

IMPROVING AVAILABILITY OF ESSENTIAL PAIN MEDICINES FOR CANCER AND HIV/AIDS PAIN RELIEF

REPORT FOR 2006



**World Health Organization
Collaborating Center for Policy and
Communications in Cancer Care**

Sponsored by:

**The Pain & Policy Studies Group
University of Wisconsin Paul P. Carbone Comprehensive Cancer Center
School of Medicine and Public Health
Madison, Wisconsin USA
<http://www.painpolicy.wisc.edu>
<http://www.WHOcancerpain.wisc.edu>**

May 2007

EXECUTIVE SUMMARY

This report summarizes the work during **2006** of the World Health Organization (WHO) Collaborating Center (the Center) for Policy and Communications in Cancer Care in Africa, Asia, Europe, and Latin America. The Center is sponsored by the Pain & Policy Studies Group (PPSG), at the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center in the School of Medicine and Public Health, Madison, Wisconsin, U.S.A.

In 2006:

- The PPSG received funding for *Developing International Capacity to Integrate Opioid Availability into Palliative Care* from the Open Society Institute for an International Pain Policy Fellowship and a new statistic for study of opioid consumption patterns throughout the world.
- The PPSG received funding for *Opioid Availability for Palliative Care in Sub Saharan Africa*, from the National Hospice and Palliative Care Organization and the Federation for Hospices in Sub Saharan Africa for an internet course in international pain policy. This funding was also to assist the African Palliative Care Association in the design and implementation of workshops to improve the capacity of experts to evaluate national legislation and work with their governments to improve access to essential opioid medications for severe pain of AIDS and cancer.
- Collaborative efforts in Romania to identify and remove regulatory barriers to the modern medical use of opioid analgesics for cancer and AIDS pain advanced significantly; the Ministry of Health finalized new regulations to implement the revised law that was adopted late in 2005.
- The PPSG collaborated with international experts to develop a major new palliative care and opioid availability resource for developing countries.¹
- A special issue of *Cancer Pain Release* was produced, dedicated to the twentieth anniversary of the WHO analgesic ladder.²
- The Center assisted the WHO Department of Medicines Policy and Standards in Geneva so that an international conference for drug regulators would address opioid availability. The Center hosted a visit to the University of Wisconsin from Dr. Willem Scholten to discuss development of a global strategy and assistance mechanism for improving availability of essential medicines, and participated in a 2-day meeting of the Access to Controlled Medications Programme at the WHO Headquarters in Geneva.

Since 1996, the Center's program has included evaluation of legislation, policy research and development, demonstration projects, outcomes monitoring, education and communications. The Center develops methods and models to examine opioid availability trends, identify barriers to opioid availability in national laws, regulations and distribution systems, develop collaborative national projects to diagnose barriers and develop action plans to improve national policy, and monitor outcomes.

The Center accomplishes its international communications work in several ways, including an extensive policy website, news alerts, and through the publication of *Cancer Pain Release*, a quarterly WHO newsletter and website that provides health professionals, policy makers, and regulators throughout the world with updates on issues and developments in the field. The Center participates in international and national meetings for health professionals and government officials, provides technical assistance to government and non-government organizations and promotes better understanding of the principle of balance that should guide national narcotics control policy to ensure availability of opioid pain medications under adequate control to prevent abuse and diversion.

THE CENTER AND ITS WHO TERMS OF REFERENCE

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Terms of Reference for the Collaborating Center:

1. Provide technical assistance to the World Health Organization and its member states to respond to the World Health Assembly's call in 2005 to ensure the medical availability of opioid analgesics for pain relief, to promote palliative care for cancer patients, and to examine an assistance mechanism to facilitate the adequate treatment of pain using opioid analgesics.
2. Using the WHO Guidelines, assess the context of balance and barriers in national approaches to opioid analgesic regulations; cooperate with and provide related information, education and assistance to units of the WHO, national Governments, NGOs and individuals; develop methods to communicate with and train health professionals, regulators and policy makers about balanced drug control policy.
3. Develop methods including establishment of demonstration projects, to make opioids available under adequate control for the relief of cancer pain in community-based programs and hospitals, consistent with international drug control conventions and WHO Guidelines; spread the use of such methods nationally and internationally in developed and developing countries.
4. Develop methods to monitor and study national and international trends and policies related to the medical use of opioid analgesics.
5. Develop and maintain (1) a global communication network for the WHO Cancer Pain Relief and Palliative Care Program, including publication of *Cancer Pain Release*, and (2) an international database of educational resources to facilitate access to professional education about pain control and palliative care worldwide.
6. Collaborate and give technical assistance to PCC initiatives or country projects regarding palliative care, especially those concerning advocacy for drug availability and policy development.
7. Support PAHO's efforts to negotiate policy changes for opioid availability through PAHO's project on non-communicable disease policy.

Madison, Wisconsin, USA
May 15, 2007

[Signature included in official submission]

David E. Joranson
Director

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Acknowledgments:

The Center gratefully acknowledges the cooperation and contributions of the following individuals:

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- Professor M.R. Rajagopal, Chairman of Pallium, Thiruvanthapuram, India;
- Dr. Willem Scholten, Medical Officer in the Quality Assurance and Safety of Medicines in the WHO Department of Medicines Policy and Standards, Geneva, Switzerland;
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I. WORK PERFORMED IN RELATION TO THE TERMS OF REFERENCE

A. Overview of Methods

On behalf of the Center, the PPSG has developed methods and procedures in several areas to support implementation of its Terms of Reference. These include data bases, education, policy evaluation, communications, and collaboration.

1. Data bases:

An internal international research database is maintained to support studies and opioid availability projects. The database consists of (1) national opioid consumption statistics reported to the International Narcotic Control Board (INCB); (2) population data from the United Nations Department of Economic and Social Affairs; and (3) human development index (HDI) data, a composite score of a country's life expectancy at birth, level of education, and standard of living, from the United Nations Development Programme. Together, these data allow the Center to monitor opioid consumption trends, to identify progress and problems in improving pain relief, to examine correlations between opioid consumption and HDI, and to prepare articles, conference presentations and monographs³⁻⁵ that inform health-care professionals and government officials about patterns and trends in use of opioids.

2. Education:

The Center guided the planning and implementation of a number of meetings, workshops and educational programs for representatives from government, drug control, cancer, AIDS, palliative care, and medical education in several countries, including in Uganda, Austria, and Romania. Such efforts, and continued networking of professionals representing government and medicine, will help to develop awareness about the policy and infrastructure changes necessary to ensure opioid availability for pain management and palliative care. The Center has developed specialized presentations, including a model PowerPoint presentation for use by others, that explain the principles of opioid availability, their origins in international narcotics control treaties, and how to implement them. These presentations can help medical and regulatory professionals to understand and apply the treaty-based drug control policy framework that was intended to ensure adequate opioid availability.

2006 PRESENTATIONS	
<u>Event/Location/Date</u>	<u>Title of Presentation(s)</u>
University of Wisconsin's Center for Russia, East Europe and Central Asia/Madison, WI, USA/March 2006	▪ <i>Changing National Narcotics Control Policy to Improve Pain Relief: Focus on Romania, Pain Management under Pre-Revolution Anti-narcotics Laws</i>
Implementing a modern and balanced opioid legislation in Romania/Bucharest, Romania/March 2006	▪ <i>National and International Progress to Improve Patient Access to Essential Pain Medications</i>
Advancing Collaboration and Synergy for Palliative Care & AIDS in Resource-Poor Countries/Washington, DC, USA/April 2006	▪ <i>Improving Availability of Opioids for Patients with Cancer and AIDS</i>
Essential Medicines in Palliative Care Meeting/Salzburg, Austria/May 2006	▪ <i>Opioid Availability: Recent Developments, New Resources</i>
Advocacy for Palliative Care in Africa Essential Pain Medication Accessibility/Entebbe, Uganda/June 2006	▪ <i>Access to Analgesia & the Role of the PPSG</i> ▪ <i>Framing the Questions; Considering the Use of Existing Resources</i>

2006 PRESENTATIONS, continued

<u>Event/Location/Date</u>	<u>Title of Presentation(s)</u>
American Cancer Society University/Washington, DC, USA/July 2006	<ul style="list-style-type: none"> ▪ <i>Advancing Access to Relief of Cancer Pain in India</i>
World Cancer Congress/Washington, DC, USA/July 2006	<ul style="list-style-type: none"> ▪ <i>Access to Opioids for Pain Management: Working with Government</i> ▪ <i>Reforming National Opioids Control Policy for Palliative Care in Romania</i>
WHO Meeting on Access to Controlled Medications/Geneva, Switzerland/September 2006	<ul style="list-style-type: none"> ▪ <i>Access to Cancer Pain Relief</i> ▪ <i>Activities of the PPSG-WHOCC</i>
Advances in Multidisciplinary Cancer Care University of Wisconsin Paul P. Carbone Comprehensive Cancer Center/Madison, WI, USA/October 2006	<ul style="list-style-type: none"> ▪ <i>Cancer Control Planning & Pain Policy: Wisconsin in the Global Context</i>
International Pain Policy Fellowship Training Program/Madison, WI, USA/October 2006	<ul style="list-style-type: none"> ▪ <i>Disease, Pain, Opioids and Government: Connecting the Dots</i> ▪ <i>Myths and Realities about Pain and Opioids</i> ▪ <i>Understanding and Using Opioid Consumption Statistics</i> ▪ <i>Methods to Evaluate and Improve National Policy</i> ▪ <i>The Estimation of National Opioid Requirements</i> ▪ <i>Distribution Systems: From the Suppliers to the Patient</i> ▪ <i>Addressing the Possibility of Diversion</i> ▪ <i>Orientation to Action Planning</i>

The Center produced a number of monographs and bibliographies for distribution at national, regional and international meetings to provide participants with information about opioid analgesic consumption trends and how to access key informational resources.

