

Obtaining oral morphine in India: Guidelines and a proposal to simplify the narcotic regulations

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Introduction

At its annual meeting in February, 1998, the Indian Association of Palliative Care (IAPC) decided to publish two documents about morphine availability in this Journal. The purpose is to inform IAPC membership and many others about the Association's efforts with the WHO to improve the availability of opioid analgesics for the treatment of pain due to cancer.

Both documents are in draft form; neither have been approved by any government agency, and both have been edited from the originals for publication in the journal.

The first document, *'Obtaining morphine for cancer pain relief and palliative care' generally outlines the requirements for obtaining morphine. The specific requirements differ from state to state, so it is necessary to check with state governments about the specific requirements and how they are interpreted. There are many requirements and steps.

The second document, *'A proposal to simplify India narcotics control laws' outlines a method which has been proposed to simplify the requirements.

Both documents were prepared by the World Health Organization Collaborating Center for Policy and Communications in Cancer Care, at the University of Wisconsin, USA, in consultation with the IAPC and its Committee on Morphine Availability. The preparation process included careful study of the Narcotic Drugs and Psychotropic Substances Act (NDPS) and state rules¹, international treaties² and recommendations of the World Health Organization³ and the international Narcotics Control Board⁴.

¹ Banerjee's The Narcotic Drugs and Psychotropic Substances Act, Second edition. Ashoka Law House, 1994.

² Single Convention on Narcotic Drugs, 1954 (as amended by the 1972 Protocol). New York, United Nations, 1977.)

³ WHO. Cancer Pain Relief: With a Guide to Opioid Availability, Second edition 1996.

⁴ International Narcotics Control Board. Availability of Opiates for Medical and Scientific Needs. New York, United Nations, 1996.

The IAPC and its Committee on Morphine Availability will continue its work and advise the membership from time to time on progress. Meanwhile, the IAPC encourages its members to inform medical administrators and state regulators about the need for morphine, and work with them to ensure that cancer patients have continuous access to adequate amounts of opioids, including morphine in all needed formulations, including tablets, injectable, liquid, powder and suppositories.

The IAPC encourages full compliance with existing requirements, and requests reports of progress and problems in obtaining morphine licenses, quotas and supplies, so that the Association can inform government officials.

The IAPC recommends that this issue of the Journal be given freely to other health professionals and to medical administrators and state drug controllers and excise officials.

The Wisconsin WHO Collaborating Center has donated a copy of the NDPS and state narcotic rules to the IAPC. Members may request a copy of the narcotics rules in their state from the IAPC office. At this writing we have learned that the government of India has prepared a proposal to simplify state narcotic rules, and that this has been sent to state executives. We will advise you of further developments Signed.

Document 1

“Obtaining morphine for cancer pain relief and palliative care”

Guidelines: How to obtain Morphine for Cancer Pain Relief and Palliative Care

I. Cancer pain in India

In India, as in most developing countries, cancer is diagnosed when the disease is in late stage, when curative treatment is of limited value and expensive.

In late stage cancer, severe pain is common. However most pain due to cancer, at any stage of the disease, can be relieved if the World Health Organization (WHO) analgesic method (WHO Expert Committee. Cancer Pain Relief, 1986) is used (See Appendix A). Relief of chronic severe cancer pain requires strong opioid analgesics such as fentanyl, hydromorphone, methadone, morphine, oxycodone or pethidine. Of these, morphine and pethidine are available in India. WHO regards morphine as the mainstay of cancer pain relief and recommends it be listed as an “essential drug.” Pethidine is not encouraged because of its short duration of action and potential for side effects due to accumulation of toxic metabolites. (Teoh N, Vainio A. The Status of Pethidine in the WHO Model List of Essential Drugs. Palliat Med. 1991; 5:185-186.)

II. Barriers to pain relief

Relief of pain allows a person to have quality of life at the end of life, and to live and die with dignity. However, there are significant barriers, including lack of education and training, fear of addiction, and strict regulation.

