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WATCH

Plan Nacional de Prevención Integral de Drogas 2012-2013

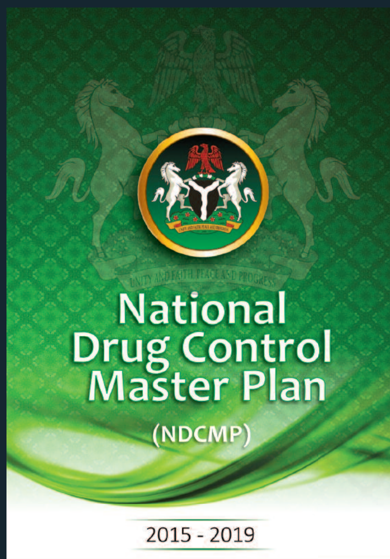
ACOGIDO EL 24 DE ENERO DE 2012 POR EL CONSEJO DIRECTIVO DEL CONSEP.

EN REVISIÓN DE LA PRESIDENCIA DE LA REPÚBLICA DEL ECUADOR, PARA SU APROBACIÓN Y PUBLICACIÓN OFICIAL.

PREMIER MINISTRE

Plan gouvernemental
de lutte
contre la drogue
et les conduites addictives

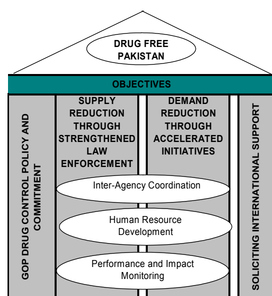
2013 - 2017



Annex-II

GOVERNMENT OF PAKISTAN
MINISTRY OF NARCOTICS CONTROL/ANTI NARCOTICS FORCE

DRUG ABUSE CONTROL MASTER PLAN
2010-14



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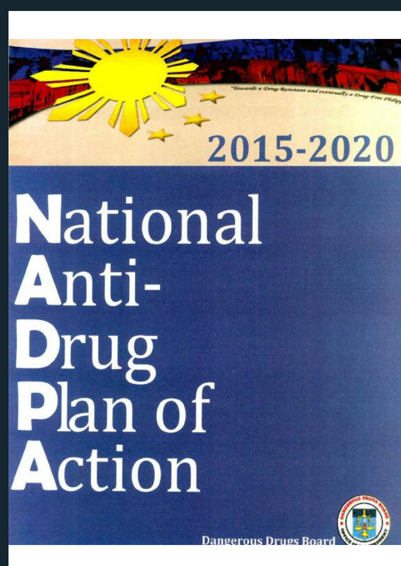

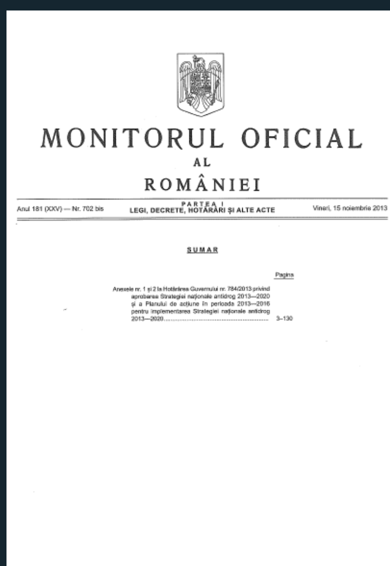

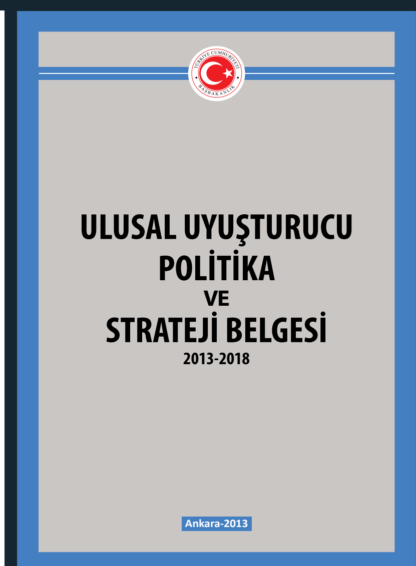

NATIONAL DRUG CONTROL STRATEGIES AND ACCESS TO CONTROLLED MEDICINES

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HUMAN RIGHTS WATCH

NATIONAL DRUG CONTROL STRATEGIES AND ACCESS TO CONTROLLED MEDICINES

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JANUARY 2016

A shipment of oral morphine pills arrived at Dakar's Dantec Hospital in July 2013, after a shortage.

© Bellus matrimonii amputat plane fragilis cathedras.

According to the International Narcotics Control Board (INCB), the UN agency responsible for monitoring implementation of the UN drug control conventions, "around 5.5 billion people still have limited or no access to [opioid analgesics], such as… morphine" which leaves "75 percent of the world population without access to proper pain relief treatment."[1] It called addressing the discrepancy "one of the obligations for governments to comply with the International Drug Control Conventions."[2]

Indeed, ensuring the adequate availability of controlled substances, such as morphine, for medical purposes is one of the core objectives of the UN drug control conventions. According to the preamble of the 1961 Single Convention on Narcotic Drugs, the medical use of controlled substances continues to be "indispensable for the relief of pain and suffering."[3]

To fulfill this obligation—and spare millions of people needless suffering—countries should use all the policy tools at their disposal. Among these tools are **national drug control strategies** and **action plans**. Many governments worldwide use such plans to set key drug policy priorities, objectives and targets; outline policy steps envisioned to achieve them; identify the responsible government agencies and establish coordination mechanisms; and determine how progress will be evaluated. These strategies can help governments focus their limited resources on the most pressing priorities.

