

IMPROVING CANCER PAIN RELIEF IN THE WORLD

REPORT FOR 2003



**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
www.WHOcancerpain.wisc.edu**

March 2004

EXECUTIVE SUMMARY

This report summarizes the work during **2003** of the World Health Organization (WHO) Collaborating Center (the Center) for Policy and Communications in Cancer Care in Africa, Asia, Europe, and Latin America. 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 **2003**, 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 **2003**, the Center participated in the White House Office of National AIDS Policy conference on Palliative Care and the HIV/AIDS Global pandemic.

In July **2003**, the Center continued its work to address opioid availability in Eastern Europe. Several staff members visited Romania to study the health and regulatory system for making opioid analgesics available for pain relief, and to meet with various units of the national government to understand the issues and begin developing action strategies.

In November **2003**, the Center participated in the “Consultation on strategies to improve and strengthen cancer control programmes in Europe,” which took place in Geneva, Switzerland. Representatives from throughout Europe convened to focus on aspects of quantitative planning related to cancer control programmes, with the view that such planning can improve and strengthen existing resources. The Center emphasized the importance of drug availability for the essential component of palliative care.

In **2003**, 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, and provides updates on its work with national governments.

The Center accomplishes its policy work in part 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.

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
March 15, 2004

David E. Joranson
Director

CURRENT MEMBERS OF THE CENTER

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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; Dr. Cecilia Sepulveda, Coordinator, WHO Cancer Control Program, Geneva, Switzerland; 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,¹⁻³ conference presentations and posters.

Education:

During 2003, the Center helped to organize 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 India, Japan, and Romania. 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).

<u>Title of Presentation</u>	<u>Place</u>	<u>Date</u>
Palliative Care, Pain Relief, and Opioid Analgesics	Washington DC, USA	February 2003
Cancer, Pain, and Opioids in Asia: Striking the Right Balance	Tokyo, Japan	July 2003
Opioids for Pain Relief in Romania, Europe and the World: Striking the Right Balance	Brasov, Romania	July 2003
WHO Project in Romania for Improving Opioid Availability and Patient Access	Brasov, Romania	July 2003
Cancer, Opioids, and Palliative Care: Addressing the Barriers to Pain Relief	Bucharest, Romania	July 2003

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.⁴⁻⁷ 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.^{6,8} 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 **2003**, we communicated via email to 230 colleagues around the world, notifying them of the publication of two articles: the first regarding efforts to improve the availability of opioid analgesics in Latin America; and the second describing recent steps taken to reform national narcotics and opioid prescribing policy in Italy. An announcement in March **2003** referenced the support of INCB officials for efforts to improve the availability of opioids for the relief of pain, as noted in the *Report of the International Narcotics Control Board for 2002*.⁹ Lastly, the Center alerted colleagues of improvements and additions to its web site, including the addition of a new Eastern European section http://www.medsch.wisc.edu/painpolicy/internat/E.Europe/Eastern_Europe.htm.

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. 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 **2003**.

Objective:

To overcome regulatory barriers and to improve availability and access to opioid analgesics for Indian patients with painful conditions such as cancer and, increasingly, HIV/AIDS.

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.¹⁰ In addition, HIV/AIDS is a growing healthcare concern in India, which will require an increased commitment to pain management and palliative care.

Between 1986 and 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,
- devise a plan for policy and systems change,
- develop collaboration with governmental and non-governmental organizations, and
- implement a plan to simplify regulation of morphine in India, with leadership from the WHODP in Calicut and the Pain Relief and Palliative Care Clinic in Kochi, both in the state of Kerala.

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 panel of healthcare professionals called the “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 and healthcare professionals. The WHO Cancer and Palliative Care Unit in Geneva had 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 the Pain and Palliative Care Society (PPCS), Calicut, in the state of Kerala (see map, Figure 1) to be a WHODP for a source of national expertise and leadership in opioid availability, especially 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. Until February **2003**, the PPCS was directed by Dr. M.R. Rajagopal, who is now Professor and Head of the Department of Anesthesiology and Palliative Care at the Amrita Institute of Medical Sciences and Research, Kochi, state of Kerala.

Outcomes:

Work has begun in **2003** to develop guidelines for procuring, stocking, documenting, and using opioid analgesics safely and effectively. Once prepared, the guidelines will be vetted by the IAPC Committee on Morphine Availability and Control.

