

**Information on accessibility and availability of internationally controlled
substances for medical and scientific purposes
CND October 2020**

**STATEMENT
From
EUROPEAN ASSOCIATION FOR PALLIATIVE CARE**

Abstract

The lack of accessibility to and availability of opioids for the management of pain leads to the serious health-related suffering across the World. There are barriers at many levels – governmental, health care professionals and the public. Clear national guidelines, increased public awareness and the increasing education of health care professionals can lead to the safe and effective use of opioids, with a reduction in suffering, whilst ensuring minimum risks of opioid diversion.

Introduction

Evidence for the use and efficacy of strong opioids, such as morphine for the management of moderate to severe pain is well-documented and evaluated. Many people develop pain, particularly towards the end of life. Over 70% of patients with advanced cancer will experience severe pain at some time in the progression of the disease, but pain is also very common in other diseases, such as heart disease, respiratory disease and neurological disease.

The need for palliative care and pain management is increasing globally, as more people are living longer, and are diagnosed with non-communicable diseases, such as cancer, heart disease, and diabetes among others. The need for pain management will increase as at present there are 14.1 million new cases of cancer worldwide annually in 2012, with 8.2 million deaths, and this is expected to increase to 20 million new cancer cases by 2025 (International Agency for Research on Cancer 2014). Other people who require access to adequate pain management include older persons, children, those suffering from traumatic injuries and violence, post-surgical pain, and obstetrical complications (WHO 2011).

The availability of opioid medication varies greatly across the World. Of the 298.5 million tonnes of opioids produced every year only 0.1% is available in low-income countries. 90.5% of the morphine consumption in 2013 was in Europe, USA, Canada, Australia, New Zealand and Japan, although these countries account for only 18.9% of the population (Human Rights Watch 2015). The World Health Organization estimates that 5 billion people live in countries with low or no access to controlled medication and there is insufficient access to treatment for severe or moderate pain in over 150 countries. For instance, in Haiti the use is 5mg

morphine equivalent/ patient in need / year (1% of the need) whereas in Canada the use is 68,000mg/patient in need /year (3090% of the need) (Knaul et al, 2018).

Even in Europe the ATOME study found that opioid consumption is low or very low in 12 countries with many restricting the use by legislation (Linge-Dahl et al 2015). There was evidence of lack of education of the public and health care professionals, lack of knowledge about opioids, a reduced recognition of pain assessment, problems in reimbursement and limitations in the availability of opioids (Linge-Dahl et al 2015). The Adequacy of Consumption Index allows the comparison of opioid consumption across Europe. The baseline of 100% was calculated from the average consumption of the top 20 countries in Europe in 2013. The ACM for the top 3 European countries is 127% but there is a large variation with Denmark at 189% whereas the levels in other countries are very low – Cyprus 4%, Estonia 6%, Lithuania 12% (Vraken et al 2018). Other studies estimated that opioid underuse in long care facilities – the estimated prevalence of deceased residents in the last week of life without an opioid prescription - and found that this again was very variable with an estimated level of 19% for Netherlands but 79% in Poland (Tanghe et al 2020).

Fear of Addiction and the Opioid Crisis in the Developed Countries

A major barrier to availability is fear of addiction or overdose stopping patients taking medication that could help them and this is often related to restrictive policies for their prescription (UNDOC 2011).

Patients and families, healthcare professionals and government and public bodies fear that greater availability may lead to increased misuse and diversion. At the same time in certain countries, in particular the USA, there has been a large increase in opioid use together with an increased fear of misuse, leading to restrictive policies.

As a result of these fears restrictive drug policies may lead to patients with pain not receiving the medication they require and becoming distressed, and leading to distress of their families and carers.

Need for training

The use of opioid medication for medical use is complex, as part of the wider assessment and management of pain and other symptoms. In many countries there is little education of health care professionals in palliative care, including the assessment and management of pain, and other symptoms. In 2018 a survey by the International Narcotics Control Board found that only 71 countries (62% of those who answered) reported that palliative care was in the curriculum, continued education on palliative care and training on the rational use of controlled drugs were only found in only 72 (63%) of countries (INCB 2019).

Good education and training of healthcare professionals will ensure the safe and timely administration of opioid medication. The fears and myths surrounding the use of opioids may

result in practitioners underestimating patients' pain and subsequently result in the underuse of pain medication. This may be from the fear of misuse, the concerns of side-effects of opioids or legal investigation. Legislation that restricts the use of opioids may further discourage their use in pain control.

The development of palliative care was been endorsed by the World Health Assembly Resolution on Palliative Care in 2014 which urged the global development of an integrated approach to palliative care. The resolution encourages palliative care education and training to include basic, intermediate and advanced training. Importantly the resolution also suggests that in order to improve access to controlled drugs, such as opioids, and other medication that they should be included on the WHO Model List of Essential Medicines (World Health Assembly 2014; WHO 2007).

Summary

People with serious health-related suffering across the World lack of accessibility and availability of opioids for the management of pain and other symptoms – especially in low-income countries. There are barriers at many levels – governmental, health care professionals and the public. Clear national guidelines, increased public awareness and the increasing education of health care professionals are necessary for the safe and effective use of opioids for medical, legitimate use for people in pain, with a reduction in suffering, whilst minimising the risks of opioid diversion.

Actions

The EAPC would suggest the following actions:

- Pressure at national and international levels for all countries to improve the accessibility and availability of controlled drugs for medical and scientific use
- The need to develop National Plans for Pain management and Palliative Care, including ensuring accessibility and availability of medication and palliative care, as part of Universal Health Coverage
- Education of health professionals, at all levels -as students and postgraduates and as continuing medical education – on the safe and effective use of medication using controlled drugs
- Increased education and awareness of all – governments, health care professionals, legislators, general public - on the effective use of medication for pain and symptom management
- Ensuring the accessibility and availability of controlled drugs for medical and scientific use, when planning other measures relating to drug management and control.

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October 2020

EAPC

The European Association for Palliative Care is a membership organization dedicated to advocating for the promotion and development of palliative care across the life span by fostering and sharing palliative care education, research, policy and evidence-based practice.

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