

OVERVIEW

OPIOID AVAILABILITY IN LATIN AMERICA, FINDINGS OF THE LANCET COMMISSION AND ROLE OF ALCP

Dra. Tania Pastrana

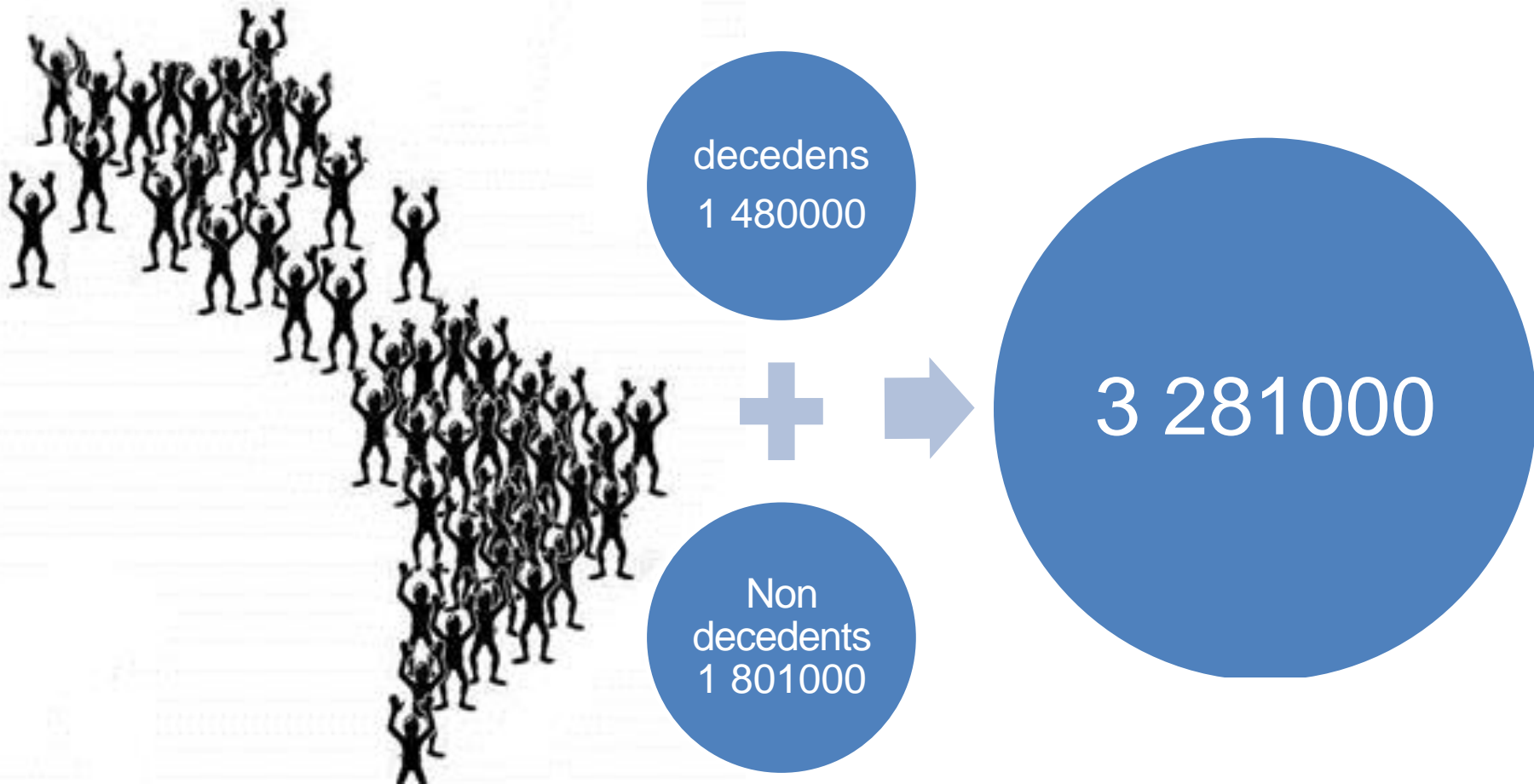
President

Latin American Association for Palliative Care

ALCP

ASOCIACIÓN LATINOAMERICANA
DE CUIDADOS PALIATIVOS

Serious Health-Related Suffering (SHS)*



(*) when it cannot be relieved without medical intervention and when it compromises physical, social, spiritual or emotional functioning.

The Lancet Commission on Palliative Care and Pain Relief

UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



UNIVERSITY OF MIAMI
INSTITUTE for ADVANCED
STUDY of the AMERICAS



HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH



The background image shows the interior of a large, modern conference hall, likely the World Health Assembly. The room features a high ceiling with recessed lighting, a curved wall with a large window, and a tiered seating arrangement. A stage is visible at the front of the hall, with a podium and a large screen. The overall atmosphere is formal and professional.