- a. Lack of knowledge among health professionals and patients about pain and pain management can prevent the use of morphine to relieve pain. Morphine should be given by doctors and nurses who are trained in pain and symptom management and palliative care. Improving education of professionals, patients and volunteers should go hand in hand with improving the availability of morphine.
- b. Concerns about addiction and diversion can also prevent the proper use of morphine as well as its availability. Studies have shown, however, that addiction is rare when morphine is used to treat cancer pain. (Cancer pain relief and palliative care: report of a WHO Expert Committee. Geneva, World Health Organization, 1990 (WHO Technical Report Series, No. 804)). Addiction, or “drug dependence,” is the compulsive use of drugs for their psychological effects. Unfortunately, addiction has been confused with physical dependence, which is an expected result of morphine use; physical dependence should not limit the use of opioids to treat cancer pain. (WHO. Cancer Pain Relief: With a Guide to Opioid Availability, Second edition. 1996). Further, the diversion of morphine has remained infrequent, despite the worldwide increase in its medical use. (Report of the International Narcotics Control Board for 1994. United Nations: International Narcotics Control Board, 1995.)
- c. Strict and complicated regulation of morphine and lengthy bureaucratic procedures discourages the development of morphine manufacturing capability, limits availability of morphine at medical institutions that care for cancer patients, and results in shortages which necessitate rationing of morphine to patients.

III. Cancer pain relief and the National Cancer Control Program

Cancer pain relief is a high priority in the Government of India (GOI) National Cancer Control Program. Morphine should be available and used in every medical institution that cares for cancer patients. The regulations and system for distribution should permit morphine to be easily available to the patient at home as well as in hospital.

IV. Workshops on morphine availability

Several workshops sponsored by the GOI, in cooperation with the World Health Organization, have concluded that despite India's export of narcotic raw materials to the rest of the world, the complicated and strict regulation of morphine is a barrier to implementing the NCCP. (Directorate General of Health Services. (Compendium Highlighting Various Actions/Recommendations of Conferences Held Regarding Availability of Morphine and Palliative Care Under National Cancer Control Programme. Government of India. January, 1994; Directorate General of Health Services. Report of Training of Trainers in Palliative Care and Morphine Therapy WHO Workshop. Government of India. November, 1994.) These workshops concluded that 1) guidelines which outline the requirements would help physicians and medical administrators to obtain morphine, and 2) that simplification of the requirements is needed.

V. Overview of current requirements and recommendations

There are many legal requirements for possessing and transporting morphine. Each state has its own rules and procedures to approve possession licenses and quotas, export and import permits, transport permits, and inspection of shipments. Current policies were written before cancer pain relief was a GOI priority and before the medical need for opioids such as morphine was recognized in the country.

To ensure the availability of opioids analgesics, WHO and the International Narcotics Control Board encourage health care professionals, policy makers and regulators to work together, as is intended under international law and national policy. (Single Convention on Narcotic Drugs, 1961 (as amended by the 1972 Protocol). New York, United Nations, 1977), (International Narcotics Control Board. Availability of Opiates for Medical and Scientific Needs, New York, United Nations: 1995).

Some health professionals have expressed concern about potential legal consequences for prescribing and dispensing morphine. There should be no risk when physicians use morphine to treat pain if rules are observed. It is always necessary to maintain records which document all purchases, shipments, prescriptions, and dispensations of morphine.

It is the responsibility of medical institutions and health professionals to comply with the legal requirements. This document provides basic information about the requirements as well as an outline of the steps. The relevant government agencies should be consulted for the specific requirements and administrative procedures.

This document applies to the medical prescription, purchasing, transport, holding (possession) and dispensing of manufactured drugs such as morphine and other opioids for medical purposes. It does not cover a) manufacture of opioids, b) sale by approved medical practitioners, c) disposal of stocks, d) possession, transport, import or export of amounts of codeine less than 450 grams at one time, or e) penalties for illicit activities with narcotic drugs.

VI. Summary of India narcotics law in relation to morphine availability and control

There are two levels of narcotic control laws which govern opioids for medical purposes: the Central law and the State rules. Generally, if the State rules are observed, the requirements of Central law will also be satisfied.

