

FACT SHEET

Morphine For Cancer Pain In India

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Pain & Policy Studies Group

"Studying public policy in relation to pain management"



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I. The Problem:

CANCER AND PAIN

- Approximately one million people experience cancer pain in India every year (Figure 1 shows the estimated number of cancer patients in each state and union territory who need palliative care in 2001).
- Cancer pain is often severe and can sometimes be excruciating.
- Severe pain can make activities of daily living impossible.
- Unrelieved pain not only affects the patient, but also the family and the community.

MORPHINE

- Morphine is an essential drug for cancer pain management.
- Despite India's heavy cancer burden, it consumes far less morphine than most countries.
- India supplies much of the opium to make morphine for increasing use in the rest of the world, but it produces very little for domestic use due to lack of demand.

ACCESS TO MORPHINE

- Institutions that use morphine have problems obtaining a continuous supply of morphine.
- The state licensing system for morphine is so complex that it is nearly impossible to have all the licenses valid at the same time.
- The 1985 anti-narcotics law established tough new penalties for violations involving narcotic drugs.
- Morphine consumption is increasing in most of the world (See Figure 2).
- Morphine consumption in India decreased by over 90% from 1985 to 1998. In 1999, however, consumption of morphine rose to its highest level in over a decade (See Figure 3).

II. Steps Taken:

1992-1994

1. Government of India sponsored workshops to discuss the problem of morphine unavailability.
2. The WHO provided free morphine to regional cancer centers; some of which was never used and had to be disposed.

1995

1. The Ministry of Health, Department of Revenue, and World Health Organization Collaborating Center (WHOCC) participated in a workshop in New Delhi to review the complexities of morphine regulation.
2. The WHOCC made a systematic study of the Federal and State regulatory requirements for obtaining morphine.
3. The Indian Association of Palliative Care (IAPC) established the Committee on Morphine Availability and Control to work with the WHOCC and the Government of India to improve availability of morphine.
4. WHOCC designated the Pain and Palliative Care Society (PPCS) as a WHO Demonstration Project for studying how to ensure morphine availability.

1996

1. WHOCC prepared guidelines for physicians to obtain morphine under existing regulations; the guidelines were published by the IAPC in the Indian Journal of Palliative Care.
2. At the international level, WHO published a guide to opioid availability, and the INCB published recommendations that national governments throughout the world should identify and remove regulatory barriers to the availability and use of morphine for cancer pain relief.

1997

1. The IAPC and WHOCC submitted to the Government of India a proposal to simplify the regulation of morphine.
2. The Government of India accepted the proposal, adapted it, and sent it to all state governments with instructions to adopt a new regulation to amend state rules to simplify licensing and access to morphine and therefore pain relief (See letter).

1998

1. The WHOCC, the U. S. Cancer Pain Relief Committee, and the PPCS conducted the first state-level morphine availability workshop at Trivandrum (Kerala, 24 June 1998) to focus attention on the need to amend state rules.
2. A task force was appointed by the Health Department to prepare a draft regulation for official submission to the Government of Kerala.

1999

1. The Government of Kerala adopted the regulation submitted to simplify licensing for morphine.
2. The IAPC, WHOCC, and USCPRC sponsored three more morphine availability workshops in Cuttack (Orissa, 8 October 1999), Mumbai (Maharashtra, 4 October 1999), and Bangalore (Karnataka, 26 February 1999). Another workshop was held in Calcutta (West Bengal, 14 February 1999). The states of Sikkim and Madhya Pradesh also adopted new regulations to simplify morphine availability (See Table 1).

2000

1. The IAPC, WHOCC, and USCPRC sponsored four more workshops on morphine availability in Ahmedabad (Gujarat, 21 February 2000) and Gwalior (Madhya Pradesh, 23 February 2000), Hyderabad (Andhra Pradesh, 23 September 2000), and Bhopal (Madhya Pradesh, 27 September 2000). See Figure 4 for a timeline of policy and workshop activity in India since 1997. In addition, a national workshop on morphine availability was held in New Delhi with the Government of India Department of Revenue and Health, palliative care professionals, and representatives of state governments, WHO-India, and the UN International Drug Control Program. The primary message from this workshop was that palliative care and morphine availability should become a priority of the Health Ministry.
2. The IAPC and its Committee on Morphine Availability and Control met with the WHOCC in Bangalore to assess progress to improve morphine availability and consider the next steps. The Committee was reconstituted as the "IAPC Committee on Opioid Availability and Control."
3. The IAPC and WHOCC met with officials of the Government of India to assess progress and consider next steps.

2001

1. A national workshop on morphine availability was held in New Delhi (10 September 2001) with the Government of India Departments of Revenue and Health, palliative care professionals, representatives of state governments, and WHO-India. The primary result of this workshop was that palliative care and morphine availability should become a higher priority of the Health Ministry, National Cancer Control Program and state governments and that each state should be encouraged once again to adopt and implement the simplified morphine licensing rule and make use of a Standard Operating Procedure (SOP) for approving Recognized Medical Institutions (RMI).
2. The PPCS/WHODP and WHOCC met with governmental officials from New Delhi U.T. (11 September 2001) to discuss and encourage adoption of the simplified morphine licensing rule.
3. The PPCS/WHODP and WHOCC met with officials of the Government of India to assess progress and consider next steps.
4. The PPCS/WHODP, WHOCC, and USCPRC sponsored a workshop on morphine availability in Guwahati (Assam, 14 September 2001). See Figure 4 for a timeline of policy and workshop activity in India since 1997.

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Table 1: Improving morphine availability for cancer pain: State workshops and new rules

State	Population (% of total)	Held workshop	Adopted simplified rule
Andhra Pradesh	75,727,541 (7.37%)	September 2000	
Arunachal Pradesh	1,091,117 (0.11%)		
Assam	26,638,407 (2.59%)	September 2001	
Bihar	82,878,796 (8.07%)		
Goa	1,343,998 (0.13%)		
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%)		
Karnataka	52,733,958 (5.14%)	February 1999	
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%)		
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%)		
Sikkim	540,493 (0.05%)		December 1998
Tamil Nadu	62,110,839 (6.05%)	April 2000	December 2000
Tripura	3,191,168 (0.31%)		December 1999
Uttar Pradesh	166,052,859 (16.17%)		
West Bengal	80,221,171 (7.81%)	February 1999	

Note: Source of population data was 2001 Census Report of India

Table 1: Improving morphine availability for cancer pain: State workshops and new rules (continued)

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%)		
Daman & Diu	158,059 (0.02%)		
Delhi	13,782,976 (1.34%)		
Lakshadweep	60,595 (0.01%)		
Pondicherry	973,829 (0.09%)		

Note: Source of population data was 2001 Census Report of India

Table 2: Improving morphine availability for cancer pain: National workshops

Workshop location	Held workshop
Delhi	February 2000; September 2001