During **2003**, collaborators in India organized and participated in two workshops on morphine availability, one in Raipar in the newly formed state of Chattisgarh and the other in the state of Delhi.

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.

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.

Also, in September **2003**, the PPCS/WHODP met with governmental officials from the New Delhi Union Territory government, chaired by the Drugs Controller of the state, to discuss formation of standard operating procedures for implementation of the newly amended rules.

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

Romania

Opioid analgesics are needed for the relief of pain. Eastern Europe, with its increasing incidence of cancer and AIDS, is particularly at risk for inadequate availability of essential medications needed by cancer, AIDS and other patients.

In February 2002, the Center and the European Regional Office of the WHO sponsored a Workshop on Opioid Availability at the Central European University in Budapest, Hungary.¹¹ 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.¹⁰ 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.

Guided by the WHO 2000 publication, "Achieving Balance in National Opioids Control Policy,"⁶ the outcome of the workshop was 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.

In January **2003**, the Center began a new initiative with Romania to assist with improving patient access to opioid analgesics. Romania was selected because of strong leadership and positive progress to develop palliative care; for example, its Ministry of Health had established a Commission of Specialists in Pain Therapy and Palliative Care, whose tasks included modifying national narcotics policies as needed. The

Center's offer of technical cooperation was accepted by the leaders of the Romanian palliative care team and the Minister of Health.

Romania has an extremely complicated and burdensome regulatory system for prescribing opioids that makes it difficult and sometimes impossible for patients to receive pain medications like morphine. The oncologist is prevented from prescribing, and the general practitioner is limited to prescribing an unrealistically low maximum dose for limited periods of time according to the advice of a consultant who may not have examined the patient.

In the first half of **2003**, the Commission members reviewed a detailed Center analysis of the Romanian laws and regulations. Our analysis was based on the WHO Guidelines for Assessing National Opioids Control Policy (2000). We held regularly scheduled conference calls with our colleagues in Romania to learn about their system, the players, and how best to approach the objective.

In July **2003**, several of the Center's staff members visited Romania. The principal aim of this visit was to study the Romanian health and regulatory system for making opioid analgesics, such as morphine, available for the relief of severe pain, and to work with various units of the national government to address this issue.

On 12 July **2003**, the Ministry's Commission held a meeting in Braşov at which time the Center's analysis was reviewed, and based on the WHO Guidelines, the Commission reached consensus on 18 recommendations for changing the laws, regulation and administration, and for creating a certified training program for physicians who will become licensed to prescribe opioids (http://www.medsch.wisc.edu/painpolicy/internat/E.Europe/Romania/recs_roMOH.pdf). The report of the Commission was prepared immediately and handed over to Minister of Health, Dr. Mircea Beuran, several days later when we met him in Bucharest.

During the July **2003** trip, we held several group sessions with physicians in oncology and family practice as well as nurses and social workers who provide home care in two locations in Romania; there is clear and strong consensus that the regulatory barriers to patient access to morphine are severe and the most important barrier to pain relief and palliative care in Romania. Under such a system, the growth of palliative care hoped for by the government will be very slow, and limited to the few programs that have the commitment and energy to navigate the regulatory maze for every patient, and indeed every adjustment of drug and dose. Reform of the law and regulations is imperative. We also met with various physicians and directors of regional oncology centers, including the National Oncology Institute in Bucharest.

The July **2003** trip to Romania also included a meeting with staff from the Ministry of Health Pharmaceutical Department to discuss, among other things, their perspective on the proposed changes to the law and regulations; and the Chairman of the Parliament's Senate Health Commission who likewise asked for our assistance to develop the necessary legislation in a timely way.

In a meeting with Minister Beuran on 16 July **2003**, he agreed with the principles contained in the Commission's report. He announced that, in response to a request by the European Union related to Romania's possible accession, a new inter-ministerial commission will be appointed to revise the laws relating to cancer and opioids. He requested our assistance to prepare the agenda for the commission and assist it in its work.

Following a change of the Minister in summer **2003**, the MOH created a new Commission with the responsibility to continue the efforts to improve patient access to opioid analgesics. The Center expects to work closely with this Commission in 2004 to advance the objective.

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 July 2003. 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.¹ The countries in attendance were: Cambodia, Japan, Laos, Malaysia, Mongolia, Myanmar, the Philippines, Sri Lanka, Thailand, and Viet Nam.

