

# IMPROVING CANCER PAIN RELIEF IN THE WORLD

REPORT FOR 2002



**World Health Organization  
Collaborating Center for Policy and  
Communications in Cancer Care**

**Sponsored by:**

**The Pain & Policy Studies Group  
University of Wisconsin Comprehensive Cancer Center  
The Medical School  
Madison, Wisconsin USA  
[www.medsch.wisc.edu/painpolicy](http://www.medsch.wisc.edu/painpolicy)  
[www.WHOcancerpain.wisc.edu](http://www.WHOcancerpain.wisc.edu)**

**October 2003**

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## *EXECUTIVE SUMMARY*

This report summarizes the work during **2002** of the World Health Organization (WHO) Collaborating Center (the Center) for Policy and Communications in Cancer Care in Africa, Asia, Europe, and Latin America. In **2002**, the Center was re-designated by the Pan American Health Organization according to new terms of reference. The Center is sponsored by the Pain & Policy Studies Group, University of Wisconsin Comprehensive Cancer Center, Medical School in Madison, Wisconsin, U.S.A.

In **2002**, the Center collaborated extensively with WHO Headquarters programs in Essential Drugs and Medicines, Cancer, HIV/AIDS, and WHO Regional Offices in the Americas, Europe, and South-East Asia.

In February **2002**, the Center and the European Regional Office of the WHO sponsored a regional workshop on Opioid Availability for six countries in Eastern Europe at the Central European University in Budapest, Hungary.

In March **2002**, the Center participated in the First Congress of the Latin American Association of Palliative Care in Guadalajara, Mexico.

In July **2002**, the Center provided technical cooperation for a WHO workshop in Gaborone, Botswana to improve the quality of life for cancer and HIV/AIDS patients by facilitating the development of preliminary opioid availability action plans for five sub-Saharan African countries.

In August **2002**, the Center presented “Improving Access to Opioids through Consensus Building with Governments” to the International Association of the Study of Pain (IASP).

In **2002**, the Center continued its cooperation with the International Narcotics Control Board (INCB) regarding global opioid availability. The Center uses INCB statistics on consumption of opioids to monitor global and national trends in availability and medical use of opioid analgesics.

The Center accomplishes its policy work through a program of research, development, demonstration, monitoring, evaluation, and communications. The Center develops methods, procedures and models that can be used to identify barriers to opioid availability, diagnose regulatory problems, make changes in national and state policy, and monitor outcomes.

The Center accomplishes its communications work through the publication of *Cancer Pain Release*, a quarterly WHO newsletter that provides health professionals, policy makers, and regulators throughout the world with updates on issues and developments in the field. *Cancer Pain Release* is disseminated to approximately 50,000 health-care professionals in 182 countries and is inserted in national and international pain and palliative medicine journals.

The Center participates in international and national conferences and strategy meetings for health professionals and government officials, and provides technical assistance to government and non-government organizations. The Center maintains policy and communications websites and promotes better understanding of the principle of balance that should guide national narcotics control policy to ensure availability of opioid pain medications under adequate control to prevent abuse and diversion.

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## THE CENTER AND ITS WHO TERMS OF REFERENCE

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### Terms of Reference for the Collaborating Center:

1. Using the WHO Guidelines, assess the context of balance and barriers in national approaches to opioid analgesic regulations; cooperate with and provide related information, education and assistance to units of the WHO, national Governments, NGOs and individuals; develop methods to communicate with and train health professionals, regulators and policy makers about balanced drug control policy.
2. Develop methods including establishment of demonstration projects, to make opioids available under adequate control for the relief of cancer pain in community-based programs and hospitals, consistent with international drug control conventions and WHO Guidelines; spread the use of such methods nationally and internationally in developed and developing countries.
3. To develop methods to monitor and study national and international trends and policies related to the medical use of opioid analgesics.
4. To develop and maintain (1) a global communication network for the WHO Cancer Pain Relief and Palliative Care Program, including publication of "Cancer Pain Release", and (2) an international database of educational resources to facilitate access to professional education about pain control and palliative care worldwide.
5. To collaborate and give technical assistance to PCC initiatives or country projects regarding palliative care, especially those concerning advocacy for drug availability and policy development.
6. To support PAHO's efforts to negotiate policy changes for opioid availability through PAHO's project on non-communicable disease policy.

Madison, Wisconsin, USA  
October 15, 2003

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David E. Joranson  
Director

## ***CURRENT MEMBERS OF THE CENTER***

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Sophie M. Colleau, PhD, Editor, *Cancer Pain Release*  
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### Acknowledgments:

The Center wishes to acknowledge the cooperation of the following individuals: Professor M.R. Rajagopal, Pain and Palliative Care Society and WHO Demonstration Project, Calicut, India; Mr. Tokuo Yoshida, WHO Department of Essential Drugs and Medicines Policy, Geneva, Switzerland; Ms. Liliana De Lima, Executive Director, International Association of Hospice and Palliative Care, Houston, USA; Dr. Cecilia Sepulveda, Coordinator, WHO Cancer Control Program, Geneva, Switzerland; the WHO Regional Office for Europe, Copenhagen, Denmark; and the International Narcotics Control Board Secretariat, Vienna, Austria.

