

Helping or Harming Humans: International

Drug Policy and the Effectiveness in Pursuing Medical Availability

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Introduction

The current international drug system was constructed through three conventions held by the United Nations (UN) together titled the International Drug Control Conventions (IDCC). The fundamental goal of convening was to pursue the health and welfare of mankind. The conventions had the goal of ensuring sufficient availability to controlled substances for medical purposes while also restricting controlled substances when harming people through drug use addiction.

The International Narcotics Control Board (INCB), acts as the overseer of drug treaty (IDCC) compliance. This essentially means they monitor application and compliance of treaty laws. The INCB can also be seen as the quasi-judicial body of the UN within their policies of international drug laws.

The purpose of this research is to analyze the extent the effectiveness of the IDCC in achieving their goal of medical availability.

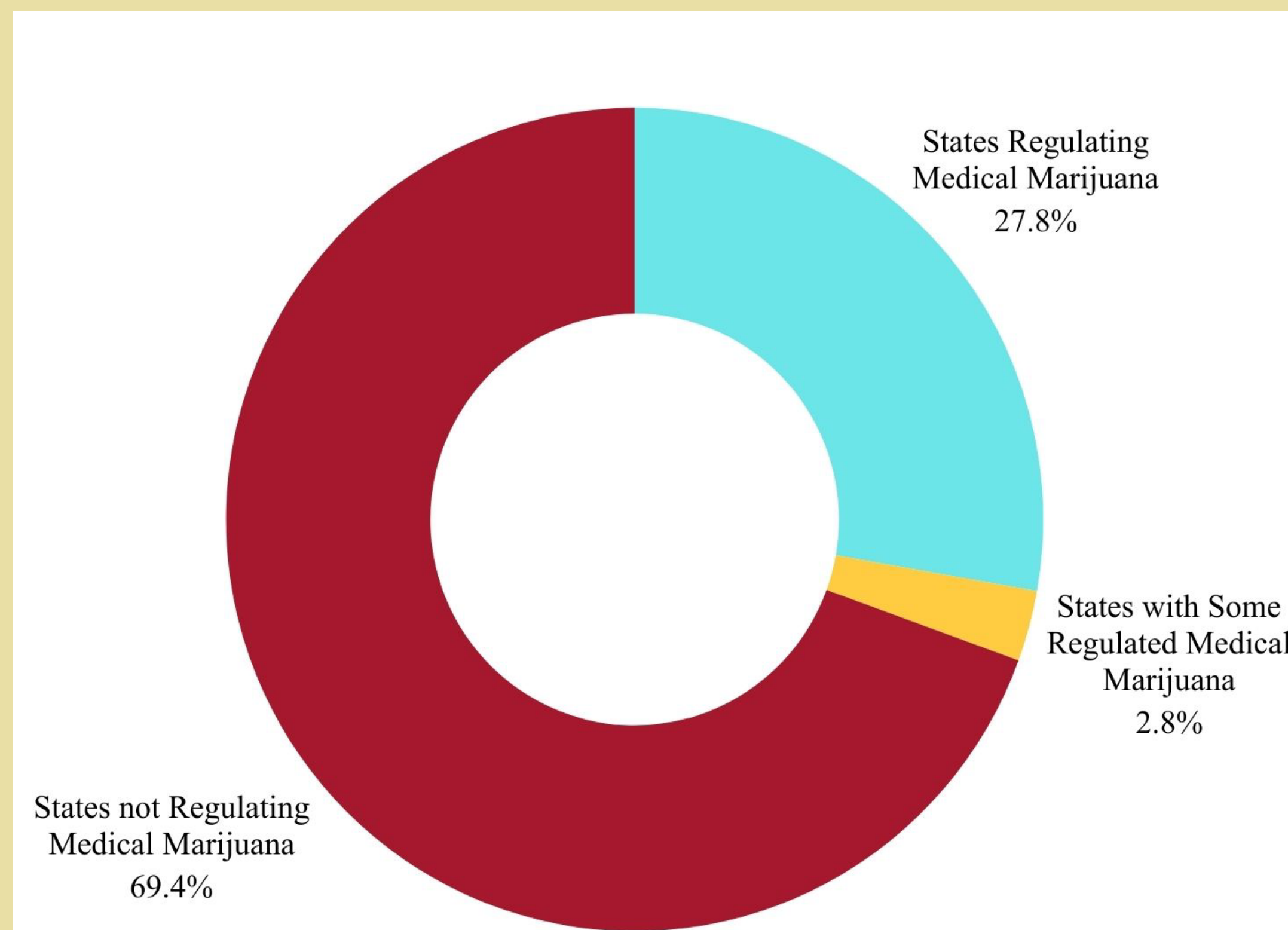
The preliminary results suggest there may be two indicators that the United Nations has been ineffective in ensuring medical availability. First, the possible tensions in countries defining medical purposes by including medical marijuana. Second, the current process of estimating how much drugs a country requires is inadequate. Estimates are based on historical data and require heavy documentation which can lead to countries to not submitting their legally required estimates.

