Brief Background Document on CND with links.

I have been attending sessions of the CND
https://www.unodc.org/unodc/en/commissions/CND/index.html
since 2013 to advocate for improved access to internationally controlled essential medicines for the treatment of severe pain, breathlessness, and use in palliative care. Some things have changed in the last five years, others not so much. The CND is a member state organization designated by the United Nations Economic and Social Council (ECOSOC) to oversee the implementation of the three drug control conventions. It passes resolutions expressing the will of all the members, and discusses progress (or lack thereof) in enforcing the provisions of the conventions.

As a non-governmental organization "in consultative status"
https://csonet.org/?menu=100
with ECOSOC, IAHPC is entitled to participate and comment on agenda items after member states have had their say. We can also make written submissions that are posted on the CND website. It is important for IAHPC to attend CND meetings because the essential medicines for palliative care are listed in the "schedules" appended to the 1961 and 1972 Conventions. Strict ("unbalanced") drug control policies emphasizing drug control rather than supply of medicines containing "narcotic drugs" to use the treaty language, often impede access. See for in-depth explanation.

When I first began attending the sessions, member states made little or no mention of the need to improve access to medicines, focusing instead on policing, crop eradication, and punishment of people who use drugs. The focus was on creating a "Drug Free World" through enacting and funding policies to control the supply of "narcotic drugs" in all countries. Thanks to the efforts of non-governmental networks as the Vienna and New York NGO Committees on Drugs https://vngoc.org/, the International Drug Policy Consortium https://idpc.net/ and some progressive Latin American and European countries, drug policy has become more human rights and public health centered, allowing for more policy space to advocate for improved access to controlled medicines.

In 2016, a United Nations Special Session (UNGASS) on Drug Policy approved an "Outcome Document" that contained an entire chapter (eight operational paragraphs) containing recommendations to governments regarding the need to improve access to controlled medicines. Because this document was approved by member states, they now have the obligation to report on it at CND sessions. For this reason, development of palliative care and access get much more airtime than they ever did in the early years.

That said, however, most of the member state representatives who attend CND are law enforcement and justice officials rather than health ministers, and know little or nothing about palliative care or health policy. One purpose of the many side events held at CND is to provide the health and human rights perspectives to administrators and political appointees who are only familiar with the "control" side of drug policy.

The most acute polarization this year was around the legalization of cannabis, both for medical and recreational use. This is largely a north-south split, although with a few exceptions, such as Mexico and Uruguay. Most Latin American countries are moving toward some sort of regulated use of cannabis; the strongest opponents are the African and Arab groups of member states, Central Asian countries, and the ASEAN countries (except Australia) and the Russian Federation. Heroin trafficking from illegal cultivation in Afghanistan is an enormous problem for all bordering and transit countries, so drug control is emphasized much more strictly there than provision for medical use.

The challenge is to find a balance that reduces and manages harmful non-medical use while allowing rational medical use. It is essential to advocate for improved access to controlled medications at CND so that drug control authorities can (1) be aware of the current imbalance that deprives patients of access, and (2) begin to develop collaborations across the workforces that create sustainable ecologies regarding the management of opioids and their consumption.

Communities harmed by trafficking and non-medical use tell powerful stories about illegal drug use with its effects on individuals and families, highlighting the accomplishments of prevention and treatment programs. They seem to have little or no awareness of the harms of lack of access to medical opioids, though. And people who use drugs, and are calling for legalization or regulation, have little or no perspective on the damage done to countries in the global south – producers or transit countries – where drug use is *not* normative, as in the high-income countries of the north.

For instance, I am in Panama at the time of writing, for a UNODC convened meeting of Central American countries on improving access to controlled medicines. The first day I was here in Panama, there was a front page story in *La Prensa* on drug trafficking and the use of containers to smuggle Colombian cocaine to the US and Europe in the Port of Colón. The article noted that between 2016 and 2018, there were 215 murders in Colón, the majority related to trafficking, or a murder rate of 26.2 per 100 thousand inhabitants. The damage to families and communities of 'recreational use' opposed by many conservative member states is incalculable. It also is a formidable barrier to advocacy for improved use of controlled medicines for palliative care, as the fear is always of "diversion and misuse" even by medical personnel. As Ms. Elizabeth Mattfield of UNODC pointed out to the participating drug controllers, the proportion of medical doctors or nurses who will divert or misuse medicine is miniscule compared to the tens of thousands of patients who need controlled medicines for the treatment of severe pain, breathlessness, palliative care, safe surgery, opioid dependence treatment, mental health issues, and so on.