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Addis Ababa, ETHIOPIA P. O. Box 3243 Telephone 251-11-5517 700 Fax 251-11-5517 844  
website: [www.africa-union.org](http://www.africa-union.org)

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**5<sup>th</sup> SESSION OF THE AU CONFERENCE  
OF MINISTERS OF DRUG CONTROL (CAMDC5)  
ADDIS ABABA, ETHIOPIA  
08 - 12 OCTOBER 2012**

**CAMDC/EXP/5/(V)**

***THEME: PROMOTING GOOD PRACTICES IN DRUG POLICY DEVELOPMENT AND  
IMPLEMENTATION***

**AFRICAN COMMON POSITION ON CONTROLLED SUBSTANCES AND ACCESS  
TO PAIN MANAGEMENT DRUGS**

**BACKGROUND:**

1. The overall goal of a functioning system for managing the availability of narcotic drugs and psychotropic substances should be to provide relief from pain and suffering by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, to prevent the diversion of drugs for the purpose of abuse.
2. In September 2010, during the 4<sup>th</sup> Conference of Africa Union Ministers in Charge of Drug Control and Crime Prevention (CAMDCCP4), the AU Ministers agreed that Member States should identify impediments to adequate access to opioid analgesics for pain management and take steps to improve the availability of narcotic drugs and psychotropic substances for the relief of pain. The meeting called on the International Narcotics Control Board (INCB) to assist Governments in implementing this recommendation.
3. In 2010, the INCB offered information regarding the principles of the international drug control treaties as a mechanism to ensure availability of narcotic drugs and psychotropic substances for medical and scientific requirements while at the same time preventing their inappropriate use and abuse<sup>1</sup>.
4. In October 2011, during the Continental think-tank to fast-track and facilitate the implementation of the AU Plan of Action on Drug Control And Crime Prevention (2007-2012), experts agreed that the issue of pain management drugs and the availability of narcotic drugs and psychotropic substances for the relief of pain is a Continental priority.
5. Globally<sup>2</sup>, a number of Governments have estimated to meet medical demand, issued national policies to improve access for medical use of narcotic drugs and psychotropic substances, supported educational programmes and examined their health-care systems, laws and regulations for impediments. However, Africa remains the region with the largest number of countries failing to make provision for demand nor recording availability of narcotic drugs and psychotropic substances for medical use.
6. Weaknesses in drug supply management systems resulting mainly from shortages of financial resources; insufficient infrastructure; low priority given to health care; weak government authority; inadequate education and professional training remain, leading to erratic availability of medicines (including controlled drugs).
7. While efforts to limit the use of narcotic drugs and psychotropic substances to medical and scientific purposes must not adversely affect their availability for such purposes, increasing the access to certain controlled drugs for legitimate medical purposes needs thorough monitoring. Careful attention must be given to the

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<sup>1</sup>See report of the INCB on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes (UN publication, sales no. E.11.XI.7).

<sup>2</sup><http://incb.org/>

legitimate absorption capacity of countries and the proper functioning of safeguard mechanisms in order to minimise misuse and leaks in the system. A well-educated and functioning control-system administration is a prerequisite for ensuring availability, as it will be able to determine the quantities required and will identify shortages and anticipate problems in distribution. A functioning control-system administration will also establish a responsible partner for cooperation with professional and consumer associations.

8. What is required is well-functioning national and international systems for managing the availability of narcotic drugs and psychotropic substances which have to fulfil, *inter alia*, the following functions:
  - providing for relief from pain and suffering by ensuring safe delivery of the best affordable drugs to patients who need them, at the same time
  - putting in place safeguards to prevent the diversion of drugs for the purpose of abuse;
  - ensuring correct education and training of health professionals;
  - educating the public in the rational use of narcotic drugs and psychotropic substances and the correct use of pharmacotherapy with other therapeutic options as well as in preventing drug use;
  - enlisting the active participation of professional organisations and consumer associations; and
  - encouraging the development and use of better and safer therapeutic agents to replace medicines with limited efficacy and safety.
  