- A. **Central narcotics law.** The principle central law is the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS). The purpose of NDPS is to curtail illegal activities with narcotic and other drugs. The Act also has provisions which allow opioids and other “manufactured drugs” including morphine to be used for medical purposes such as for the relief of pain.
- B. **State narcotics rules.** Each state has narcotic control rules that govern the approval of licenses, exemptions and transport of morphine; state rules may be more specific than federal law and it is important to note that they may differ from state to state.
- C. **Definition of terms.** A number of terms are used in the narcotics laws and rules. The official definitions may vary from state to state.
 - 1. ‘Narcotic drug’ means coca leaf, cannabis, opium, poppy straw and all manufactured drugs including morphine and other opioids such as fentanyl, hydromorphone, oxycodone and pethidine. (‘Opioid’ is a scientific term which refers to codeine, morphine and other natural or synthetic drugs whose effects are mediated by specific receptors in the central and peripheral nervous systems.)
 - 2. ‘Manufactured drug’ means narcotic substances which are manufactured, including morphine and other opioids, which the Central or State Government has declared to be a manufactured drug, as distinguished from psychotropic drugs and opium.
 - 3. ‘Approved Medical Practitioner’ means any person registered as a medical practitioner under the Indian Medical Council Act, 1956 or under any law for the registration of medical practitioners in any part of India.

4. 'Collector' means the Chief Officer in charge of Revenue administration of a District and includes any Officer specially authorized by the Government or the Excise Commissioner to exercise throughout the State or in any specified area therein all or any of the powers of a Collector.
5. 'Excise Commissioner' means the Excise Commissioner or the Commissioner of Excise and Prohibition of a State, and includes any officer specially authorized by the State or by the Government in temporary charge of the duties or any of the powers of the Excise Commissioner under the State rules for manufactured drugs.
6. 'Excise Officer' means an Officer of the State Excise Department appointed by a State government not below the rank of Inspector.
7. 'To import interstate' means to bring into a State or Union Territory in India, from another State or Union Territory in India.
8. 'To export interstate' means to take out of a State or Union Territory in India from another State or Union Territory in India.
9. 'To transport' means to take from one place to another within the same State or Union Territory or interstate.

VII. Guidelines for medical institutions to obtain morphine

Note: Medical institutions such as hospitals, palliative care programs and hospices should be considered eligible for all necessary licenses or exemptions to purchase, possess, and dispense opioids such as morphine. Each institution caring for patients with cancer should have one or more approved medical practitioners who have been adequately trained in pain management and the medical use of opioids, and who are properly authorized to prescribe.

Step 1: The possession (holding) license.

- A. Application. The administrative officer of a medical institution (Regional Cancer Center, District Hospital, Medical College, private hospital, hospice, pain management or non governmental palliative care program) should apply to the Excise Commissioner of the State for a possession (holding) license. Depending on state rules, certain government-supervised or other medical institutions may be exempted according to a letter, or a general or special order, issued by the appropriate officer. An excise fee may or may not be required, depending upon the type of institution and state rules. Possession licenses are valid for a specified

period, usually only one year. The medical institution should keep an up to date record of the licenses.

Note: In the application, it may be useful to make reference to official publications of the GOI, WHO and INCB which document that morphine is necessary to relieve cancer pain in India and that governments should ensure that morphine is available for this purpose.

Note: Plan ahead to renew the possession licence which may be valid for only one year, in order to avoid interruption in the legal authority to possess morphine.

- B. Allotment. Some states may set an allotment, or quota, of morphine that the medical institution may legally purchase or possess during the period for which the possession licence is valid. If an allotment is required, the amount of the allotment would be specified on the possession license.

Note: The allotment should be calculated to satisfy all foreseeable patient needs for the licence period, including an additional percentage to accommodate a) anticipated increase in the number of patients; b) increased prescribing due to training, or the addition of more doctors, or c) emergency needs such as the large amount sometimes needed for the cancer patient who needs larger doses of opioid to achieve adequate pain control. If the allotment proves to be inadequate, the institution should request an increase and the government should approve it in a timely manner.

- C. Inspection. Depending on state rules and procedures, the authorities may wish to inspect the arrangements for security and record keeping at the institution before a licence is granted.

Step 2: The indent.

The properly licenced institution prepares an indent (purchase order) to the supplier to purchase the morphine. The indent should describe the goods in detail, including the name, strength, and quantity of each product being purchased (tablet, liquid, injectable, powder, etc.). All required licences must accompany the indent when it is sent to the supplier, including a copy of the valid possession licence (or the exemption), including the allotment noted on the possession licence, if required, and a transport permit, if required.