2006 MONOGRAPHS

<u>Event/Location/Date</u>	<u>Title of Monograph</u>
III Congreso de la Asociación Latinoamericana de Cuidados Paliativos, IX Curso Latinoamericano de Medicina y Cuidados Paliativos/Isla Margarita, Venezuela/March 2006	<i>Descripción de la Disponibilidad de Opioides in América Latina</i>
Advocacy for Palliative Care in Africa: A Focus on Essential Pain Medication Accessibility/Entebbe, Uganda/June 2006	<i>Availability of Morphine and Pethidine in the World and Africa, With a special focus on: Botswana, Ethiopia, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Zambia</i>
International Pain Policy Fellowship Training Program/Madison, WI, USA/October 2006	<i>The Single Convention on Narcotic Drugs - Implementation in Eight Countries: Argentina, Colombia, Nigeria, Panama, Serbia, Sierra Leone, Uganda, Vietnam</i>

3. Evaluation of National Legislation:

The Center has developed a method and experience to evaluate national opioids control policy. This work is based on a central principle of “balance,” that government policies to prevent misuse and diversion of controlled substances should not interfere with their use for the relief of pain.⁶⁻⁹ Using this central principle, the Center helped to prepare WHO self-assessment guidelines to encourage national governments to achieve better pain management by identifying and overcoming regulatory and other

barriers to opioid availability.^{10,11} The WHO Guidelines are intended to be used to develop balanced national drug control policies, and are intended for those who make national drug control policy, as well as those who implement it. The WHO Guidelines can be used by health-care professionals and their organizations to evaluate national policy and potential barriers, and establish cooperation with governments and facilitate education about the rational use of pain medications. The World Health Organization Guidelines are not only an effective but a durable tool for evaluation of national policy, because they are based on an international convention from 1961 and interpretations that have changed little in the last decade. The Center has also developed a procedure to “diagnose” and “treat” barriers to pain management and opioid availability, applying a medical model to identify and address policy problems. During **2006**, the Center used the WHO Guidelines to evaluate national policy in Argentina, Colombia, Ethiopia, Kenya, Malawi, Nigeria, Panama, Rwanda, Serbia, Sierra Leone, Tanzania, Vietnam and Zambia.

4. Communications:

The Center publishes *Cancer Pain Release*, which is described more fully in PART I, Section D.

The Center continues to expand dissemination of its work to a wide international audience of health-care practitioners and government officials through publications, conference participation, email news alerts, networking on the internet, access to websites, and periodic email contact with collaborators. In **2006**, we communicated periodically via email to more than 200 colleagues around the world.

- In January, the Center alerted its audience to the availability of the Mongolian, Serbian, and Turkish translations of the 2000 World Health Organization guidelines, “Achieving Balance in National Opioids Control Policy.”
- In March, the Center announced availability of a Spanish-language report prepared for presentation at the 3rd Congress of the Latin American Association of Palliative Care in Isla Margarita, Venezuela.
- In April, the Center publicized the addition of seven more translations of the WHO Guidelines, bringing the total to 21, including: Arabic, Chinese, Hindi, Indonesian, Portuguese, Swahili, and Tagalog.
- In April, the Center announced the first International Pain Policy Fellowship Program and a call for applications.
- In June, the Center announced the publication of an article in the *Lancet* about the progress to reform national drug control policy that was authored by a Romanian colleague and three members of the Center.
- In October, an announcement was made about the selection of eight Fellows chosen for the International Pain Policy Fellowship.
- In December, the Center announced the new Country Profiles section of its international website which provides access to key information about opioid availability for every country, including the consumption trends for principal opioids.

An archive of all PPSG news alerts disseminated since November of 2001 is on the Center’s website and is continuously updated as new announcements are made. It can be accessed through the website’s homepage by clicking on “PPSG News Alerts” and selecting “International.”

5. Collaboration:

The Center is committed to a collaborative process. For example, the Center has collaborated extensively with government and non-government organizations in Africa, Eastern Europe and India. The aim of collaboration is to develop the relationships between government and non-government organizations that are necessary to evaluate and improve policies governing opioid availability. Other examples of collaborative efforts appear throughout this report.

B. Collaborative Projects in India

Background:

This section reviews ongoing activities in India.

Objective:

The Center's objective in India is to overcome complex and long-standing regulatory barriers to improve availability and access to opioid analgesics for Indian patients with painful conditions such as cancer, HIV/AIDS and any other medical condition for which the use of opioid analgesics is appropriate.

Situation:

It is estimated that more than one million people a year in India suffer from pain due to cancer. Cancer is usually diagnosed when the disease is late-stage, which is when pain is severe and sometimes excruciating. Despite India's heavy cancer burden, the country uses little morphine -- an essential drug for cancer pain management.¹² In addition, HIV/AIDS is a growing healthcare concern in India, which will require an increased commitment to pain management, palliative care and access to opioid analgesics.

After 1986 the consumption of morphine for medical purposes *decreased* by more than 90%, due to a new national anti-narcotics law adopted in 1985 and a complicated state narcotics regulation dating back to pre independence India and the taxation of opium. Ironically, this decrease occurred while there were increasing efforts to improve awareness of pain management and palliative care and to educate and train health-care professionals according to the WHO Three-Step Analgesic Ladder. Although these educational efforts have enhanced the willingness of some physicians to use opioids for pain relief, the reality is that many hospitals and palliative care programs have great difficulty obtaining a continuous supply of these drugs and many have given up. For a review of past activities in India, please refer to the Center's report for 2005.¹³

Activities to improve availability and access in 2006:

As background, in 2005, the Center assisted Dr. MR Rajagopal, Chairman of Pallium, and the Center's chief collaborator in India, to apply for a grant from the US National Cancer Institute to pilot a project aimed at implementing the "WHO Triangle" in cancer care institutions in India. The three parts of the Triangle are policy, drug availability and education/training. The Center serves in an advisory capacity for the grant. The grant supported an effort to select three cancer treatment institutions with little or no palliative care who would agree to start palliative care, training two staff members and obtain morphine. A request for applications was sent to 130 cancer institutions. Twenty seven applications were submitted. The advisory committee of which the Center was part selected three institutions; there is a waiting list of at least 15 institutions that could start palliative care if funding was available for training. The three cancer centers that were selected are in Aizawl, state of Mizoram; Imphal, state of Manipur; and Lucknow in the state of Uttar Pradesh.

During **2006**, the first phase of training was accomplished for the first two Centers and palliative care services were started at all three places. The training was completed and the center in Lucknow has been successful in obtaining sustained release oral morphine, but not immediate release as yet. Centers at Imphal and Lucknow have yet to obtain oral morphine. As part of the second phase at Imphal, an educational program was held for the staff of the Institute; it was well-attended and helped to bring oncology and palliative care together. A meeting was also held about obtaining opioids with follow up actions planned.

A part of this project involves bringing together stakeholders to address the lack of oral morphine, including senior officials from the concerned government departments and healthcare professionals. Such discussions can facilitate changes in opioid policy and system administration. Practitioners gain valuable information about the morphine licensing and control system, which will enable them to work more effectively with government in the future. The government officials learn about palliative care and the need for opioids. Dr Rajagopal facilitated two such workshops in Andhra Pradesh and Manipur and provided the state government with an analysis of the need to simplify the licensing requirements for morphine. **Table 1** summarizes the status of rule simplification and morphine workshops in each state.

During **2006**, in response to a threatened shortage of oral morphine at several palliative care units, Dr. Rajagopal corresponded with the Government of India Department of Revenue to alert them and sort out the problem.