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# **I. WORK PERFORMED IN RELATION TO THE TERMS OF REFERENCE**

## **A. Develop Methods and Procedures**

The Center has developed methods and procedures in several areas to implement its Terms of Reference. These areas include data collection, education, policy evaluation, communications, and collaboration.

### **Data Collection:**

The Center maintains an international database to support its work with governmental and non-governmental organizations and individuals who are working to improve pain relief. The database consists of (1) statistics describing the medical consumption of morphine and other principal opioids for all countries that report to the INCB; (2) population data, by country, from the United Nations Department of Economic and Social Affairs; and (3) human development index (HDI) data, a composite score of a country's life expectancy at birth, level of education, and standard of living, from the United Nations Development Programme. These data allow the Center to monitor opioid consumption trends, to identify progress and problems in improving pain relief, to examine correlations between opioid consumption and HDI, and to inform health-care professionals and government officials about their country's trends in use of opioids. The Center's analysis of these data has been reported in numerous publications, monographs,<sup>1-5</sup> and conference presentations and posters.

### **Education:**

During **2002**, the Center organized and participated in meetings and educational programs that bring together representatives from government, drug control, cancer, AIDS, palliative care, and medical education in several countries, including Botswana, Hungary, India, Japan, and Mexico. Such efforts, and continued networking of professionals representing government and medicine, will help to develop awareness about the policy and infrastructure changes necessary to ensure opioid availability for pain management and palliative care. The Center has developed specialized presentations that explain the principles of opioid availability, their origins in international narcotics control treaties, and how to implement them. These presentations can help medical and regulatory professionals to understand and apply the treaty-based drug control policy framework that has the capability of ensuring opioid availability. The Center produced a number of monographs for distribution at national, regional and international meetings to provide participants with information about opioid analgesic consumption trends and how to access key informational resources (see Bibliography).

### **Title of Presentation**

### **Place**

### **Date**

Opioid Availability in Eastern Europe	Budapest, Hungary	February 2002
Progress and Problems in the Availability of Opioids in Latin America	Guadalajara, Mexico	March 2002
Discussions About Solutions to the Problem of Opioid Availability	Guadalajara, Mexico	March 2002
Worldwide Access to Opioids for Pain: Implications of a Key Element in Pain & Chemical Dependency	New York, USA	June 2002
Policies and Programs to Promote the Medical Use of Opioid Analgesics for Cancer Pain Control	Tokyo, Japan	June 2002
Making Opioid Analgesics Available to the Patient	Gaborone, Botswana	July 2002
Improving Access to Opioids Through Consensus Building with Government	Palo Alto, USA	August 2002
Opioid Availability, Again: New Tools from the WHO	San Diego, USA	August 2002
Opioid Analgesics for Patient Care: Achieving 'Balanced' Policies, Working with Governments	Halifax, Canada	September 2002

**Policy Evaluation:**

The Center has the capability to evaluate national opioids control policy. This work is based on a central principle of “balance,” that government policies to prevent misuse and diversion of controlled substances should not interfere with their use for the relief of pain.<sup>6-9</sup> Using this central principle, the Center helped to prepare WHO self-assessment guidelines to encourage national governments to achieve better pain management by identifying and overcoming regulatory and other barriers to opioid availability.<sup>8,10</sup> The WHO Guidelines can be used to develop balanced national drug control policies, and are intended for those who make national drug control policy, as well as those who implement it. The WHO Guidelines may also be used by health-care professionals and their organizations to establish cooperation with governments and facilitate education about the rational use of pain medications. The Center has also developed a procedure to “diagnose” and “treat” barriers to pain management and opioid availability, applying a medical model to identify and address policy problems.

**Communications:**

The Center continues to expand dissemination of its work to a wide international audience of health-care practitioners and government officials through publications, conference participation, networking on the Internet, access to websites, and periodic email contact with collaborators. In **2002**, we communicated via email to 225 colleagues around the world, notifying them of the publication of an article describing a ten-year program of research, education, and policy development to improve U.S. state medical board policies on the use of opioids for the treatment of chronic cancer and non-cancer pain. Colleagues were also informed that the Director of the Center was the recipient of the Marie Nyswander Humanitarian Award for “extraordinary efforts to enhance the compassionate care of addiction and pain.” The award was presented to the Director at the International Conference on Pain & Chemical Dependency in New York City on June 7, **2002**. Lastly, the Center alerted colleagues of improvements and additions to its web site.

**Collaboration:**

The Center is committed to a collaborative process. For example, the Center’s collaborative efforts have been conducted with government and non-government organizations in Eastern Europe and Africa. The aim of collaboration is to develop the relationships between government and non-government organizations that are necessary to evaluate and improve policies governing opioid availability. Other examples of collaborative efforts appear throughout this report.