Note: The institution's procurement procedures should be expedited, and should never delay the purchases of morphine needed for the continuous relief of patients' pain.

Note: Morphine in various dosage forms is available from the following sources:

BDH Industries Ltd., Nair Baug,
Akurli Road, Kandivli (East), Mumbai – 400101

Cipla Limited, Mumbai Central,
Mumbai – 400008.

Govt. Opium & Alkaloid Factories;
11/77, The Mall, Morar,
Gwalior 474006, Madhya Pradesh
(morphine sulfate powder)

Modi-Mundi Pharma Limited,
1400, Hemkunt Tower,
98, Nehru Place, NEW DELHI 110019

West-Coast Pharmaceutical Works,
3rd floor, Olway House, Gurukul road,
Memnagar, Ahmedabad 380052

Step 3: Transport permit

Depending on State rules, every movement or transport of opioids within the State may require a transport permit, for example, from manufacturer to hospital, or from one licenced hospital to another licenced hospital, hospice or palliative care program. Depending on state policy, the indent itself may be considered to be the transport permit, if it is countersigned by the appropriate medical officer. In some cases, the transport permit may be issued by the Collector.

Note: Ensure that the expiry date of the transport permit allows for possible delays in obtaining the required documents or delays in arranging transportation.

Step 4: Import licence.

Medical institutions may import morphine from other States only if they have an import licence for each consignment, and only for such quantity as specified in the import licence. In some states, the indent may be considered to be the import licence, if it is countersigned by the appropriate medical officer or authorized by the Collector, depending on State rules.

Step 5: The supplier.

- a. Review licences, prepare shipment. After receiving the indent, payment and copies of required licences, the supplier checks the validity of the

licences and prepares the shipment to the medical institution. The shipment should include a) a challan (invoice) which describes in detail the goods actually shipped (this allows comparison with the goods ordered and the goods shipped), and b) copies of required licences or exemptions which document the authority for possession, transport, and import. The supplier checks state policy to determine if an export licence is required.

- b. Export licence. The supplier obtains an export license from the official designated in the State rules, if required.
- c. Transport to the medical institution. The supplier ensures that the shipment satisfies all the requirements for transportation between states or within a state. The parcel must be insured. Only the parcel post may be used; it is not permitted to use the inland post to transport opioids such as morphine.

Step 6: Receipt of shipment; prescribing; dispensing to patients

- a. Receiving. Upon receipt of the goods, the institution should notify the appropriate government department and hold the consignment and licenses for examination, prior to opening the package, until permission is obtained. The institution should confirm the amount in the shipment and keep the morphine in a place which is securely locked.

Note: The next purchase should be initiated well before the current supply is depleted, in order to maintain continuous capability to relieve patients' pain.

- b. Prescribing and dispensing. Prescriptions of morphine for patients must be issued by an approved medical practitioner. A record must be kept of every prescription and dispensations, showing the name of the patient and physician, the remaining balance of morphine and additions to stock, according to State rules and institution policy.

Note: The amount of the prescription should be sufficient to control the patient's pain for a reasonable period of time.

Note: Medical institutions should have a sufficient number of trained physicians to ensure that prescriptions can be written for patients with pain, including for emergencies and holidays.

- c. Legal possession by patient. The patient (a "private person") may legally possess morphine and import it inter-state if it has been dispensed for the person according to the prescription of an approved medical practitioner. After the morphine has been dispensed, it must remain in the possession of

the person, the guardian or other person duly authorized on behalf of the patient.

Note: Medical institutions should have a written policy that assigns responsibility to specific individuals for managing the institutions' licences, purchases, security, record keeping, prescribing, dispensing and emergency access to morphine.

Note: After the patient expires, the left-over morphine should be returned to the institution if possible, or disposed, to keep it from being used by anyone else.

- d. Supply to other medical institutions. Depending on the needs of other institutions and upon State rules, medical institutions may be approved to supply morphine to other programs.

