Taking a Balanced Approach: Meeting the health needs of all patients

Elizabeth Mattfeld, UNODC Drug Prevention and Health Branch
We have the mandate and the tools.....
The International Drug Control Conventions

Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

Convention on Psychotropic Substances of 1971

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988
The International Drug Control Conventions

Protecting the health of people from the dangerous effects of drugs is not in conflict with promoting the medical and scientific use of controlled drugs.
“High-Level Political Documents”

Political Declaration and Plan of Action 2009

Outcome Document of the 2016 UNGASS
Availability of Internationally Controlled Drugs:
Ensuring Adequate Access for Medical and Scientific Purposes

Indispensable, adequately available and not unduly restricted

Ensuring balance in national policies on controlled substances
GUIDANCE FOR AVAILABILITY AND ACCESSIBILITY OF CONTROLLED MEDICINES

Technical Guidance: Increasing access and availability of controlled medicines
Advanced Draft
March 2018
We know the challenges.....
Barriers, Challenges, Impediments

- Capacity of healthcare workforce
- Community awareness
- Fear
- Inconsistent policy interpretation
- Lack of data
- Lack of resources
- Poor supply chain management
Austria

Opioid Consumption in Morphine Equivalence (ME) minus Methadone, mg per person

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015

500ME
Togo

Opioid Consumption in Morphine Equivalence (ME) minus Methadone, mg per person

Sources: International Narcotics Control Board; World Health Organization population data
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What will we do about this complex situation?
UNODC-WHO-UICC Joint Global Program

Legislation and policies

UNODC

Community Awareness

WHO

UICC

Build capacity of healthcare workforce
Special appreciation to our partners

- WHO
- Union for International Cancer Control
- INCB
- IAEA
- International Hospice and Palliative Care Association
- African Palliative Care Association
- Australia
- Belgium
- United States
- EU project in Nigeria
Economic Structure

Data and research

Consistent Messaging

Systems Integration

Education and Awareness

Supply Chain Management

Patient Centered Care

Prevent Diversion, Non-medical use
Multi-phased Health Approach

- Build capacity of healthcare workforce
- Strengthen control system and support rational use of all medicines
- Analyze and strengthen supply chain
- Build data systems
- Shift from fear to essential controlled medicine
Rational Use

The “Five Rights” of Medication Administration

- the right patient
- the right drug
- the right dose
- the right route
- the right time
National Experiences

- Ghana
- Timor-Leste
- Democratic Republic of the Congo
- Nigeria
- Panama
- Mexico
Regional Experiences

- Central Asia
- Latin America
Balance is possible.....

Practice quality patient-centered care with every member of the health workforce building a therapeutic relationship with each patient
Cure sometimes, treat often, comfort always.

Hippocrates

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