

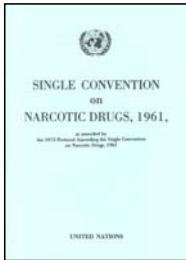
International Pain Policy Fellowship: Improving Opioid Availability and Accessibility



Karen M. Ryan, David E. Joranson, Jody P. Moen, Martha A. Maurer
Pain & Policy Studies Group, University of Wisconsin Paul P. Carbone Comprehensive Cancer Center,
World Health Organization Collaborating Center for Policy and Communications in Cancer Care

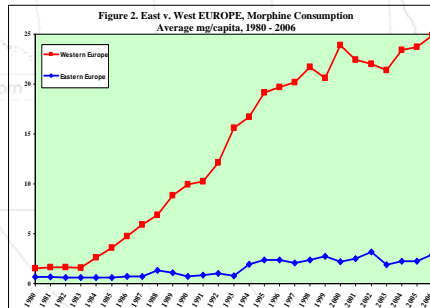
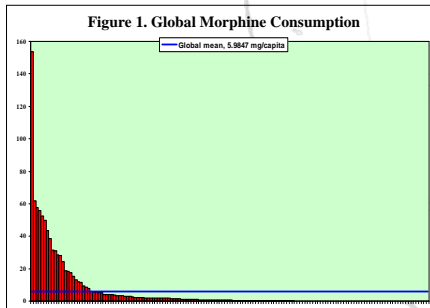
Background:

- The relief of pain increasingly is viewed as a human right.¹⁻⁷
- United Nations Single Convention on Narcotic Drugs of 1961⁸ International treaty that governs narcotic drugs-is intended to prevent illicit traffic, but is also consistent with pain relief as a human right, recognizing that:



"the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and ... adequate provision must be made to ensure the availability of narcotic drugs for such purposes." (Preamble)

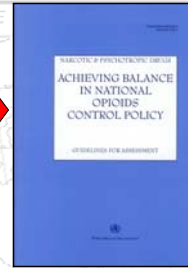
- Very low levels of opioid consumption in most countries that have persisted over decades. In 2006, seven countries with less than 12% of global population accounted for 84% of global morphine consumption (Figure 1). The seven countries are: Austria, Canada, United States of America, Denmark, Australia, New Zealand, France.
- Continuing and growing disparity in morphine consumption between high-income countries and other countries, for example: morphine consumption in East vs. West Europe (Figure 2).



Overly restrictive national policy or problematic drug procurement or distribution systems remain prevalent barriers to patient access to opioid medications. Many countries have focused on controlling narcotics to the exclusion of their availability for medical and scientific purposes. International Narcotics Control Board (INCB), which oversees the implementation of the Single Convention, has recognized these shortcomings and calls for countries to address policy barriers to opioid availability by evaluating laws and regulations.⁹

In response to this unacceptable situation, the PPSG has developed and implemented tools to assist countries to address this problem:

- 2000: Collaborated with the WHO, INCB, and a panel of international experts to draft WHO Guidelines to achieve "balance" in national opioids control policy.¹⁰
 - ✓ Can be the basis for policy and systems evaluation and recommendations for change
 - ✓ Available in 22 languages on the PPSG website
- May 2008: an internet course to help guide efforts to improve patient access by outlining the critical relationship between government, healthcare professionals, and the patient.¹¹



Aim of Investigation: PPSG developed a two-year International Pain Policy Fellowship (IPPF), with collaboration and support from the International Palliative Care Initiative of the Open Society Institute, with the aim to:

- empower health care professionals from low- and middle-income countries to work with their governments to evaluate and recommend necessary changes to laws and regulations to make opioids available and accessible
- develop a cohort of pain policy experts to address the enormous and unmet need for opioid availability for pain management around the world

Methods: First cohort of Fellows:

- Selected from eight countries
 - ✓ Argentina, Colombia, Nigeria, Panama, Serbia, Sierra Leone, Uganda and Vietnam
- Week-long intensive training session in Madison, Wisconsin, USA, in October 2006
- Fellows learned essential information about:
 - ✓ Roles and functioning of the international drug control system
 - ✓ Imperative to collaborate with their national government (who controls these medications)
 - ✓ Methods that have been used successfully in other countries to address this issue
- Used WHO Guidelines to evaluate their national drug policy and system to identify and prioritize barriers
- Created a national Action Plan to improve opioid availability

PPSG and selected international expert colleagues provide ongoing technical assistance to the Fellows. In the future, a larger role for the Ministry of Health is planned to increase success in addressing policy and system impediments.