Document 2

A Proposal to Simplify India Narcotic Drugs and Psychotropic Substances Act (NDPS) To Improve Cancer Patient Access to Pain Medications

Goals of the proposal 1

- I. To improve patient access to opioid analgesics including manufactured drugs such as morphine, by simplifying the regulatory requirements for licensing medical institutions (MI) and for commerce between such institutions and the licensed suppliers;
- II. To maintain and possibly improve the government's ability to collect information to manage and monitor the distribution and consumption of manufactured drugs including morphine;
- III. To establish the government's duty to ensure the availability of opioids including morphine of medical purposes, congruent with the Single Convention on Narcotic Drugs, 1961;
- IV. To reduce health professionals' and medical administrators' concerns about the possibility of legal actions against them, even though their use of opioids such as morphine is exclusively under license and only for medical purposes.

Proposed provisions

I. Purpose and definitions

A. Add to the “Preliminary” section in Chapter 1 NDPS a provision which reflects both purposes of narcotic control as stated in the Preamble of the Single Convention on Narcotic Drugs, 1961; the following language is proposed;

1. It is recognized that the medical use of narcotic drugs is indispensable for the relief of pain and suffering, therefore, adequate provision must be made to ensure their availability for such purposes;

These goals are consistent with recommendations of a) Government of India in “Compendium Highlighting Various Actions/Recommendations of Conferences Held Regarding Availability of Morphine and Palliative Care Under National Cancer Control Programme” 1995; b) the World Health Organization in “Cancer Pain Relief (Second Edition) with a Guide to Opioid Availability,” 1996; and c) International Narcotics Control Board, in “Availability of Opiates for Medical Needs, Special Report prepared pursuant to Economic and Social Council resolutions 1990/31 and 1991/43, 1996.

2. It is further recognized that addiction to narcotic drugs constitutes a serious evil (or, more modern language would be ‘a threat to public health and safety’); therefore, their availability must be limited to medical and scientific uses.

B. The definition of “addict” in Chapter 1, Section 2, paragraph (i) is circular; the term should be clearly defined according to today’s standards, so that a pain patient receiving narcotic drugs cannot be confused with an addict. A substitute definition is proposed: ‘Addict’ means a person who compulsively uses narcotic or psychotropic drugs for their psychic effects and who continues to use a drug for other than medical purposes despite harm; a person who receives medical treatment for pain with narcotic drugs is not considered an addict.

II. Licensing and distribution

A. Possession licence

1. The authority to grant Possession Licence (PL) or exemption for possession of Manufactured Drugs including morphine should be the sole responsibility of the State Drugs Controller (DC); this authority should be transferred to the DC from the Excise Department, as has been done in Maharashtra and Orissa.
2. The Superintendent or Director of a licensed or exempted MI, or his duly authorized representative, shall be responsible for the following, as a condition of holding a possession licence.
 - a. Designate at least one, or more, properly licensed and trained physicians who may prescribe opioids such as morphine; the number of physicians should be adequate to cover patient needs; keep an up to date list of “designated prescribers”; provide training in pain and symptom management, palliative care and the use of morphine according to WHO guidelines;
 - b. Endeavor to ensure that stocks of opioids are always adequate for patient needs;
 - c. Maintain security over stocks; maintain a Perpetual Stock Record (PSR) of all receipts and disbursements.

B. Purchase procedure

1. The application of interstate import, interstate export and transport licenses should be eliminated for manufactured drugs including morphine. Licensed or exempted MIs may purchase manufactured drugs including morphine directly from any authorized supplier, according to the following procedure;
 - a. The MI completes and signs an Order Form (OF) (the law may specify the required information), requesting specific amounts of needed drugs, including strength and dosage form; a copy of the PL or exemption is attached to the OF;
 - b. The OF is sent to the authorized supplier, with a copy to the local IDC;
 - c. The supplier enters the amount actually shipped on the OF, it now becomes the Consummated Order Form (COF),

Supplier ships the goods (by appropriate carrier to be specified) to the MI along with a copy of the COF, and a copy of the Suppliers Licence (SL);

- d. A copy of the COF and the SL is sent to the DC in the supplier's state and to the DC in the MIs state;
 - e. Upon receipt, the MI adds the shipment to the stock, updates the PSR, and sends a copy of the COF to the DC;
2. The MI may at any time request from the DC an increase or decrease in the quota to accommodate changing medical needs.

