



**INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE**  
*Advancing Hospice & Palliative Care Worldwide*

To the global palliative care and pain community, colleagues, IAHPC members and friends:

Next year (2016) brings an unprecedented opportunity for the UN General Assembly to review world drug policy during the Special Session to be held April 19-21 in New York. World drug policy directly affects palliative care because it frames policies that control national, regional, and local access to internationally controlled essential medicines such as morphine and other opioids.

This UNGASS (UN General Assembly Special Session on the World Drug Problem) will include the voices of civil society organizations through the Civil Society Task Force (CSTF), a 27 member body that includes representatives for all the world's regions, as well as "affected populations". A full list of members can be downloaded [here](#) and a background document on the CSTF can be found [here](#).

UNGASS will include five roundtables on drug related issues, one of which ("Drugs and from Health") will include improving access to essential controlled medicines. Civil society representatives are expected to participate and take part in those roundtables.

The CSTF appointed Dr. Katherine Pettus, in her capacity as Advocacy Officer of the International Association for Hospice and Palliative Care (IAHPC), to represent populations affected by lack of access to internationally controlled essential medicines. Prior to UNGASS, and by the end of July, 2015, CSTF members have been asked to collect information from partners for a baseline survey regarding what they know about UNGASS and which outcomes they hope for and expect. We hope that there is significant participation from the palliative care community to ensure that the issue of access to medicines for palliative care and pain treatment is included.

We have prepared this document to assist you in answering questions to the survey. It is meant as a guide and not as a text to be reproduced verbatim.

Using this guiding document, please complete and submit the survey (approx. 20 minutes to complete): [http://vngoc.org/details.php?id\\_cat=28&id\\_cnt=107](http://vngoc.org/details.php?id_cat=28&id_cnt=107), and let Katherine know that you have taken it (for her report back to CSTF). Please feel free to send her your responses if you wish, and any other thoughts you may have on the process using this form: <http://hospicecare.com/about-iahpc/contact-us/contact-katherine-pettus/> There will be a follow up contact period to gather more information and support for our strategy.

The first questions of the survey are about your type of organization, contact information and activities. We are providing suggestions to relevant questions starting on Question 7.



**7. Is your organisation planning to participate in the preparation/discussions for UNGASS 2016?**

*Recommendation: We hope you answer YES to this question*

**8. If you answered “Yes” to the previous question, how is your organization planning to participate? Please check all that apply.**

- Attending preparatory meetings
- Producing reports
- Organizing events
- Contributing funds /personnel
- CSTF
- Other - please specify:

*Recommendation: We suggest checking all those you are able to contribute and participate in. For example, you could hold press conferences to sensitise the community and opinion leaders about UNGASS, including increasing awareness about the lack of access to medicines for the relief of pain, informing your government leaders and ministers who might be participating in UNGASS about the situation in your country and sending a report to the CSTF representative for your region (see the link above to the CSTF roster) to improve access to opioids for legitimate medical use at the local, national, and regional level.*

**13. Given your organization’s expertise, which are your drug-related area(s) of interest? Please check all that apply. Check drugs and health and others that may apply.**

*Recommendation: If you are involved in palliative care and pain treatment, you can also check “Other”, and write “improving access to internationally controlled essential medicines”.*

**14. What do you expect in terms of civil society participation in the UNGASS 2016 preparation?**

- Civil Society Inclusion
- Invitation to preparatory meeting
- Consultation on Thematic Areas
- Other - please specify:

*Recommendation: Check all of the above. If you have another outcome in terms of civil society participation, check Other as well and describe it.*



**15. What are the top 3 priorities you believe should be addressed in the UNGASS 2016 preparation?**

*Recommendation: We suggest the following three.*

- 1. Including civil society representatives as equal participants in the roundtables (see introduction to this letter)*
- 2. Encouraging member states to include civil society experts, including high level members of national palliative care associations, on their official delegations for UNGASS*
- 3. Ensuring that CSO's have timely access to all the relevant preparatory documents and that comments are included and recommendations for changes in language and procedure considered carefully.*

**16. What do you expect in terms of civil society participation in the UNGASS 2016 event itself?**

1. Opportunity to be speaker at the UNGASS event
2. Possibility to host side events
3. Invitation to moderate some of the session/panel
4. Possibility to have a table display
5. Opportunity to have NGO dedicated space
6. Possibility to deliver written and oral statement
7. Other - please specify:

*Recommendation: We recommend that you check all of these, as well as "Other", which we suggest may include "Opportunity to participate in/contribute to drafting the final report for the outcome document."*

**17. What are the top 3 priorities you believe should be addressed in the UNGASS 2016 event itself?**

*Recommendation: We suggest the following. Please feel free to suggest your own.*

- 1. The need to align international, regional, and national drug policies, with human rights standards, particularly regarding enjoyment of the right to the highest attainable standard of physical and mental health. Specifically for our sector, this alignment would address and ensure adequate access to internationally controlled essential medicines for pain and palliative care.*



2. *Inclusion on an equal basis of all UN agencies – primarily UNAIDS, WHO, UNDP, with CND — in the formulation of evidence based drug policies that result in measurable and improved public health and human rights outcomes at the local, national, and regional levels. This procedural priority requires member states to be open to shifting their drug policy focus, including earmarked funding and training, from law enforcement to evidence based public health priorities, and joint/synergistic training within an overarching public health framework.*
3. *Open discussion about the fact that the highest authorities of public international jurisprudence confirm that the three cornerstone UN drug control treaties are open to interpretation and modernisation. Such flexible interpretations and best practices should be evidence based on innovative local, national, and regional strategies. As such they will address urgent public health needs and thereby advance the “health and welfare of mankind,” the stated aim of the Single Convention on Narcotic Drugs*

**18. What concrete outcomes do you expect from UNGASS 2016? (Please limit your answer to 200 words)**

*Recommendation: We would like the UNGASS to commit 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. We have the following requests:*

1. *WHO and UNODC should 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;*
2. *WHO and UNODC and other relevant UN agencies should work together to implement World Health Assembly resolution 67.19, Commission on Narcotic Drugs resolutions 53/4 and 54/6.*
3. *The Secretary-General, in close collaboration with Member States, the UNODC, WHO and relevant funds, programs and specialized agencies of the United Nations system should present to the General Assembly in 2019 a report on the progress achieved in implementation of the action plan.*
4. *Under the principle of mutual and shared responsibility, Member States should consider making voluntary contributions to facilitate the full implementation of the convention objectives with respect to the medical and scientific use of controlled substances.*