Dr. Rajagopal and Mr. Joranson submitted an article for a peer reviewed international journal about the progress and issues in India. The authors question the validity of previous consumption statistics submitted by the Government of India, and call attention to the fact that the government has stopped reporting consumption statistics for morphine altogether, despite its obligations to do so under the Single Convention on Narcotic Drugs, 1961. *Consequently, there appear to be no reliable statistics for morphine consumption in India.* The Center concludes that although there has been progress to improve opioid availability in some places, it is impossible to measure this progress, and the regulatory maze in most states is far from being resolved.

In July, **2006**, the Director presented about progress and issues in the Center's international work at the conference of the UICC. In addition, we presented at an awareness-building meeting of the American Cancer Society University (ACSU) program *Advancing Access to Pain Relief in India* that was held during the UICC conference. ACSU is an initiative to increase the capacity of cancer societies by training leaders from different countries in the elements of community-based cancer control. This was a valuable opportunity for the Director to reconnect with Indian colleagues met over the years and to present the current status of pain relief in India, considering the rich history of progress and challenges. During the UICC conference, the Center met Mr. Raamamoorthy, Joint Secretary, Government of India and colleagues from Pallium, India, NCI, ACS and INCTR and discussed the possibility of a national initiative aimed at palliative care, cancer and opioid availability. Correspondence was directed to the Ministry of Health; there was no response.

A brief consultation was held with Dr. Ketayun A. Dinshaw, Director of the Tata Memorial Hospital in Mumbai while she visited the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center. She expressed a willingness to host a workshop at her hospital for the state of Maharashtra to facilitate discussions with the government about improving the availability of opioid analgesics. Dr. Rajagopal is following up with her.

The Center wishes to point out that it lacks funding support for continuing work in India.

C. National Policies, Opioid Availability and Educational Programs

The Center is proactive in participating in the global development of cancer pain relief and palliative care according to WHO's three measures of national policy, opioid availability, and educational programs. The following section reports on these activities in several regions and countries.

1. Eastern Europe a. Romania

An historical summary of the Center's activities in Romania is presented first, followed by an update for **2006**. Funding for the Center's work in Eastern Europe and Romania was provided by the International Palliative Care Initiative of the Open Society Institute's Public Health Program and the U.S. Cancer Pain Relief Committee.

In February 2002, the Center and the European Regional Office of the WHO sponsored a Workshop on Opioid Availability at the Central European University in Budapest, Hungary.¹⁴ The purpose of this workshop was to address the need for opioid analgesics in Eastern Europe according to the WHO recommendations for pain relief in which opioids such as morphine are indispensable.¹² The outcome of the workshop was initial country action plans for improving availability of opioid pain medications. Following the workshop, the Center maintained contact with the six countries to offer assistance in the implementation of the action plans. Several countries made progress, including Romania, which established a new Ministry of Health (MOH) Commission of Specialists in Pain Therapy and Palliative Care.

In January 2003, the Center began a new initiative with Romania to assist with improving patient access to opioid analgesics. Romania was selected because of strong leadership and positive progress to develop palliative care, and its Ministry of Health had established a Commission of Specialists in Pain Therapy and Palliative Care, whose tasks included modifying national narcotics policies as needed. The Center's offer of technical cooperation was accepted by the leaders of the Romanian palliative care team and the Minister of Health.

In the first half of 2003, the Commission members reviewed a detailed evaluation of the Romanian legislation and regulations that was conducted by the Center in cooperation with Romanian colleagues. In July 2003, several of the Center's staff members visited Romania to study the Romanian health and regulatory system for making opioid analgesics available for the relief of severe pain, and to work with various units of the national government to address this issue.

On 12 July 2003, the Ministry's Commission held a meeting in Braşov at which time the Center's evaluation was reviewed, and based on the WHO Guidelines, the Commission reached consensus on 18 recommendations for changing the laws, regulation and administration, and for creating a certified training program for physicians who will become licensed to prescribe opioids (http://www.painpolicy.wisc.edu/internat/E.Europe/Romania/recs_roMOH.pdf). The report of the Commission was prepared immediately and handed over to Minister of Health, Dr. Mircea Beuran. The Minister of Health agreed with the principles contained in the Commission's report and announced that, in response to a request by the European Union related to Romania's possible accession, a new inter-ministerial commission would be appointed to revise the laws relating to cancer and opioids. He requested the Center's continued assistance to prepare the agenda for the Commission and assist in its work.

Following a change of the Minister in summer 2003, the MOH created a new Commission with the responsibility to continue the efforts to improve patient access to opioid analgesics.

In February 2004, the Director and Center staff traveled to Romania for one week to meet with the MOH Pain & Palliative Care Commission and collaborator, Dr. Daniela Mosoiu to continue the process of drafting a new law, based on the policy evaluation and recommendations that had been previously accomplished in 2003 by the Commission and the PPSG. The chair of the Commission expressed a desire to have the Center's continued feedback and assistance in drafting both the law and regulation.

In May, 2004, the Director traveled to Brasov, Romania to attend a meeting of the Palliative Care Commission which was going to review the most recent draft of the Romanian law. The Center staff reviewed the law in its entirety, and, prior to the trip, submitted recommendations for revisions. A number of the Center's suggestions had been included in the draft and several more were adopted during this commission meeting. The Commission was eager to have the Center's endorsement of the law, feeling that recognition by a WHO Collaborating Center would help in the journey through the Romanian legislative process.

The draft of the new law reached an important stage in late September 2004. The Center received an English translation of the latest draft, several staff performed an independent review, then, following a discussion, submitted comments to the MOH.

The next step in the process was to draft the regulations that would implement the new law. During the week of November 28 – December 4, 2004, the Center sponsored a study visit of the Romanian team to Madison to facilitate an efficient process to draft implementing regulations. A 5-member delegation, (comprised of two professors, two physicians, and one pharmacist/lawyer) visited Madison. The study visit was successful, with the drafting of the new regulations according to the 2000 WHO guidelines, "Achieving Balance in National Opioids Control Policy." The group completed drafting sections relevant to prescribing opioid analgesics for pain.

In August 2005, the draft bill was submitted to Parliament; and it formally passed both houses on 1 November 2005. The Center continued to provide comments on drafts of the law when requested.

Activities and Progress in 2006

In March 2006, WHOCC staff made a trip to Bucharest to attend 2 important meetings:

1) Curriculum Planning Committee (CPC) - 20 March 2006

An educational curriculum to implement the new national policies was discussed for ½ day by the CPC, with leadership from Dr. Jim Cleary and Dr. Paul Hutson from the University of Wisconsin. The CPC recommendations were presented the following day at the implementation meeting at Parliament and discussed at length.

Summary of CPC plans for physician training program: The training will consist of a 3-day course, between 20-24 hours for physicians to be certified to prescribe opioid analgesics. There will be 16-20 physicians per training group, and the method will be interactive with case examples. The physicians will take a test at the end of the course to pass certification. The CPC plans to use already existing curriculum, such as that of ASCO, EAPC, EPEC, and ESMO. This plan is focused at physicians, with the realization that, in the future, pharmacists and police education will also be addressed.

2) Implementing a modern and balanced opioid legislation in Romania - 21 March 2006

The Center had suggested that a high-level meeting of the stakeholders would be useful in finalizing the new Romanian policies. The meeting was organized by Romanian colleagues and held in the former Presidential Palace, now the Parliament building. The meeting objective was to facilitate finalization of the new prescribing regulations through discussions between regulators and health care professionals. It was attended by approximately 40 people, including the Vice Chair of the Parliament Commission for Health as well as representatives of the Ministry of Health, the Anti-Drug Agency and medical educators. Key outcomes were:

- Constructive dialog between all parties, including the Ministry of Health and the National Anti-Drug Agency;
- Law and draft regulations were presented by the Ministry of Health;
- Reactions to the new law and draft regulations were uniformly positive;
- There was a strong sense, even excitement, from some who care for cancer patients that there is definite progress to overcome the barriers and to improve and implement new policies that govern availability of essential pain medications.

In June 2006, an article describing this collaborative project in Romania was published in *Lancet* and can be accessed at: <http://www.painpolicy.wisc.edu/publicat/06lancet/lancet06.pdf>.

2. Africa

An historical summary of the Center's activities in Africa is presented first, followed by an update for 2006.

In 2001, the WHO began a cross-cluster initiative for palliative care in Africa between cancer (noncommunicable diseases) and HIV/AIDS (communicable diseases). The Chief of the WHO Programme on Cancer Control invited the Center to be a member of the Steering Committee for the initiative. By year-end 2001, the Center had become an active participant in the African palliative care initiative.