C. Drugs Controller

1. DC grants Possession Licenses for three years and may exempt indefinitely any government-supervised MIs in the state; Drugs Controller-India (DC(I)) grants licenses to manufacturers and suppliers throughout the country;
2. DC/DC(I) may suspend or revoke PL or exemption upon a finding that the MI has knowingly allowed the drugs to be used for other than medical purposes, or has falsified records, or has repeated acts of irresponsible stock or records maintenance;
3. DC/DC(I) may require corrective action, but will not take legal action against the person or persons, for unintentional acts or mistakes in record keeping at the MI, or for acts beyond the reasonable control of the MI, such as acts of patients or persons not employed by the hospital.
4. DC sets the annual quota for each licensed or exempted MI to satisfy the anticipated needs of the MI at licensing for the next year, and annually thereafter; the DC shall amend the quota from MIs at any time, if it is found by the ml that its medical need exceeds its supply of medication;
5. DC annually provides a list of authorized MIs with PLs or exemptions to all incensed suppliers;
6. DCI annually sends list of all licensed suppliers to all the DCs who must send the list to all MIs in the state;
7. DC maintains a separate record of COFs, provides statistical consumption reports as may be required by the DCI;

8. DC/DC(I) has authority to inspect MI stocks and PSARA or any other records at any time.

D. Excise Department

1. State Excise Department (ED) or designated official shall have authority to inspect MI stocks and records, and to make seizures of manufactured drugs which are possessed by any person without proper authorization; after notification of the DC, ED may initiate legal proceedings against a licensed or exempted MI if there is probable cause to believe that the drugs are being used for other than medical purposes by unauthorized or by improperly authorized persons.

APPENDIX A

Overview of the WHO 3-step Analgesic Ladder

The WHO recommends the use of a “3-step analgesic ladder” to relieve cancer pain.^{1,2,3} This approach depends on the availability of opioid analgesics, such as morphine.

Every patient with cancer, especially those with advanced cancer, should be asked if they have pain. Pain assessment tools are available. If there is pain, the responsible physician should treat the patient’s pain according to the 3-Step Analgesic Ladder. Patients’ pain should be reassessed as often as possible, and recorded in the patient’s chart, just as is fever.

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1. ^{WHO} Expert Committee. Cancer Pain Relief, 1986.
 2. Cancer pain relief and palliative care: report of a WHO Expert Committee, Geneva, World Health Organization, 1990 (WHO Technical Report Series, No. 804)
 3. WHO. Cancer Pain Relief: With a Guide to Opioid Availability, Second edition 1996.

In the past, opioid analgesics such as morphine have been avoided because of concerns addiction. Recent studies have shown concern about addiction, correctly defined, is unfounded. Tolerance, i.e., the need for increased doses to achieve the same analgesic effect, may or may not occur, and in any event can be overcome with larger doses. Physical dependence is an expected result of continued use of morphine, and should not be confused with addiction. Addiction is an extreme form of psychological dependence, involving the compulsive use of drugs for their mood-alerting effects, and is extremely rare in pain patients with no history of drug abuse.

First step: Give non-opioids (aspirin or paracetamol) for mild pain; add an adjuvant drug for treatment of other symptoms.

Second step: If pain is not relieved, opioids such as codeine should be used; adjuvants should be continued to be used as needed.

Third step: If pain is not relieved, strong opioids like oral morphine should be used. The dose should be increased until pain is relieved or side effects are not tolerated by the patient. Strong opioids in the class of morphine are the drugs of choice. Opioids such as pethidine (short duration of action, accumulation of toxic metabolite) and pentazocine (weak analgesic, ceiling dose, may cause withdrawal) should be avoided.

For moderate to severe pain, Step 3 should be used immediately.

If pain is continuous, immediate-release morphine should be administered at four hour intervals around-the-clock. Do not wait until the pain comes back to give the next dose. Constipation is an expected result of the use opioids and should be anticipated and treated proactively. Adjuvant drugs are used at every step to enhance relief of pain and other symptoms. Health professionals are advised to consult publications and experts for more specific guidance on cancer pain assessment and treatment.

The WHO approach has been proven to be safe and effective, relatively simple and can be inexpensive. The right drug in the right dose at the right time can relieve 80-90% of cancer pain. Health professionals should be trained in the proper use of morphine, and should also be expected to manage the distribution of the drug carefully to avoid loss or unauthorized use by others.