3. Africa

In 2001, the WHO began a cross-cluster initiative for palliative care in Africa between cancer (noncommunicable 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 Center 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 Center in the area of opioid availability. The Director of the Center 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,¹² copies of "Achieving Balance in National Opioids Control Policy,"⁶ 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.¹³

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.¹⁴ 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.

In February **2003**, the Director was invited to attend and present at the White House Office of National AIDS Policy conference on Palliative Care and the HIV/AIDS Global Pandemic. The purpose of the meeting was to highlight the role of palliative care in global HIV/AIDS research, treatment, and prevention. This meeting was attended by key representatives of U.S. government, global HIV/AIDS programs, representatives from the WHO HIV/AIDS palliative care initiative, foundations, and non-governmental organizations, including from African countries. The Director made a presentation about the inadequate availability of opioid analgesics for pain relief in Africa.

During **2003**, the Center prepared a monograph of opioid consumption information pertaining to the African countries being targeted by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).³ This information provided an analysis of the opioid availability situation in each country, as well as, their adherence to the reporting requirements of the INCB. It was distributed to individuals and organizations involved in developing palliative care in the PEPFAR countries

4. Latin America

In June **2003**, the Center's director was invited to participate in the Disease Control Priorities Project, *Improving Population Health: Implementation Success Stories from Developing Countries*, workshop in Cuernavaca, Mexico. The Center provided a report on opioid consumption and human development index data for Mexico, the WHO regions, and the world.

The Director of the Center published an article in an international journal related to end-of-life care on the development and testing of the principle of balance in Latin America. In this article, he highlights the history and progress of opioid availability in Colombia and Mexico.¹⁵

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 **2003**, the Pain and Policy Studies Group made an addition to its website by adding a section about the work of our WHO Collaborating Center with governments and colleagues in Eastern Europe. The section

contains opioid consumption statistics and trends for selected countries, as well as WHO Workshop reports, country reports, action plans, and detailed monographs. All of the documents in this section are available for printing or downloading at http://www.medsch.wisc.edu/painpolicy/internat/E.Europe/Eastern_Europe.htm. The section is updated periodically, and new sections will be added to our website for other regions of the world.

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 **2003** 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 **2003**). The statistics show that there is a significant and increasing use of the website as a resource for learning about pain policy. In **2003**, the website received over 900,000 “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 the United Kingdom, Canada, and Italy.

2. Publication of *Cancer Pain Release*

Part of the Center’s mission is 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-governmental 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;
- 4) provide access to recent research in cancer pain and palliative care.

2003 marks the 16th year of publication of *Cancer Pain Release*. Included in every issue are abstracts and commentaries from the literature on pain, symptom control and palliative care; information on the use of analgesic medications in pain relief and palliative care, on 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 and discusses obstacles and solutions in pain relief practice and policy.

The first double issue of *Cancer Pain Release* in **2003** (Volume 16, Nos. 1-2) reviewed the options health professionals must consider when cancer pain remains uncontrolled by oral opioids, a situation common to most patients during the course of their disease.

The issue featured:

- Summaries of recent evidence about the use of subcutaneous, rectal, intravenous, transdermal, transmucosal, and spinal routes of opioid administration for the management of cancer pain;

- An interview with Dr. Nathan Cherny, director of cancer pain and palliative medicine at Shaare Zedek Medical Center in Jerusalem and Dr. Sharon Weinstein, director of pain medicine and palliative care at the University of Utah Huntsman Cancer Institute in Salt Lake City;
- Online resources about alternatives to the oral delivery of opioids.

The second double issue of *Cancer Pain Release* in **2003** (Volume 16, Nos. 3-4) focused on pain control in pediatric palliative care. It featured an interview with Dr. Patricia McGrath, pediatric pain expert at the Hospital for Sick Children in Toronto, Canada and includes many useful links covering:

- Safe and effective analgesic drugs for pediatric pain relief,
- Tools to improve clinical competency in pediatric pain management,
- Resources to develop pediatric palliative care services,
- New books and journals about pain in children with cancer,
- Recent evidence about pain measurement in children with cancer, the relief of surgical pain, and palliative care for newborns.

Distribution:

In **2003**, the printed edition of *Cancer Pain Release* was sent to approximately 50,000 health-care providers in 182 countries, as shown in Figure 3. This includes mailings to individuals, libraries and organizations, and dissemination at professional courses and meetings throughout the world.

