



Ensuring adequate access to essential controlled medicines, namely opioids, is a legal obligation under the Single Convention on Narcotic Drugs, whose 50th anniversary we celebrate today. The WHO, UNODC, and INCB also call it an ethical imperative. And yet, 50 years after your governments ratified the Single Convention, more than 70% of the world lacks access to these medicines.

In the early 1990's, as a palliative care doctor in training, I collected patients' unused analgesics, including opioids, obtained custom's declarations and legally mailed them to palliative care colleagues in SE Asia who were unable to access these medicines for cancer patients in need. Thirty years later, the situation is much the same. Only 5% of palliative care providers in that country, in 2020, report having an uninterrupted supply of immediate release morphine for their patients.

The COVID pandemic has weakened global pharmaceutical supply chains. Colleagues in the LMI world, including in our own Western Pacific region, report shortages and stockouts for pain management. Member states need buffer stocks for emergencies and should consider investing in regional manufacturing and procurement hubs.

The UNGASS outcome document and CND resolutions commit member states to

- educate health care professionals to prescribe opioids,
- strengthen supply chains, and
- review their annual estimates with INCB

We NGOs can assist, because we know that change requires personal connection and engagement.

Unrelieved pain shortens life. Access to controlled medicines to relieve pain improves quality of life. I am proud that Australia has led funding of the Joint Program on Opioids at UNODC but many of the low-income countries in our region need so much more technical assistance. Member states must allow clinicians to discharge our duty of care to relieve the pain and suffering of our patients, your people.

I thank you

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