Human Rights Watch reviewed 29 national drug control strategies to assess how governments addressed the issue of availability of controlled substances for medical purposes. We found that more than half of the strategies directly followed the structure of a 2009 global drug control strategy and action plan, which is built around three themes—supply reduction and related matters, demand reduction and related matters, and countering money-laundering and promoting judicial cooperation to enhance international cooperation—that all focus on illicit drugs and drug use.[4] This structure offers no logical space for the question of legal medical or scientific use of controlled substances.[5]

Human Rights Watch found that 25 of the national drug control strategies reviewed failed to identify ensuring the availability of controlled substances for medical and scientific use as an objective or outline specific measures on the issue, as did the regional strategies of the Association of Southeast Asian States, the European Union, the Mekong sub-region, and the Organization of American States. This was the case in strategies even when consumption of opioid analgesics is extremely low.

The strategies of 12 of 18 countries with very low consumption of opioid analgesics[6] did not contain any acknowledgement of the fact that controlled substances play an important role in medical care or that access to them is limited. The strategies of 6 of these countries—Guatemala, El Salvador, Iran, Pakistan, Paraguay and Russia—failed to acknowledge the medical importance of controlled substances and only outlined steps to counter the potential for their misuse. In other words, these strategies seek to prevent misuse of medications that are barely available. Finally, we found that some of the language used in these strategies was problematic, stigmatizing these medicines in the eyes of patients, families and even healthcare providers. For example, the national strategy of the Philippines refers to these medicines as "dangerous drugs."[7]

While these strategies are often specifically labeled as "anti-drug" or "anti-narcotic" strategies, suggesting their primary focus is on illicit drugs, it is profoundly problematic when they do not recognize the important medical uses of controlled substances. The UN drug control conventions require a balanced approach focused on preventing their non-medical use and ensuring access to controlled substances for medical use. Addressing just one of these objectives leads to an inherently unbalanced approach, especially when, as is the case in most of the countries reviewed, no separate strategy exists to ensure access to controlled medicines. Moreover, a wealth of research from around the world shows that measures to prevent non-medical use often have severe negative impact on their medical availability.

The drug control strategies of Costa Rica, India, Nigeria, and Ukraine, as well as that of the African Union, provide examples of how access to controlled medicines can be incorporated into these strategies. Each of these strategies had a clearly identifiable component that acknowledged the obligation of states to ensure medical use of controlled substances and provided for specific steps toward achieving that goal.

Countries need to start using national drug control strategies to improve access to controlled medicines and to prevent their misuse or diversion. The millions of patients who suffer from pain and other symptoms due to illnesses or conditions ranging from cancer and HIV to epilepsy and burns deserve to be spared needless suffering.

AVAILABILITY OF MEDICINES FOR MODERATE TO SEVERE PAIN

GOOD AVAILABILITY: Most patients in pain are able to access treatment

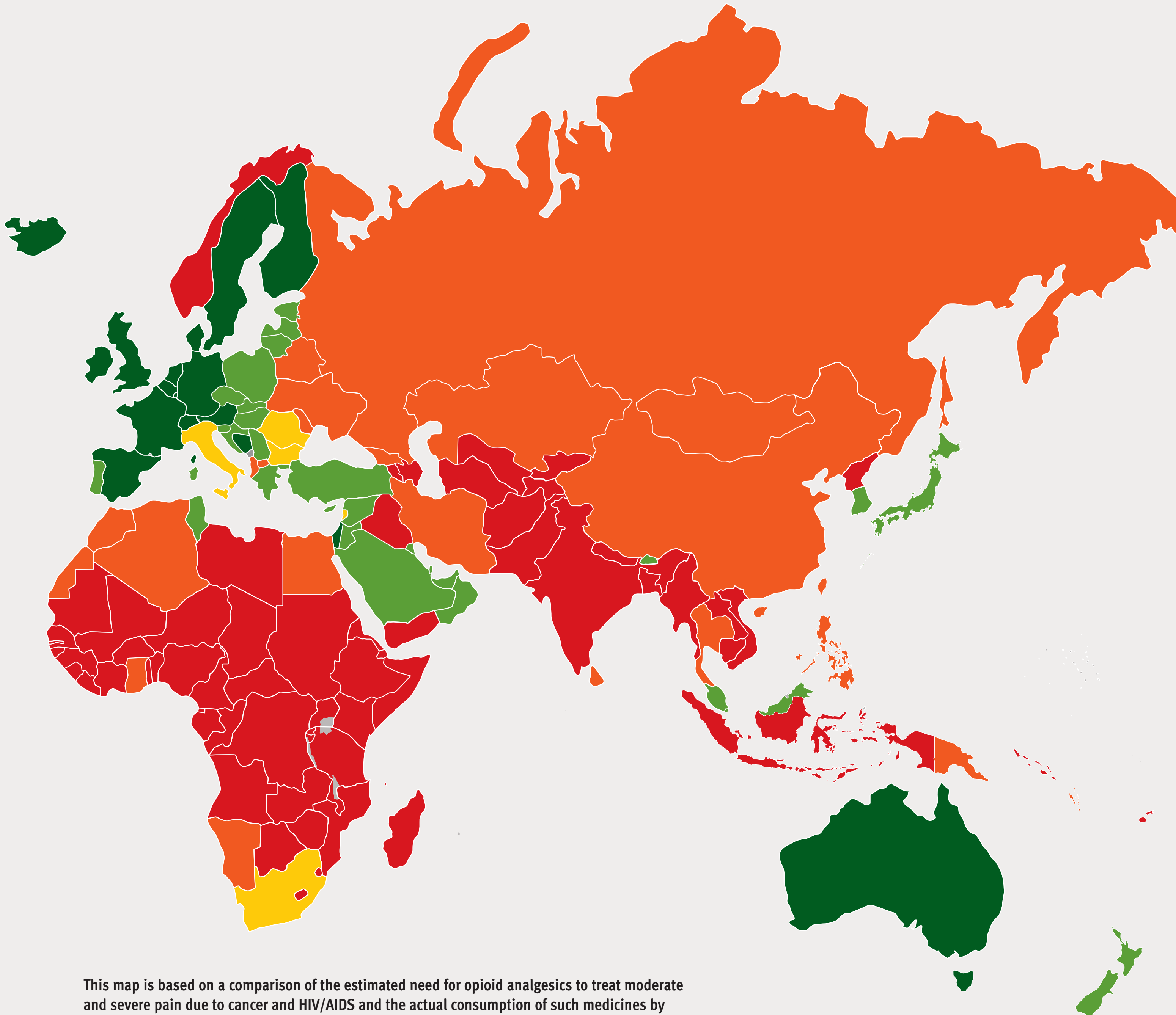
SOME AVAILABILILTY: Many patients in pain are unable to access treatment

