



Nov. 12, 2015 Katherine Pettus, PhD Advocacy Officer IAHPC

**New VNGOC Board and CSTF Representative for Vulnerable Populations
Address to CND Intersessional Nov. 12, 2015**

Thank you for the floor. Your excellencies, honored delegates, civil society colleagues. It is my honor and privilege to address you today on behalf of the new VNGOC Board and as a member of the Civil Society Task Force representing populations affected by lack of controlled medicines to treat severe pain from cancer and other medical conditions.

First, regarding the latest draft of the Elements Paper. We welcome the expression of willingness to align World Drug Policy with the SDGs, particularly #3, Targets 5 & 8. Strengthening prevention and treatment of substance abuse.

Regarding the Operational recommendations on ensuring the availability of controlled substances for medical and scientific purposes:

The late Hamid Ghodse, an Iranian born psychiatrist and President of the INCB for multiple years between 1992 and 2011, outlined the necessary multi lateral strategy to ensure availability. I quote:

“Ensuring that controlled medicines reach those patients who need them most is a multifaceted challenge [that] demands a response applied on many fronts, and requires the involvement of and cooperation among many sectors of Government and society.” The UNGASS meeting is the perfect opportunity to put these wise words in practice and mandate a UN-wide response to this crisis.

I have heard time and time again from my colleagues on the ground in Africa, India, and Central Europe, that their greatest need is multilateral support to train their workforce to procure and prescribe essential controlled medicines for the relief of pain and suffering. Few member states have the trained and licensed human resources *required by the treaties*, to cope with the crisis of untreated pain in their countries. The principle of mutual and shared responsibility mandates the international community, including all the relevant UN agencies, help them to build this workforce.



Dr. Ghose laid out the problem, *and* the solution, which is suggested in the current draft of the Elements Paper. A very good first step would be for all member states to include at least one high level representative from their Ministry of Health who is familiar with their country's unmet need for controlled medicines, and one civil society expert who can advise missions on the public health and human rights aspects of drug control policy, in their UNGASS 2016 delegations.

We are in the poets' territory here — "Caminante no hay camino — se hace el camino al andar" said Antonio Machado. There is no roadmap, but we can create it together as we go along, recognising this UNGASS preparation as a teachable moment. If we can listen to the pain of people who have suffered so much violence in the "producer countries," the pain of dying people who must do without essential controlled medicines, and the pain of those dependent upon controlled substances, *they* will teach us to relieve it, to solve the World Drug Problem together.

Finally, VNGOC Board, and all the organisations and civil society colleagues I represent in my capacity as CSTF task force member for vulnerable populations, *urge* you to accept the treaty mandated role of the World Health Organisation in advising the Commission on Narcotic Drugs about which substances to place under international control, and at what level of control.

The framers of the treaties mandated WHO inclusion in drug control policy for a good reason, because its staff are experts on public health, essential medicines, and pharmaceutical products. The Civil Society Task Force survey, and all the feedback we have had from the trenches, has emphasised the need to place public health at the center of 21st century drug policy, just as health is at the center of the SDGs.

I thank you.