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.19

Agenda item 15.5

24 May 2014

Strengthening of palliative care as a component of comprehensive care throughout the life course

Affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from controlled substances, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions,¹ contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being;

Acknowledging that palliative care is an ethical responsibility of health systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured, and that end-of-life care for individuals is among the critical components of palliative care;



SUSTAINABLE DEVELOPMENT GOALS



Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion



Inter-American Convention on Protecting the Human Rights of Older Persons

§ Article 19: Right to health

Promote the necessary measures to ensure that palliative care services are available and accessible for older persons, as well as to support their families.

Ensure that medicines recognized as essential by the World Health Organization, including controlled medicines needed for palliative care, are available and accessible for older persons.

	Signature	Ratifications
Argentina	15 Jun15	30 Jun17
Bolivia	09Jun16	13 Mar17
Brazil	15 Jun15	
Chile	15 Jun15	11 Jul 17
Costa Rica	15Jun15	12 Oct 6
Ecuador		02 Dec 19 AD
El Salvador		13 Mar 19 AD
Uruguay	15Jun15	07 Nov16



72. Similarly, the Special Rapporteur is of the opinion that the de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment.

Access to Essential Medicines



Organización Mundial de la Salud



Essential Medicines WHO Model List		19th edition
2. MEDICINES FOR PAIN AND PALLIATIVE CARE		
2.1 Non-opioids and non-steroidal anti-inflammatory CARE		
acetylsalicylic acid		Suppository: 50 mg to 150 mg. Tablet: 100 mg to 500 mg.
ibuprofen <input checked="" type="checkbox"/>		Oral liquid: 200 mg/5 mL. Tablet: 200 mg; 400 mg; 600 mg.
paracetamol*		<input checked="" type="checkbox"/> Not in children less than 3 months. Oral liquid: 125 mg/5 mL. Suppository: 100 mg. Tablet: 100 mg to 500 mg.
2.2 Opioid analgesics		
codeine		* Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.
<input type="checkbox"/> morphine*		Tablet: 30 mg (phosphate). Granules (slow-release; to mix with water): 20 mg - 200 mg (morphine sulfate). Injection: 10 mg (morphine hydrochloride or morphine sulfate) in 1- mL ampoule. Oral liquid: 10 mg (morphine hydrochloride or morphine sulfate)/5 mL. Tablet (slow release): 10 mg-200mg (morphine hydrochloride or morphine sulfate). Tablet (immediate release): 10 mg (morphine sulfate). * Alternatives limited to hydromorphone and oxycodone
2.3 Medicines for other common symptoms in palliative care		
amitriptyline		Tablet: 10 mg; 25 mg; 75 mg. Injection: 50 mg/ mL.
cyclizine <input checked="" type="checkbox"/>		Tablet: 50 mg. Injection: 4 mg/ mL in 1- mL ampoule (as disodium phosphate salt). Oral liquid: 2 mg/5 mL.
dexamethasone		Tablet: 2 mg <input checked="" type="checkbox"/> ; 4 mg.

WHO. (2013). Model List of Essential Medicines. 18th list

WHO Model Lists of Essential Medicines (20th, 2017)

- **Non-opioids and non-steroidal anti-inflammatory medicines (NSAIDs):**
acetylsalicylic acid, ibuprofen*, paracetamol*
- **Opioids:**
codeine, morphine*, fentanyl, methadone*, (oxycodone*, hydromorphone*)
- **Medicines for other common symptoms in palliative care:**
amitriptyline*, cyclizine, dexamethasone*, diazepam*, fluoxetine*, haloperidol, hyoscine butylbromide*, hyoscine hydrobromide, lactulose*, metoclopramide, midazolam*, odansentron*, senna*

Essential Package

Medicine
Amitriptyline
Bisacodyl (Senna)
Dexamethasone
Diazepam
Diphenhydramine (chlorpheniramine, cyclizine, or dimenhydrinate, oral and injectable)
Fluconazole
Fluoxetine or other SSRI (sertraline)
Furosemide
Hydrochlorothiazide
Insulin
Ibuprofen, paracetamol, or meloxicam)
Lactulose or polyethylene glycol)
Loperamide
Metoclopramide
Metronidazole
Morphine
Naloxone Parenteral
Omeprazole oral
Ondasetron
Paracetamol oral
Petroleum jelly

Medical Equipment
Pressure Reducing Mattress
Nasogastric drainage or feeding tube
Urinary catheter
Electric bed
Rechargeable battery
Cotton and Plastic
Oxygen

Human Resources
Doctors (Specialty and General)
Nurses (Specialty and General)
Social Workers and Counsellors
Psychiatrist, psychologist or counsellor
Physical Therapist
Pharmacist
Community Health Workers
Clinical Support Staff
Non Clinical Support Staff

Should be made universally accessible by 2030

Distributed opioid morphine-equivalent (DOME, average 2010–13), and estimated percentage of people in need due serious health-related suffering



Inequity in access to essential pain relief and palliative care is one of the world's most striking injustices.