In July 2002, the Center assisted in planning and participated in a workshop in Gaborone, Botswana, titled, "A Community Health Approach to Palliative Care for HIV/AIDS and Cancer Patients in Africa." Each country developed an action plan for improving opioid availability, which became an integral part of their project proposal for developing and improving palliative care in their country.¹⁵

In February 2003, the Director was invited to attend and present at the White House Office of National AIDS Policy conference on Palliative Care and the HIV/AIDS Global Pandemic. The purpose of the meeting was to highlight the role of palliative care in global HIV/AIDS research, treatment, and prevention.

Also in 2003, the Center prepared a monograph of opioid consumption information pertaining to the African countries being targeted by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). This information provided an analysis of the opioid availability situation in each country, as well as, their adherence to the reporting requirements of the INCB.

In 2005, the Center had the opportunity to revitalize its efforts to address opioid availability in Africa. The National Hospice and Palliative Care Organization (NHPCO) in the U.S. contracted with the PPSG to provide consultation on an initiative with the African Palliative Care Association (APCA). The overall

purpose of the contract was two-fold, (1) to assist with the development of an African infrastructure for improving the availability of opioids for palliative care, and (2) to develop a distance educational course on opioid availability aimed at an international audience.

In September, 2005, the Director and a Center staff member attended a meeting with representatives from NHPCO and APCA in Miami, Florida to discuss plans to increase analgesic availability in targeted countries in Africa over the next 3 years. The primary objective of the meeting was to develop a work plan for implementation of the project. During the meeting, initial plans were made to conduct a regional opioid availability workshop in Africa in mid-2006, with a possible follow-up workshop early in 2007. A planning group was formed which held monthly conference calls in the months following the meeting in September.

Activities and Progress in 2006

In **2006**, the Center continued the collaborative project with APCA and NHPCO to improve opioid availability in Africa. In June, **2006**, the Director and a center staff member participated in an opioid availability workshop, co-sponsored by WHO, involving teams from 6 countries in eastern Africa: Ethiopia, Kenya, Malawi, Rwanda, Tanzania, and Zambia. The workshop, titled, “Advocacy Workshop for Palliative Care in Africa: A focus on Essential Pain Medication Accessibility,” was held from 27 June to 29 June 2006 in Entebbe, Uganda.

Prior to the workshop, the Director and Center staff were involved in the planning group that developed the workshop program, reviewed draft presentations from participating countries and became familiar with the status of opioid availability in each country. The Center provided a monograph of opioid consumption statistics for the participating countries³ as well as other resource materials.

The overall goal of the workshop was to increase the medical use and availability of opioid analgesics for pain and symptom management within the region. The workshop was successful in achieving the objective of developing individual country action plans for improving opioid availability. A full report of the workshop can be accessed at: <http://www.apca.co.ug/advocacy/workshop/index.htm>.

Following the mid-year workshop, the Center continued its involvement with the project working group and provided follow-up consultation as the participating countries were beginning to make progress implementing their action plans to improve opioid availability.

Distance Educational Course

In **2006**, the Center continued its efforts to develop an internet course as a training opportunity to increase awareness, knowledge and comprehension of the body of knowledge and methods available to evaluate and improve national legislation governing medical availability of essential pain medicines for cancer and HIV/AIDS patients. The course will be aimed at an international audience of health care professionals, local and national policy makers, palliative care advocates, government drug regulatory personnel, national health policy advisors, and medical scholars with an interest in this area. This internationally accessible course is intended to contribute to accelerating the rate of change to improve access to pain relief throughout the world.

3. The Americas

The Center was invited by Dr. Liliana De Lima to provide materials to attendees of the 3rd Latin American Congress on Palliative Care in Isla Margarita, Venezuela on 22 March to 25 March, **2006**. A

brief monograph was prepared in Spanish which contained a table of the 2003 milligrams per capita consumption of certain opioids for all of the countries participating in the Congress.⁴

4. International Pain Policy Fellowship

In October **2006**, with funding from the Open Society Institute, the PPSG launched the new International Pain Policy Fellowship (IPPF) in Madison, Wisconsin, USA. This inaugural class included Fellows from the following 8 low- and middle-income countries: Argentina, Colombia, Nigeria, Panama, Serbia, Sierra Leone, Uganda, and Vietnam.

The aim of the two-year Fellowship is to empower Fellows with knowledge and skills that will help them to improve patient access to opioid analgesics for pain management. The Fellowship program includes training, mentoring, action plan development and an in-country pain policy project. Applications were accepted from mid-career physicians, health care administrators, policymakers, or lawyers from a health care facility, policy center, or university from low- or middle-income countries (as classified by the World Bank's GNI per capita method). Fellows participated in a five-day learner-centered training program at the University of Wisconsin in Madison, Wisconsin from 23 October to 27 October, **2006**. The training program covered the relationships between disease, pain, palliative care, and inadequate opioid availability, and used WHO Guidelines to examine regulatory barriers and resources for evaluating national legislation and regulations, as well as examples of their use. Each fellow was responsible for outlining their national drug availability "action plan" and timeline during the training program in Madison. A special monograph was prepared for the Fellows, providing key information about their countries' opioid trends, status of adherence to the Single Convention on Narcotic Drugs, and contact information for the national agency responsible for opioid availability.⁵

The PPSG is providing technical assistance to the Fellows to implement their national "action plans" for the entire 2-year period of their Fellowship. Many of the countries are making significant initial progress on tasks ranging from securing a supply of oral morphine to holding preliminary discussions with national drug regulators about evaluating national legislation.

D. Communications

1. Pain Policy Website (see <http://www.painpolicy.wisc.edu> for homepage)

The Pain & Policy Studies Group established an international section of its website to provide worldwide public access to key resources and information about the WHO and its efforts to improve cancer pain, palliative care, and opioid availability.

The website describes the mission of the Pain & Policy Studies Group/WHO Collaborating Center and its work to address barriers to opioid availability in cooperation with national and international bodies.

Links are provided to many websites that contain information relevant to pain relief and palliative care.

Numerous updates have been made to many sections of the website in **2006**. The international section of the site has been enhanced with a resource section containing opioid consumption data for all countries, important articles regarding opioid availability in multiple languages, new monographs, and links to other relevant resources and organizations pertinent to specific countries. The 22 translations of the 2000 World Health Organization guidelines, "Achieving Balance in National Opioids Control Policy," available at <http://www.painpolicy.wisc.edu/publicat/00whoabi/00whoabi.htm> are readily accessible from each country page.

Several published articles written by the Pain & Policy Studies Group have been uploaded to the website throughout **2006** and made available in Portable Document Format (PDF).

The Pain & Policy Studies Group has monitored website utilization statistics since July 1997 when the website was established (Figure 1 presents monthly data on all website “hits” and users through the year **2006**). The statistics show that there is a significant and increasing use of the website as a resource for learning about pain policy.

In **2006**, the website received nearly 1,657,000 “hits” by U.S. and international users, and was accessed by an average of 30 different countries per month, with the most frequent visitors coming from Canada, the United Kingdom, the United States, the Czech Republic, and Australia.

The Center hopes to enhance the ability of its website as a training tool for international professionals. In the future, the Center would like to continue to serve as a pain policy resource for experts and various initiatives around the world aimed at improving the regulatory environment. Finally, the Center could conduct in-depth analyses of opioid trends and patterns in the world and participate in INCB and WHO activities related to opioid availability.

2. Publication of *Cancer Pain Release*

The Center has a mission to improve access to professional education resources in pain control and palliative care on a global scale and to actively support the WHO's Program on Cancer Control to promote pain relief and palliative care.

To accomplish this mission, the Center publishes *Cancer Pain Release* in print and on the Internet in an effort to:

- 1) inform a global audience about new developments and guidelines on cancer control and palliative care issued by WHO, and by key government and non-governmental organizations;
- 2) give visibility to programs with model and teaching value in all parts of the world;
- 3) recognize achievements of countries and programs according to WHO's outcome measures;
- 4) provide access to recent research in cancer pain and palliative care.

2006 marks the 19th year of publication of *Cancer Pain Release*. Included in every issue are abstracts and commentaries from the literature on pain, symptom control and palliative care; information on the use of analgesic medications in pain relief and palliative care, as well as on training opportunities and professional education in cancer pain and palliative care. The publication discusses obstacles and solutions in pain relief practice and policy.

Volume 19, No. 1 of *Cancer Pain Release* (**2006**) was published in recognition of the 20th anniversary of the WHO Analgesic Ladder, with the support of the WHO's Department of Medicines Policy and Standards.²

The issue features an interview with Dr. Kathleen Foley, former chair of the WHO Expert Committee on Cancer Pain Relief and Active Supportive Care, the group that drafted the WHO Analgesic Ladder. In the issue, Foley praises the WHO Analgesic ladder for its simplicity and clarity, recognizes that it has been criticized for its omissions, and concludes that the WHO ladder remains an icon for analgesic drug therapy.