9. Various impediments to the above have been identified related to narcotic drugs and psychotropic substances, such as (a) concerns about addiction; (b) insufficient training of health-care professionals; (c) laws or regulations that disproportionately restrict opiate manufacture, distribution, prescription or dispensing; (d) reluctance to prescribe or stock opiates because of concerns about legal sanctions; (e) reluctance to stock opiates because of concerns about theft or robbery; (f) administrative burden of regulatory requirements for opiates; (g) insufficient import or manufacture of needed opiates; (h) potential for opiate diversion; (i) cost of opiate medications; (j) insufficient health-care resources, personnel and facilities; (k) administrative burden of import-export requirements; (l) problems in the opiate distribution system; and (m) absence of national policy or guidelines.

## **AFRICA'S COMMON POSITION TO THE SIXTH CONFERENCE OF MINISTERS OF HEALTH, ALGIERS, ALGERIA (APRIL 2013)**

We, African Ministers of Drug Control, during our 5<sup>th</sup> Session of the African Union (AU) Conference of Ministers of Drug Control, met in Addis Ababa, Ethiopia under the theme "Promoting good practices in drug policy development and implementation" from 08-12 October 2012 and considered the report of the Chairperson of the AU Commission on the implementation of the decisions of the fourth session of the AU Conference of Ministers of Drug Control and Crime Prevention of September 2010.

### ***Recalling***

- World Health Organisation Resolution WHA60.16 of 2007 on the rational use of medicines;
- Commission on Narcotic Drugs Resolution 54/6 on promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse;
- the Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, 2006;
- the decision on the Five (5)-Year Review of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa (Doc. EX.CL/592(XVII)[Assembly/AU/Dec.291(XV)]);
- the Continental Framework for Harmonization of Approaches among Member States and Integration of Policies on Human Rights and People Infected and Affected by HIV and AIDS in Africa, 2006
- the Africa Union Executive Council decision (Doc. EX.CL/628(XVIII)) taking note of the Report of the Fourth Session of the AU Conference of Ministers of Drug Control and Crime Prevention (CAMDCCP4), held in Addis Ababa, Ethiopia, from 28 September to 2 October 2010 endorsing the recommendation, in particular, that the control of precursor chemicals for the manufacturing of synthetic drugs should be pursued with urgency, as the trafficking of these chemicals has become an alarming challenge, of January 2011;
- the Single United Nations Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol and the 1971 Convention on Psychotropic Substances whereby these Conventions establish a dual drug control obligation for Governments: to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes, while at the same time preventing the illicit production of, trafficking in and use of such drugs.

***Taking note*** of the various expert consultations on access to pain management drugs carried out throughout the Continent during 2010, 2011 and 2012;

**Welcoming** the important opportunity provided by the Sixth Conference of Ministers of Health, Algiers, Algeria (April 2013)

**Recognising** that sufficient availability of narcotic drugs and psychotropic substances for medical and scientific requirements will require revision of national policies to improve medical access to narcotic drugs and psychotropic substances, educational programmes and possibly a re-examination of health-care systems, laws and regulations for impediments;

**Noting** that up to 70% of cancer patients suffer from pain<sup>3</sup> and, among individuals living with HIV/AIDS, wide estimates of pain prevalence at all stages of infection have been reported;

**Acknowledging** the principles of United Nations international drug control treaties as a mechanism to ensure availability of narcotic drugs and psychotropic substances for medical and scientific requirements while at the same time preventing their inappropriate use and abuse;

**Concerned** that approximately 80% of the world population has either no, or insufficient, access to treatment for moderate to severe pain for which medications are not evenly distributed worldwide - low and middle income countries consume only 6% of the morphine used worldwide, even though they are home to about half of all cancer patients and more than 90% of HIV infections<sup>4</sup>;

**Recognising** that Continentally, deficiencies in drug supply management remain due to shortages of financial resources, insufficient infrastructure, low priority given to health care, weak government authority, inadequate education and professional training, affecting all medicines (including controlled drugs);

**Emphasising** the need for the reform of laws and policies inhibiting access to pain treatment in order to facilitate access to pain relief medicine in relation to the obligations of states under international human rights law;

**Appreciating** the essential role of community and civil society organisations, youth-led organisations and people living with HIV, in partnership and solidarity with government, and other partners, to advocate for, and deliver on, the responsibilities of individual governments and the international community to fulfil their obligations under international human rights law.