Methods

The research was conducted through qualitative literature review and evaluation of significance in discussions on international drug policy effectiveness. First, the sources were found either through word searches or provided by research mentor. Then, sources were evaluated for possible commentary on the IDCC in terms of medical availability.

Key word search terms included:

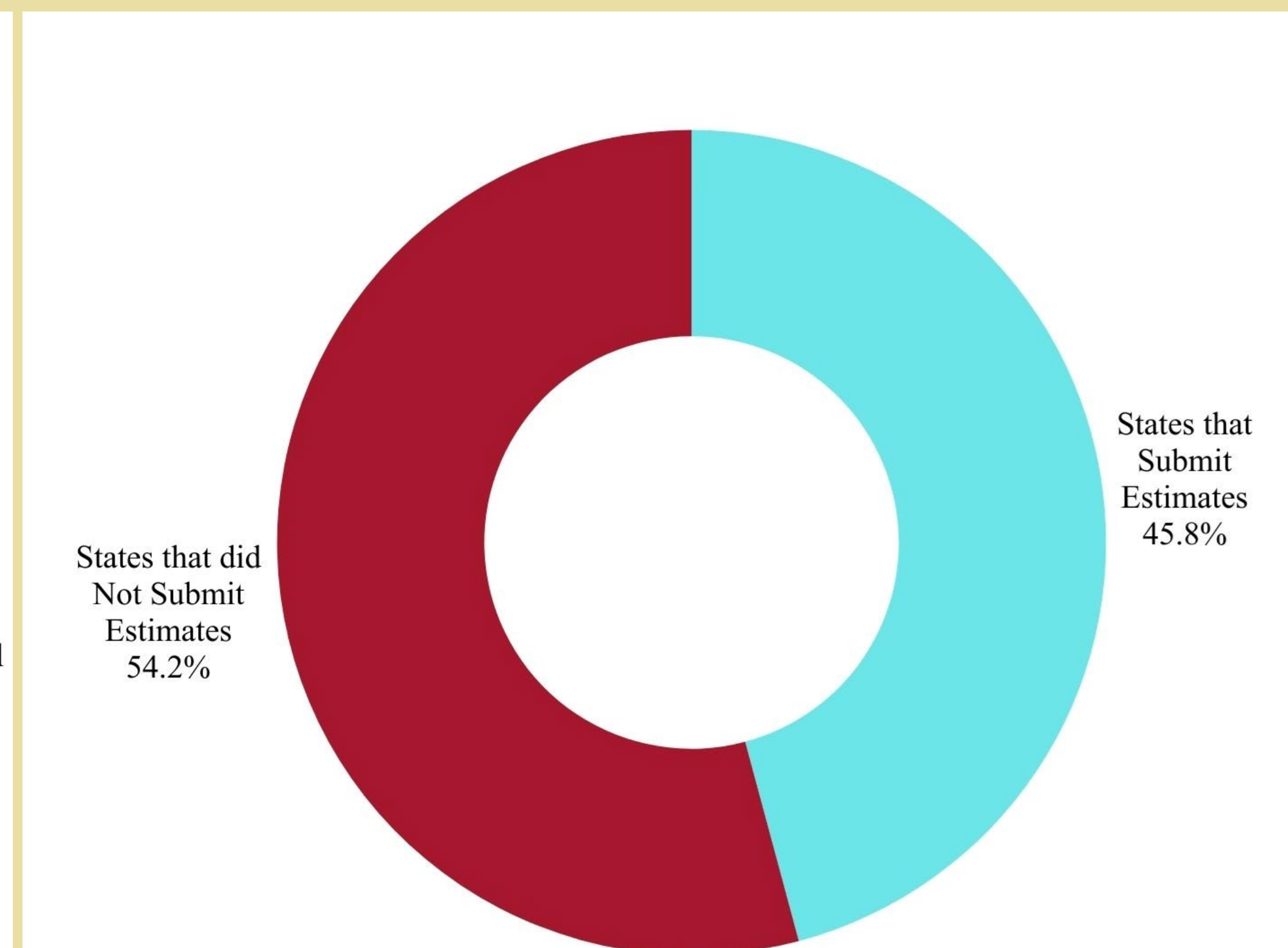
- International Drug Control Conventions (IDCC)
- International Narcotics Control Board (INCB)
- International law
- Drug policy
- Medical purpose