The issue highlights research supporting and refuting the WHO Analgesic Ladder and provides online

links to the WHO source documents about the method to relieve cancer pain.

The Analgesic Ladder issue of *Cancer Pain Release* was translated into Spanish, French and Russian and the four language editions were widely disseminated worldwide (see below).

Volume 19, Nos. 2-3 of *Cancer Pain Release* (2006) focused on the challenge of caring for children in pain from a terminal illness.¹⁶

Dr. Joanne Hilden, pediatrician, oncologist and palliative medicine expert at the Cleveland Clinic Children's Hospital discusses the multiple challenges faced by physicians and nurses who provide palliative care and pain control to children with complex illnesses.

The issue includes links to online resources for clinicians interested in decision-making in pediatric palliative care, developing home-based pediatric palliative care programs, taking courses on symptom control, using analgesics in children, as well as in the latest research on symptom prevalence and interventions for pediatric pain relief.

Volume 19, No. 4 of *Cancer Pain Release* (2006) focused on the urgent need to provide pain control to adult infected with HIV/AIDS.¹⁷

Professor Peter Selwyn, Director of the Palliative Care Program at Montefiore Medical Center and Chair of the Department of Family Medicine at the Albert Einstein College of Medicine, explains the importance of integrating palliative care to the treatment of HIV infection, in an epidemic characterized by a high incidence of symptoms, a large population of patients with limited resources, and a significant percentage of patients with a history of substance abuse.

Distribution:

In 2006, print editions of *Cancer Pain Release* were sent to approximately 50,000 health-care providers in 180 countries. **Figures 2 through 7** show the *Cancer Pain Release* distribution points in each of the six WHO regions. Each distribution point represents mailings to individuals, libraries and professional organizations in pain, cancer and palliative care.

The English-language edition of the WHO Analgesic Ladder issue of *Cancer Pain Release* was distributed more broadly in print form in collaboration with colleagues from WHO Headquarters, PAHO headquarters, the UICC (International Union Against Cancer), the APHN (Asia Pacific Hospice Palliative Care Network), the NHPCO (National Hospice and Palliative Care Organization) and OSI (Open Society Institute). Our offices also worked in collaboration with WHPCO (Worldwide Hospice and Palliative Care Online), EPERC (the End-of-life Palliative Education Resource Center), IAHPIC (International Association for Hospice and Palliative Care), EAPC (European Association for Palliative Care), AACPI (American Alliance of Cancer Pain Initiatives), and BIREME (Latin American and Caribbean Center on Health Sciences Information) to ensure a broader electronic dissemination.

The Spanish-language edition of the WHO Analgesic Ladder issue of *Cancer Pain Release* was distributed in print form in collaboration with colleagues from PAHO, the UICC, ALCP (Asociación Latinoamericana de Cuidados Paliativos) and SEEO (Sociedad Española de Enfermos Oncológicos).

The French-language edition of the WHO Analgesic Ladder issue of *Cancer Pain Release* was distributed in print form in collaboration with colleagues from SPAF (Association Française de Soins Palliatifs), CESCO (Centre de Soins Continus), Editions Médecine et Hygiène (publishers of the Swiss journal InfoKara), and CHPCA (the Canadian Hospice and Palliative Care Association).

The Russian-language edition of the WHO Analgesic Ladder issue of *Cancer Pain Release* was distributed in print form in collaboration with the IASP (International Association for the Study of Pain), the St. Petersburg Healthcare Trust, and FHI (Family Health International).

Cancer Pain Release was disseminated at professional courses and meetings throughout the world.

A partial list includes:

- The annual meeting of the American Academy of Hospice and Palliative Care Physicians (Nashville, Tennessee, February **2006**)
- The annual congress of the Oncology Nursing Society (Boston, Massachusetts, May **2006**)
- The 7th International Symposium on Pediatric Pain (Vancouver, Canada, June **2006**)
- The UICC World Cancer Congress (Washington, DC, July **2006**)
- The Congress of the International Society of Nurses in Cancer Care (Toronto, Canada, September **2006**)
- Physicians in Central and Eastern Europe (Czech Republic, Romania, Slovenia, Croatia, September **2006**)

In **2006**, the Program reached out to health-care workers globally about the publication of new issues of *Cancer Pain Release*, reaching a worldwide audience of over 2,000 colleagues to alert them to the availability of the electronic edition of *Cancer Pain Release*.

***Cancer Pain Release* website:**

The English edition of *Cancer Pain Release* is available in full-text on our website (<http://www.WHOcancerpain.wisc.edu>).

The **Related Links** page of the *Cancer Pain Release* website contains links to the *World Health Organization*, to 21 sites related to *cancer*, to 54 sites related to *pain*, and to 152 sites related to *palliative care* and was updated in **2006**.

In **2006**, the website received multiple requests for information about *Cancer Pain Release*, about WHO publications in pain, palliative care and symptom control, and other educational resources. Visitors from an average of 91 countries per month accessed the *Cancer Pain Release* website in **2006**, with a total of 1.2 million hits for the year. Figure 8 presents data on website “hits” and users for **2006**.

The top 30 countries accessing the *Cancer Pain Release* website in **2006** were: United States, United Kingdom, Canada, Australia, Brazil, Italy, Japan, France, Germany, Netherlands, Portugal, New Zealand, Belgium, India, Mexico, Czech Republic, Singapore, Argentina, Switzerland, Peru, Philippines, Spain, Greece, Sweden, Colombia, Poland, Saudi Arabia, Norway and Thailand.

3. Database of Professional and Patient Education Materials

The Program continues to develop an annotated database of resource materials for patient and professional education by collecting, categorizing, and summarizing patient and professional education resources and research results and make it internet-accessible. Although the Program does not have funds earmarked specifically for this initiative, all issues of *Cancer Pain Release* include a "Resources" page that lists educational materials relevant to the topic discussed in that issue.

4. Future Goals

The Center's goals are to expand its capabilities to reach out to health-care workers electronically by issuing email alerts, to send regular updates of the educational resources database, to expand the section of new resources in *Cancer Pain Release*, place this information on the *Cancer Pain Release* website (<http://www.WHOcancerpain.wisc.edu>) and improve its capability to provide relevant information to pain and palliative care conferences and workshops worldwide.

II. COLLABORATION WITH WHO

The Center assisted the WHO Department of Medicines Policy and Standards by providing input on the development of a global strategy for improving opioid availability and for creating a funding assistance mechanism to support the work.

In June **2006**, a PPSG staff member attended a 2-day training course at the World Health Organization Collaborating Center (WHOCC) for Drug Statistics Methodology in Oslo, Norway. This WHOCC, housed within the Norwegian Institute of Public Health, is tasked with the development and maintenance of the international Anatomical Therapeutic Chemical (ATC)/ Defined Daily Dose (DDD) system. The ATC/DDD system is used as a tool for drug utilization research to help improve quality of drug use. One component of this is the presentation and comparison of drug consumption statistics at the international and other levels.

The PPSG/WHO Collaborating Center for Policy and Communications in Cancer Care has a long history of analyzing and communicating opioid consumption statistics (morphine most frequently) that governments provide to the International Narcotics Control Board. Realizing that it is much more descriptive to present a single statistic that represents a country's total annual consumption of all opioid analgesics that can treat severe pain, than to present numerous separate statistics for individual opioids, the WHOCC in Madison is embarking on a project to create a *morphine equivalence (ME)* statistic that will allow for such a single statistic. Therefore, to help meet this objective, the main purpose of attending this training course in Oslo was to examine the potential role of the Center's DDDs for opioid analgesics in the creation of the ME. Work on this project is ongoing.

In September **2006**, the Center participated in a 2-day meeting of the Access to Controlled Medications Programme at the WHO Headquarters in Geneva, providing two presentations: 1) *Access to Cancer pain Relief*, and 2) *Activities of the PPSG-WHOCC*.

In October **2006**, the Center hosted a visit to the University of Wisconsin from Dr. Willem Scholten from the Access to Controlled Medications Programme of the WHO to discuss development of a global strategy and assistance mechanism for improving availability of essential medicines.