## **B. Collaboration with WHO Demonstration Project – India**

This section reviews the Center’s ongoing activities in India in collaboration with the WHO Demonstration Project (WHODP) in Calicut, an Indian non-governmental organization, several agencies of the Central Government of India, and several state government Ministries of Health. An historical summary of these activities is presented first, followed by an update for **2002**.

Objective:

To overcome regulatory barriers and to improve availability and access to opioid analgesics for Indian patients with cancer and pain.

Situation:

It is estimated that more than one million people a year in India suffer from pain due to cancer. Cancer is usually diagnosed when the disease is late-stage, which is when pain is severe and sometimes excruciating. Despite India’s heavy cancer burden, the country uses little morphine -- an essential drug for cancer pain management.<sup>11</sup> From 1986 to 1998, the consumption of morphine for medical purposes *decreased* by more than 90%, due in part to a plethora of state excise requirements and to a tough anti-narcotics law adopted in 1985. Ironically, this decrease occurred while there were increasing efforts to improve awareness of pain management and palliative care and to educate and train health-care professionals according to the WHO Three-Step Analgesic Ladder. Although these educational efforts have enhanced the willingness of

physicians to use opioids for pain relief, the reality is that many hospitals and palliative care programs have great difficulty obtaining a continuous supply of these drugs.

#### Method:

The Center developed a method to identify the barriers to morphine availability, devised a plan for policy and systems change, developed collaboration with governmental and non-governmental organizations; and, with leadership from the WHODP in Calicut, is implementing a plan to simplify regulation of morphine in India.

#### Cooperation:

The Center has collaborated with the Narcotics Commissioner of India, and through him with the Secretary of the Department of Revenue of the Government of India, as well as with the WHO Office-India and the South-East Asia Regional Office of WHO (SEARO). The Center also worked closely with the Indian Association for Palliative Care (IAPC), which appointed a Committee on Morphine Availability and Control to review and comment on our work.

#### Problem Identification:

In 1995 and 1996, members of the Center visited India several times to participate in meetings and workshops with government officials to study the policies that govern the availability and use of opioid analgesics as well as relevant systems for delivery of health-care and distribution of drugs. We gained a thorough understanding of the requirements for obtaining morphine by conducting an evaluation of the India Narcotic Drugs and Psychotropic Substances Act, including the regulations of each state. This review showed that the licensing of morphine for medical purposes was principally a state function rather than a central government function, that the states required as many as five licenses for each medical institution wanting morphine, and that these must often be obtained from more than one branch of state government. The period of validity for some licenses was so short that they would likely expire before all necessary licenses could be obtained.

#### Action Plan:

The Center prepared an action plan that included (1) development of guidelines for obtaining morphine, (2) preparation of a plan for simplifying regulations over morphine, and (3) sponsorship of workshops on morphine availability with state governments. The WHO Cancer and Palliative Care Unit in Geneva had also designated a Demonstration Project to make morphine available at the District Hospital level in the state of Madhya Pradesh (in cooperation with the Regional Cancer Center in Gwalior). This was the only part of the action plan that became part of the National Cancer Control Program (NCCP). In addition, the Center designated a WHODP to be a source of national expertise and leadership in opioid availability at the Pain and Palliative Care Society (PPCS), Calicut, in the State of Kerala (see map, Figure 1) on the use and control of morphine. The PPCS was already a WHODP for providing cost-effective community-based home care for late-stage cancer patients. The PPCS was directed by Dr. M.R. Rajagopal, Professor of Anesthesiology at the Medical College, Calicut, State of Kerala.

#### Outcomes:

In June **2002**, the Director of the PPCS/WHODP visited the Center before participating in an international conference held in New York City. While at the Center, the Director presented to a group of local healthcare professionals about the community-based palliative care program in the state of Kerala, and about ongoing policy efforts to improve opioid availability in many parts of India. Then, the Directors of the Center and the PPCS/WHODP presented a symposium at the International Conference on Pain and Chemical Dependency, entitled "Worldwide Access to Opioids for Pain: Implications of a Key Element in Pain and Chemical Dependency." The program presented results of a World Health Organization project to reverse the decreasing trend in many developing countries in medical use of opioid analgesics and make morphine available for relief of pain in patients with cancer, HIV/AIDS and other conditions.<sup>12</sup> The project identified complex state regulatory requirements that interfered with availability of morphine and worked with government to develop policy interventions to address the problem. The national consumption of morphine

has begun to increase, including at Kerala's community-based palliative care program, where an evaluation showed no signs of diversion or misuse.<sup>13</sup> Also discussed were the WHO guidelines that healthcare professionals can use to evaluate their national narcotic policies for barriers; the new guidelines are being put into action in Latin America and Eastern Europe.

In 2001 and **2002**, the Center assisted the PPCS/WHODP to prepare and submit an application to WHO to become designated as a WHO Collaborating Center in India. In addition, the Center assisted the PPCS/WHODP to obtain a grant from the United States Cancer Pain Relief Committee for support of further regulatory and educational activities.