Countries in The Americas and Regulation of Medical Marijuana

This statistic shows that in the example of the Americas, 11 of 35 countries are regulating in some level, medical marijuana. This is important because it displays how the definition of medical purposes to some countries includes marijuana, causing possible tensions with the IDCC and the INCB. (Connected to Result Indicator #1)

Álvaro Santos, *DRUG POLICY REFORM IN THE AMERICAS: A WELCOME CHALLENGE TO INTERNATIONAL LAW*. AMERICAN JOURNAL OF INTERNATIONAL LAW CAMBRIDGE CORE (2020)



Countries in Sub-Saharan African and Submission of Required INCB Drug Estimates

This statistic shows that in the example of the Sub-Saharan Africa, only 11 of 24 countries submitted their legally required estimates for measuring drug requirements to the INCB. This is important, because it shows that in some way, a challenge is present for countries to submit legally required documentation. (Connected to Result Indicator #2)

Gaby I Ooms et al., *Barriers to accessing internationally controlled essential medicines in Sub-Saharan Africa: A scoping review* SCIENCE DIRECT (2023)

Preliminary Results

Based on the qualitative preliminary research, there are a few trends to note that may indicate ineffectiveness of medical availability.

#1 Indicator - High-Income / Middle-Income Countries (Example Analyzed: Americas):

- Countries are defining 'medical purposes' with the inclusion of medical marijuana.
- As perspectives change on marijuana-related drugs, many countries in the Americas have begun to approve marijuana for medical purposes.
- There are tensions between the United Nations IDCC that carry a stricter approach, and individual countries, that may carry a less strict approach to applying drug policy.

#2 Indicator - Low-Income Countries (Example Analyzed: Sub-Saharan Africa):

- Countries do not have adequate access to the essential medicines determined by the United Nations IDCC.
- Literature indicators show this can be caused reasons listed below related to the INCB.
 - The current historical methods of measuring medicine requirements are inadequate in measuring need for drugs.
 - The inability for countries to complete the necessary documentation to measure drug requirements.

Possible Solutions:

- There is currently conflicting resources evaluating possible solutions.
- Some literature states that revision to the IDCC is required to fix the inefficiencies, the treaties must be changed.
- Other literature states the IDCC is broad and flexible enough to be able to accommodate the necessary changes, without official revision.