We recommend that:

**African Union Member States need to:**

**I. Ensure a functioning and effective supply system through regulation, data management, access and reporting:**

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<sup>3</sup><http://www.cancer-pain.org/understanding/whatis.html>

<sup>4</sup>World Health Organisation: *National Cancer Control Programme: Policies and Managerial Guidelines*. Geneva: WHO; 2002

- a) Determine whether national narcotics laws contain elements of the 1961 Convention as amended by the 1972 Protocol, and the 1971 Convention on Psychotropic Substances that take into account the fact that the medical use of controlled substances continues to be indispensable for the relief of pain and suffering and the fact that adequate provision must be made to ensure the availability of narcotic drugs and psychotropic substances for such purposes and to ensure that administrative responsibility has been established and that personnel are available for the implementation of those laws;
- b) Determine whether there are undue restrictions in national narcotics laws, regulations or administrative policies that impede the prescribing or dispensing of, or needed medical treatment of patients with, narcotic drugs or psychotropic substances, or their availability and distribution for such purposes, and, should this be the case, make the necessary adjustments<sup>5</sup>.
- c) Implement and enforce effective laws and policies to combat counterfeit drugs and provide a comprehensive legal framework to make trading in counterfeit products a criminal offence; and ensure that narcotic drugs and psychotropic substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market;
- d) Review and supervise the requirements of health systems for internationally controlled substances; calculate the annual requirements for such substances and furnish the INCB with timely estimates for narcotic drugs and assessments for psychotropic substances<sup>6</sup>.
- e) Conduct inspections of manufacturers, exporters, importers and wholesale and retail distributors, as well as of stocks and records, and take appropriate action against those who fail to comply with applicable legal requirements and professional codes of conduct;
- f) Ensure adequate financial and human resources for drug regulatory authorities and other agencies and provide capacity-building to staff;
- g) Establish a comprehensive registration and authorisation system and support safer and more cost-effective drugs and reliable alternative treatment modalities;
- h) Stimulate, through regulation and monitoring, ethical behaviour in drug marketing; they should ensure high professional standards in therapy (diagnosis, deciding on therapy, prescribing);
- i) Establish a system to collect information from medical facilities that provide care for the mentally ill; people who are dependent on drugs; and post-surgery, cancer

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<sup>5</sup> Member States are encouraged to use the World Health Organisation Policy Guidelines on Balance in National Policies on Controlled Substances ([http://www.who.int/medicines/areas/quality\\_safety/guide\\_nocp\\_sanend/en/](http://www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/)) to conduct this review.

<sup>6</sup> Using the 2012 INCB/WHO Guide for Estimating Requirements for Substances under International Control ([http://www.incb.org/documents/Guide\\_on\\_Estimates/Guide\\_on\\_estimating\\_English\\_Ebook.pdf](http://www.incb.org/documents/Guide_on_Estimates/Guide_on_estimating_English_Ebook.pdf)).

and other patients, and from organisations working to improve the appropriate use of narcotic drugs and psychotropic substances, and should establish groups of knowledgeable individuals to assist in obtaining information about changing medical needs; they should also make use of available guidelines on assessing the actual requirements for narcotic drugs and psychotropic substances for their country;