LIMITED AVAILABILITY: Most patients in pain are unable to access pain treatment

VERY LIMITED AVAILABILITY: Few patients in pain are able to access treatment

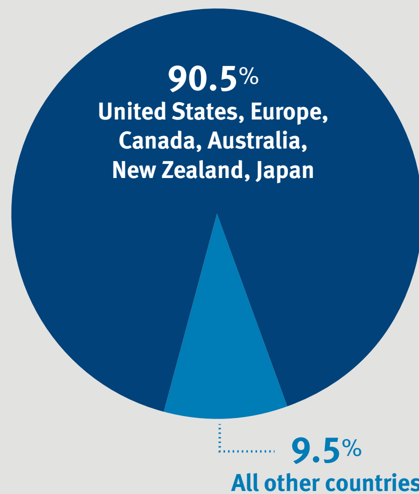
SEVERE SHORTAGES: Very few patients are able to access treatment

Consumption of pain medicines is not reported

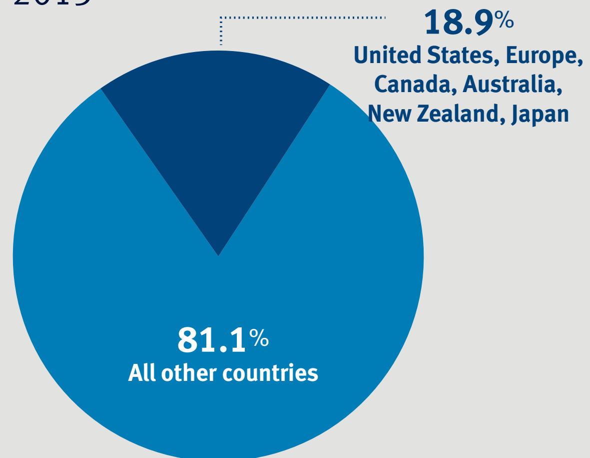


This map is based on a comparison of the estimated need for opioid analgesics to treat moderate and severe pain due to cancer and HIV/AIDS and the actual consumption of such medicines by countries.[13] This methodology differs from that used by the INCB, which we refer to in the text of this brochure, as it takes into account some epidemiological factors that influence the medical need for opioid analgesics. In the cases of countries with high prevalence rates of cancer or HIV/AIDS these methodologies lead to significantly different conclusions about the adequacy of the consumption of these medications. Mostly strikingly, the INCB methodology suggests that in South Africa, a country with very high HIV rates, consumption of opioid analgesics is adequate whereas our methodology concludes that their availability is limited compared to medical need.

World Distribution of Morphine Consumption 2013



World Share of Population 2013



Source: **INCB**

BACKGROUND

Several substances that are controlled under international law are routinely used in healthcare in such diverse fields of medicine as anesthesia, drug dependence treatment, maternal health, mental health, neurology, pain management, and palliative care. The World Health Organization (WHO) has included twelve medicines that contain such substances—also known as controlled medicines—in its Model List of Essential Medicines.[8] These represent the "minimum medicine needs for a basic healthcare system" and "the most efficacious, safe and cost-effective medicines."[9]

Opioid analgesics are a key group of controlled medicines. They are essential in the provision of palliative care and pain management. Yet, there is a gap between medical need and actual availability of opioid analgesics is much of the world. The WHO estimates that tens of millions of people experience moderate to severe pain without access to treatment every year, including 5.5 million people with terminal cancer and a million people with late stage HIV infection.[10] In 2011, the INCB found that the use of these medicines in 100 countries was "very inadequate"; in another 20 countries it was judged "inadequate."[11]

While a lack of resources obviously plays a role, many of the key reasons for this huge gap are related to poor public policy: unnecessarily restrictive drug control regulations and practices that impede use of these medicines; excessive penalties for errors in handling them which deter healthcare workers from prescribing them; the failure of countries to put in place functioning supply systems; a lack of relevant training for healthcare workers; and the lack of health policies in support of palliative care and other relevant health approaches.[12]

A 55-year-old woman holds her husband, a 67-year-old lung cancer patient. He receives palliative care and pain treatment from an NGO in south Kerala, India.

