

## **Access to controlled medicines In Uganda: Legal Prescription of certain opioids including Oral Liquid Morphine by Specially Trained Nurses.**

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### **A. Brief Background**

Uganda has been hailed as a model for palliative care provision in Africa. The Worldwide Palliative Care Alliance (WPCA, 2014), Uganda is classified as among countries where there is advanced integration of Palliative care into the main stream service provision.

The Economist Intelligence Unit Quality of Death Index ranked Uganda 35th in the world out of 80 countries. In Africa, Uganda was 2<sup>nd</sup> to South Africa.

There is a form of Palliative Care service in nearly 90% of the districts in Uganda.

These achievements have been possible, largely due to the fact that specially trained nurses and Clinical Officers are legalized to prescribe certain controlled medicines including Oral Liquid Morphine.

### **B. Task Shifting: Allowing Specially Trained Nurses to prescribe certain opioids**

The Government Statutory Instrument allowing Specially Trained Nurses and Clinical Officers to prescribe certain oral narcotic medicines was issued in 2004. Initially, the training of nurses in Uganda did not allow them to prescribe opioids. Except that Midwives would be allowed to prescribe pethidine for mothers in labor. The advocacy stand point was that if midwives were allowed to prescribe due to their training, then palliative care trained nurses could prescribe too. The government then agreed with strong palliative care advocates who included Dr Anne Merriman, the founder of Hospice Africa Uganda.

Uganda has an average of one doctor per 20,000 people but almost twice as many nurses. So allowing nurses to administer morphine solution has increased access to palliative care.

Uganda was the first country to take progressive step about providing the appropriate training, specifically in palliative care, to allow nurses and Clinical Officers to prescribe certain oral narcotics medicines for pain and symptom management.

This is one of the reasons that make Uganda a model of palliative care in Africa.

### **C. The new Law:**

In 2015, a new law the Narcotic Drugs and Psychotropic Substances (Control) Act passed in came into force in 2016. The Act seems not to recognize the achievement of allowing specially trained nurses to prescribe certain opioids. This could negatively impact on the access to controlled medicines for medical and scientific use particularly the provision of palliative care services and the management of drug dependency in the country.

It is not explicitly stated in the Act that specially trained nurses can prescribe certain opioids. Medical Practitioners are allowed to prescribe. Section 2 of the Act defines a Medical Practitioner to mean a person registered under the Medical and Dental Practitioners Act. This excludes Nurses.

### **D. Steps to rectify this lacuna in the Law:**

Palliative Care Stake advocates in Uganda coordinated by the Palliative Care Association of Uganda have come out strongly to engage the government once again especially the Ministries of Internal Affairs and Health to address this issue.

This is what the advocates are asking for:

- That there is need to respect the principle of dual balance in the formulation of all regulatory frameworks in Uganda.
- That regulations for the implementation of the new law (Narcotic Drugs and Psychotropic Substances (Control) Act) should be fast tracked. These Regulations should streamline conflicting provisions to balance the control and use of opioids for medical and scientific purposes.
- The regulations to the new law should spell out measures for continuous professional education for key stakeholders such as law enforcers on the need to respect the principal of dual balance.
- Specifically, the regulations to the new Law should specify that especially nurses and clinical officers can prescribe certain narcotic analgesic drugs as provided in the Statutory Instrument No 24 of 2004.
- In the interim, the Ministry of Health should obtain conclusive position from the Solicitor General on whether or not the new law revokes the 2004 Statutory Instrument which allowed specially trained nurses and clinical officers to prescribe certain opioids for pain management. The Ministry of Health should come out clearly to reassure all palliative care providers to this fact.

### **E. Conclusion**

In Uganda, Like in many other developing countries, the need for access to controlled pain medication cannot be under rated. The Uganda Cancer Institute for example says that 75 to 80 percent of cancer patients are diagnosed at stage three or four, when surgery and other curative therapies are far less effective. The availability and access to pain medicine must therefore be a top priority agenda. We cannot talk about Universal Health Coverage if we live in a legislative era that impacts access to controlled pain medicine.