#### Evaluation:

During **2002**, collaborators in India continued to organize and participated in workshops on morphine availability. The workshops typically include palliative care professionals, as well as representatives from the Government of India Departments of Revenue and Health, state governments, and WHO-India when possible. The workshop participants recommended that palliative care and morphine availability should become higher priorities of the Health Ministry, the NCCP, and state governments, and that each state should be encouraged, once again, to adopt and implement the simplified morphine licensing rules and make use of a Standard Operating Procedure for approving Recognized Medical Institutions.

Also throughout **2002**, the PPCS/WHODP met with governmental officials from the New Delhi Union Territory government, as well as state governments, to discuss and encourage adoption of the simplified morphine licensing rule through amendment of their rules.

Use of specialized workshops reflects the value of bringing together senior officials from the concerned government departments with healthcare professionals to facilitate changes in opioid policy and system administration. Practitioners gain valuable information about the morphine licensing and control system, which will enable them to work more effectively with government in the future. The government officials learn about palliative care and the need for opioids.

## **C. National Policies, Opioid Availability and Educational Programs**

The Center is proactive in monitoring and participating in the global development of cancer pain relief and palliative care according to WHO's three measures of national policy, opioid availability, and educational programs. The following section reports on these activities in several regions and countries.

### **1. Eastern Europe**

In February **2002**, the WHOCC and the European Regional Office of the WHO sponsored a Workshop on Opioid Availability at the Central European University in Budapest, Hungary.<sup>14</sup> The purpose of this workshop was to address the need for opioid analgesics in Eastern Europe according to the WHO recommendations for pain relief in which opioids such as morphine are indispensable.<sup>11</sup> In preparation for this workshop, each of the six participating countries (Bulgaria, Croatia, Hungary, Lithuania, Poland and Romania) shared details of the current situation in their country relating to cancer pain management and opioid availability. Country participants were representatives of cancer, AIDS and narcotic regulation. Speakers included international experts in the fields of cancer pain management, palliative care, and opioid availability. The Center provided a monograph of opioid consumption data for the six countries, copies of "Achieving Balance in National Opioids Control Policy," and other relevant resources.

Guided by the WHO 2000 publication, "Achieving Balance in National Opioids Control Policy," the outcome of the workshop was 6 initial country action plans for improving availability of opioid pain medications. Following the workshop, the Center maintained contact with the six countries to offer

assistance in the implementation of the action plans. Several countries made progress, including Romania, which established a new Ministry of Health Commission of Specialists in Pain Therapy and Palliative Care. Work in Eastern Europe is ongoing.

## **2. Asia**

### **Japan**

The Japanese International Corporation for Welfare Services (JICWELS) seminar, sponsored annually by the Japanese government, provides information on drug control policy and administration for national drug regulators from Asian countries. As in the past, the WHO-Geneva Essential Drugs and Medicines Department sponsored the Director's attendance in Tokyo as a Temporary Advisor in June **2002**. In this capacity, he gave a presentation on the obligation of government, and the policy and methods for ensuring availability of opioids for medical and scientific purposes. The Center prepared a monograph of opioid consumption trends for Asia, highlighting the participating countries.<sup>3</sup> The countries in attendance were: Cambodia, China, Indonesia, Japan, Laos, Malaysia, Myanmar, Papua New Guinea, the Philippines, Sri Lanka, Thailand, and Viet Nam.

### **Malaysia**

In connection with the trip to JICWELS seminar in Tokyo, the Director also traveled to Malaysia in **2002**. The purpose was to have follow up discussions with participants of the opioid availability workshop in 1999 that was sponsored by the WHO WPRO and the Center. The Director met with two of the participants, Dr. Mary Cardosa and Dr. Ednin Hamsah, Malaysian pain specialists, to discuss progress and issues regarding the availability and use of opioid analgesics for the relief of pain due to cancer.

## **3. Africa**

In 2001, the WHO began a cross-cluster initiative for palliative care in Africa between cancer (non-communicable diseases) and HIV/AIDS (communicable diseases). WHO provided funding for the planning portion of a five-country project: Botswana, Ethiopia, Tanzania, Uganda, and Zimbabwe. The initial planning portion included team building, the development of country situation analyses and action plans. During the Center's visit to WHO-Geneva in December 2001, the Center provided statistical information about opioid consumption trends for the region and the five countries. The Chief of the WHO Programme on Cancer Control invited the Center to be a member of the Steering Committee for the initiative. By year-end 2001, the Center had become an active participant in the African palliative care initiative.

In February **2002**, staff from the WHOCC met with Dr. Cecilia Sepulveda, WHO-Geneva Director of Cancer Control, regarding the WHO project in Africa. Plans for the July **2002** meeting in Botswana were discussed, and Dr. Sepulveda requested increased participation by the WHOCC in the area of opioid availability. The Director of the WHOCC emphasized the importance of including a representative of the national Competent Authority for each country involved in the meeting, and agreed to provide information regarding opioid availability for each country. The Center was invited to present a half-day programme on opioid availability during the July regional workshop in Africa.