- j) Add to their annual estimates of requirements for narcotic drugs and assessments for psychotropic substances a margin to allow for the possibility of increased consumption from such general causes as population growth, evolution of health services and trends in the incidence of diseases and their treatment and, if need be, should add an even greater margin in countries or territories where there is rapid economic and social development or rapid expansion of the medical use of drugs, including the introduction of new formulations or drugs;
- k) Collect reliable statistical data on the consumption of narcotic drugs and psychotropic substances and submit that information to the INCB in timely fashion;
- l) Collect data on the abuse of prescription drugs in a more systematic manner and include in their national surveys on drug abuse, as far as possible, pharmaceuticals containing narcotic drugs and psychotropic substances;
- m) Take prompt and effective action to implement previous recommendations of the INCB on preventing the illegal sale of internationally controlled substances through the Internet trading and on the misuse of the mail for smuggling of internationally controlled substances.

## **II. *Undertake capacity building***

- a) Ensure that comprehensive curricula on substance abuse and rational use of psychoactive drugs are used in relevant faculties of universities, medical, pharmaceutical and nursing schools and other health-care institutes;
- b) Educate the public in the appropriate use of narcotic drugs and psychotropic substances and in the correct use of pharmacotherapy with other therapeutic options, and should enlist in this effort the active participation of professional organisations and consumer associations;

## **The AU Commission, Regional Economic Communities and Continental Partners should facilitate:**

- a) Complement the efforts of law enforcement in individual Member States in the above-mentioned areas, and develop intergovernmental agreements for effective joint operations and arrangements and standards to be applied regionally;
- b) Effective international support of the international community for these efforts;

- c) The coordination of training opportunities, studies and research with a view to placing at the disposal of Member States, sub-regional organisations and other users, current and reliable information.

**International Development Partners are called upon to:**

- a) INCB to monitor annual estimates for narcotic drugs and assessments for psychotropic substances submitted by Member States and initiate dialogue as necessary to identify unmet needs and ensure that annual estimates or assessments of requirements for narcotic drugs and psychotropic substances are neither overestimated nor underestimated;
- b) INCB to ensure expeditious confirmation of supplementary estimates and processing of modified assessments for psychotropic substances submitted to assist them in coping with unforeseeable needs;
- c) INCB to review on a regular basis national and international developments for improving the availability of narcotic drugs and psychotropic substances for medical purposes, incorporating respective updated information and observations into its annual report;
- d) INCB, WHO and UNODC to encourage Member States to develop drug distribution systems that are well controlled and that will ensure availability of narcotic drugs and psychotropic substances to patients in medical facilities and in the community;
- e) UNODC to cooperate with partners to include model national legislation on the control of narcotic drugs and psychotropic substances - provisions that recognise the obligation to ensure the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes;
- f) INCB, WHO and UNODC to respond to the call of the Commission on Narcotic Drugs in the area of availability of internationally controlled substances and support the Commission in its efforts to remind parties to the 1961 Convention and the 1971 Convention of their obligations in this respect;
- g) WHO and UNODC to assist Member States in developing adequately controlled drug distribution systems that are capable of providing narcotic drugs and psychotropic substances to patients in hospitals and in the community;
- h) INCB, WHO and UNODC to alert the international community to new trends in abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances;
- i) INCB and UNODC to alert the international community to emerging methods of trafficking of internationally controlled substances;
- j) INCB and UNODC to support Governments in establishing effective control system administration to implement provisions of the international drug control treaties and



additional control measures, as requested by the Economic and Social Council, as well as relevant guidelines of the Board.

The Bureau of 5<sup>th</sup> Session of the African Union Conference of Ministers of Drug Control (CAMDC5) hereby endorses this proposed African Common Position to be submitted for consideration and adoption by the Sixth Conference of Ministers of Health, in Algiers, Algeria in April 2013.

We hereby mandatethe Chair of the Bureau of the 5<sup>th</sup> Session of the African Union Conference of Ministers of Drug Control (CAMDC5) and the Chairperson of the African Union Commission to transmit this African Common Position to the Chair of the Bureau of the Sixth Conference of Ministers of Health in Algiers, Algeria in April 2013.