

## WEBINAR CONCEPT NOTE

DATE: April 29, 2022, 3pm - 4:40pm CET

Registration: [https://us06web.zoom.us/webinar/register/3716486324425/WN\\_09f-yfU5TPqac6CzQJzAaw](https://us06web.zoom.us/webinar/register/3716486324425/WN_09f-yfU5TPqac6CzQJzAaw)

TITLE: Protecting public health and welfare through balanced opioid governance

**SINGLE CONVENTION ON NARCOTIC DRUGS, 1961,  
AS AMENDED BY THE 1972 PROTOCOL AMENDING THE  
SINGLE CONVENTION ON NARCOTIC DRUGS, 1961**

PREAMBLE

*The Parties,*

*Concerned with the health and welfare of mankind,*

*Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,*

*Recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,*

**I. Background:** The two inter-related public health aims of the United Nations Drug Conventions are 1) ensuring adequate availability for relief of pain and suffering while 2) preventing diversion, misuse, and other harms. States parties' failure to achieve those global aims has produced *two opioid crises*, one of availability, resulting in what has been called "the global pandemic of untreated cancer pain,"\* the other a more regionally defined epidemic of opioid use disorder and fatal overdose.

Opioids<sup>†</sup> are medically and ethically essential medicines that serve the priority healthcare needs of populations when manufactured, procured, prescribed, and consumed according to evidence based standards. Generic opioids such as morphine, methadone, and oxycodone are included in the WHO Model List, for palliative care in Section II of the core list, and for evidence-based treatment of substance use disorder in the complementary list.<sup>‡</sup>

The majority of international, regional, national and sub-national laws and regulations governing procurement, availability and access to opioids for medical and scientific purposes were promulgated well before the development of evidence-based palliative and addiction medicine in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. Few of those same laws and regulations have been updated to align with the medical and pharmaceutical developments in the clinical fields

\* <https://www.esmo.org/meetings/past-meetings/esmo-congress-2012/News-Press-Releases/ESMO-2012-Press-Releases/Governments-failing-to-address-global-pandemic-of-untreated-cancer-pain>

<sup>†</sup> For the sake of brevity, this Note uses the word "opioids" to cover medications of both synthetic and natural origin ("opiates").

<sup>‡</sup> <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02>

of pain treatment and opioid use disorder, resulting in health service deficits for populations requiring access to medicines containing substances listed in the schedules of the international drug control conventions.

This historical misalignment between medicine and law causes *serious, preventable, health related suffering* for millions of individuals, families and communities throughout the world. With regard to the UN framework as a whole, the misalignment hampers progress towards Targets 3.5 and 3.8 of the 2030 Agenda for Sustainable Development.<sup>5</sup> The good news is that clinical practice and governance can be realigned through collective action characterized by a science based, whole of government approach. As the 2016 UNGASS Outcome Document recognized, “civil society, as well as the scientific community and academia, plays an important role in addressing and countering the world drug problem.”

**II. The academic evidence base:** In 2018, The Lancet Commission on Palliative Care and Pain Relief published its [report](#) on the global public health crisis resulting from inadequate availability of and access to opioids for necessary medical use. The findings of this Commission exposed for the first time the serious health related suffering that affects 61 million people annually – almost 0.8% of the world’s population.

In 2022, the Stanford-Lancet Commission on the North American Opioid Crisis published its [report](#) on the crisis that followed insufficient regulation of the pharmaceutical and health-care industries that enabled a profit-driven quadrupling of opioid prescribing in North America. This prescribing departed from long-established practice norms that prevailed before the mid-1990s—particularly in the expanded prescribing of extremely potent opioids for a broad range of chronic, non-cancer pain conditions.

Both Lancet Commission reports identify *governance failures* including deficits in professional training, supply chain weakness, and private sector indifference to corporate ethical responsibilities, as the source of health-related suffering in populations with palliative care needs as well as those in need of treatment for mental health issues and substance use disorder.

**III. The intergovernmental and UN secretariat responses since 2010:** A plethora of CND resolutions, INCB reports and programs, WHO guidances, UNODC technical guidelines, and WHO/INCB/UNODC Joint Declarations have identified ineffective procurement processes, regulatory capture, professional training deficits, and supply control management as issues that characterize both opioid crises.

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<sup>5</sup> Target 3.5. Substance abuse ‘Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.’ Target 3.8. Universal health coverage Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all. (UHC includes palliative care)

The agreed language in these documents contains recommendations to help member states meet the public health commitments made in the original Conventions themselves, in the 2016 UNGASS Outcome Document, the 2020 Ministerial Declaration, and the 2030 Agenda for Sustainable Development. Uptake of those recommendations, which entails more concrete and contextually appropriate discussion of regulatory and governance frameworks than has taken place to date, has been slow.

**IV. The event:** A 90-minute intersessional webinar, possibly first of a series, with interpretation, co-sponsored by the UN Office of Drugs and Crime (UNODC), the Vienna NGO Committee on Drugs (VNGOC) and the International Association for Hospice and Palliative Care (IAHPC). Chairs of the Lancet Commission on Pain and Palliative Care and the Stanford-Lancet Commission on the North American Opioid Crisis will present the main findings of their reports, followed by a discussion on the way forward with representatives of the International Narcotics Control Board, the World Health Organization, and the UN Office of Drugs and Crime.

**Target Audience:** Representatives of competent national authorities, member states, academia, and civil society will be invited to submit questions beforehand as well as during the final half hour.

#### **The program**

1. Moderator Introduction
2. Panelists (5-8) mins each)

##### Academia

- Dr Felicia Knaul (Chair, Lancet Commission on Pain and Palliative Care)
- Dr Keith Humphreys (Chair, Stanford-Lancet Commission on the North American Opioid Crisis)

##### UN Secretariats

- Mr Justice Tetley (Chief, Laboratory and Scientific Section, United Nations Office on Drugs and Crime)
- Juliana Erthal-Williamson (Drug Control Officer, Secretariat of the International Narcotics Control Board) (TBC)
- Dr. Mariângela Simão, WHO Assistant Director General for Access to Medicines, Vaccines and Pharmaceuticals. (TBC)

##### Civil Society

- Dr M.R Rajagopal (Founder and ED of Pallium India)
  - Ms Maria Goretti Loglo (Lawyer, drug policy reform activist and an expert member model drug law for West Africa)
3. Q & A and discussion 30 minutes Member States
  4. Final remarks

**IV. Outcome:** A report on the event and the way forward to be circulated to all sponsoring entities, secretariats, and CND member states.