One year into the Fellowship, Fellows returned to Madison for 3-day meeting to:

- monitor progress
- share strategies for problem solving
- revise their Action Plan in response to changing national circumstances



Results:

Barriers: Many Fellows face monumental barriers to pain relief, including:

- no availability of low-cost oral morphine
- supply interruptions from factories abroad
- high cost of opioids
- burdensome prescription requirements
- difficulties with the distribution system.

Progress: The 2006 cohort of Fellows has made progress, including:

- permission to import oral morphine powder to a hospice in Sierra Leone;
- a new Ministry of Health Commission in Serbia that will address regulatory barriers;
- a national workshop in Colombia in collaboration with the national drug authority that has led to a new policy ensuring outpatient access to opioids in at least one pharmacy in each region 24 hours a day, 7 days a week;
- a pilot distribution system in Nigeria to move the pain medications out of Lagos to the regions that will demonstrate secure transportation and a lack of drug diversion; and
- a change in national regulations in Vietnam that eliminated or eased regulatory restrictions that had hampered patient access.

Finally, as envisioned with the creation of the IPPF, the Fellows are gaining the knowledge and expertise to assist other countries in their region to improve opioid availability. For example, the Fellow from Serbia will assist with a special opioid availability workshop in Moldova to be held in October 2008.

The need for policy and systems reform is great, and the human resources developed as part of the IPPF can be an important contribution to this task.

Conclusions:

- The under-treatment of pain due to cancer and HIV/AIDS cannot be rectified without improving availability and access to opioid pain medicines.
- These essential medications are governed by national narcotics control policies, and are influenced by their implementation and the national drug procurement and distribution system. Many health professionals have little knowledge of these systems.
- Achieving pain relief as a human right requires an active engagement with government to address the array of barriers.
- The Single Convention provides a balanced framework that should be recognized and utilized by national governments in their approach to drug control.
- The PPSG has developed the IPPF as an intervention to accelerate the rate of change in opioid availability to relieve pain and suffering, taking advantage of a number of the tools it has prepared for this purpose.
- The IPPF is an effort to engage pain and palliative care experts with their governments to make an impact on patient care, and is one important tool that can make a meaningful contribution to improving the crisis in pain management that exists around the world.

Acknowledgments: Open Society Institute International Palliative Care Initiative

References

- (1) United Nations General Assembly. *International Covenant on Economic, Social and Cultural Rights*. United Nations; New York, NY. Adopted at the 1496th U.N. General Assembly plenary meeting, 16 December 1966; entered into force 3 January 1976.
- (2) United Nations General Assembly. *Committee on Economic, Social and Cultural Rights*. 22nd Session, 25 April - 12 May 2000.
- (3) Council of Europe Parliamentary Assembly. *Protection of the Human Rights and Dignity of the Terminally Ill and the Dying - Recommendation 1418*. Text adopted by the Assembly on 25 June 1999.
- (4) Carrow D. Korean Declaration: 2nd global summit of national hospice and palliative care associations. *Progress in Palliat Care*. 2005; 13(1):1-2.
- (5) Adams V. *Access to Pain Relief - an Essential Human Right*. Published by Help the Hospices for the Worldwide Palliative Care Alliance; London, England. A report for World Hospice and Palliative Care Day 2007.
- (6) Hunt P. *Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*. U.N. Human Rights Council; Statement by Paul Hunt; 11 March 2008.
- (7) Chapters of the Latin American Federation of Associations for the Study of Pain. *Proclamation of Pain Treatment and the Application of Palliative Care As Human Rights*. Solemnly signed on 22 May 2008 in the City of Panama by Representatives of the 19 Chapters of FEDELAT.
- (8) United Nations. *Single Convention on Narcotic Drugs, 1961 (As Amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961)*. Geneva, Switzerland: United Nations; 1973.
- (9) International Narcotics Control Board. *Protection of the Human Rights and Dignity of the Terminally Ill and the Dying - Recommendation 1418*. New York, NY: United Nations; 2008.
- (10) World Health Organization. *Achieving Balance in National Opioids Control Policy: Guidelines for Assessment*. Geneva, Switzerland: World Health Organization; 2000.
- (11) Pain & Policy Studies Group. *Increasing Patient Access to Pain Medicines Around the World: A Framework to Improve National Policies That Govern Drug Distribution*. University of Wisconsin Paul P. Carbone Comprehensive Cancer Center; Madison, Wisconsin, USA.