

Report of Dr. Nahla Gafer, IAHP Board Member, CND 2019

It was a honour for me to attend the UN COND (Commission on Narcotic Drugs – Ministerial Segment) 62nd meeting in Vienna ([link](#)). I needed special efforts in order to get the visa and gate pass (coming from a country almost on a black list). The purpose of this meeting was: addressing world drug problem, especially that part related to crime: illicit drug production and drug trafficking. There was a re-commitment to the UNGASS outcome document ([link](#)) and the seven thematic areas of the outcome document of 2016 meeting.



I was fortunate also to meet some representatives from my country, in particular the head of the Drugs and Poisons Board and the head of the committee for Narcotics. Recently, there has been some new narcotic forms, that are very worrying. They contained the request for three signatures: the treating doctor, the head of the unit and the medical director of the hospital. It would be a catastrophe if the 3 signatures become compulsory to fill. Now it is a 7-minute walk three times to get hold of one doctor!

I was invited to the special event: increasing access to controlled medicines: addressing the global disparity in pain relief, kindly organized by the governments of Austria, Belgium, Canada, Colombia, France, Kenya, Lithuania, the Russian Federation, Switzerland, the UK, and the UN office on drugs and crime, the INCB, the EU, and the UICC. Dr Rosa Buitrago from Panama spoke how they managed to mobilize the educational system towards palliative care, pharmacists and physicians are given undergraduate and post-graduate training on palliative care and pain management, while Dr Robertas Badaras, from Lithuania spoke about the Managing Risks of Misuse of description opioids, especially the detox program. I spoke about pain and what happens when pain medications are not available.

Dr Stephano Berterame Chief Narcotics Control and Estimates Section was kind enough to accompany me to meet the Sudanese Ambassador, head of NCDs for the year 2019. We had a great discussion elaborating that without the proper training patients chronic and moderate-to-severe pains will not be

managed. I drew on cases how pain is mismanaged in the absence of oral opioids and in the absence of training how to use oral opioids. A special request was made to the Sudanese Ambassador in order to facilitate for an on-going working committee for pain and palliative care involving the appropriate government representatives and shareholders and with the task of breaking the barriers against proper pain management in Sudan.



On the side, I attended a session on “Tramadol in West Africa and other regions”. To be noted: the misused tramadol was illegally imported and illicitly produced and is not the same formula as that one prescribed to patients (here we are speaking of tablets of 50 mg or 100 mg, while the misused one contains 120 to 225 mg each, with some varied levels of impurities). Still in a country like Sudan, Tramadol is playing a very important role in managing moderate-to-severe pain. I can not imagine the consequences of having it

scheduled.

I have also attended the session “Humanizing Controlled Medicines: assessing availability and access to opioids”. It was strongly outlined that still 70% of patients who need pain medications can not access it. Although palliative care and pain management is an integral part of the UHC, there is a great disparity between countries consumption of opioids. The average annual consumption per capita is 5 mg equivalents of morphine compared to 55,000 mg in another country. Some of the reasons behind that are: the medical and public interest to prolong life vs the quality of life, lack of access to palliative care and pain relief services, restrictive laws, high turn over of administrative positions, the misinformation and unjustified fears about the use of opioids. In some countries the misuse and overuse of opioids reached a high level to form a crisis. It is very important to prioritise the concept of balance.

I was also happy to bring in back with me some publications and several copies (in different languages) of the three main international drug control conventions: The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. That would be a substantial addition to the PC resource centre. I have also made several links with personnel from Delegate countries, INCB, UICC and UNCoND. It was great to see the “world”

united to control narcotic drugs, it would be even greater to see it unite in order to reduce pain and suffering.