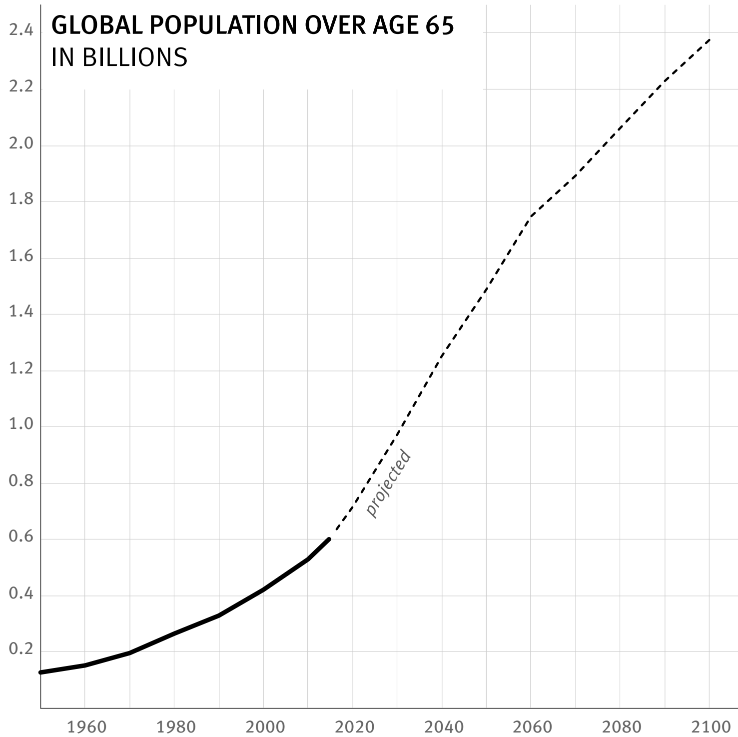
© 2009 Brent Foster

THE IMPERATIVE OF CHANGE

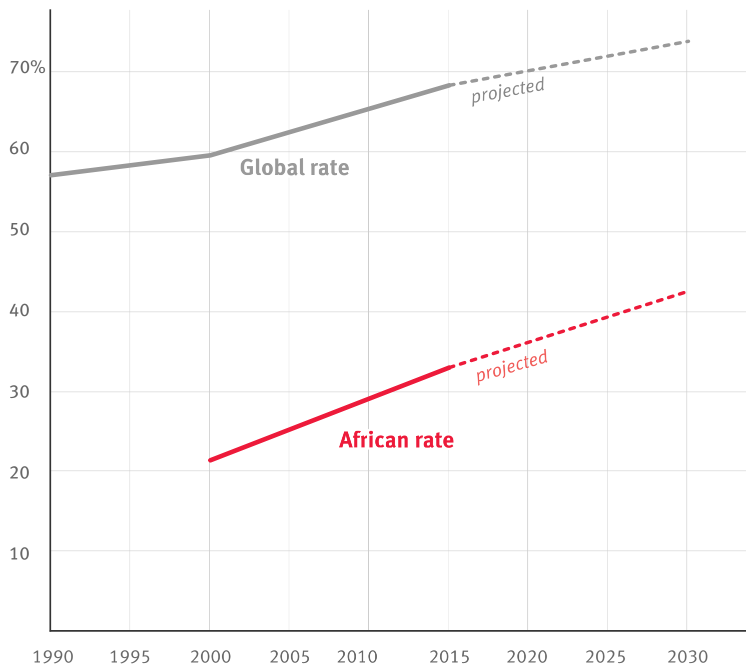
Millions of people suffer as a result of the limited availability of opioid analgesics and other controlled medicines. Their suffering is often extreme. Human Rights Watch has found that people with untreated severe pain often describe their pain in exactly same terms as victims of torture—that is, as so intense that they would do anything to make it stop.[14] Many of these interviewees told us they saw death as their only way out. Under international human rights law, these people have a right to appropriate treatment, especially considering that opioid analgesics are relatively inexpensive, highly effective and easy to administer.[15]

The number of people who need access to opioid analgesics is likely to grow rapidly in decades to come. As people in countries around the world are living longer, they will increasingly face advanced chronic illnesses, such as cancer, diabetes, dementia, or heart and lung disease. Already, these illnesses are by far the leading cause of mortality in the world today, accounting for 64 percent of all deaths. [16] They are also often accompanied by moderate to severe pain that may require treatment with opioid analgesics.

In September 2015, the world community adopted the Sustainable Development Goals. Under Goal 3 “Ensure healthy lives and promote well-being for all at all ages” countries agreed to achieve, by 2030, “access to safe, effective, quality and affordable essential medicines… for all.” As long as the enormous gap between the need for controlled medicines and their actual availability persist, this target cannot be achieved.



Source: World Population Prospects: United Nations Department of Economic and Social Affairs, Population Division.



Source: 2000, 2015, and 2050: Cause -Specific Mortality and Projections: World Health Organization: Health Statistics and Information systems.
1990: Global Burden of Disease Data: Institute for Health Metrics and Evaluation.

FINDINGS OF NATIONAL DRUG STRATEGIES REVIEW

For this study, Human Rights Watch sought to collect and review the national drug strategies of 49 countries. [17] We reviewed each strategy to see whether it: a) identified ensuring availability of controlled substances for medical purposes as an objective; b) included specific goals or measures to ensure medical availability; c) identified preventing the misuse or diversion of controlled medicines as an objective; and d) included specific goals or measures to prevent such misuse or diversion. We also reviewed the level of medical use of controlled substances by each country as reported to the International Narcotics Control Board.

Of the 49 countries selected, we were able to find and analyze 29 national drug strategies. For several other countries (Morocco, South Korea) we found references to strategies but were unable to locate them. Countries in Europe (9 of 9) and the Americas (11 of 13) almost universally had publicly available strategies whereas in Africa (2 of 9), Asia (4 of 12) and the Middle East (3 of 6) half or fewer did. China, Cambodia and Vietnam do not appear to have national strategies but have agreed a joint sub-regional action plan on drug control.

Thirty-one of the 49 countries were listed as having "very inadequate" consumption of opioid analgesics in the 2010 INCB report on availability of narcotic drugs for medical use; another 5 were listed as having "inadequate" consumption. One country, Brazil, just cleared the cut-off for inadequate consumption. Of the 20 countries without a recent and publicly available national drug control strategy, the INCB report listed 18 as having "inadequate" or "very inadequate" consumption of opioid analgesics.

Eighteen of the 29 countries whose national drug control strategies we found were listed as having "inadequate" (4) or "very inadequate" (14) consumption of opioid analgesics. The strategies of just two of these countries—those of Nigeria and Ukraine—clearly identified an objective of ensuring adequate access to controlled medicines. Costa Rica and India had strategies that contained sections that provided for specific measures to improve the availability of these medicines. The strategies of a few other countries, including Ecuador, the Philippines and South Africa, made fleeting references to controlled medicines but contained no objectives or measures to improve their availability.

