

Background

This section links to letters from non-governmental organisations, including international, regional, and national palliative care associations, to the World Health Organisation, concerning the meeting of the 41st Expert Committee on Drug Dependence, which took place in Geneva from November 12-16, 2018. The Committee discussed, among other topics, whether or not to recommend that tramadol, an opioid used for the relief of moderate to severe pain in many countries, should be listed in one of the schedules of the international drug control conventions. Currently tramadol is not scheduled, or subject to international control, like morphine, although it is regulated at the national level in many countries.

IAHPC requested partners to send letters to the WHO Secretariat recommending that the 41st ECDD stand by previous recommendations NOT to place tramadol in one of the schedules of the drug control conventions. Doing so would increase serious health related suffering and deepen existing health inequities of vulnerable populations.

We [surveyed our global membership](#) to ascertain members' clinical tramadol prescribing patterns and perspectives on potential scheduling. *The survey produced very clear results citing the potential damaging effects of scheduling in regions where tramadol is the only medicine available for the treatment of pain and palliative care.*

From a policy perspective, it has become clear that more than half a century of "drug control" policies based on supply reduction through international scheduling and criminal justice policies, harms patients and has little or no effect on non-medical trafficking and consumption. The UNGASS 2016 Outcome Document approved by all UN Member states recommended against such policies, favoring a human rights and patient centered approach to drug policy.

From ethical and public health perspectives, the consequences of scheduling tramadol (placing it under international control) would be catastrophic for patients, families, and providers in countries and regions where morphine is not available (given the historically harmful effects of scheduling and other barriers).

From a legal perspective, scheduling would contravene existing international (and in some cases regional) human rights conventions and law regarding the rights to health and to be free from torture and cruel and inhumane treatment. Scheduling would go against the grain of the current normative framework (including the most recent Astana Declaration), which obliges UN member states to mainstream palliative care within primary care and UHC.

The urgency of the IAHPC campaign was predicated on the fact that **none of the members of the 41st ECDD are pain or palliative care specialists**. In previous years, both Ms Liliana de Lima (ED of IAHPC) and [Rosa Builtrago](#) (IAHPC Board member) have served on the committee and have defended the interests of patients and families to the right to pain relief.