III. COOPERATION WITH THE INTERNATIONAL NARCOTICS CONTROL BOARD

The INCB plays a critically important role in pain management and palliative care throughout the world because it administers the international system that controls the availability of opioid analgesics including the pain medications recommended by WHO as essential for cancer pain relief. Governments look to the Board for guidance in implementing the international narcotic control treaties. Many governments have reported to the INCB that they have excessively restrictive policies. The INCB can assist governments to take a more balanced approach. The Board and its Secretariat have long collaborated with World Health Organization and the Center, recognizing that pain is inadequately managed, that opioids are insufficiently available, and that there are barriers which often involve irrational fears of opioids among governments, the public and health-care professionals. For example, in 1995, the Board asked the Center for assistance in surveying all national governments about opioid availability and their efforts, if any, to identify and remove regulatory barriers. The Board used the survey data provided by the Center to conclude that the problem was serious and that few governments had acted to improve the situation. The Board issued a report in which it made a number of recommendations to governments, the United Nations International Drug Control Program, the WHO and other groups such as the International Association for the Study of Pain; these recommendations were aimed squarely at the problems that had been identified by the survey, and urged further collaboration with WHO and governments.¹⁸

The Secretariat also provides data on the consumption of opioids by each country, which is valuable for monitoring progress and identifying issues. During **2006**, the Center received consumption data on morphine and other opioids and used it to study and report on global and national trends according to its terms of reference.

The following excerpts from recent INCB publications are included here to foster better understanding of the INCB and its mission to not only prevent diversion of narcotic drugs, but to ensure their adequate availability for medical and scientific purposes.

In **2006**, the INCB commented on the United Nations Economic and Social Council resolution 2005/25:

“In the past, the Board has brought to the attention of the international community the fact that the levels of consumption of opioid analgesics for the treatment of moderate to severe pain were low in several countries. The Board welcomes Economic and Social Council resolution 2005/25 of 22 July 2005, entitled “Treatment of pain using opioid analgesics,” in which the Council called upon Member States to remove barriers to the medical use of such analgesics, taking fully into account the need to prevent their diversion for illicit use. The Board also appreciates that WHO is currently developing a global cancer control strategy, which is to have as one of its priorities the promotion of pain relief and palliative care. The Board requests all Governments to promote the rational use of narcotic drugs for medical treatment, including the use of opioid analgesics, in accordance with the pertinent recommendations of WHO.” (p. 17)¹⁹

Also related to the resolution, the INCB in **2006** recommended that WHO explore the possibility of an assistance mechanism and acknowledged its support of such a mechanism:

“Pursuant to Economic and Social Council resolution 2005/25 and the World Health Assembly resolution WHA 58.22, the Board calls upon WHO to examine the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain using opioid analgesics. The Board stands ready to support WHO in responding to this request.” (p.97)¹⁹

In **2006**, the Board encouraged Governments to assess their actual medical needs for opioids and barriers to adequate availability:

“The Board also urges the Governments concerned to assess their real needs for controlled drugs, as well as constraints that contribute to those drugs not being available for medical purposes in sufficient quantities for medical purposes. WHO and international and bilateral donors would then be in a better position to assist the countries concerned in implementing their strategies for the rational use of controlled substances.” (p. 93)¹⁹

In **2006**, the Board encouraged all Governments to promote the use of controlled substances by including material on their rational use in all relevant professional curricula:

“To ensure appropriate medical use and availability of controlled substances, the Board requests all Governments to promote the rational use of narcotic drugs and psychotropic substances for medical treatment, including the use of opioids for the treatment of pain, in accordance with the pertinent recommendations of WHO. The Governments should include the topic of rational use of narcotic drugs and psychotropic substances, including substance misuse and abuse, in the curricula of the relevant faculties of health-care professions, such as doctors, pharmacists and nurses, and, as appropriate, in the curricula of the faculties of law and social and behavioral sciences.” (p. 93)¹⁹

In **2006**, the INCB called upon WHO to explore the low consumption of opioids:

“In several countries, the levels of consumption of opioid analgesics are low. The Board requests UNODC to facilitate the preparation by WHO of a technical study to assess the medical needs of populations for opioids.” (p. 96)¹⁹

IV. FUNDING NEEDS

The Pain & Policy Studies Group supports the Center in its entirety. The Pain & Policy Studies Group itself receives no regular financial support from WHO, and relies on a variety of grants and contracts to support the Center’s activities, including staff salaries, projects and travel. The Center would welcome additional support for its global policy and communications program.

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Table 1. Indian morphine availability state workshops and adopted simplified rule

State	Population (% of total)	Held workshop	Adopted simplified rule
Andhra Pradesh	75,727,541 (7.37%)	September 2000; March 2004; April 2006	
Arunachal Pradesh	1,091,117 (0.11%)		Since 2003
Assam	26,638,407 (2.59%)	September 2001	
Bihar	82,878,796 (8.07%)		
Goa	1,343,998 (0.13%)		Since 2003
Gujarat	50,473,122 (4.93%)	February 2000	
Haryana	21,082,989 (2.05%)		July 2000
Himachal Pradesh	6,077,248 (0.59%)		
Jammu & Kashmir	10,069,917 (0.98%)		Since 2003
Karnataka	52,733,958 (5.14%)	February 1999	October 2001
Kerala	31,838,619 (3.10%)	June 1998	November 1999
Madhya Pradesh	60,385,118 (5.88%)	February 2000; September 2000	May 1999
Maharashtra	96,752,247 (9.42%)	October 1999	
Manipur	2,388,634 (0.23%)	April 2006	
Meghalaya	2,306,069 (0.22%)		
Mizoram	891,058 (0.09%)		
Nagaland	1,988,636 (0.19%)		
Orissa	36,706,920 (3.57%)	October 1999	June 1999
Punjab	24,289,296 (2.37%)		
Rajasthan	56,473,122 (5.50%)	February 2002	
Sikkim	540,493 (0.05%)		December 1998
Tamil Nadu	62,110,839 (6.05%)	April 2000; March 2005	December 2000
Tripura	3,191,168 (0.31%)		December 1999
Uttar Pradesh	166,052,859 (16.17%)		Since 2003
West Bengal	80,221,171 (7.81%)	February 1999	
Union Territory	Population (% of total)	Held Workshop	Adopted Simplified Rule
Andaman & Nicobar Islands	356,265 (0.03%)		
Chandigarh	900,914 (0.09%)		
Dadra & Nagar Haveli	220,451 (0.02%)		Since 2003
Daman & Diu	158,059 (0.02%)		
Delhi	13,782,976 (1.34%)	February 2001; June 2002	January 2003
Lakshadweep	60,595 (0.01%)		
Pondicherry	973,829 (0.09%)		

