

Access to Analgesia & the Role of the PPSG

Advocacy for Palliative Care in Africa
Essential Pain Medication Accessibility

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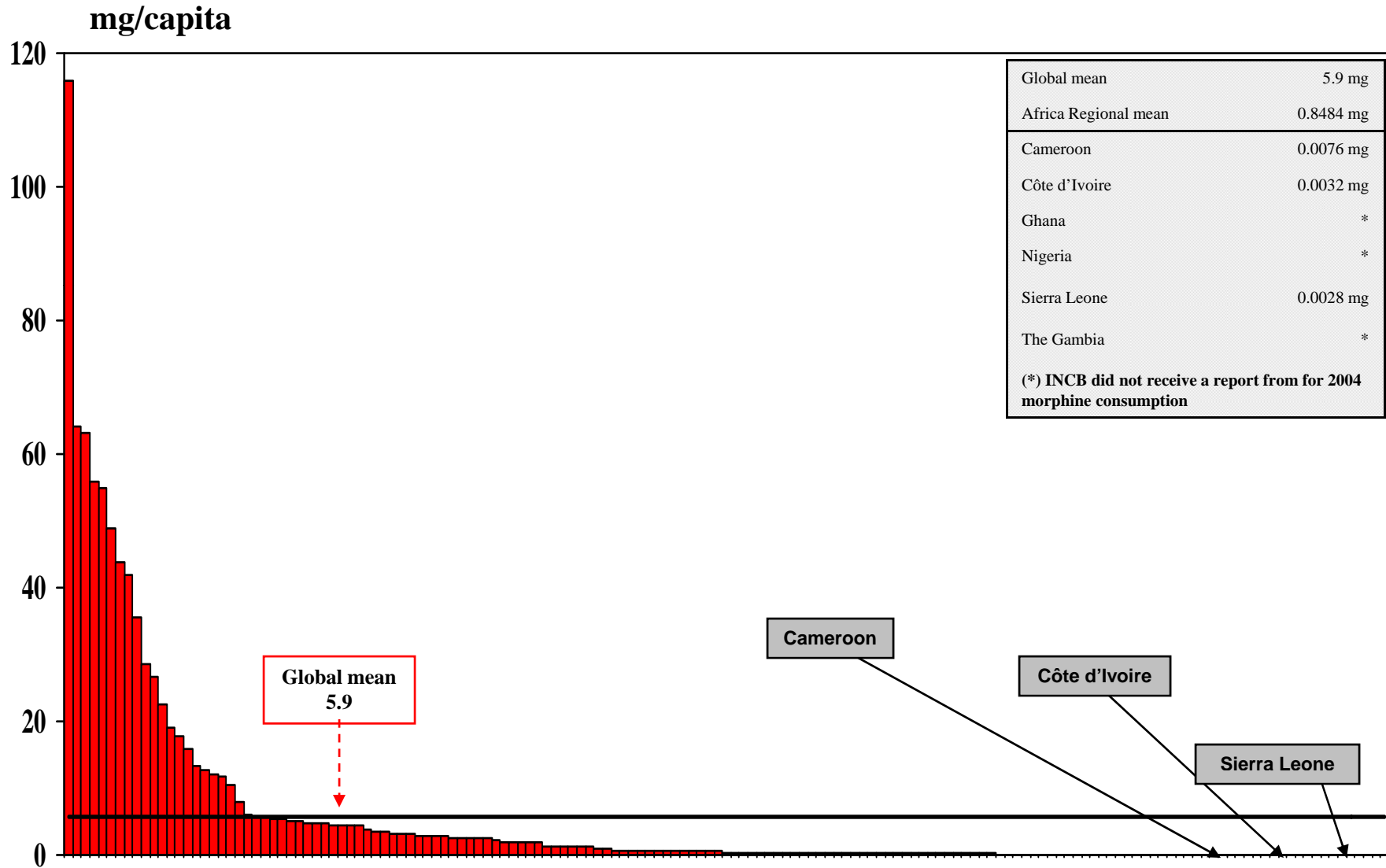


Overview

Cancer/AIDS → Pain → Opioids → Government

- Increasing incidence of disease
- Pain destroys quality of life, must be relieved
- Palliative care is necessary
- Opioid analgesics indispensable
- Governments have two responsibilities:
 1. To control abuse of narcotics
 2. To ensure availability of opioid analgesics
- **Availability + Medical Prescription = Patient Access**

Graph 2. Global Consumption of Morphine, 2004 (from the International Narcotics Control Board)



Global consumption of morphine

Developing countries with 80% of the world's population consumed 6% of the world supply of morphine

(International Narcotics Control Board, 2004)