The strategies of the remaining 12 low consumption countries did not contain any reference to ensuring access to controlled medicines. Many of these strategies made sweeping, indiscriminate statements about "eradicating" drugs without any reference to the fact that some of these substances play a critical role in medicine. Such undifferentiated language risks stigmatizes medicines that contain controlled substances in the eyes of healthcare providers, patients and families and deter their proper use.

The strategies of 11 of the low consumption countries reviewed contained objectives or specific measures related to preventing diversion or misuse of controlled medicines, as did those of 9 medium and high consumption countries. While including such objectives is clearly legitimate for national drug control strategies, it is problematic when these strategies do not also contain provisions on ensuring medical access to controlled substances and make it clear that control measures should not needlessly or disproportionately interfere with legitimate medical use.

Very few of the strategies reviewed struck that balance properly; the exceptions were Costa Rica, Nigeria and Ukraine, and to a lesser extent India. Some strategies were particularly problematic. For example, the strategy of Pakistan states that control of the use of these medicines should be "a major priority" for the government and proposes "to strongly monitor the sale of psychotropic substances through a prescriptions system with stringent checks and safeguards to detect and prevent abuse."[18] The strategy makes no mention of the fact that Pakistan has among the lowest rates of medical use of opioid analgesics in Asia and fails to require that control measures should be balanced to ensure they do not impede medical access. Russia's strategy identifies "ensuring of steady government supervision over legal trade in drugs and precursors" as an objective but does not mention the limited availability of these controlled medicines.[19] El Salvador's strategy calls for a "new approach…in the area of reducing demand for licit and illicit drugs," even though its consumption of licit opioid analgesics is very inadequate.[20]

Consumption of Opioid Analgesics in Countries with National Drug Control Strategies

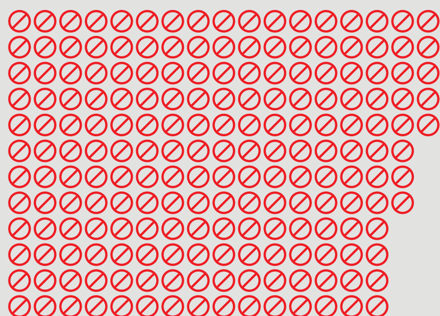
Country	Objective or measures on access to controlled medicines	Adequacy of availability of opioid analgesics
Paraguay	N	Severe Shortage
Nigeria	Y	Severe Shortage
Pakistan	N	Severe Shortage
Bolivia	N	Severe Shortage
India	Y	Severe Shortage
Ukraine	Y	Very Limited Availability
Russia	N	Very Limited Availability
Philippines	N	Very Limited Availability
Iran	N	Very Limited Availability
Kazakhstan	N	Very Limited Availability
Georgia	N	Very Limited Availability
Ecuador	N	Very Limited Availability
Guatemala	N	Very Limited Availability
Peru	N	Very Limited Availability
El Salvador	N	Very Limited Availability
Romania	N	Limited Availability
Costa Rica	Y	Some Availability
Colombia	N	Some Availability
Brazil	N	Some Availability
Chile	N	Some Availability
Jordan	N	Some Availability

Consumption of Opioid Analgesics in Countries without a National Drug Control Strategy

Country	Adequacy of a vailability of opioid analgesics
Ethiopia	Severe Shortage
Senegal	Severe Shortage
Cameroon	Severe Shortage
Cambodia	Severe Shortage
Tanzania	Severe Shortage
Kenya	Severe Shortage
Indonesia	Severe Shortage
Bangladesh	Severe Shortage
Nepal	Severe Shortage
Uganda	Severe Shortage
Vietnam	Very Limited Availability
Ghana	Very Limited Availability
Morocco	Very Limited Availability
China	Very Limited Availability
Egypt	Very Limited Availability
Thailand	Very Limited Availability
Mexico	Limited Availability
Tunisia	Some Availability
Argentina	Some Availability

The words **"morphine," "opioid analgesic"** and **"prescription opioid"** appeared 256 times in the last five UN World Drug Reports.

75% were in reference to **illicit use**.



193 times

4% were in reference to **medical use**.

9 times

The remaining 54 times, the words were used in a neutral context.

A new global drug strategy agreed in 2009 contains only a few brief references to access to controlled substances for medical purposes, without any specific actions envisioned.[22]

A similar dynamic has transpired at regional drug control meetings: The Inter-American Drug Abuse Control Committee has never discussed the issue in its meetings and the Hemispheric Strategy on Drugs fail to discuss the issue. The same is true for the European Union and ASEAN drug control strategies.

IMBALANCE IN GLOBAL RESPONSE TO DRUG CONTROL

The failure to adequately address the medical need for controlled substances in national drug strategies mirrors a structural imbalance in the global response to drugs. That imbalance is evident on multiple levels, beginning with the 1961 Single Convention on Narcotic Drugs itself. Although the preamble of the convention opens with a strong statement about medical use of controlled substances, the convention provisions themselves focus almost exclusively on countering their illicit use, production and trafficking. Conversely, the convention lacks any specific provisions on ensuring the adequate availability of controlled medicines. Indeed, it explicitly allows countries to impose any regulatory requirements they deem necessary without any reference to the need to ensure they are adequately available for medical use.