In July **2002**, the Center participated in a workshop in Gaborone, Botswana, titled, "A Community Health Approach to Palliative Care for HIV/AIDS and Cancer Patients in Africa." The Diana, Princess of Wales Memorial Fund provided support for the Center's participation in this meeting. The central goal of the overall project was to improve the quality of life for cancer and HIV/AIDS patients by facilitating and strengthening the development of palliative care programmes that provide pain relief and end-of-life care to terminally ill patients. The Center provided a monograph of opioid consumption data for the five countries,<sup>4</sup> copies of "Achieving Balance in National Opioids Control Policy,"<sup>8</sup> a bibliography of articles addressing opioid availability in Africa, and other relevant resources. The Director gave a presentation about opioid availability and worked with individual

countries to empower the country representatives with knowledge of how the government regulatory system for opioids should ideally work to ensure an adequate supply of pain medications for patients. The Director and Center staff met individually with participants as country groups to assist in the development of action plans for improving opioid availability in their country. In most cases, the country teams included national narcotic regulators with whom health professionals must engage in order to improve the regulatory environment and make opioids available for patient care. Each country successfully developed an action plan for improving opioid availability, which became an integral part of their project proposal for developing and improving palliative care in their country.<sup>15</sup>

The Center also met with representatives of WHO AFRO. The Center provided a proposal for establishing cooperation between WHO and narcotic regulatory authorities in the region.<sup>16</sup> The Center also met with Mr. M. Chakalisa, the Health Minister of Botswana, to discuss the HIV/AIDS situation and explain the need for opioid pain medications.

#### **4. Latin America**

In March 2002, the Center's director was invited to present and participate in both a workshop and a round table discussion for the 7th Latin American Course on Medicine and Palliative Care at the 1<sup>st</sup> Congress of the Latin American Association of Palliative Care in Guadalajara, Mexico. The Center provided a monograph<sup>2</sup> containing opioid consumption data for selected Latin American countries, the region, and the world. Copies of the WHO Guidelines, INCB recommendations, a bibliography of articles addressing opioid availability, and other relevant resources were also provided.

In addition, several participants from a previous workshop co-sponsored by the WHOCC and PAHO held in 2000 were present at the Congress in Guadalajara. The Center took this opportunity to meet with those individuals to discuss progress and problems since the 2000 WHO Opioid Availability workshop in Quito, Ecuador.

### **D. Communications**

#### **1. Pain Policy Website** (see Appendix A for homepage)

The Pain & Policy Studies Group established an international section of its website (<http://www.medsch.wisc.edu/painpolicy>) to provide worldwide public access to key resources and information about the WHO and its efforts to improve cancer pain, palliative care, and opioid availability.

The website describes the mission of the Pain & Policy Studies Group/WHO Collaborating Center and its work to address barriers to opioid availability in cooperation with national and international bodies.

Links are provided to many websites that contain information relevant to pain relief and palliative care.

The international section contains extensive information about the international availability and use of opioid analgesics, including: national consumption trends of opioid analgesics; monographs that review the opioid availability situation in various parts of the world; recommendations for how to identify and address regulatory barriers; annotated bibliographies; and the full-text and links to WHO and INCB publications.

In addition, a United States section contains extensive information about pain policy, including: model guidelines for the use of controlled substances for the treatment of pain; a bibliography of published literature; full-text of state statutes, regulations and guidelines; a criteria-based evaluation of federal and state pain-related policies; a resource guide to regulatory issues in pain management; and information about pain management as an alternative to assisted suicide.

Several published articles written by the Pain & Policy Studies Group have been uploaded to the website throughout **2002** and made available in Portable Document Format (PDF).

The Pain & Policy Studies Group has monitored website utilization statistics since July 1997 when the website was established (Figure 2 presents monthly data on all website “hits” and users through the year **2002**). The statistics show that there is a significant and increasing use of the website as a resource for learning about pain policy. In **2002**, the website received over 700,000 “hits” by US and international users, and was accessed by an average of 30 different countries per month, with the most frequent visitors coming from Canada, United Kingdom, and Australia.

## **2. Publication of *Cancer Pain Release***

The Center has a mission to improve access to professional education resources in pain control and palliative care on a global scale and to actively support the WHO's Cancer Control Program to promote pain relief and palliative care.

To accomplish this mission, the Center publishes *Cancer Pain Release* in print and on the Internet in an effort to:

- 1) Inform a global audience about new developments and guidelines on cancer control and palliative care issued by WHO, and by key government and non-government organizations;
- 2) Give visibility to programs with model and teaching value in all parts of the world;
- 3) Recognize achievements of countries and programs according to WHO's outcome measures; and
- 4) Provide access to recent research in cancer pain and palliative care.

**2002** marks the 15th year of publication of *Cancer Pain Release*. Each issue presents abstracts and commentaries from the literature on pain, symptom control and palliative care; information on WHO guidelines on the use of analgesic medications in pain relief and palliative care; information about training opportunities and professional education in cancer pain and palliative care, as well as progress and issues regarding the availability of opioid analgesics. The publication documents the progress of pain relief initiatives worldwide, as well as obstacles and solutions in pain relief practice and policy.