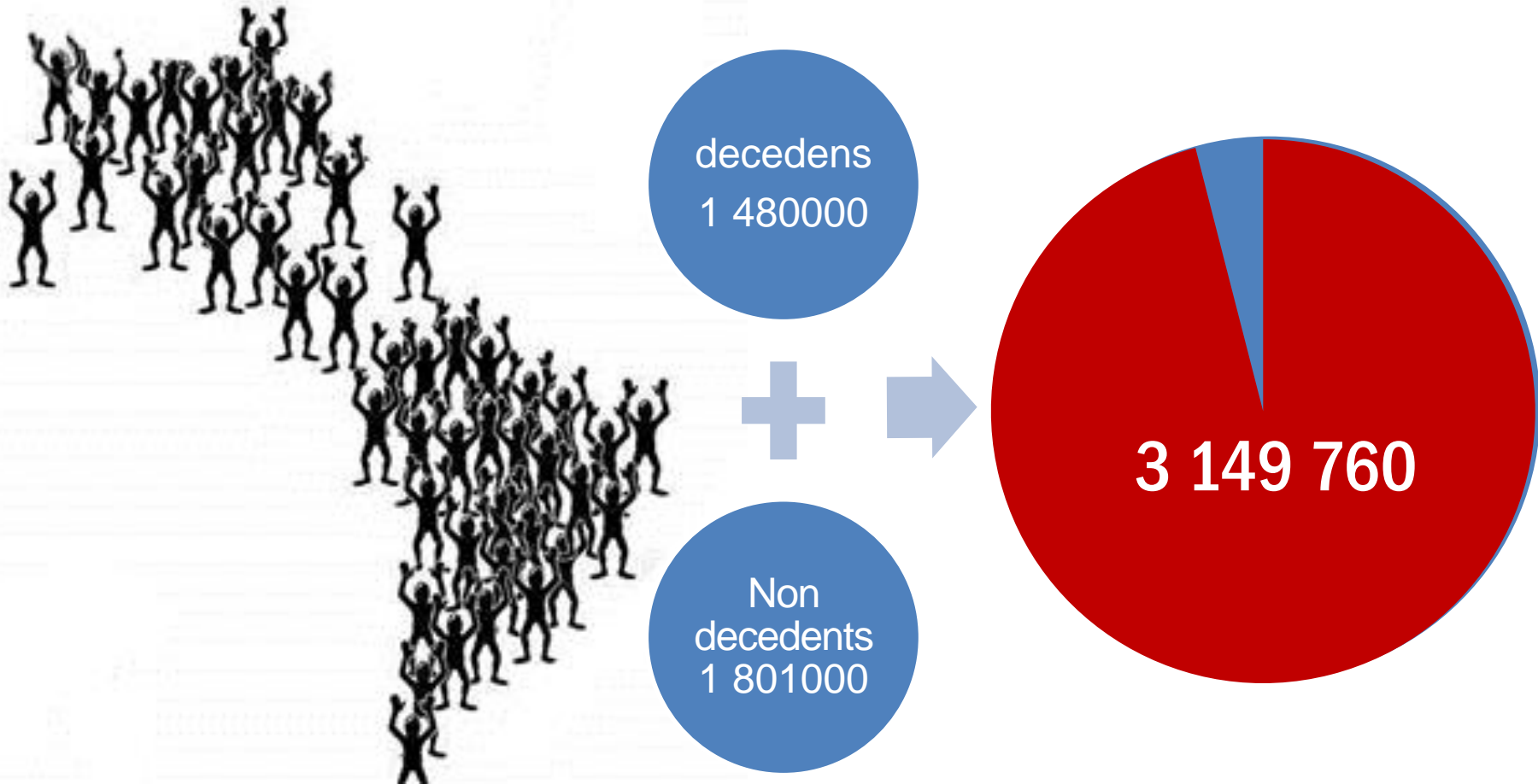
In most countries, access to immediate-release morphine for medical need is virtually non-existent. Western Europe is the benchmark. A few high-income countries far exceed this.

