

Availability of regulated pain medications in Europe and the former Soviet Union: East vs. West

The World Health Organization continues to emphasize that opioid analgesics must be adequately available for the relief of pain due to cancer.¹⁻³ Patient access to pain relief is particularly important in low and middle income countries where most cancer is not diagnosed until the late stages, when pain is prevalent. Opioid analgesics are also needed for the relief of pain due to HIV/AIDS.^{4,5} When opioids are not available, the tremendous and growing burden of cancer and AIDS is increased further by unrelieved pain and suffering. Improvements will occur only if health system and regulatory barriers, including excessive restriction of opioids, are identified and overcome.

Most governments are party to the 1961 Single Convention on Narcotic Drugs, and thus are *obligated* to ensure the adequate availability of opioid analgesics for the relief of pain and suffering. According to the International Narcotics Control Board (INCB), many governments have yet to examine their laws and regulations for unduly restrictive regulatory provisions.⁶ Examples include burdensome licensing requirements, punitive legal sanctions, complex prescription regulations and limits on dose and prescription quantity. Patients who need pain relief seldom receive the pain treatment that was recommended by the WHO in 1986, almost 20 years ago.

A review of INCB statistical data reported by governments and controlled for population reveals that, in 2001, Western European countries accounted for 88% of all medical morphine consumed in the European region.^a The corresponding data for fentanyl, hydromorphone, oxycodone, and pethidine are 85%, 100%, 99.6%, and 57%, respectively. In fact, consumption of opioid analgesics in Western Europe has consistently exceeded that of the rest of the region over the past 15 years. This persistent disparity, especially in light of the increasing incidence of HIV/AIDS and cancer in Eastern Europe should be addressed if European goals for palliative care are to be met.⁷

The University of Wisconsin Pain & Policy Studies Group^b is developing a resource program to assist in the improvement of policies governing the medical availability of opioid pain medication in Eastern Europe through a grant from the Open Society Institute (see http://www.medsch.wisc.edu/painpolicy/internat/E.Europe/Eastern_Europe.htm). For further information, contact Karen Ryan, Senior Policy Analyst, kmryan2@wisc.edu.

A valuable resource for additional information about palliative care in Europe was published in 2002.⁸

^a The European region is defined as the member countries of the World Health Organization EURO region, which includes Western, Central and Eastern Europe, and the former Soviet Union. A complete listing of EURO member countries can be found at <http://www.who.dk/countryinformation>

^b The Pain & Policy Studies Group is designated a World Health Organization Collaborating Center for Policy and Communications in Cancer Care.

Reference List

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- (8) Clark D, Wright M. *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham, UK: Open University Press; 2002. (Website for the International Observatory on End of Life Care is <http://www.eolc-observatory.net/>).