

# Pain & Policy Studies Group • International Pain Policy Fellowship



JAMAICA

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For further information on Jamaica:  
<http://www.painpolicy.wisc.edu/country/profile/jamaica>

## BACKGROUND:

In 2002 Dr. Spence, the other Fellow from Jamaica, returned to Jamaica after having completed training in Clinical Oncology and Palliative Medicine in the UK. While working at the Hope Institute Hospital, Jamaica's only public sector institution delivering both oncology and palliative care services, she saw the need to establish guidelines for the appropriate treatment of cancer pain, based on those published by the WHO. During this process, it became clear that in Jamaica, the per capita usage of opioids, including morphine, was very low. A meeting with the Competent Authority in the Ministry of Health (MoH) in April 2003 prompted the need to request an emergency order from the International Narcotics Control Board (INCB) to increase the country's annual morphine estimate from 1.5 to 4.5 kg/year, and also served to highlight issues with regard to availability and accessibility of opioid medicines in both public and private sectors. In 2007, in conjunction with a group from Seneca College in Toronto, Canada, a cancer patient needs assessment survey<sup>1</sup> was undertaken, which identified a lack of availability of appropriate analgesic medicines, a lack of policies at MoH level, and a dearth of education programs in pain management or palliative care for healthcare professionals.

After being accepted as Fellows, Dr. Spence and Ms. Walker-Edwards were able to elucidate some of the principal problems facing Jamaica in terms of opioid access and availability:

1. Opioid analgesics for the management of severe pain were not readily available in most public hospitals or in a majority of private pharmacies, island wide.
2. Lack of prescribing and demand by physicians; lack of procurement and stocking of strong opioids by pharmacists; inadequate distribution from centralized sources to public hospitals, and to pharmacies in the private sector; lack of educational initiatives; and lack of human resources at all levels in the healthcare system.
3. No national drug policy for safe use and handling of opioid analgesics was in existence.

Over the four years of the IPPF, they addressed many of these challenges.

## FELLOWSHIP SUCCESSES:

As an initial step to addressing the many misunderstandings regarding regulations relating to opioid prescribing, stocking, and distribution, the two fellows met with doctors, nurses, hospital administrators, pharmacists, drug distributors and local authorities to learn about their concerns. After these meetings, they drafted a MoH policy document entitled, "Policy for Patient Access, and the Safe Management of Controlled Drugs" based on the principle of balance, and intended to provide guidance for health professionals involved in the distribution and prescription of controlled medicines. Although the policy was not yet finalized at the end of the fellowship period, the process of drafting and seeking input from government stakeholders resulted in increased awareness of the need to provide such guidance.

In 2011, the MoH administered a survey, in cooperation with the fellows, to measure access and availability of opioids at all government hospitals and to identify the storage and handling capabilities of these facilities. Survey results indicated that injectable morphine was available in all pharmacies, and about half of the pharmacies had mist. morphine solution (immediate-release morphine) and sustained-release morphine tablets. Sixty three percent of the pharmacies surveyed had sustained-release tablets available, but no immediate-release products. In light of these findings, the Fellows identified a need for immediate-release oral morphine tablets, as many smaller hospital pharmacies did not have appropriate equipment for reconstituting mist. morphine from the powder into a liquid medicine. A supplier in Canada was identified and "Statex" immediate-release morphine tablets became available in April 2012 in the public sector in Jamaica for the first time. The 10mg tablet strength was released first, and the 5mg immediate-release tablet was made available in June 2012. Immediate-release morphine tablets were also made available in private pharmacies.

To address ongoing challenges related to a centralized supply of opioids in the capital city, the Jamaican Competent Authority (led by Ms. Walker-Edwards) developed a "Transport Permit" to allow safe and more efficient distribution of opioids from

pharmaceutical distributors to retail pharmacies in the private sector. Work is ongoing to implement the permit in the public sector.

### ONGOING PROGRESS:

In May 2012 the MoH held a meeting entitled "The National Strategic Plan for the Prevention and Control of Non-Communicable Diseases in Jamaica 2012-2017." As a result of this meeting, the MoH agreed to include palliative care services in the strategic plan, as well as to work towards developing a separate comprehensive Cancer Control Plan, which would consist of policies for palliative care, including the use of opioids to treat cancer pain. Furthermore, Ms. Walker-Edwards cooperated closely with the INCB, using their estimation and reporting processes to assess the changing needs in the island. Working alongside, and providing education for retail and wholesale pharmacists and distributors alike, an increased number of private sector facilities were afforded a permit to stock and dispense controlled drugs. As better education and understanding of the importance of good pain management increases, the country's opioid consumption and demand will also increase.

The introduction of the new immediate-release morphine tablets in 2012 was an opportunity to implement the new delivery system. The goal is to have at least one private pharmacy that stocks and dispenses opioids in all 14 parishes across Jamaica. By the end of the Fellowship period, authorizations to store and handle opioids had been issued to 12 private pharmacies in 5 different parishes, Hospitals in the rural areas still do not have reliable stocks of opioid analgesics, and many of the needs in the rural public sector remain unmet. Dr. Spence continues to educate colleagues in the region about the importance of accessibility of opioids for palliative care, for example, in December 2013, she presented at the Palliative Care Society of Trinidad and Tobago conference as the keynote speaker on developing opioid policy in that country.<sup>2</sup>

The Palliative Care Association of Jamaica (PCAJ) was formed (founding members were Dr. Spence and Mrs. Walker-Edwards), in November 2011 and continues to meet regularly with the aim of promoting the availability and delivery of excellent palliative care by healthcare professionals in Jamaica. Notably, in 2014, PCAJ hosted a one day workshop for healthcare professionals, at Kingston Public Hospital, which was attended by 25 nurses.<sup>3</sup>

In April 2015, a first Caribbean Region Palliative Care Conference<sup>4</sup> was hosted by the PCAJ in conjunction with the Hope Institute Hospital and was held at University of the West Indies (UWI), Mona, Kingston, Jamaica. Speakers included the Chancellor of UWI, Sir George Alleyne, and IPPF mentors Lilliana De Lima and Jim Cleary. The conference was followed by a 3-day "Intensive Palliative Care Workshop" held at the Hope Institute Hospital. Attendees from several of the other islands in the English speaking Caribbean were present for both, strengthening ties between palliative care professionals in the Caribbean Region.

### CHALLENGES AND FUTURE NEEDS:

Jamaica, classified as a middle-income country continues to struggle with an increasing cancer burden. However, the country now has a National Cancer Plan, tobacco control was instituted in May 2013, and there is a strategic plan for the prevention and control of NCDs. Growing awareness of the need for greater integration of palliative care into health services has seen the development of a palliative care team at the University Hospital in Kingston, and discussion continues about the way forward with integrating palliative care at a primary healthcare community level.

### PUBLICATIONS:

1. Supporting Cancer Patients in Jamaica--a Needs Assessment Survey. Spence D, Crath R, Hibbert A, Phillips-Jackson K, Barillas A, Castagnier T, Ghul H, Lambda M, Stemeroff K, Webley N: West Indian Med J: 2010 Jan;59(1):59-66
2. Pain Free: <http://newsday.co.tt/news/0,185360.html>
3. Palliative Care Training for Nurses in Jamaica: <http://www.ehospice.com/ArticleView/tabid/10686/ArticleId/10404/language/en-GB/Default.aspx>
4. Barbados Association of Medical Practitioners magazine [www.jetadesigns.com/magazines/bamp/2015-jul-aug](http://www.jetadesigns.com/magazines/bamp/2015-jul-aug)



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