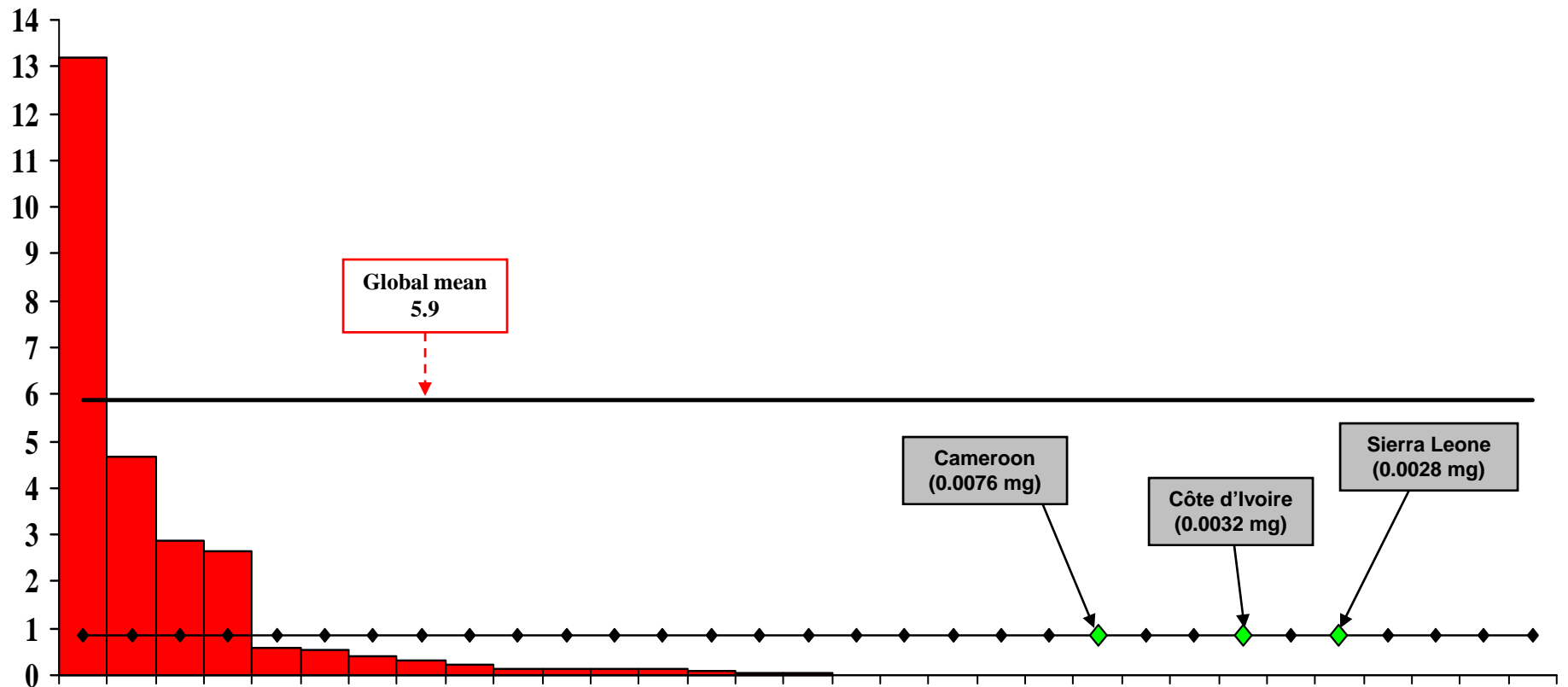
INCB Conclusion

In many countries, consumption of opioid analgesics remains extremely low in comparison to medical need, and many national governments have yet to address this important deficit.

(International Narcotics Control Board, 1996)

Graph 4. Consumption of Morphine, Africa, 2004 mg/capita (from the International Narcotics Control Board)

— Global mean (5.9 mg) —◆— AFRO Regional mean (.85 mg)



Source: International Narcotics Control Board; United Nations Demographic Yearbook
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2007

The means are calculated by adding the individual mg/capita statistics for all countries and then dividing by the number of countries; data does not include information for countries from which the INCB did not receive a report

Reasons for unavailability of opioids (INCB, 2002)

- **Inadequate method for assessing needs**
- **Unduly strict drug regulations**
- **Burdensome administrative procedures**
- **Exaggerated fears of addiction**
- **Fear of investigation, penalties**
- **Lack of training in pain management**

The Imperative for Opioid Analgesics

- United Nations, 1961
- UN General Assembly, 1966 / ECOSOC 2000
- World Health Organization, 2002
- Council of Europe, 2003
- International Narcotics Control Board, 2004
- World Health Assembly, 2005
- Economic and Social Council, 2005



