

October 31st 2018

41st Expert Committee on Drug Dependence
WHO Secretariat,
Geneva,
Switzerland

Re: Scheduling of Tramadol

Dear Hon. Members of the ECDD,

It is with great respect and concern that I write to you today as Director of the [Global Drug Policy Observatory](#), Swansea University, UK, and as a [scholar](#) of international drug policy, including of the scheduling process. GDPO notes with concern that the ECDD will be conducting yet another critical review of tramadol, a widely used analgesic for the relief of moderate to severe pain in countries where other opioid analgesics are largely [unavailable](#).

The evidence now shows that more than half a century of drug policy based predominantly around supply control policies (including the scheduling of substances determined to have “potential for abuse” in the language of the international drug control conventions) has made it much more difficult for patients in need of controlled medicines to access them, while having little or no sustained impact on the supply of controlled substances for non-medical use. Although non-medical use by persons who are not patients in need of prescription tramadol for pain relief is of great public health concern in certain parts of certain countries, attempting to curb that use through international scheduling rather than increased law enforcement directed at traffickers, combined with strengthening of the pharmaceutical sector, will only harm patients. Illicit tramadol will *always* find its way to those who demand it, as do other controlled substances such as cannabis, cocaine, and heroin, whether it is scheduled or not.

The new post-2016 international framework for drug law and policy

Global perspectives on scheduling and drug policy have changed considering the lessons learned in the fifty plus years since UN member states ratified the Single Convention on Narcotic Drugs. Indeed, in 2016, the UN General Assembly Special Session on the World Drug Problem approved an “Outcome Document” that committed member states to improving rational access to internationally controlled essential medicines such as morphine, and to adopting human rights based, person

centered policies that are effective, efficient, and pragmatic. Recommending that the Commission on Narcotic Drugs place tramadol in one of the international schedules would accomplish none of those objectives. Furthermore, it would likely violate the [rights of patients to pain relief](#) and palliative care in all the countries where the medicine is now readily available.

A good case can be made that the international schedules have raised even further the barriers for patients to access analgesic medications for easing their pain. Particularly in developing countries, where the medical provision can fall well short of meeting demand, the requirements of the INCB managed process have contributed to the discouragement national agencies, medical professionals, and pharmacists from using controlled substances. Even in formal, state-run health care settings, dispensing practices are low, physicians are often discouraged from prescribing and hospital pharmacies are routinely out of stock of any controlled analgesic.

Moreover, we strongly argue that pain is not a cultural concept and that poor people in some parts of the world, predominantly in the so-called ‘Global South,’ are “not accustomed to suffering”. Were this argument extended to other aspects of care it could cancel out most other public health achievements of the past 50 years and put into question medical practice altogether.

We consequently argue that freedom from pain is a universal right and that international conventions should work to remove and not raise obstacles towards achieving this.

The failure of governments in many countries to ensure the adequate availability of pain treatment services not only raises questions of whether these countries live up to their obligations under the right to health, but also of state obligation to ensure freedom from torture and cruel, inhuman, and degrading treatment (CIDT or ill treatment). The last decade has brought important clarifications of standards in this area.

In 2009, the former UN Special Rapporteur on Torture, Cruel, Inhuman, or Degrading Treatment or Punishment (Special Rapporteur on Torture), Professor Manfred Nowak, noted that “the de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment.”

In addition to stipulated human rights obligations to provide adequate pain relief, the current normative framework obliging UN member states to ensure access to medications such as tramadol was enhanced last week at the Global Conference on Primary Care in Astana. Heads of state ratified a [Declaration](#) on the occasion of the Alma Ata Declaration 40th anniversary Jubilee, explicitly recognizing palliative care as a component of Primary Health Care, and urging governments to make it available in order to meet the Sustainable Development Goals and achieve Universal Health Coverage.

An ECDD recommendation to include tramadol in one of the schedules of the international drug control conventions would undermine that commitment and would

make it almost impossible for health systems to provide palliative care in countries and regions where no other analgesics are available.

Recommendation to ECDD

GDPO, therefore strongly urges ECDD *not* to recommend international scheduling of tramadol. Rather, we suggest that ECDD recommends that countries experiencing harmful rates of non-medical use work to improve national and regional enforcement, including strengthening the pharmaceutical sector to comply with international standards and guidelines.

Please feel free to contact me with any questions or comments regarding this submission.

Yours sincerely,

A handwritten signature in black ink on a light-colored background. The signature reads "David R. Bewley-Taylor" in a cursive script. The first name "David" is written with a long horizontal line extending to the left. The last name "Taylor" is written with a long horizontal line extending to the right.

Prof. David R. Bewley-Taylor, B.Sc. (Econ), PhD

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