SISAP)

The Pain Assessment and Documentation Tool (PADT)
Relationship between Nonmedical Prescription-Opioid Use and Heroin Use

Rational?

Prescriptions for Millions of Opioid Pills Lead to Charges Against 5 Doctors

Geoffrey S. Berman, the United States attorney for the Southern District of New York, during a news conference on Thursday in Manhattan. He announced that five doctors had been charged with prescribing millions of pain pills to people who had no legitimate medical need for them.

Jenayah Moon for The New York Times
Rational?

Broward County doctor accused of running pill mill out of office

3 employees also indicted on federal charges

By Amanda Batchelor - Senior Digital Editor

Posted: 11:02 AM, February 12, 2018
Updated: 11:02 AM, February 12, 2018
Rational?

Hundreds of N.C. Doctors Say They’ve Stopped Prescribing Opioids

October 13, 2018 by Taylor Knopf — 13 Comments

As opioid deaths mount, attention has been focused on stopping the flow of harmful medications to people who might abuse them. But has the pendulum swung too far?

By Taylor Knopf

Amidst the opioid crisis, calls have been pouring in to the North Carolina Medical Board from chronic pain patients who say their doctors have stopped prescribing their pain medication.

Some patients say their doctors cite opioid prescribing guidelines created by the Centers for Disease Control and Prevention in 2016, which sets daily dosage limits and recommendations for tapering patients to those limits.

Other patients tell and say their doctors handed them a copy of North Carolina’s STOP Act, a 2017 law that limits the number of opioids for acute pain, such as a broken ankle or a wisdom tooth extraction.
Ketamine:
used for humans in low income countries

A dissociative anaesthetic
NMDA antagonist
(glutamate antagonist)
Rational Use

The “Five Rights” of Medication Administration

- the right patient
- the right drug
- the right dose
- the right route
- the right time
Reasons for Irrational use of Drugs

1. Lack of information
2. Role models – Teachers or seniors
3. Lack of diagnostic facilities/Uncertainty of diagnosis – medicine for all possible causes
4. Demand from the patient
5. Patient load
6. Promotional activities of pharmaceutical industries
7. Drug promotion and exaggerated claim by companies
8. Defective drug supply system & ineffective drug regulation
UNODC
United Nations Office on Drugs and Crime

World Drug Report 2018

- Fast emerging public health threats
  - North America: fentanyl and its analogues
  - Africa and Near and Middle East: tramadol
  - 60 countries: benzodiazepines

non-medical use of prescriptions
Prepare a new generation of:

- Healthcare Workforce
- Law Makers
- Policy Makers

Response to Pain

Community Members:
- Care Givers
- Patients
- Family Members
- Faith Community
- Community Leaders
What does success look like?
Clear Path

Patient-Centered: Build a therapeutic relationship and practice quality medicine
Cure sometimes, treat often, comfort always.

Hippocrates

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