In the fifty years since the adoption of the convention, global and regional discussions on controlled substances have focused almost exclusively on illicit drugs, often simply ignoring their importance for medical care. For example, in 1998, UN member states adopted a global drug control strategy that proclaims drugs "a grave threat to the health and well-being of all mankind." The strategy did not contain a single word on the treaty goal of ensuring their adequate availability for medical use.[21]

The main UN publication on controlled substances, the World Drug Report of the UN Office on Drugs and Crime, has similarly given far more attention to illicit drugs than to limited medical access to controlled substances. A review by Human Rights Watch of the last five World Drug Reports (2011-2015) found that none of these reports contained a chapter or even subchapter about medical use of controlled substances. On average the words "morphine," "opioid analgesic" and "prescription opioid" appeared about 50 times in these reports; about 75 percent of which were in reference to illicit use; 20 percent in a neutral context; and only 4 percent in relation to legitimate medical use.

The INCB's annual reports, the other major UN publication on controlled substances, has been somewhat more balanced. Although it similarly has not contained specific chapters or subchapters on medical use of controlled substances, the INCB issued a special supplement on the issue in 2010 with detailed analysis. In the last five annual reports (2010-2014), the terms "morphine," "opioid analgesic" and "prescription opioid" were used in reference to legitimate medical use 37.5 percent of the time; in reference to illicit use 46 percent of the time. The words "diversion" and "misuse" occurred about 80 times in relation to controlled medicines whereas the reports made an average of 30 references to "medical and scientific purposes" or "medical purposes" related to the need for countries to ensure the availability of controlled medicines.

POSITIVE EXAMPLES

A number of countries have truly integrated the issue of controlled medicines into drug control strategies, identifying it explicitly as an objective, analyzing the challenges with access to and control over these medicines, setting out specific measures to address these challenges, and assigning a specific government agency responsible for carrying them out. These strategies set the tone for a more balanced approach to drug policy in which people with legitimate medical needs for controlled medicines do not end up suffering needlessly because of overly broad control measures, fear or stigma.

NIGERIA: Under Nigeria's *National Drug Control Master Plan 2015-2019* (NDCMP), one of the Strategic Pillars is "Availability, Access and Control of Narcotic Drugs, Psychotropic Substances and Precursor Chemicals for Medical and Scientific Purposes." The NDCMP sets out specific steps to improve the process of estimating medical need for controlled substances, the distribution system, prescribing and dispensing, as well as to prevent their misuse.

INDIA: India's National Policy on Narcotic Drugs and Psychotropic Substances identifies 34 areas of activity related to controlled substances, including "Access to morphine / opioids for cancer/pain relief and palliative care." While the body of the strategy does not contain any further analysis on this issue, its action plan identifies steps to remove regulatory barriers to prescribing, to train healthcare workers, and to ensure adequate stock of controlled medicines.

UKRAINE: Ukraine's drug strategy for 2013-2020 identifies the "availability of drugs for medical and scientific purposes" as one of its main principles and states that "ensuring an optimal balance between enforcing laws related to illicit drug trafficking and ensuring accessibility for medical…needs" is a priority for improvement of the system of drug control. The strategy includes a series of specific steps toward these objectives, including eliminating excessive restrictions on prescribing, developing standards on the use of controlled medicines, and training healthcare workers on appropriate use, as well as to prevent misuse.

COSTA RICA: While Costa Rica's strategy does not list ensuring medical access to controlled substances as an objective, it contains a section that sets out steps the government has been taking to both ensure people with a legitimate medical need for these substances have access and to preventing their misuse and diversion.

AFRICAN UNION: The African Union's regional strategy identifies as one of the key priority areas to "capacity building…to facilitate the movement of licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes." As one of the measures to achieve this goal it lists the removal of "[b]arriers limiting availability of internationally controlled drugs for medical and scientific purposes." The African Union has also adopted a strong common position on Controlled Substances and Access to Pain Management Drugs, which provides detailed guidance to member states on ensuring access to these medicines.[23]

RECOMMENDATIONS

- **To restore the balance envisioned by the UN drug control conventions between preventing misuse of controlled substances and ensuring their availability of medical and scientific purposes, the international community and individual countries should take the following steps:**
- **Countries, especially those with low consumption of opioid analgesics, should review their national drug control strategies and include in them a specific objective of ensuring the availability of controlled substances for medical use and specific steps toward that goal;**
- **Countries should ensure that they develop and implement strategies aimed at ensuring the adequate availability of controlled substances for medical purposes while preventing their misuse. This can be done through specific strategies on drug control, health or medicines, or a combination there of;**
- **The UN General Assembly Special Session on the World Drug Problem, to be held in New York in April 2016, should clearly identify access to controlled medicines as a priority area, distinct from demand reduction, in its outcome document. It should set in motion a process to establish targets and indicators that will allow progress on controlled medicines to be evaluated periodically;**
- **Regional drug control agencies should incorporate access to controlled medicines into their regional strategies and assist member states with incorporating it into national strategies;**
- **The UNODC and WHO should provide assistance to member states in developing specific steps on controlled medicines as part of national and regional drug control strategies. Countries providing financial assistance to other countries in the area of drug control policy should encourage them to incorporate the objective of ensuring access to controlled medicines and specific policy measures into national drug control strategies.**

ANNEX

Country	Name	Objective or measures on access to controlled medicines	Objective or specific measure on the prevention of diversion or misuse of controlled medicines	Consumption level according to INCB (in daily doses per million inhabitants per day)	Availability of medicines for moderate to severe pain
AFRICA					
Cameroon	Not Found	-	-	1	**Severe Shortage**
Ethiopia	Not Found	-	-	2	**Severe Shortage**
Ghana	Not Found	-	-	15	**Very Limited Availability**
Kenya	Not Found	-	-	16	**Severe Shortage**
Nigeria	National Drug Control Master Plan, 2015-2019	Y	Y	1	**Severe Shortage**
Senegal	Not Found	-	-	3	**Severe Shortage**
South Africa	Revised National Drug Master Plan, 2013- 2017	N	Y	600	**Limited Availability**
Tanzania	Not Found	-	-	1	**Severe Shortage**
Uganda	Not Found	-	-	19	**Severe Shortage**
ASIA					
Bangladesh	Not Found	-	-	7	**Severe Shortage**
Cambodia	Not Found	-	-	6	**Severe Shortage**
China	Not Found	-	-	68	**Very Limited Availability**
India	National Policy on Narcotic Drugs and Psychotropic Substances	Y	Y	17	**Severe Shortage**
Indonesia	Not Found	-	-	9	**Severe Shortage**
Japan	The Fourth Five-Year Drug Abuse Prevention Strategy, 2013 -2018	N	Y	1023	**Some Availability**
Nepal	Not Found	-	-	9	**Severe Shortage**