The first issue of *Cancer Pain Release* in **2002** (Volume 15, No. 1) presented new initiatives and resources about palliative care in Latin America and the Caribbean. This issue features:

- An interview of two physicians in Costa Rica, a country where the government has adopted a national policy for pain control and palliative care; Drs. Salas and Monestel report an 188% increase in morphine consumption in seven years;
- Information about newly funded palliative care projects in Argentina, Barbados, Chile, Colombia, Ecuador, Panama and Venezuela, and the launch of the Latin American Association of Palliative Care;
- New Spanish-language monographs, books and journals about pain control, palliative care and pain medications of interest to health professionals of Latin origin; and
- Abstracts of recent peer-reviewed articles about the incidence of cancer, AIDS and pain in Latin America and the Caribbean.

The second issue of **2002** (Volume 15, No. 2) discussed neuropathic pain, essential medicines and adjuvant analgesics, including indications, common dosage and adverse effects.

This issue features:

- A review of the corticosteroids, antidepressants and anticonvulsants which are effective for neuropathic pain and are also considered essential medicines by WHO;
- Information about WHO's 2002 List of Essential Medicines; and
- Evidence about the effectiveness of adjuvants to enhance analgesia in neuropathic pain.

WHO publications on cancer pain, opioid availability, symptom control and palliative care by language and by format were the focus of Volume 15, No. 3 of *Cancer Pain Release* in **2002**. The issue presents the eight WHO monographs which constitute key references for any hospital or clinical facility caring for cancer and/or AIDS patients at the primary, secondary or tertiary care level. The issue includes the latest information on how to obtain the WHO guidelines for cancer pain management, symptom control, opioid availability and palliative care in 31 languages from publishers around the world.

Palliation of bone pain in cancer was the theme of Volume 15, No. 4 in **2002**. This issue discussed metastatic bone pain, the most common pain syndrome in cancer patients with bone metastases and reviewed the multidisciplinary therapies used to palliate bone pain.

The issue features:

- Summaries of recent evidence about the role of analgesic therapy, radiotherapy, radiopharmaceuticals, and bisphosphonates for the palliation of bone pain;
- Facts and controversies about the relief of bone pain in cancer;
- An interview with Dr. Ann Berger, chief of pain and palliative care at the NIH; and
- Online resources for patients and for health professionals about bone pain in cancer.

#### **Distribution:**

In **2002** *Cancer Pain Release* was disseminated to approximately 50,000 health-care providers in 182 countries, as shown in Figure 3. This includes mailings to individuals and organizations, and dissemination at professional courses and meetings throughout the world.

A partial list includes:

- A workshop of Eastern European palliative care professionals (Budapest, Hungary, February **2002**);
- The 7th Latin American Palliative Care Congress (Guadalajara, Mexico, March **2002**);
- Pain physicians in Austria (March **2002**);
- The annual conference of the American Society of Pain Management Nurses (Salt Lake City, Utah, USA, March **2002**);
- The annual meeting of the American Association of Cancer Pain Initiatives (Richmond, Virginia, June **2002**);
- The Course for Overseas Experts on Drug Abuse and Narcotics Control (Tokyo, Japan, July **2002**);
- A WHO workshop for palliative care experts in sub-Saharan Africa (Botswana, July **2002**);
- The 10th World Congress of the International Association for the Study of Pain (San Diego, CA, USA, August **2002**); and
- An international forum on pediatric pain (Halifax, Nova Scotia, September **2002**).

Figure 3 shows the distribution of *Cancer Pain Release* by language and by country. Figure 4 shows the distribution to our global audience by profession in **2002**.

In **2002**, the Center continued to reach out to health-care workers globally to alert colleagues who have email about the publication of new issues of *Cancer Pain Release*. In **2002**, we sent out over 4,500 email messages to our worldwide audience with email access, which includes 1,300 colleagues around the world.

#### ***Cancer Pain Release* website:**

The English edition of *Cancer Pain Release* is available in full-text on our website (<http://www.WHOcancerpain.wisc.edu>). In **2002**, the website received multiple requests for information about *Cancer Pain Release*, about WHO publications in pain, palliative care and symptom control, and other educational resources. Visitors from as many as 69 countries per month accessed the WHO cancerpain website in **2002**.

### **3. Database of Professional and Patient Education Materials**

The Center is developing an Internet-accessible annotated database of resource materials in English and Spanish for patient and professional education by collecting, categorizing, and summarizing patient and professional education resources and research studies. Although the Center does not have funds earmarked to meet this objective, *Cancer Pain Release* includes a "Resources" page that lists educational materials primarily from English and Spanish sources that are relevant to the topic discussed in that issue.

For example, Volume 15, Number 4, **2002** included online resources for patients and for health professionals about bone pain in cancer.

### **4. Participation in International Meetings**

The Center participated in the 10th World Congress on Pain of the International Association for the Study of Pain (IASP) in San Diego in August **2002**. The IASP, recognized by the World Health Organization as a non-governmental organization affiliate, provided a booth to the Center. Two other relevant Collaborating Centers participated (the WHO CC for Cancer Control and Palliative Care-Milan, Italy and the WHO CC for Supportive Cancer Care-Houston, Texas, USA). With 6,000 delegates from 96 countries in attendance, the booth presented an excellent opportunity for international communication and advocacy on behalf of WHO.

