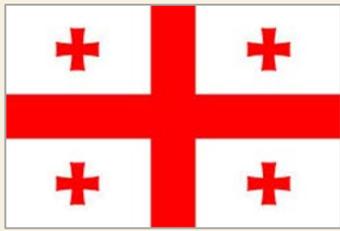


# Pain & Policy Studies Group • International Pain Policy Fellowship



GEORGIA

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**Fellow 2008-2012**

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For further information on Georgia:

<http://www.painpolicy.wisc.edu/country/profile/georgia>

## BACKGROUND:

The development of palliative care in Georgia began in 2000, with initial efforts focused on educational initiatives to inform all stakeholders about the role of palliative care in a national health system. Beginning in 2004, the First Lady of Georgia at the time, who was trained as a nurse and supportive of palliative care, provided important high-level support for palliative care, facilitating funding of the first mobile palliative care team by a Georgian humanitarian organization. However, from 2005 until recent changes during the Fellowship, the only strong opioid analgesic available in Georgia was injectable morphine. Prior to 2005, sustained-release morphine was imported and available, but due to low use and anticipated complications related to continued import, the importing companies allowed the registration to lapse in 2005. The guidance provided by the policy document in 2005, "National palliative care program, Georgia: the Report," the creation of the National Palliative Care Coordinator in 2006 and the many important changes in Georgian legislation in 2007 and 2008, laid a foundation for improving opioid availability. However, the specific recommendations and legislative changes were not implemented into practice at the time.

## FELLOWSHIP SUCCESSES:

Dr. Dzotsenidze and colleagues worked to address the lack of oral morphine by negotiating with the Parliament's Health Committee and officials at Georgia's Ministry of Labor, Health and Social Affairs (over several administrations), which ultimately resulted in the registration of sustained-release oral morphine in 2009—the first time in Georgia since 2005. While sustained-release oral morphine was successfully imported in November 2009, there continued to be a lack of immediate-release oral morphine. In June 2012, the Social Service Agency, which is part of the Ministry of Health and Social Affairs, considered potential suppliers of immediate-release oral morphine and engaged with an importer to launch the tender and procure these medications. Ultimately, these efforts were successful and immediate-release oral morphine began to be imported in November 2012.

Building on work done before the start of Dr. Dzotsenidze's fellowship, she and her colleagues were also involved in the issuance of three government decrees simplifying and rationalizing opioid prescribing rules. Under the new rules, laid out and clarified between 2008 and 2010, physicians may prescribe strong opioids without the imprimatur of a specially appointed oncologist and chief medical officer. Two types of pain medications can be prescribed simultaneously, enabling more sensitive and continuous relief. And pain drugs may also be given to patients with any chronic incurable condition, not just stage IV cancer, as before. The third decree authorizes rural family doctors to prescribe opioid analgesics without needing approval from higher authorities.

Dr. Dzotsenidze and her colleagues advised the government about changing terminology in the law on "Narcotics, Psychoactive substances, Precursors and Narcological Aid" to bring it into harmony with current medical and scientific knowledge and definitions concerning *addiction*. In 2012, the Parliament of Georgia approved and adopted an amended law which included the addition of a paragraph concerning the inevitability of opioid use for medical reasons, which reflects the main principle of "Ensuring adequate availability of narcotic drugs for medical purposes." Additionally, a new definition of dependence was introduced which is consistent with the current medical and scientific understanding, including that physical dependence as a sole criteria for dependence diagnosis has been removed, so that patients who have physical dependence will no longer be considered as drug dependent persons.

## ONGOING PROGRESS:

After the end of her fellowship, Dr. Dzotsenidze continued to work with colleagues and the government on improving the availability and use of morphine. She and her colleagues were instrumental in encouraging the Ministry of Health and Social Affairs to support the organization of training courses for already-practicing physicians who care for patients with chronic pain. At the request of the Ministry of Health, guidelines on chronic pain management were developed, along with recommendations for patients. These guidelines were adopted by the Ministry of Health and Social Affairs in July 2012 and now all medical facilities are obligated to create protocols.

## CHALLENGES AND FUTURE NEEDS:

In Georgia, a Palliative Care National Program for 2011-2015 was adopted by the Parliament and the Ministry of Health and Social Affairs, which, in part, seeks to improve the availability of opioid analgesics for outpatients from hospitals. Currently in Georgia, outpatients with pain must pick up their opioid prescriptions at primary healthcare facilities and the medication itself at specially designated police stations on certain days of the week. As of January 2015, legislation now allows opioid medications to be picked up on any week day; however, in practice, the location of the pharmacies in police stations continues to limit the number of days each week that a prescription can be obtained because of pharmacist staffing logistics and the need to relocate to the police station to dispense the opioids.

Though all three sides of the WHO triangle (medicine availability, legislation and education) were successfully addressed during the fellowship period, based on consumption rates of morphine (the main medicine for pain relief in Georgia) there has not been much improvement in the amount of morphine consumed since 2012. So, in 2015 Dr. Dzotsenidze was enrolled in a PhD program to study the situation in greater depth and identify the causes of low consumption rates. She hopes that a scientific approach to the problems, with solid evidence, will convince the decision makers to address the problems more diligently and effectively.

## PUBLICATIONS:

- Dzotsenidze P, Kazaryan I, Karapetyan H, Cleary J, Ryan K, Maurer M, Improving the Availability and Accessibility of Opioid Analgesics in Armenia and Georgia, *European Journal of Pain* 2009; S1: S216b–S216.



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