A partial list includes:

- The Annual Meeting of the American Society of Pain Management Nurses (Kansas City, Missouri, February **2003**);
- The 22nd Annual Meeting of the American Pain Society (Chicago, Illinois, March **2003**)
- The annual meeting of the American Association of Cancer Pain Initiatives (Pasadena, California, June **2003**);
- Pain physicians in Austria (July **2003**);
- The Course for Overseas Experts on Drug Abuse and Narcotics Control (Tokyo, Japan, July **2003**);
- A WHO workshop for palliative care experts in Romania (July **2003**);
- The 4th Congress of the European Federation of IASP Chapters (Prague, Czech Republic, September **2003**);
- An international WHO consultation on Cancer Control (Geneva, Switzerland, November **2003**)

In **2003**, the Program reached out to health-care workers globally to alert colleagues who have email access about the publication of new issues of *Cancer Pain Release*. In **2003**, we sent out over 5,000 email messages to a worldwide audience of 1,800 colleagues around the world to alert them about the availability of the electronic edition of *Cancer Pain Release*.

Cancer Pain Release web site:

The English edition of *Cancer Pain Release* is available in full-text on our web site (<http://www.whocancerpain.wisc.edu/>).

WHO monographs and guidelines on cancer pain, opioid availability, symptom control and palliative care are available in multiple languages and in print and electronic format. The WHOcancerpain web site contains extensive information about how to access these essential publications in all languages (http://www.whocancerpain.wisc.edu/eng/15_3/15_3.html). This section of the website was updated extensively in **2003** and will continue to be updated as new language editions become available.

The Related Links page of the *Cancer Pain Release* website contains 75 cancer, pain, and palliative care-related links in multiple countries and is also updated regularly.

In **2003**, the web site 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 80 countries per month accessed the WHOcancerpain web site in **2003**, with a total of 600,000 hits for the year. Figure 4 presents data on website “hits” and users for **2003**.

The top 30 countries accessing the WHOcancerpain web site in **2003** were:

United Kingdom, Canada, Australia, Germany, Italy, Japan, Brazil, Portugal, Romania, Netherlands, Austria, Singapore, Hong Kong, Philippines, France, United States, Chile, Switzerland, New Zealand, India, Argentina, Israel, South Africa, Taiwan, Colombia, Spain, Turkey, Yugoslavia, Sweden, and Belgium.

3. Database of Professional and Patient Education Materials

The Program continues to develop 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 results. Although the Program does not have funds earmarked specifically for this initiative, all issues of *Cancer Pain Release* include a "Resources" page that lists educational materials from English and Spanish sources that are relevant to the topic discussed in that issue.

For example, Volume 16, Nos. 3-4, **2003** included online resources for patients and for health professionals about pain control in pediatric palliative care.

4. 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* web site (<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

In November **2003**, the Center participated in the “Consultation on strategies to improve and strengthen cancer control programmes in Europe”, which took place in Geneva, Switzerland. Representatives from throughout Europe convened to focus on aspects of quantitative planning related to cancer control programmes, with the view that such planning can improve and strengthen existing resources. Additional information regarding the Consultation can be found at <http://www.who.int/cancer/nccp/europeanconsultation/en>.

B. Collaboration Between the Center and WHO Regional and Country 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.

2. WHO – Romania Country Office

In July 2003, staff of the WHOCC met with the WHO Liaison Officer of Romania, Dr. Victor Olsavszky. The discussion focused on the project objectives to improve opioid availability in Romania, how these might complement the objectives of WHO Romania, and what the role of and possible support of WHO Romania might be.

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.

The Secretariat also provides data on the consumption of opioids by each country, which is valuable for monitoring progress and identifying issues. During 2003, 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 2003, the INCB commented on its work to address opioid availability, paying particular attention to the WHO “balance” guidelines which the Center uses to guide its work to evaluate policy:

“Pursuant to its mandate, the Board endeavours to support the availability of narcotic drugs for medical use, in particular the relief of pain, while preventing their diversion for illicit use. The Board continues to endorse and disseminate WHO guidelines for national opioids control policy issued in 2000 in the document entitled ‘Achieving balance in national opioids control policy: guidelines for assessment’” (p. 30).¹⁶

In addition, the report notes some positive developments regarding pain relief in the United States:

“The Board notes with satisfaction that several Governments have continued to take steps to improve the availability of opioids for the relief of pain. In the United States, for example, the Pain & Policy Studies Group, a WHO collaborating centre, has reported excellent progress in palliative care in that country, indicating opportunities for further improvements” (p. 30).¹⁶