The Center provided copies of *Cancer Pain Release* that were relevant to the topics discussed at the Congress, consulted with several editorial board members of *Cancer Pain Release*, and acquired information for use in future issues of *Cancer Pain Release*.

Center staff answered questions from several hundred delegates including colleagues from Latin America, India, as well as Africa. The Center's participation in the World Congress was made possible by an educational grant from the United States Cancer Pain Relief Committee.

### **5. Future Goals**

The Center's goals are to expand its capabilities to reach out to health-care workers electronically by issuing email alerts, to send regular updates of the educational resources database, to expand the section of new

resources in *Cancer Pain Release*, place this information on the *Cancer Pain Release* website (<http://www.WHOcancerpain.wisc.edu>) and improve its capability to provide relevant information to conferences and workshops worldwide.

## **II. COLLABORATION WITH WHO**

### **A. Collaboration Between the Center and WHO Headquarters**

#### **Participation in WHO Steering Committee for African Palliative Care Initiative**

In February 2002, staff from the WHOCC met with Dr. Cecilia Sepulveda, WHO-Geneva Director of Cancer Control, regarding the WHO project in Africa. Plans for the July 2002 meeting in Botswana were discussed, and Dr. Sepulveda requested increased participation by the WHOCC in the area of opioid availability. The Director of the WHOCC emphasized the importance of including a representative of the national Competent Authority for each country involved in the meeting, and agreed to provide information regarding opioid availability for each country. The Center was invited to present a half-day programme on opioid availability during the July regional workshop in Africa.

### **B. Collaboration Between the Center and WHO Regional Offices**

#### **1. PAHO (Pan American Health Organization)**

Throughout the year, the Center continued its collaboration with Ms. Liliana De Lima in her capacity as the liaison to PAHO and its Collaborating Centers. As mentioned in 1.C.4., the Center was able to meet with several participants from the 2000 WHO workshop that took place in Quito, Ecuador to discuss each country's individual progress since the workshop.

The Center was re-designated as a Collaborating Center by PAHO in July 2002 for 4 years.

#### **2. EURO (WHO Regional Office for Europe)**

In February 2002, the WHOCC and the European Regional Office of the WHO sponsored a Workshop on Opioid Availability at the Central European University in Budapest, Hungary. The purpose of this workshop was to address the need for opioid analgesics in Eastern Europe according to the WHO recommendations for pain relief in which opioids such as morphine are indispensable.

## **III. COOPERATION WITH THE INTERNATIONAL NARCOTICS CONTROL BOARD**

The INCB plays a critically important role in pain management and palliative care throughout the world because it administers the international system that controls the availability of opioid analgesics including the pain medications recommended by WHO as essential for cancer pain relief. Governments look to the Board for guidance in implementing the international narcotic control treaties. Many governments have reported to the INCB that they have excessively restrictive policies. The INCB can assist governments to take a more balanced approach. The Board and its Secretariat have long collaborated with WHO, recognizing that pain is inadequately managed, that opioids are insufficiently available, and that there are barriers which often involve irrational fears of opioids among governments, the public and health-care professionals. For

example, in 1995, the Board asked the Center for assistance in surveying all national governments about opioid availability and their efforts, if any, to identify and remove regulatory barriers. The Board used the survey data provided by the Center to conclude that the problem was serious and that few governments had acted to improve the situation. The Board issued a report in which it made a number of recommendations to governments, the United Nations International Drug Control Program, the WHO and other groups such as the International Association for the Study of Pain; these recommendations were aimed squarely at the problems that had been identified by the survey, and urged further collaboration with WHO and governments.<sup>17</sup>

The Board also provides data on the consumption of opioids by each country, which is valuable for monitoring progress and identifying issues. During **2002**, the Center received consumption data on morphine and other opioids and used it to study and report on global and national trends according to its terms of reference.

In its **2002** report, the INCB continues to address opioid availability:

“As part of its efforts to promote the availability of narcotic drugs for medical use, including the relief of pain, while preventing their diversion for illicit use, the Board continues to endorse the use by countries of the document entitled ‘Achieving balance in national opioids control policy: guidelines for assessment’ issued by WHO in 2000. The Board welcomes the continued work of WHO in the dissemination of those guidelines and supports the regional workshops on palliative care that have been organized by WHO. During 2002, such workshops were held in Africa, the Americas and Eastern Europe. In May 2002, the Board called the attention of the World Health Assembly to the continued lack of availability of narcotic drugs for the relief of pain in many countries.” (p. 26).<sup>18</sup>

In addition, it noted in **2002** the improvements made in the availability of narcotic drugs in India, Eastern Europe and the Americas:

“The Board notes with satisfaction that several Governments have taken steps to improve the availability of opioids for the relief of pain. India continues to take initiatives to improve the availability of opioids for the relief of cancer pain, such as the organization of specialized workshops and the introduction of simplified morphine licensing regulations. India reported for 2001 its highest level of morphine consumption in the past decade. In Eastern Europe, Bulgaria, the Czech Republic, Hungary and Poland have already taken or are considering measures to improve the availability of opioid analgesics. In the Americas, the first Congress of the Latin American Association of Palliative Care was held in Guadalajara, Mexico in March 2002; 13 countries participated in the Congress.” (p. 26).<sup>18</sup>

Finally, in **2002**, the Director participated in the Expert Group Meeting on Defined Daily Doses (DDD) sponsored by the INCB in Vienna, from 2 to 4 December. The purpose was to review the DDD program and make recommendations for changes and additions.