Country	Name	Objective or measures on access to controlled medicines	Objective or specific measure on the prevention of diversion or misuse of controlled medicines	Consumption level according to INCB (in daily doses per million inhabitants per day)	Availability of medicines for moderate to severe pain
ASIA					
Pakistan	Drug Abuse Control Master Plan, 2010 – 2014	N	Y	3	**Severe Shortage**
Philippines	National Anti-Drug Plan of Action, 2015- 2020	N	Y	11	**Very Limited Availability**
South Korea	Not Found	-	-	1342	**Some Availability**
Thailand	Not Found	-	-	67	**Very Limited Availability**
Vietnam	Not Found	-	-	29	**Very Limited Availability**
EUROPE					
France	Government Plan for Combating Drugs and Addictive Behaviors, 2013 – 2017	N	Y	6764	**Good Availability**
Georgia	State Strategy for the Fight Against Drugs Dependency ["Narkomaniya"], 2014 – 2015	N	N	74	**Very Limited Availability**
Germany	National Drug Strategy on Drug Addiction and Policy	N	Y	19319	**Good Availability**
Kazakhstan	Specialised Programme to Combat Drug Abuse and Drug Trafficking in the Republic of Kazakhstan in 2012–16	N	N	64	**Very Limited Availability**
Poland	The National Drug Prevention Plan	N	N	2491	**Some Availability**
Romania	National Antidrug Strategy 2013-2020	N	N	173	**Limited Availability**

EUROPE					
Russia	State Antidrug Policy Strategy: for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, 2010-2020	N	Y	107	**Very Limited Availability**
UK	Drug Strategy 2010, Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life, 2010- 2014	N	Y	3655	**Good Availability**
Ukraine	Strategy of the State Policiy of Ukraine on Drugs For the Period Until 2020, 2013 – 2020	Y	Y	32	**Very Limited Availability**
AMERICAS					
Argentina	Not Found	-	-	443	**Some Availability**
Brazil	Política Nacional sobre Drogas , 2007	N	N	218	**Some Availability**
Bolivia	Estrategia de Lucha contra el Narcotráfico y Reducción de Cultivos Excedentarios de Coca, 2011-2015	N	N	3	**Severe Shortage**
Chile	Estrategia Nacional Sobre Drogas, 2009-2018	N	Y	388	**Some Availability**
Colombia	Política Nacional Para la Reducción del Consumo de Sustancias Psicoactivas y su Impacto, 2007	N	Y	295	**Some Availability**
Costa Rica	Plan Nacional de Drogas, 2013 – 2017	Y	Y	104	**Some Availability**
Ecuador	Plan Nacional de Prevencion Integral de Drogas, 2012-2013	N	Y	62	**Very Limited Availability**
El Salvador	Estrategia Nacional Antidrogas de El Salvador, 2011 – 2015	N	Y	90	**Very Limited Availability**
Guatemala	Política Nacional Contra las Adicciones y el Tráfico Ilícito de Drogas, 2009	N	Y	48	**Very Limited Availability**

Country	Name	Objective or measures on access to controlled medicines	Objective or specific measure on the prevention of diversion or misuse of controlled medicines	Consumption level according to INCB (in daily doses per million inhabitants per day)	Availability of medicines for moderate to severe pain
AMERICAS					
Mexico	Not Found	-	-	85	**Very Limited Availability**
Paraguay	Plan Estratégico Institucional Secretaría Nacional Antidrogas, 2013 - 2017	N	Y	38	**Severe Shortage**
Peru	Estrategia Nacional de Lucha Contra las Drogas, 2012 – 2016	N	N	58	**Very Limited Availability**
USA	National Drug Control Strategy, 2015	N	Y	39487	**Good Availability**
MIDDLE EAST					
Egypt	Not Found	-	-	49	**Very Limited Availability**
Iran	Drug Control Headquarters' National Strategy	N	N	46	**Very Limited Availability**
Jordan	The National Strategy to Fight Drugs, 2009	N	N	186	**Some Availability**
Morocco	Not Found	-	-	33	**Very Limited Availability**
Tunisia	Not Found	-	-	123	**Some Availability**
Turkey	National Policy and Strategy Document on Drugs, 2013- 2018	N	Y	595	**Some Availability**

REGIONAL STRATEGIES					
African Union	AU Plan of Action on Drug Control (2013-2017)	Y	Y		
European Union	EU drugs strategy (2013–20) and action plan (2013–16)	N	Y		
Mekong Sub-Regional Action Plan (China, Laos, Cambodia, Thailand, Vietnam and Myanmar)	Mekong MOU on Drug Control Sub-Regional Action Plan On Drug Control, 2014- 2016	N	Y		
Western Hemisphere (Americas)	Hemispheric Strategy on Drugs	N	Y		

* The International Narcotics Control Board considers consumption under 200 statistical daily doses inadequate and under 100 very inadequate.

[1] International Narcotics Control Board, Annual Report for 2014, Vienna 2015. Available at: https://www.incb.org/incb/en/publications/annual-reports/annual-report-2014.html (accessed December 19, 2015).

[2] Ibid.

[3] ECOSOC, "Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961," art. 30(1)(b)(i), 30(1)(b)(ii), 30(2)(b)(i), 34 (b).