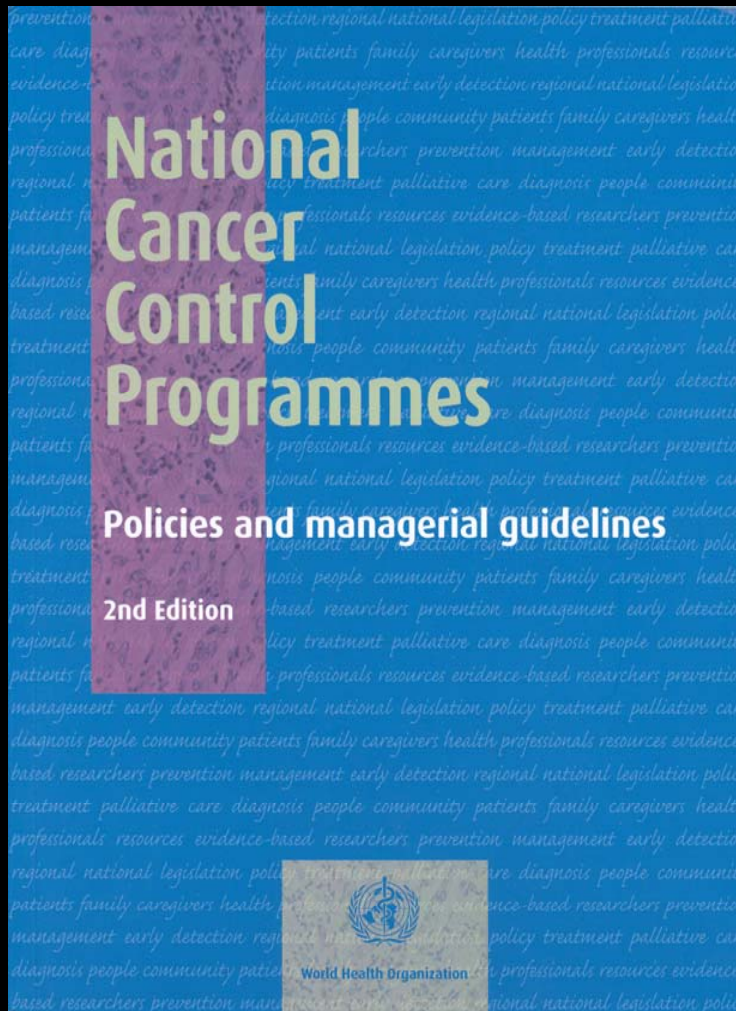
SINGLE CONVENTION
on
NARCOTIC DRUGS, 1961,

as amended by
the 1972 Protocol Amending the Single Convention
on Narcotic Drugs, 1961

UNITED NATIONS

“the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering... adequate provision must be made to ensure the availability of narcotic drugs for such purposes.”
(Preamble, p. 13)

By: University of Wisconsin Pain & Policy Studies Group
WHO Collaborating Center, 2007



“A palliative care programme cannot exist unless it is based on a rational national drug policy...including regulations that allow ready access of suffering patients to opioids”

International Narcotics Control Board, Report for 2004

The Board encourages Governments to take steps to increase the medical use of opiates in their countries in order to meet their real needs for the treatment of pain.

International Narcotics Control Board, 2005

World Health Assembly

Cancer Prevention and Control 58.22

25 May 2005

- Urges member states to ensure the medical availability of opioid analgesics
- Requests the WHO Director General
 - (1) to explore mechanisms for funding cancer prevention, control and palliative-care, especially in developing countries.
 - (2) to examine with the International Narcotics Control Board how to facilitate the adequate treatment of pain using opioid analgesics.

ECOSOC Resolution 2005/25

Treatment of Pain Using Opioid Analgesics

22 July 2005

- Urges member states to remove barriers to the medical use of opioid analgesics, taking into account the need to prevent their diversion for illicit use;
- Invites the INCB and WHO to examine the feasibility of a possible assistance mechanism to facilitate adequate treatment of pain using opioid analgesics;

Characteristics of countries that improve opioid policy

1. Recognition that narcotic regulations interfere with patient access to pain relief
2. Leadership
 - Motivated healthcare professionals; NGOs
 - Cancer survivors, family members, politicians
3. Government willingness to study needs and barriers
 - Commission; Task Force; study
 - Public report and recommendations

Overview of national opioid policies

- Opioids regulated by anti-narcotics laws
- Purpose: to stop drug trafficking
- Developed before advances in pain/pc/addiction
- Great variation in prescription requirements
- Variable awareness about how to ensure availability
- Limited resources for ensuring drug availability