#### **IV. FUNDING NEEDS**

The University of Wisconsin Pain & Policy Studies Group supports the Center in its entirety, including the publication of *Cancer Pain Release*. The Pain & Policy Studies Group receives no regular financial support from WHO, and relies on a variety of unrestricted grants and contracts to support the Center's activities, including staff salaries, projects and travel. The Center would welcome additional support for its global policy and communications program.

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FIGURE 1

# KERALA

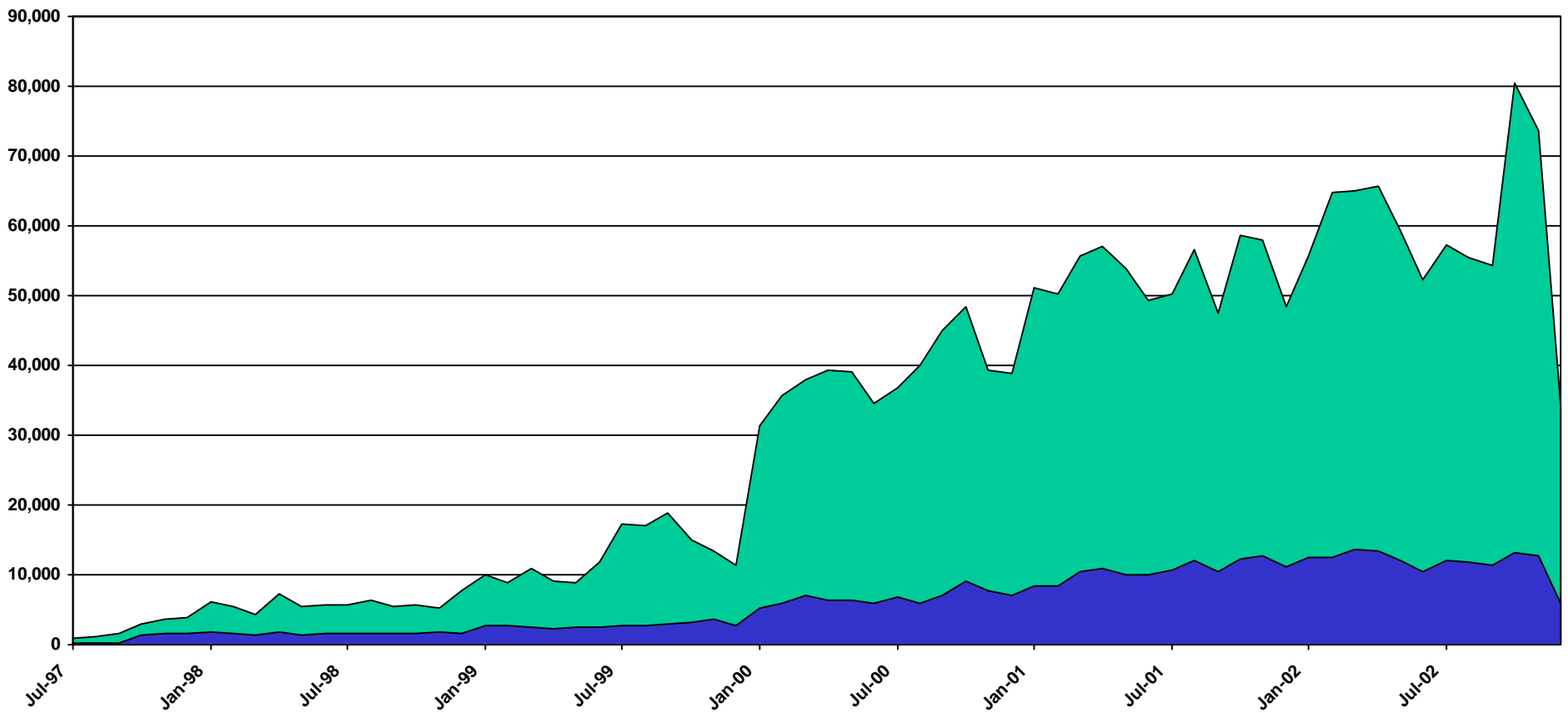


**Pain & Palliative Care  
Society**  
*Link Centres*

# FIGURE 2

## PPSG Website Statistics, 1997 - 2002

Hits Users





# FIGURE 4

## “Cancer Pain Release” Global Audience