The Lancet Commission on Global Access to Palliative Care and Pain Relief

THE LANCET

The best science for better lives

Serious Health-Related Suffering (SHS)*

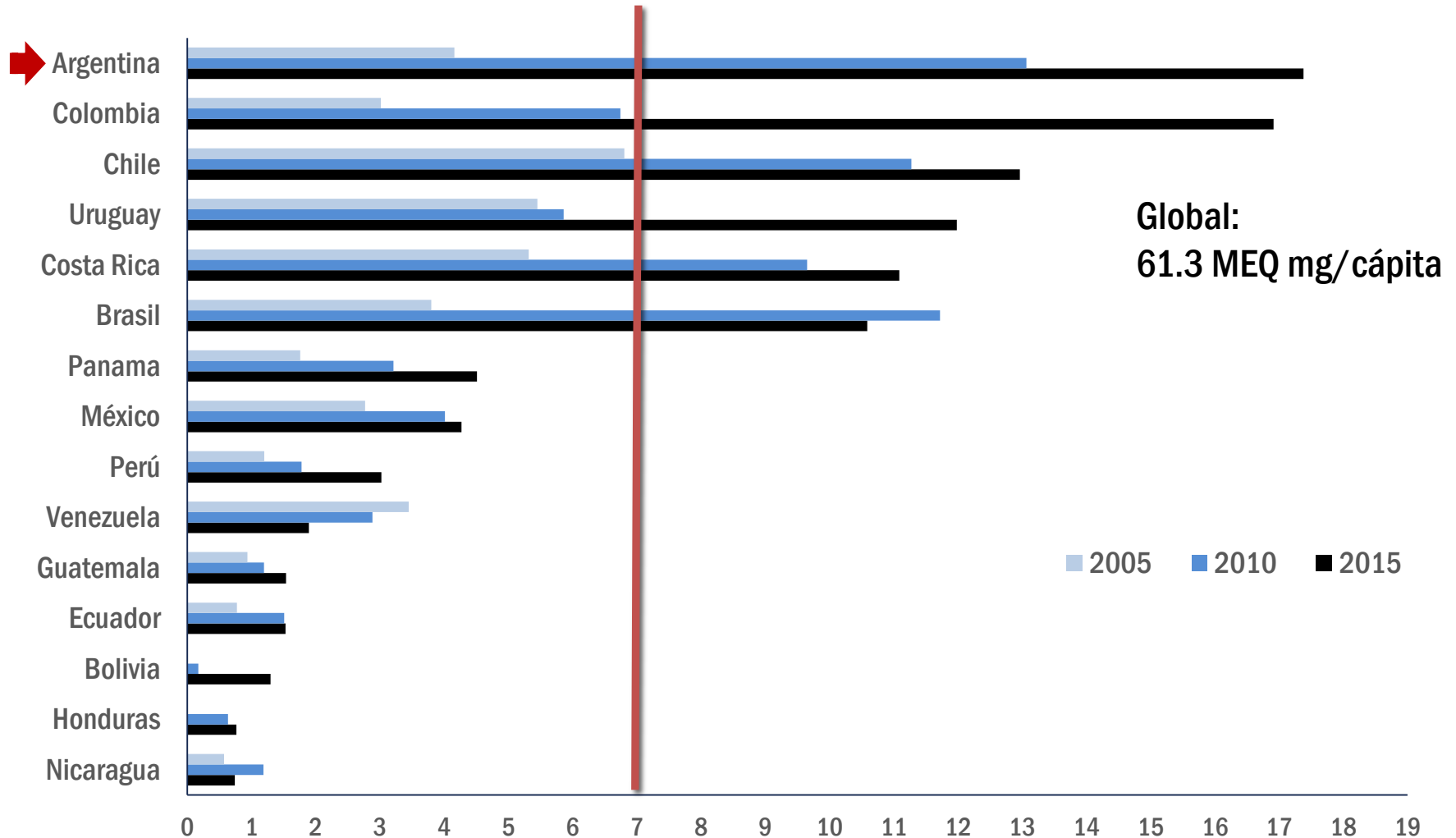


(*) when it cannot be relieved without medical intervention and when it compromises physical, social, spiritual or emotional functioning.

