


**OPIOID AVAILABILITY IN  
SOUTH AFRICA**

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South Africa



Hospice  
Palliative  
Care  
Association of SA



## **HPCA VISION**

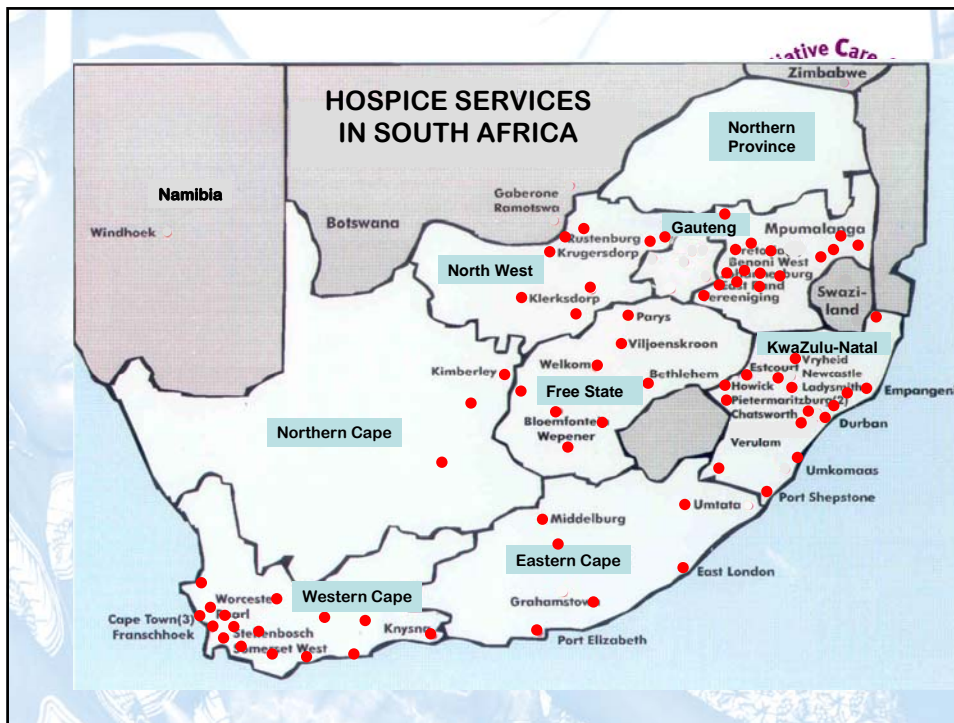
### ***QUALITY PALLIATIVE CARE FOR ALL***

The dream is to have at least one fully accredited hospice in each of the 174 health sub districts in the country



## **Background**

- First SA Hospice programmes – 1982
- Formation of national association – 1987
- Currently 74 fully fledged member hospices committed to complying with comprehensive standards of care which include Medication Management as a Service Element
- HPCA is working towards incorporating palliative care into a further 84 development sites with existing supportive care programmes



## Statistics



- Population of 50 million people
- Approximately 5,5 million South Africans are living with HIV
- Last year approximately 350 000 people died from HIV/AIDS and 300 000 people from cancer
- Over 1,4 million children are orphans
- During the last 12 months SA Hospices collectively cared for 64,046 patients (<10% of total no of deaths from cancer and AIDS)

## Availability of Palliative Care Medicines



- As a partner of the National Dept of Health HPCA was consulted re the incorporation of palliative care medication into the EDL
- All essential pc medication is freely available via EDL with the exception of Cyclizine which requires a specialist code signature

## Opioids Available on EDL



- Step 2 WHO analgesic ladder: Codeine
- Step 3 WHO analgesic ladder:
  - Liquid morphine usual concentration is 10mg/ml but pharmacists comply with individual prescriptions
  - Morphine sustained release tablets (MST)
  - Morphine sulphate 10mg and 15mg amps
- Methadone on EDL but not yet licensed for opiate rotation

## Challenges re Accessibility of opioids



- Morphine currently stored in all state hospitals and private pharmacies
- Morphine not stored in primary health care clinics which means it is not readily accessible to patients in rural areas
- Current legislation only permits medical officers to prescribe morphine
- Some remote PHC clinics only have a medical officer in attendance every two weeks

## Challenges cont....



- Bed-ridden patients often cannot access hospital facilities
- Palliative care nurse's dilemma of knowing pain management solutions vs current legal inability to alleviate pain effectively
- Inconsistent access to medical practitioners and cellular network problems
- Roads and rural patients



## Specific Example



- In the poorly resourced rural areas when there is a patient in the need of morphine, hospice staff need to sometimes drive for >1 hour to get the doctors prescription and can sometimes only return a week later to give the patient the morphine
- This means that patients who have no access to transport may not have access to effective pain control for a whole week



## Summary of Achievements



- Strong partnership with national DOH and signed MOU with KZN DOH
- Excellent and long-standing liaison with primary health care sector at all levels (IHC)
- Input into the document proposing changes to legislation to allow nurse prescribing
- Support from DENOSA, SANC and MCC re nurse prescribing
- HPCA Advocacy Officer is a member of SANAC

## Achievements cont



- Palliative care included in National Strategic Plan
- Although not yet readily accessible to all patients, opioids are available throughout SA
- Accredited palliative care training at all levels
- Pain management workshops conducted in liaison with PEPFAR for their non-hospice partners
- Palliative care standards recognised by ISQUA linked to an accreditation and mentorship programme



## Thank You

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