FIGURE 1
PPSG Website Statistics
July 1997 – December 2006

■ Hits ■ Users

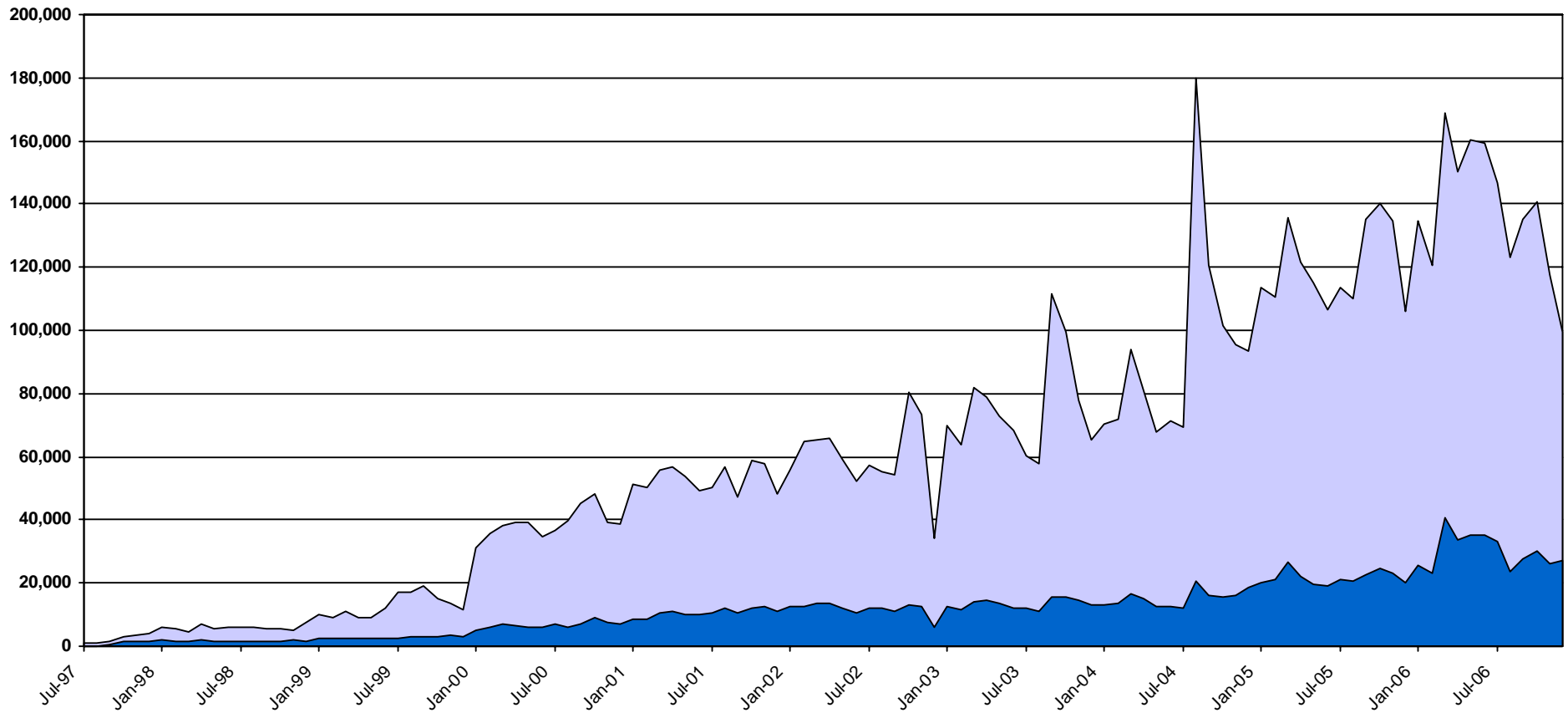
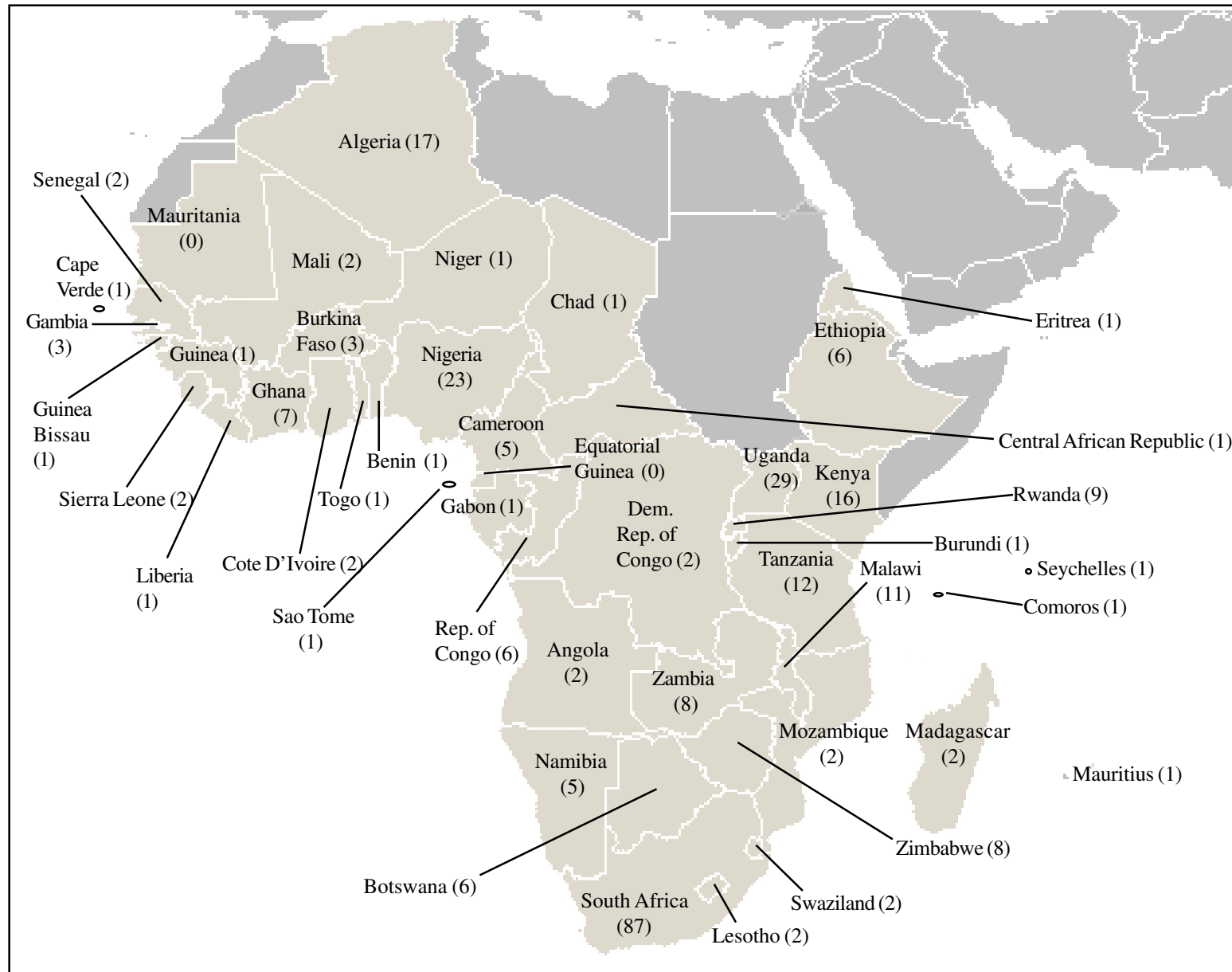


FIGURE 2

WHO Pain & Palliative Care Communication Network in AFRO Region

Cancer Pain Release Distribution Points



Cancer Pain Release is the publication of the WHO global communication program for pain control and palliative care. WHO Collaborating Center for Policy & Communication in Cancer Care, 2007

FIGURE 3

WHO Pain & Palliative Care Communication Network in EURO Region

Cancer Pain Release Distribution Points



Cancer Pain Release is the publication of the WHO global communication program for pain control and palliative care. WHO Collaborating Center for Policy & Communication in Cancer Care, 2007