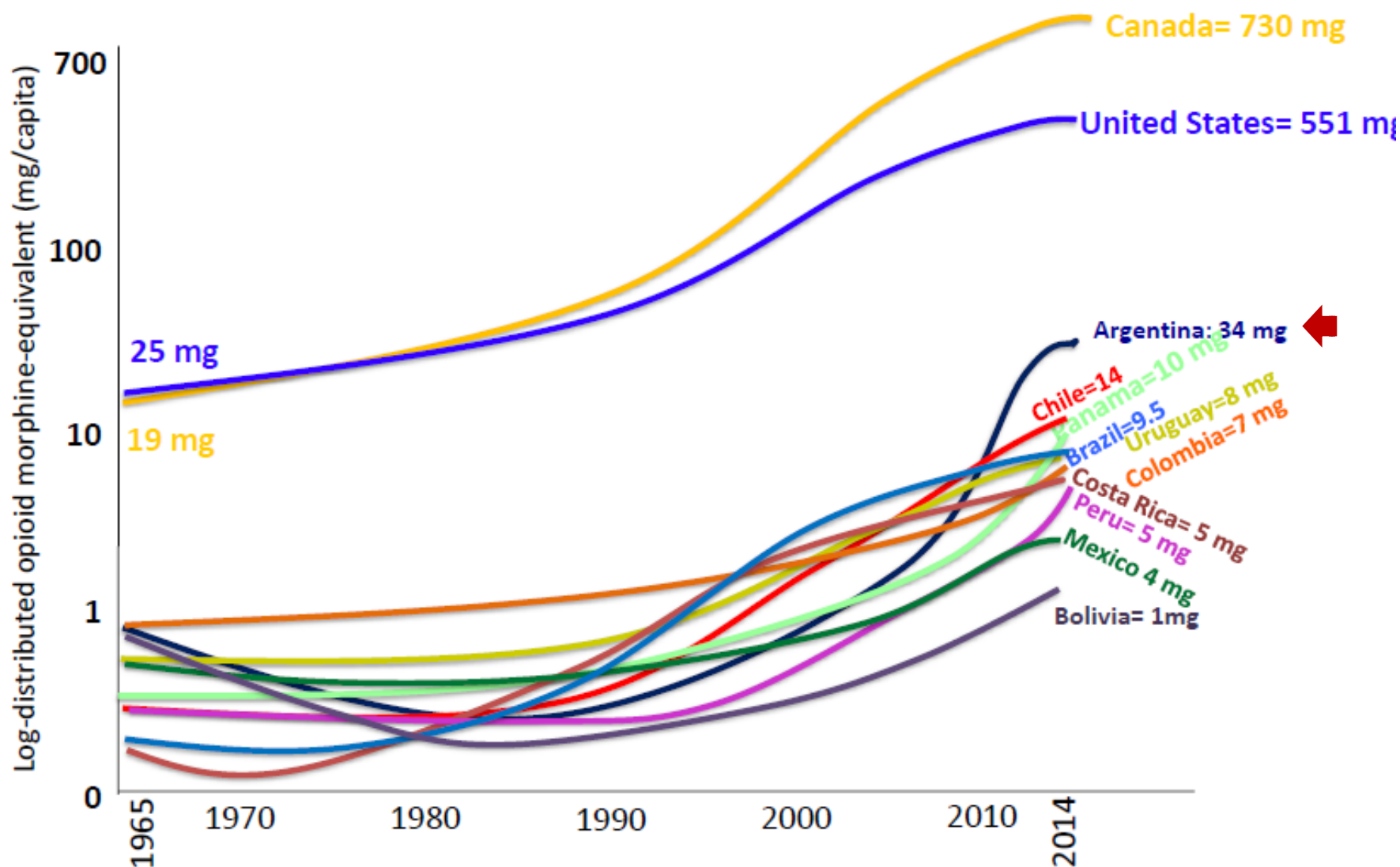
Need met by DOME (%)

Country	Necesidad total (mg) pro paciente	% necesidad potencialmente satisfecha
Colombia	14,670	8
El Salvador	12,736	2
Guatemala	9,846	3
México	13,163	4
Panamá	10,918	8
Perú	13,519	4
Uruguay	18,077	4
América Latina	14,452	4

Distributed Opioid Morphine-Equivalent



DOME in the Americas, 1965–2014



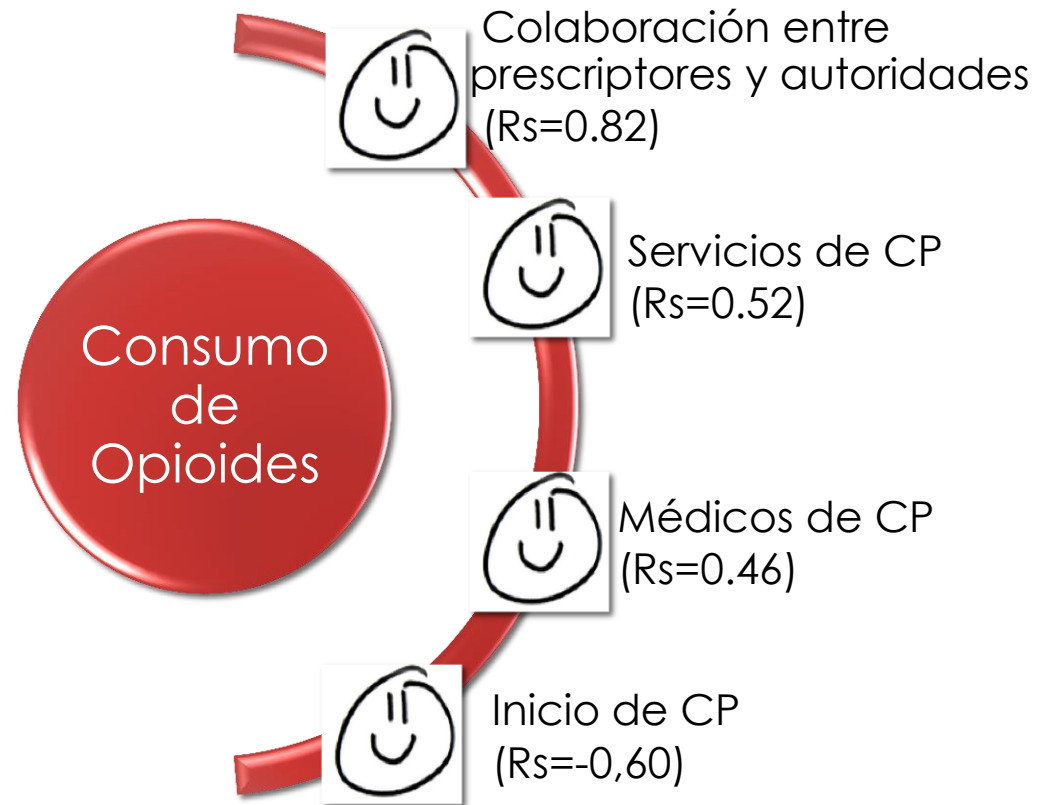
Example: Argentina



PrAO - Provision of opioid analgesics

- ☐ Provision of morphine and methadone
- ☐ Training in palliative care and pain treatment
- ☐ PrAO hospital pharmacies and auditors of the jurisdictions