Discussion/Future Research

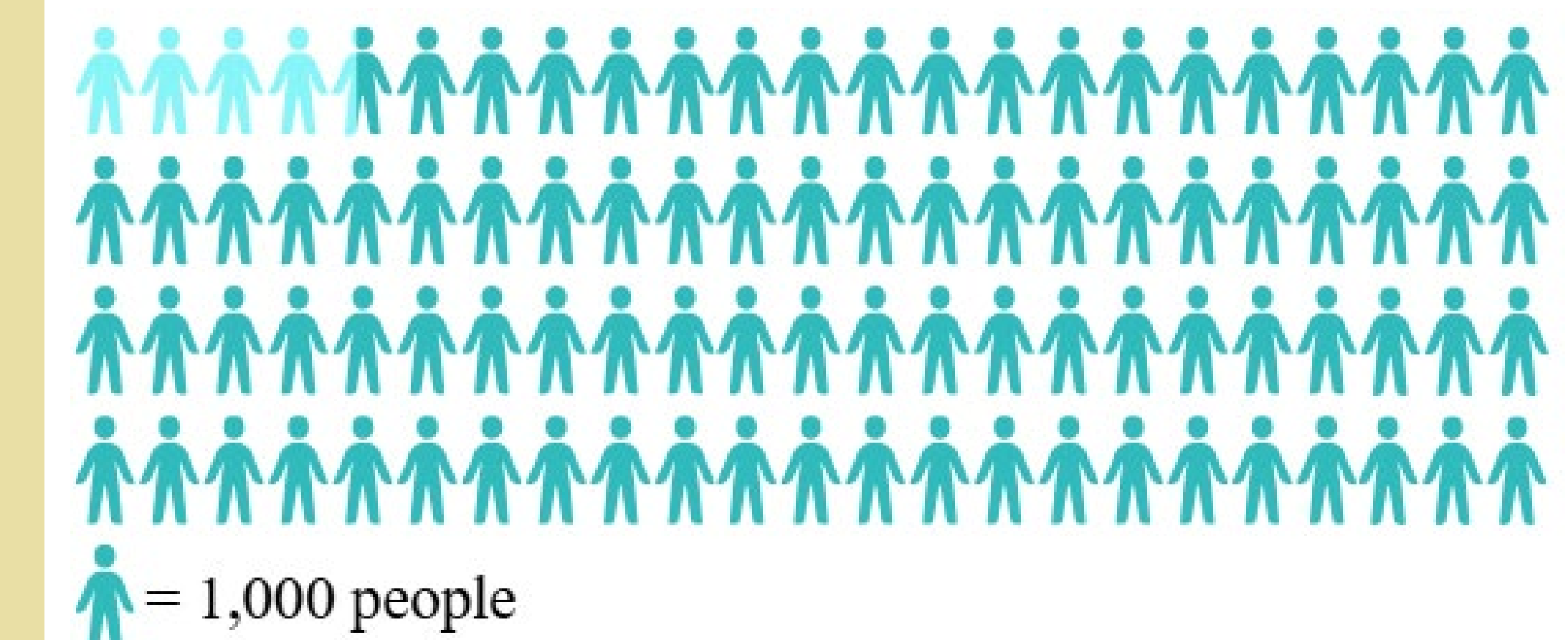
Based on the results of the preliminary research, there are two possible inefficiencies within the IDCC.

1. With the inclusion of medical marijuana, the IDCC and individual countries may be defining medical purposes differently.
2. Not properly measuring estimates for countries need in terms of the drugs that the INCB oversees, thus being a possible reason for the medical unavailability.

As for possible solutions, the literature revealed that some believe the IDCC needs to be revised to address possible inefficiencies, while others believe the IDCC is flexible enough to resolve the inefficiencies without having to change the conventions themselves. While this qualitative research does provide the foundation for future evaluation, it requires quantitative research evaluating all the countries under the IDCC to fully conclude these findings. Further research is also required to understand the following:

- The evaluation of if difference in definition is allowed in convention flexibility before revision is required.
- The research of the extent which the current INCB system difficulties lead to unavailability.

Kenya report of consumption (26.7kg) of morphine compared to number of patients in need



4,300 patients worth of morphine was the reported required amount for medical availability. While studies show around 92,000 patients were in need of morphine. Shows how measuring requirements may be inadequate for countries. (Connected to Result Indicator #2)

Gaby I Ooms et al., *Barriers to accessing internationally controlled essential medicines in Sub-Saharan Africa: A scoping review* SCIENCE DIRECT (2023)

References

