

Contribution to the Report of the Office of the High Commissioner for Human Rights on the implementation of the UNGASS joint commitment to effectively addressing and countering the world drug problem with regard to human rights

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The number of people in the world suffering terribly because they cannot access morphine and other opioids to treat their pain is in the tens of millions ([Lancet Commission report](#)).

Although internationally recognised human rights, including the right to the highest possible standard of health, are considered to all be of equal status and importance, there is an inherent urgency to relieving suffering from extreme physical pain that is not sufficiently captured in the language of resolutions and official statements. On the contrary, the right to relief from severe pain is often subjugated to other concerns and stripped of the sense of urgency it demands.

The current situation is in large part a consequence of the neglect of this urgency, and of a decades-long, heavy-handed approach to restricting morphine and other opioids that has placed the emphasis on criminalisation to the detriment of the rights and wellbeing of patients who need them for the treatment of pain. Governments in low- and middle-income countries have mostly continued to operate a strict top-down approach to restricting access to opioids, while efforts to increase access to pain relief are often piecemeal and achieved in small steps through the efforts of advocacy groups.

During our recent side event at the 37th Session of the Human Rights Council on 14 March 2018, “Ending the agony: Access to morphine as an ethical and human rights imperative”, expert panellists insisted on the need for a balanced approach to ensuring access to opioids, and recalled that the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, wrote in a 2013 report that when states fail to take positive steps or even interfere with health-care services, causing patients to suffer unnecessarily from pain, they may be violating an affirmative obligation under the prohibition of torture and ill-treatment. These points were affirmed in:

- The [press release](#) from our UN Human Rights Council side event
- A 4-minute [video montage](#) with highlights and key messages from the event
- A [summary guide](#) on the issue of access to morphine and similar opioids, produced on this occasion

We also note with consternation that a misguided approach to the opioid crisis in the US has now resulted in a widespread pain epidemic as well, with patients losing access to effective pain medications, often after years of successful and stable

treatment. The misery of patients scrambling unsuccessfully to obtain medication to relieve their chronic pain is documented in numerous accounts in patient support groups on social media. The response to the opioid crisis in the US has also led to unfounded fears elsewhere in the world and a reluctance in some countries to make morphine more readily available.

We recommend strong statements by relevant UN bodies and representatives, including the UN High Commissioner for Human Rights, the International Narcotics Control Board, the Commission on Narcotic Drugs and the UN Office on Drugs and Crime:

- a. That it is a **human rights imperative** that countries ensure access to opioid pain medication to all patients in need
- b. That a balanced approach is needed to ensuring access to opioids, and that efforts to limit diversion should not interfere with patients' right to access effective pain medication

We strongly encourage governments to:

- Develop a centralised strategy to ensure adequate access to pain relief
- Adapt regulations to ensure better balance between access and control
- Aim for an ambitious scale-up of training and oral morphine distribution
- Destigmatise use of morphine and other opioid analgesics