Consumo de Opioides en LA



Country	Morphine (oral liquid)	Morphine (oral solid, IR)	Morphine (oral solid, SR)	Methadone (oral solid)	Oxycodone (oral solid IR)	Oxycodone (oral solid SR)	Fentanyl (transdermal)	Hydromorphone (injectable amp)	Total medications available	Total formulations available
Bolivia	--	--	++	+	--	+	+	--	4/5	4/9
Chile	++	--	++	++	--	++	+	--	4/5	5/9
Colombia	+	--	--	+	--	+	+	+	5/5	5/9
Costa Rica	--	++	++	++	--	++	++	--	4/5	5/9
Ecuador	--	--	--	--	--	+	--	--	1/5	1/9
El Salvador	--	--	++	++	++	++	++	--	4/5	5/9
Guatemala	-	+	+	+	+	+	+	-	5/5	6/9
Honduras	--	--	--	--	--	++	++	--	2/5	2/9
Mexico	--	++	--	+	--	+	++	--	4/5	4/9
Nicaragua	-	-	-	--	--	--	--	--	0/5	0/9
Panama	--	+	--	--	--	+	+	--	3/5	3/9
Peru	--	++	+	--	++	++	++	--	3/5	5/9
Venezuela	--	+	++	+	--	++	-	--	3/5	4/9

++ Available, included in the list of essentials medicines, + Available, not included in the list of essentials medicines
- Not available, included in the list of essentials medicines

Annual estimated cost of closing the access abyss and meeting the global palliative care need for morphine

- | | Mexico |
|---|---|
| • At current prices
\$US600 million | ~1% public health expenditure |
| • At best international prices
\$US145 million | 2-3% of the Essential UHC package
(DCP3) |

For all children with SHS in low income countries
\$US 1,034,000

Affordability of oral morphine

Number of days' wages needed by the lowest-paid worker to purchase a 30-day treatment of morphine oral (immediate release).

Affordability of Morphine (amp) in Honduras



DDD (Defined Daily Dose) = 30mg

Morfina amp 10mg = 1.6USD



30 days = 916,20USD!

Minimum wage = 355,93 USD

Preise



Medicament		USD	DDD	Prices for DDD USD	30 days USD	Days of salarie
Morphine 10 mg amp	1 amp	10,18	30 mg	30,54	916,20	77
Oxycodone 20 mg	60tb	290,53	75 mg	18,16	544,80	46
Fentanyl 25 mcgrgr	10 tp	169,32	1,2mg	11,29	338,34	29

Affordability of oral morphine

Country		Number of days' wages	
	Honduras	49,5	
	Panamá	45,2	No immediate release
	El Salvador	25,0	
New!	Guatemala	21,7	
	República Dominicana	19,12	
	Bolivia	17,4	
New!	Ecuador	14,1	
	Costa Rica	11,7	
	México	10,4	
	Argentina	9,2	
	Paraguay	6,3	
	Brasil	7,6	
	Perú	3,8	
	Uruguay	2,7	
	Colombia	2,1	

Other restrictions

Prescriptions forms (electronic to 4x)

Prescriptions duracion (3 -30 days)

Days to prescribe (5 days to unlimited)

Disposal sites

Visas



INTERNATIONAL NARCOTICS CONTROL BOARD



Progress in ensuring adequate access
to internationally controlled substances
for medical and scientific purposes



