

IAHPC thanks the member states, international organisations, and CSOs that collaborated on the production of this event. It is the cross-sectional model of multi-lateral communication called for by the UNGASS Outcome document. Such events produce the necessary synergies to constructively approach the complexity and diversity of the world drug problem, and to build a new, inclusive, and therefore legitimate narrative based on public health and human rights.

As the new narrative includes improving access to internationally controlled essential medicines for the treatment of pain and palliative care as a human right, IAHPC, which is funded by charitable organizations and philanthropies, sets up opioid availability and advocacy workshops in many countries. These bring stakeholders from all the affected and responsible populations together for face to face constructive dialogue and planning about improving access.

As an ECOSOC accredited NGO, we participate at CND, the HRC, and the UNGA. As a non-state actor in official relations with WHO, we attend the WHA and EB meetings. Our global network of experts stands ready to collaborate with all involved stakeholders and providers.

IAHPC also participated actively in the Lancet Commission on Pain and Palliative Care, which has identified Severe Health Related Suffering as a matrix and indicator for quantifying lack of access to controlled medicines. The Lancet Commission Report does the costing work and makes special reference to how cheap their recommended “basic package” is, for Low to Middle Income Countries, compared to the cost of the drug war.

The cost to cover morphine-equivalent pain treatment for all children younger than 15 years with SHS in low-income countries is \$1 million per year. This is a pittance compared with the \$100 billion a year the world’s governments spend on enforcing global prohibition of drug use.

We thank the Global Commission, Madame Dreifuss, and the governments of Mexico and Switzerland.