

Address to CND Side-Event 15 March 2022: 13.10-14.00
65TH SESSION OF THE COMMISSION ON NARCOTIC DRUGS

**THE HUMANITARIAN APPROACH TO DRUG POLICY: OPPORTUNITIES
AND CHALLENGES FOR AN EFFECTIVE COOPERATION BETWEEN
PUBLIC AUTHORITIES AND HEALTH-BASED ORGANIZATIONS**

Good afternoon Your Excellencies, Director-General WHO, Chairperson,
Panelists, Ladies and Gentlemen.

My name is Joan Marston from PallCHASE, Palliative Care in Humanitarian Aid Situations and Emergencies, and I represent the Vienna NGO Committee on Drugs through the International Association of Hospice and Palliative Care. I am a Nurse working in palliative care for the past 33 years and experienced in using controlled medicines. Thank you for the opportunity to speak to you today.

The goal of palliative care is to relieve serious health-related suffering whatever the cause and wherever it is needed, including in humanitarian crises where suffering is intense and widespread. Controlled pain-relieving medicines that are continuously available are essential to this. So often, when these medicines are most needed, legislation, policies, disrupted supply systems and lack of knowledge on how to use them create barriers.

Humanitarian health response organizations report that some countries do not even allow them to take opioids across their borders.

We respect the need to control access to medicines that contribute to the suffering of those living with a substance disorder. However we ask that those controls are not used to limit access to controlled medicines for the relief of pain and other distressing symptoms.

Despite many years of advocacy there is still an unacceptable disparity between countries in access to opioids. Lack of purchasing power in Low and Middle- Income Countries remains a major barrier.

In 2021 INCB, UNDOC and WHO published a Joint Statement on Access to Controlled Medicines in Emergencies, calling on governments to facilitate access to medicines such as morphine, diazepam, and midazolam for use in humanitarian emergency settings.

These medicines have been listed in the WHO Essential Medicines List (since 1977) and are also included in the Essential Package for Palliative Care. They are vital for the management of, amongst others, pain and palliative care, , mental health, neurological conditions, traumatic injuries, cancer and end-of-life care – and must be available for neonates, babies, children and adults.

Having the medicines is essential. However there are a number of other barriers to be overcome before the person in pain is treated effectively. We need simplified measures for cross-border movement; and countries to become fast and flexible in adapting systems to permit this; inter-agency

collaboration is essential.

Whilst palliative care trained clinicians have the knowledge and skills to use controlled medicines to manage pain effectively, they are still too few. Palliative care must become part of the curriculum of every health care clinician; integrated into the health care system of every country; and be included in the training of those providing the humanitarian health response

In acute humanitarian crises such as the conflict within Ukraine the increased need for controlled medicines cannot be met from within the country. It is estimated that before 2022 half a million Ukrainians required palliative care, and there was already limited access to opioids within the country.

In contrast to Uganda where opioids are more accessible and morphine can be prescribed by specially trained nurses, refugees in Northern Uganda are receiving effective palliative care and pain management.

The Lancet Commission on Palliative Care and Pain Relief and recent publications on the Quality of Death Index as well as the Lancet Commission Report on the Value of Death have highlighted the need to alleviate suffering associated with serious health conditions. Without enabling and flexible legislation; sufficient funding; adequate access to essential controlled medicines prescribed correctly and palliative care trained health care workers, this will not be possible.

How we value humanity will be determined not only on how we value life in times of peace, but by how we protect the value of life and the alleviation of suffering in the face of present and future humanitarian crises. Urgent steps and our best efforts are needed with planning for the future. Collectively we need both provisional and long-term solutions.

Thank you very much for this opportunity, and for inviting me to speak.