

Pain & Policy Studies Group • International Pain Policy Fellowship



COLOMBIA

Marta Ximena León, MD

Fellow 2006-2012

Universidad de la Sabana,
Pain and Palliative Care Unit



For further information on Colombia:

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

BACKGROUND:

When Dr. Marta León began her fellowship in 2006, there were plenty of opioid analgesics in Colombia. Thanks in large part to Ms. Liliانا De Lima—founder of Colombia’s first hospice, then-president of the Latin American Palliative Care Association, current Executive Director of the International Association for Hospice and Palliative Care, and unofficial first Fellow of the PPSG—Colombia was no stranger to palliative care. Indeed, through Ms. De Lima, the country was closely connected to the global community of palliative care practitioners and activists.

Yet pain medications were collecting dust in Bogotá’s warehouses, reaching almost no one in pain. Even in and around the capital, hospitals had inconsistent supplies of opioid analgesics, in part because pharmacies could dispense controlled medicines only from 8 to 5 Monday to Friday. However, doctors were not prescribing them, because insurance did not cover strong pain medications and most patients couldn’t afford them.

The opioid availability situation in the other 31 of the 32 states was even worse. The availability of opioids was inconsistent and largely inadequate. But the official demand hardly reflected the pressing need. The regional authorities charged with ordering morphine were not requesting it from the Ministry of Health (MoH)’s National Drug Control Authority.

“Here we had a national plan for drug availability from the MoH and persons in every state in charge of the national plan,” said Dr. León. “But things were not working. The structure was supposed to be in place, but people were not getting the medication.” Dr. León attributed some of the deadlock to opiophobia, reinforced by politics and policy. “The MoH was in charge of availability. The Ministry of Justice (MoJ) was the narcotics regulator. These were completely different entities, with different budgets, different everything. But the War on Drugs”—waged by the Ministry of Justice (MoJ), its prosecutors and police—“dominated the drug policy.” Although Colombia does not have a big addiction problem, according to Dr. León, heavy trafficking and the surveillance that legal handlers of opioids had to contend with because of it deterred most pharmacists and doctors from using the medicines.

FELLOWSHIP SUCCESSES:

In 2007, Dr. León and mentor Ms. De Lima spearheaded a national workshop involving representatives of every level of the distribution chain, stakeholders from around the country, and regional and global experts. These included students, pain physicians, representatives of the MoH, World Health Organization, Pan American Health Organization, and the PPSG. Additionally, Regional drug control authorities were invited to the workshop to sensitize them about the importance of adequate availability of opioids in their regions to achieve a better quality of care for patients. The central objective of the workshop was to try to figure out where the roadblocks were and how to address them. The workshop resulted in a MoH resolution ordering regional offices to ensure availability of morphine 24 hours a day, 7 days a week (24/7) in at least one pharmacy per state.

In 2010, a new Cancer Law was enacted that calls for the regional competent authorities to ensure the adequacy and opportunity to access opioid drugs for pain management.

In 2011, after four years of work by Dr. León and her colleagues, the MoH added morphine, hydromorphone, methadone, oxycodone, and tramadol to the National Obligatory Health Plan. As a result, this means that Colombians with public health insurance would pay nothing for them, and those with private insurance would pay very little. Furthermore, any patient having trouble accessing opioids may call a toll-free number to report the problem to the government.

Collaborating with the Ministry of Education, Dr. León and other advocates instituted a mandatory undergraduate course at the University de la Sabana, where Dr. León works.

ONGOING PROGRESS:

Today, efforts continue to expand the number of pharmacies throughout the country that are open around-the-clock to dispense opioid analgesics. Currently, there are 32 such pharmacies, one in each state. Palliative care leaders and other stakeholders have formed a network with physicians to verify functioning of the 24/7 pharmacies declared by the National Competent Authority (NCA). Meetings have been held with the NCA to try and increase the number of 24/7 pharmacies in areas other than Bogotá.

In September 2014, an historic Colombian Palliative Care Law (Law 1733) was approved and signed after many years of advocacy around the law. The Law contains language regarding controlled medications and their mandate for 24/7 availability. Dr. Leon recounts the long, arduous process, "We worked for three years on the national palliative care law, to include pain medications and make them available, accessible, and prescribed and administered without barriers," recounts Dr. León. "It went to six parliamentary debates. The president was ready to sign it. And then nothing happened." The law hit a wall at the Finance Ministry, which insisted—legitimately, Dr. León concedes—on financial data showing that such care was affordable and sustainable in Colombia, a country with limited resources.

CHALLENGES AND FUTURE NEEDS:

Trial and error during her fellowship taught Dr. León a strategy that is now explicitly discussed in Wisconsin: to seek the most efficient path to reform. That often means forgoing a thorough revision of national law and instead identifying obstructive regulations and practices that can be amended without a parliamentary vote or presidential signature, then identifying and educating the authorities who can change those rules by fiat.

"You have an Action Plan, but you have to be flexible and sometimes find new pathways," said Dr. León. "There is a very big need. We must do some things in reorganizing and using the system the way it is right now."

PUBLICATIONS:

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