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Transcript of video: CND thematic discussions on synthetic opioids the non-medical use of prescription drugs poses increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances;

Non-medical use of prescription drugs in Africa, especially Tramadol, is presented as a 'drug issue' that can be corrected with drug control measures: repression, arrests, seizures and bureaucratic controls. After all, there is a logical appeal to responding to the situation in a way that is familiar and for which a process is already in place. All we must do is to repeat what we have done for hundreds of other products in the past.

But Has this approach worked over the years? Millions of people in Africa still can't access the clinical benefits of effective pain medication and enjoy the freedom from unnecessary suffering. Tramadol is currently the most effective alternative pain medication. Placing tramadol under the list of internationally controlled substances will equal to prioritizing restrictive control to the detriment of ensuring adequate availability of an access to effective pain medications. Thereby violating the rights of people who need them.

In 2018 a team of researchers including myself conducted a research on the non-medical use of tramadol in West Africa. This research helped us identify key factors that are often overlooked when it come to this important issue.

Africa health care systems are still struggling from decades of neglect and sharp spending cuts. Let me share a true story of the situation on the ground from the findings of our study in West Africa. In the village of Sor, in the north of Ghana, we interviewed Naabil (not his real name) a farmer who had been stung by a scorpion days before we met. Formal channels to obtain pain relief are inaccessible, or inexistent, to the rural poor. So, Naabil procured tramadol from a local chemist shop that does not require a doctor's prescription. If prescription medications like tramadol are to be treated as an illicit narcotic drug, thousands like Naabil would be unable to satisfy their legitimate medical need or, worse, face criminal sanctions for doing so.

Tramadol that doctors prescribe in most parts of West Africa for treating post-operative pain is of a strength of 50 to 100 mg, or 150 mg with slow release formulations. From our work, it was found out that several test purchases were strengths as high as 455mg which clearly do not fall within the ministry of health approved dose. Scheduling tramadol will have a big toll on legitimate patients who need this drug to treat pain. It is currently the only available pain medication with good profile that the general population can access especially the rural poor.

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Patients are then more likely to buy these from informal providers and markets where medications may be falsified and adulterated. This will also go as far as penalizing the poor, and push people who are in pain onto the criminal market. It is critical to be more nuanced and factual while responding to the current situation because scheduling Tramadol will lead to significant damage to the already weak palliative care system in Africa.

We can learn from what other countries have done to bring the situation under control. For instance, in Ghana there was a joint effort by the Food and Drugs Authority, Pharmacy Council, Pharmaceutical Association of Ghana and civil society organisations to sensitise the populace on the dangers of unprescribed tramadol use among the youth. Pharmaco-surveillance was increased by the regulatory bodies in the country and that successfully brought down consumption among recreational users.

Ghana's approach is a clear example of how African countries can address non-medical use without increasing harms to patients – using quotas for local manufacturers and importers, designating one single point of entry for importation of tramadol, and increasing funding for demand reduction strategies such as education and sensitisation. Repressive responses can succeed in creating temporary shortages without eliminating supply. They fall particularly hard on the poor who are often brutalised by law enforcement. They have also proved ineffective in eliminating availability of substances that are internationally controlled and easily detected, such as cannabis. Current policies have not worked, we cannot continue to do the same thing without better results. Thank you!