PPSG/WHOCC (1996 - 2007)

- Improve opioid availability and regulatory environment
- Research methods
 - Study opioid consumption disparities and trends
 - Evaluate and strengthen national policy and distribution
 - National action planning, technical assistance
- National pain policy projects
 - India; Italy; Romania; 15 African countries
- Education & communication
 - Internet pain policy course
 - Fellowships

www.painpolicy.wisc.edu/publicat/00whoabi/00whoabi.htm

Arabic

Bulgarian

Chinese

English

French

German

Hindi

Indonesian

Italian

Lithuanian

Mongolian

WHO/EDM/QSM/2000.4

**Madawa Ya Narkotiki
& Saikotropiki**

**Kusawazisha Sera Za Kitaifa
Za Udhubiti Wa Opioid**

Miongozo Ya Ukaguzi



**Shirika La Afya
Ulimwenguni**

Polish

Portuguese

Romanian

Russian

Serbian

Spanish

Swahili

Tagalog

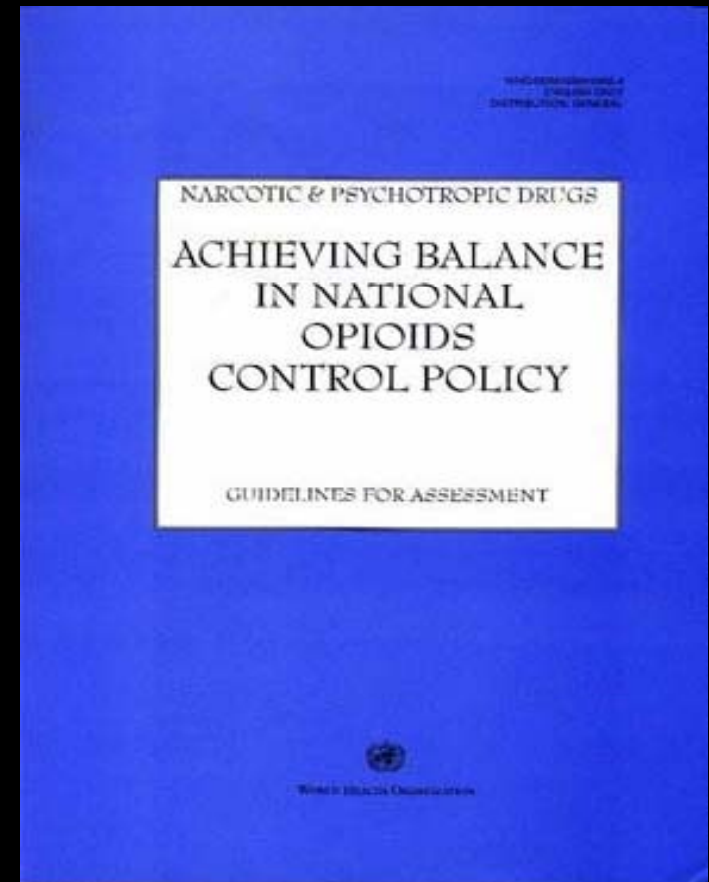
Turkish

Ukrainian

Vietnamese

WHO Guidelines for Achieving Balance in National Opioids Control Policy (2000)

- ✓ For governments and health professionals
- ✓ Explains need, rationale and imperative
- ✓ 16 criteria to identify regulatory barriers
- ✓ Simplified Checklist



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“Balance” is the Fundamental Principle

National policy should establish a drug control system that prevents diversion *and* ensures adequate availability for medical use of opioid analgesics

Drug control measures should not interfere with medical access to opioid analgesics

For this workshop:

- Africa Opioid Monograph
 - Status of adherence to UN narcotics treaties
 - National opioid consumption trends
 - Opioid requirements estimated by govts
 - “Competent Authorities” for each country
- WHO Self Assessment Checklist (SAC)
- PPSG Barriers to Opioid Availability Test (BOAT)
- WHO Guide for Achieving Balanced Policies

Additional materials for the Teams:

- Strategy planning packets and worksheets
- Selected Bibliography
- “What is the INCB?”
- Examples
 - Problems
 - Objectives
 - implementation options

PPSG Goal is to Assist Teams

- **To understand the country opioid situation**
 - **Unique aspects**
 - **Commonalities**
- **To describe the situation**
- **To translate problems into a preliminary action strategy**
- **To gain experience in communicating the strategy**
- **To discuss possible implementation plans**
- **To encourage relationships between HCP and govt**

Take-home messages

- Regulatory barriers can be changed
- Opioids can be made available
 - with limited financial resources
 - safely
- Technical resources becoming available
- HCP leadership and Government willingness are needed

**Thank you
and Good Luck!**

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