FIGURE 4

WHO Pain & Palliative Care Communication Network in EMRO Region

Cancer Pain Release Distribution Points

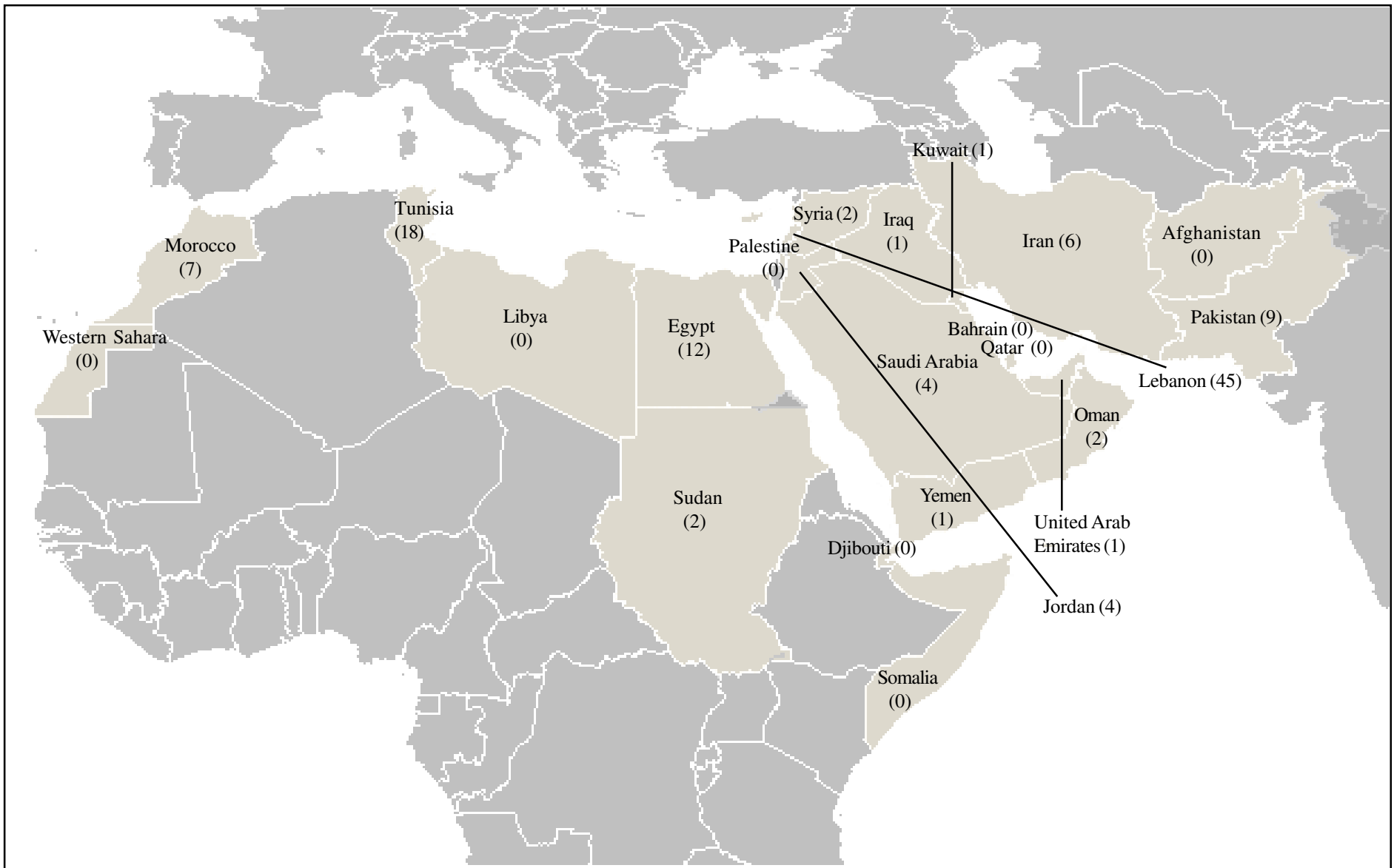


FIGURE 6

WHO Pain & Palliative Care Communication Network in SEARO region

Cancer Pain Release Distribution Points

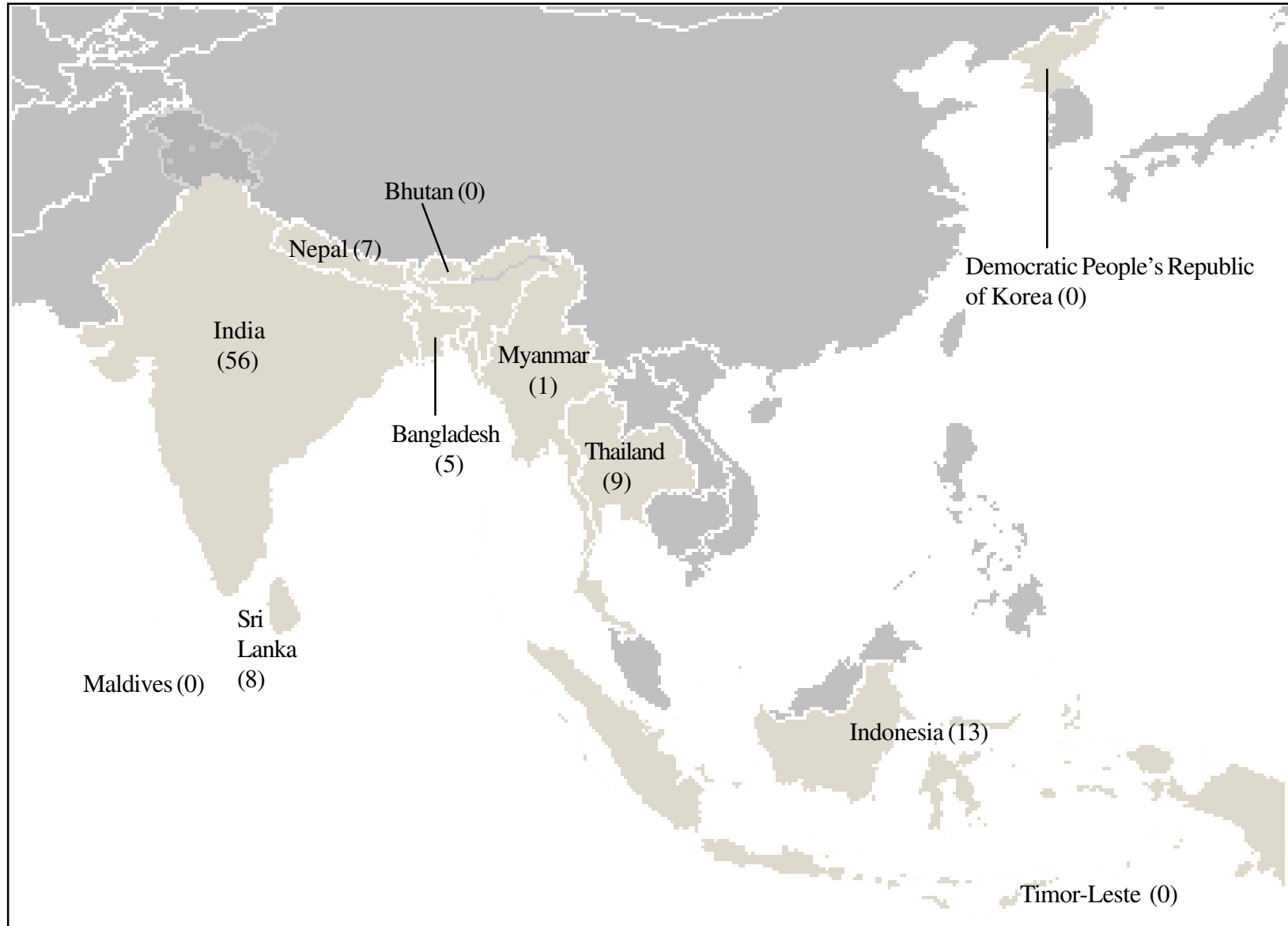


FIGURE 7

WHO Pain & Palliative Care Communication Network in WPRO Region

Cancer Pain Release Distribution Points

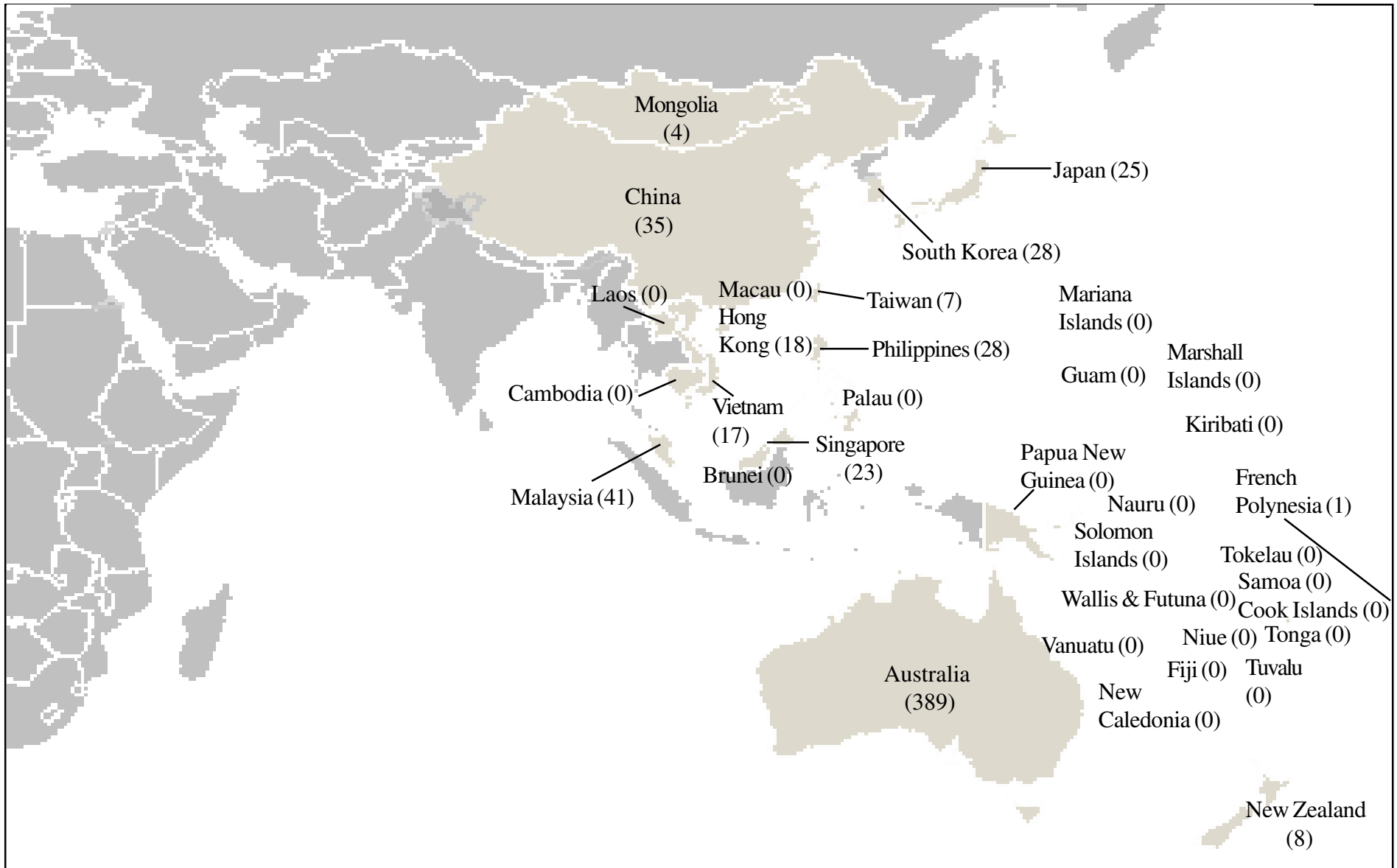


FIGURE 8. *Cancer Pain Release Website Users, 2006*