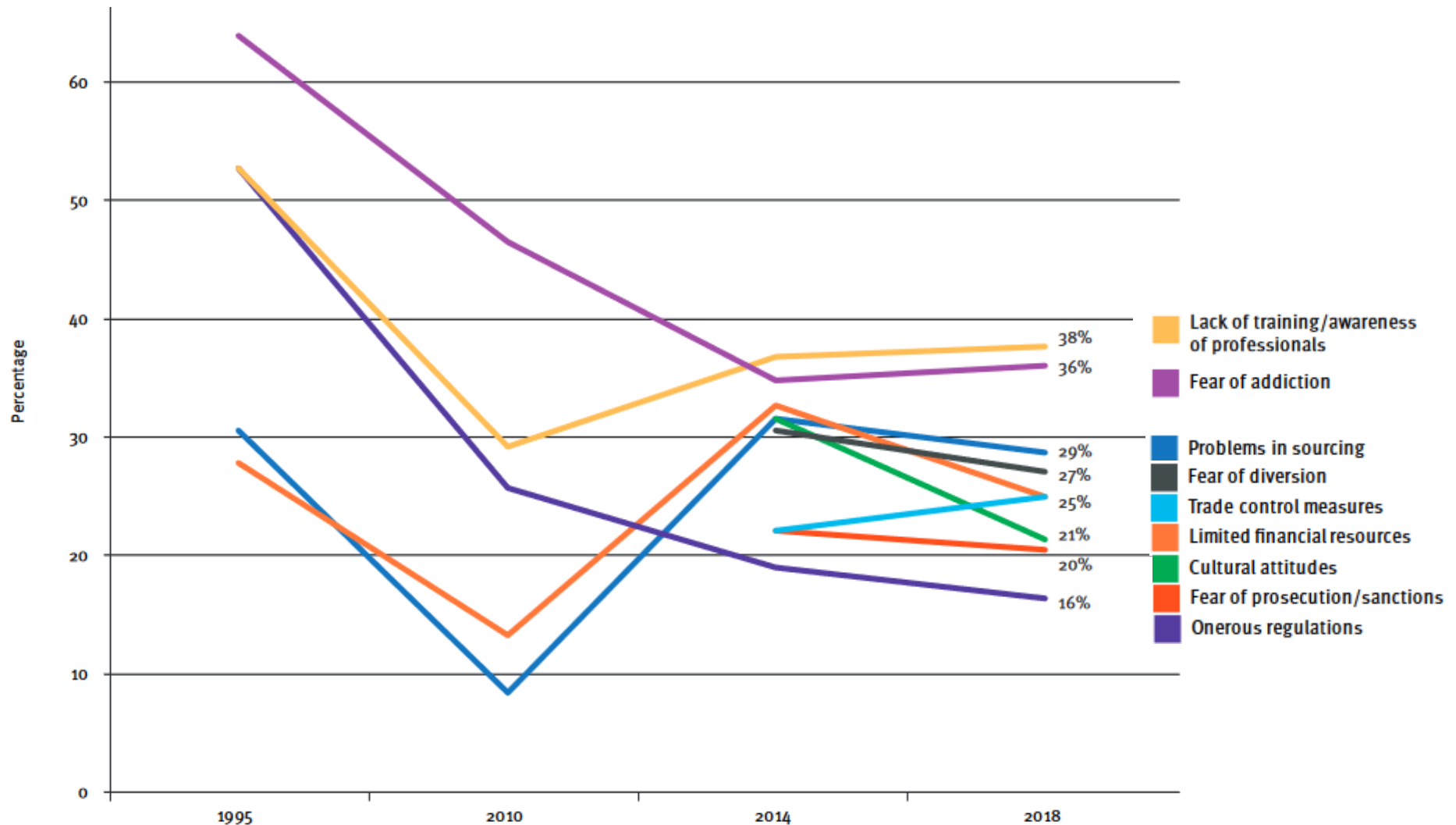
UNITED NATIONS

EMBARGO

Observe release date:
Not to be published or broadcast before
Tuesday, 5 March 2019, at 1100 hours (CET)

