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My name is João Batista Garcia. I live in Latin America, I am Brazilian. I am a specialist in pain and palliative care and I work as a professor in the northeastern of Brazil in a university hospital and in a cancer hospital. I am currently president of the Latin American Federation of Associations for the Study of Pain and I would like to talk about this region. We have an opioid crisis in Latin America? Yes, we have.

The “opioid crisis”, characterised by the prolonged and indiscriminate use of prescription opioids seen in some countries such as the United States of America and Canada, has led to high addiction and mortality rates. This has had a profoundly negative impact on pain management. Furthermore, in Latin America and for most of the world’s population, access to, and availability of these medicinal products is still inadequate, and leads to unnecessary suffering as a result.

We believe that inadequate pain management in Latin American countries may be worsened by the “opioid crisis” that other regions of the world are undergoing.

Most people dying of terminal chronic diseases in developing countries do not have access to controlled medicinal products for pain management. Worldwide, around 25 million people died in 2015 from terminal chronic diseases. 80% of these were in developing countries, and many of them died suffering from pain. In Latin America it is estimated by 2020, more than one million new cancers and until 600.000 cancer deaths occur each year. These people will need end-of-life care where pain is a central symptom. Unfortunately the region has a lack of provision of adequate care and pain medications.

The situation in Latin America regarding access to, and availability of opioids is still limited and is below 100 SDDD (statistically defined daily dose). Countries with the lowest recorded consumption include Guatemala, Ecuador and Bolivia. In Chile, Argentina, Colombia, Brazil and Uruguay, opioid consumption has been successfully raised to 200 SDDD. However, this figure is still not sufficient for adequate pain management.

In Latin America we have another crisis, the “opioid underuse crisis”, that results in undertreatment.

Recently I was evaluating an end-of-life patient with pancreatic cancer in a northern Brazilian city called Altamira do Pará. This city has about 100,000 inhabitants and a territorial extension similar to Portugal, Switzerland and Ireland. The patient could not eat anything anymore and had severe pain. In this city there was no injectable morphine to relieve the pain. I visited all the hospitals and pharmacies in search of morphine, but I could not find it in the city. It was necessary to look for a bigger city. This is the reality of Brazil, a country that is a continent. In the Amazon and in others cities of Brazil the situation is the same. In several cities of Peru, Bolivia, Venezuela, Paraguay will also be the same. Many people still die in pain and suffering in our region.

Of course, there are many problems in Latin America beyond the availability of opioids, such as the lack of education of health professionals, the high cost of analgesics, restrictions and the absence in many countries of public policies for palliative care and pain.

So, clearly there are two crises. Ours is in a position opposed to the US at this time. Efforts should be made so that both crisis are treated and with different strategies.