The report notes the Board’s concern about the low consumption of opioids for pain relief in Eastern Europe and Africa:

“The consumption level of narcotic drugs for the treatment of moderate to severe pain has increased significantly in almost all developed countries during the last decade. However, there continue to be big differences in the per capita consumption of those analgesics. The consumption of those drugs in countries in Eastern and Southern Europe is significantly less than in the countries in Northern and Western Europe” (p. 30).¹⁶

“The Board continues to be concerned that in many developing countries, in particular in Africa, the consumption of narcotic drugs for the treatment of pain continues to be critically low. The Board calls on the Governments concerned to identify ways of improving pain management and to work closely with WHO on that matter” (p. 31).¹⁶

IV. FUNDING NEEDS

The Pain & Policy Studies Group supports the Center in its entirety. 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 - 2003

■ Hits ■ Users

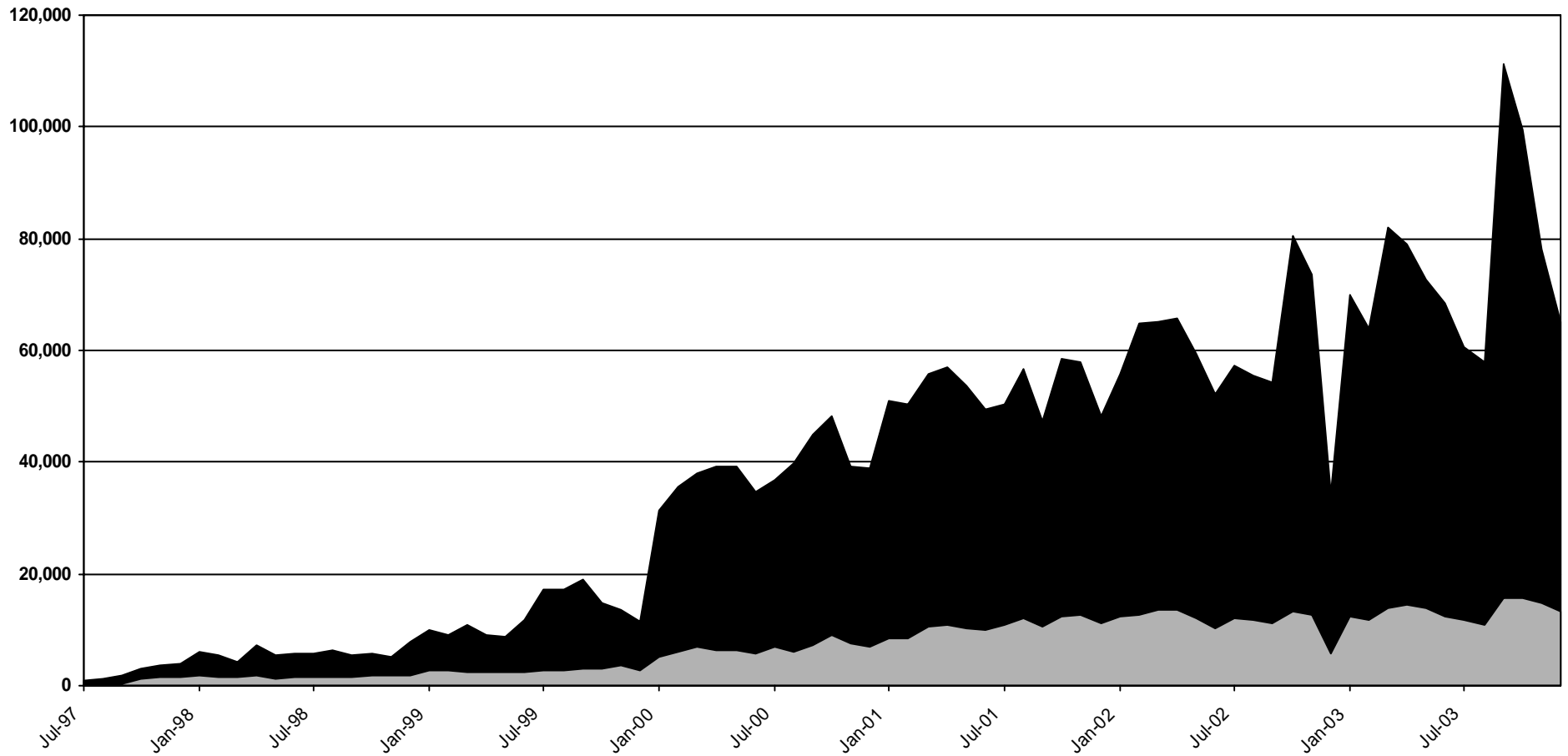
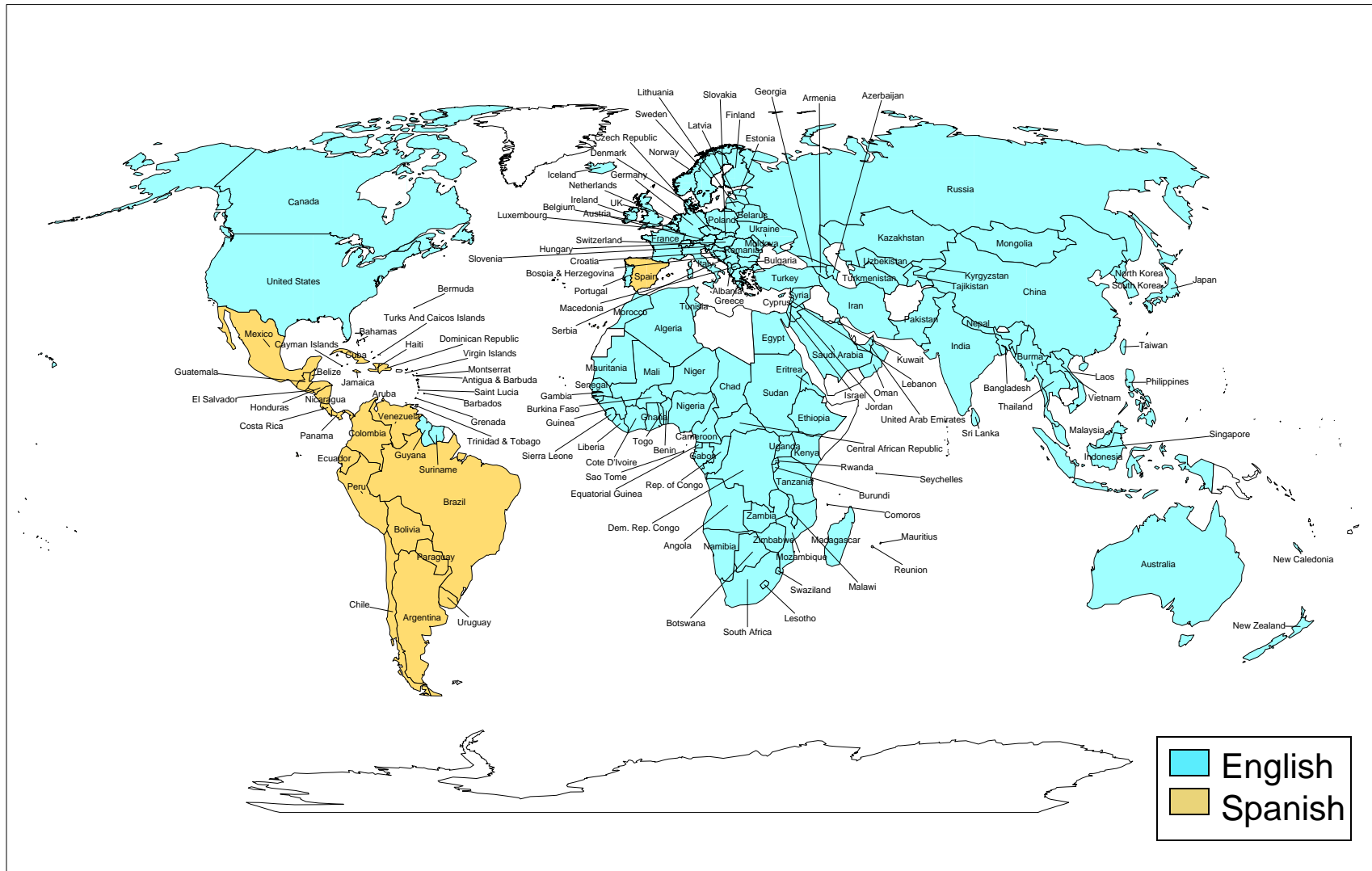


FIGURE 3

Distribution of “Cancer Pain Release” by language in 182 countries



Cancer Pain Release is the publication of the WHO global communication program for pain control and palliative care.

WHO Collaborating Center for Policy & Communication in Cancer Care, 2003

FIGURE 4. *Cancer Pain Release* Website Users, 2003