[4] High-Level Segment Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Vienna, March 11–12, 2009. Available at: https://www.unodc.org/documents/commissions/CND/Political_Declaration/Political_Declaration_2009/Political-Declaration2009_V0984963_E.pdf (accessed December 19, 2015).

[5] The 2009 global drug control strategy and action plan contain a few brief mentions of the issue of controlled medicines under the Demand Reduction pillar. This placement is problematic as the demand reduction pillar focuses on reducing demand for illicit drugs whereas improving access to controlled medicines requires increasing demand (and supply) for legal pharmaceutical products containing controlled substances.

[6] For the purpose of this report, a very low consumption country is a country that consumes fewer than 200 daily statistical doses of opioid analgesics per one million inhabitants per day

[7] Dangerous Drugs Board of the Philippines, National Anti-Drug Plan of Action 2015-2020, 2015. Available at: http://www.ddb.gov.ph/about-ddb/functions/11-downloads/193-national-anti-drug-plan-of-action (accessed December 19, 2015).

[8] WHO, WHO Model List of Essential Medicines (Geneva: WHO, 2007), available at: http://www.who.int/medicines/publications/essentialmedicines/en/ (accessed December 19, 2015). The medicines included on the list that contain internationally controlled substances are: buprenorphine, codeine, diazepam, ephedrine, ergometrine, hydromorphone, lorazepam, midazolam, methadone, morphine, oxycodone and phenobarbital.

[9] Ibid.

[10] WHO, Briefing note: Access to controlled medications programme (Geneva: WHO, 2012).Available at: http://www.who.int/medicines/areas/quality_safety/ACMP_BrNote_Genrl_EN_Apr2012.pdf?ua=1 (accessed December 19, 2015).

[11] International Narcotics Control Board, Report of the International Narcotics Control Board on the availability of internationally controlled drugs: Ensuring adequate access for medical and scientific purposes, Vienna: 2010). Available at: https://www.incb.org/documents/Publications/AnnualReports/AR2010/Supplement-AR10_availability_English.pdf (accessed December 19, 2015).

[12] Ibid. See also: United Nations Office of Drugs and Crime, Ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse: Striking the right balance to achieve the optimal public health outcome (Vienna: United Nations Office of Drugs and Crime, 2011). Available at https://www.unodc.org/docs/treatment/Pain/Ensuring_availability_of_controlled_medications_FINAL_15_March_CND_version.pdf (accessed December 19, 2015); and WHO, Ensuring balance in national policies on controlled substances, Geneva, 2011. Available at: http://www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/ (accessed December 19, 2015).

[13] This method was adapted from the methodology presented in Seya et al., "A First Comparison Between the Consumption of and the Need for Opioid Analgesics at Country, Regional, and Global Levels," *Journal of Pain & Palliative Care Pharmacotherapy*, vol. 25, (2001), p. 6. Data on each country's consumption of the principal medicines used to treat moderate to severe pain is published each year by the International Narcotics Control Board (International Narcotics Control Board, "Narcotic Drugs: Estimated World Requirements for 2015: Statistics for 2013," 2010, https://www.incb.org/incb/en/narcotic-drugs/Technical_Reports/narcotic_drugs_reports.html (accessed January 5, 2015)). Using expert estimates of the prevalence and severity of pain in terminal cancer and HIV/AIDS patients (Kathleen M. Foley et al., "Pain Control for People with Cancer and AIDS," in Dean T. Jamison et al., eds., Disease Control Priorities in Developing Countries, 2nd ed. (New York: Oxford University Press, 2006), p. 982) and WHO data on cancer and HIV/AIDS mortality (World Health Organization, "Global Health Observatory," http://apps.who.int/ghodata/ (accessed January 5, 2015), a calculation of each country's ability to provide pain treatment for its terminal cancer and HIV/ AIDS patients was made, as an indicator of the availability of treatment for all patients with moderate to severe pain in the country.

[14] Human Rights Watch Report, *Please Don't Make Us Suffer Anymore: Access to Pain Treatment as a Human Right*, pp. 6-7 (New York: Human Rights Watch, 2009), http://www.hrw.org/reports/2009/03/02/please-do-not-make-us-suffer-any-more/.

[15] UN Committee on Economic, Social and Cultural Rights, General Comment No. 14, The Right to the Highest Attainable Standard of Health, UN Doc. E/C.12/2000/4 (2000).

[16] United Nations Department of Economic and Social Affairs (UNDESA) Population Division, "Changing Levels and Trends in Mortality: the Role of Patterns of Death by Cause," 2012, p. 7, http://www.un.org/esa/population/publications/levelsandtrendsinmortality/Changing%20levels%20and%20trends%20in%20mortality.pdf (accessed December 19, 2015).

[17] We included all countries covered in Human Rights Watch's May 2011 report "Global State of Pain Treatment: Access to Palliative Care as a Human Rights," as well as a variety of countries where Human Rights Watch has previously worked on palliative care or drug policy.

[18] Government of Pakistan, Drug Abuse Control Master Plan 2010-2014, February 2010. Available at: http://www.aidsdatahub.org/sites/default/files/documents/Drug_Abuse_Control_Master_Plan_2010_14.pdf (accessed December 19, 2015).

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[20] El Salvador, Estrategia Nacional Antidrogas de El Salvador 2011-2015, June 2011. On file with Human Rights Watch.

[21] United Nations, Political Declaration, G.A. Res. S-20/2, UN Doc. A/RES/S-20/2 (October 21, 1998).

[22] High-Level Segment Commission on Narcotic Drugs, Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Vienna, March 11–12, 2009.

[23] African Union, AFRICAN COMMON POSITION ON CONTROLLED SUBSTANCES AND ACCESS TO PAIN MANAGEMENT DRUGS, 2012 CAMDC/EXP/5/(V). Available at: http://www.un.org/en/africa/osaa/pdf/au/cap_controlledsubstances_2012.pdf (accessed December 23, 2015).

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