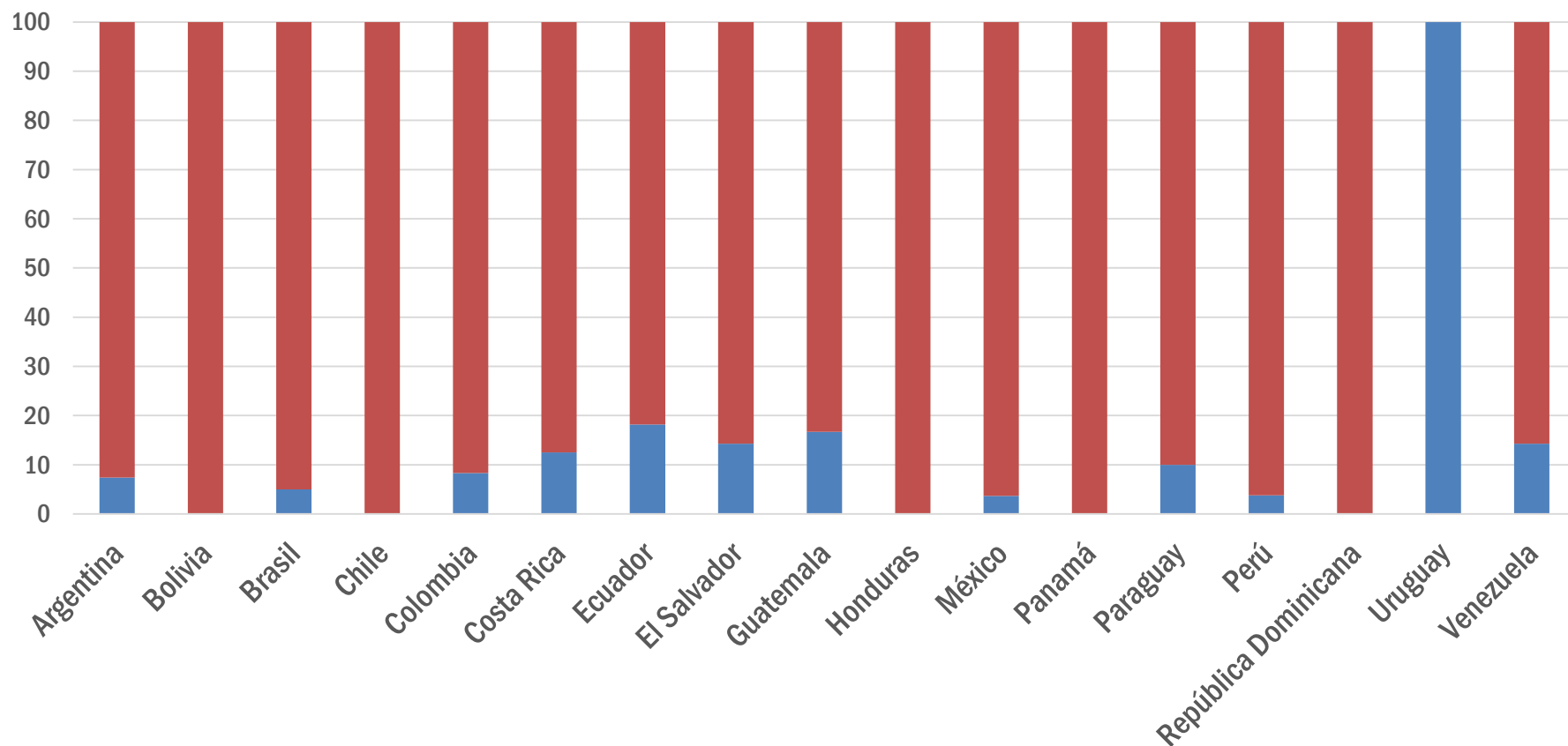
CAUTION

Impediments to availability mentioned by competent national authorities (1995, 2010, 2014 and 2018)



Palliative Care in Undergraduate Medical Education

6%



5 Key Messages

Alleviation of the burden of SHS from life-threatening or life-limiting conditions and at end-of-life is a global health and equity imperative

Universal access to an affordable Essential Package of palliative care can alleviate much of the burden of SHS

LMICs can improve the welfare of poor people at modest cost by publicly financing the Essential Package of palliative care and through full integration into universal health coverage

International and balanced collective action is essential to achieving universal coverage of palliative care and pain relief by facilitating effective access to essential medicines, while implementing measures to prevent non-medical use

Better evidence and priority setting tools must be generated to adequately measure the global need for palliative care, implement policies and programs, and monitor progress towards alleviating the burden of pain and other SHS

CIVIL SOCIETY ACTIVITY

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DE CUIDADOS PALIATIVOS



Action 1: Advocacy

- ❑ Country workshops with representatives of the MoH and National Associations
- ❑ Network of National Associations
- ❑ High Level Meetings (Peru and Panama)
- ❑ Global advocacy



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Action 2: Workshops on the availability and rational use of opioids



De Lima L & Pastrana T, 2016

Colombia, 2007

Action 3: Research



About us ▾

What we do ▾

OPIOID PRICE WATCH

[Home](#) ▸ [About](#) ▸ [IAHPC Projects](#) ▸ [Opioid Price Watch](#) ▸ [Map](#)

Project Opioid Price Watch

Global Monitoring of the Availability and Affordability of Opioids
The goal of OPW is to present information and data on the availability and affordability of opioids for legitimate medical use.

<https://hospicecare.com/what-we-do/projects>

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Journal of Pain and Symptom Management 649

Original Article

Cross-Sectional Pilot Study to Monitor the Availability, Dispensed Prices, and Affordability of Opioids Around the Globe

Liliana De Lima, MHA, Tania Pastrana, MD, Lukas Radbruch, MD, and Roberto Wenk, MD

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Original Article

Pain Treatment Continues To Be Inaccessible for Many Patients Around the Globe: Second Phase of Opioid Price Watch, a Cross-Sectional Study To Monitor the Prices of Opioids

Tania Pastrana, MD¹, Roberto Wenk, MD^{2,3}, Lukas Radbruch, MD⁴,
Ebtesam Ahmed, PharmD⁵, and Liliana De Lima, MHA⁶

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DOI: 10.1089/jpm.2018.0149

Opioid Medications in Expensive Formulations Are Sold at a Lower Price than Immediate-Release Morphine in Countries throughout the World: Third Phase of Opioid Price Watch Cross-Sectional Study

Liliana De Lima, MHA¹, Natalia Arias Casais, MD², Roberto Wenk, MD^{1,3},
Lukas Radbruch, MD^{1,4}, and Tania Pastrana, MD^{1,5}



YA NO MÁS DOLOR
ICUIDADOS PALIATIVOS
PARA LOS PACIENTES
CON CÁNCER!
ES UN DERECHO

**WE HAVE MADE SOME PROGRESS,
BUT MORE IS NEEDED!**

ALCP | ASOCIACIÓN LATINOAMERICANA DE CUIDADOS PALIATIVOS

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