**Coordinated efforts to increase access to controlled drugs for medical purposes**

**Side Event at the 57th Session of the Commission on Narcotic Drugs**

1.10 – 2.00 pm, Thursday 20 March 2014; Conference Room M3, Vienna International Centre, Vienna

*Introductory remarks by Mr David Lewis, Chargé d’ Affaires,   
Australian Permanent Mission to the United Nations, Vienna*

Executive Director, distinguished delegates, representatives of civil society, let me start by stating how pleased Australia is to be co-sponsoring this side event with UNODC, the World Health Organization and the Union for International Cancer Control.

I am particularly honoured to welcome Mr Fedotov here today, who remains a strong advocate for UNODC’s role addressing the important global challenge of increasing access to controlled drugs for medical purposes.

Let me also say at the outset how appreciative Australia is of the dedicated efforts of today’s moderator, Mr Gilberto Gerra, in leading UNODC’s pioneering work in this area.

I would also like to welcome Mr Corrales from the Permanent Mission of Panama and acknowledge Panama’s efforts promoting the resolution on improving access to palliative care at the 134th meeting of the WHO Executive Board in January this year.

This resolution, drawing upon CND resolutions on which Australia led (53/4 and 54/6), highlights the importance of access to medicines for the relief of pain and suffering as a key aspect of palliative care.

Australia places a high priority on promoting appropriate access to controlled substances for medical purposes. As we said in our national statement last week, the harsh reality is that most of the world’s population do not have adequate access to medical opiates for pain relief and palliative care.

Addressing this inequity is a key and urgent challenge for us all. We have a moral obligation to work together to achieve a better balance between the demand for and supply of those drugs and substances to ensure the relief of pain and suffering.

After all, guaranteeing access to controlled drugs for medical purposes was the very rationale of the drug control conventions. And at the heart of this rationale are people in need of relief from pain and suffering. We should not forget this.

As States agreed in the Joint Ministerial Statement last Friday, addressing this issue is a collective responsibility. The CND, INCB, UNODC and WHO need to continue to work together to promote measures that ensure the availability and accessibility of controlled drugs for medical and scientific purposes.

Today’s discussion is therefore timely and appropriate, and I am pleased to welcome such a distinguished panel of speakers.

For its part, Australia is supporting UNODC’s practical efforts to increase access to controlled drugs for medical purposes. This includes the first pilot program being delivered in Ghana under the UNODC’s global program. On current estimates, around 90 percent of cancer and AIDS patients in Ghana cannot be adequately treated with current morphine supplies.

Sadly, this is not uncommon in many parts of the world. The pilot project aims to overcome a complex set of barriers to accessing controlled drugs. It has had a good start. Last month, a broad range of people eagerly participated in the project and committed to further work on the issue in Ghana.

This is the sort of practical project we need to address the broader issue, and I look forward to hearing more about it in the discussion today.

Australia will continue to support the work of the UNODC, in cooperation with the WHO and the UICC, on this important issue. We also recognise the crucial role of the INCB on this issue and the steps being taken by national governments. Events such as the one today enable international efforts to be more effectively coordinated.

Thank you.