COMMENTARY

The Global Opioid Policy Initiative: A Wealth of Information, But What is Next?

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ABSTRACT

Recently, the outcomes were published of the Global Opioid Policy Initiative, evaluating the availability, cost of opioid medicines and the regulatory barriers that are possibly impeding access for the management of cancer pain in developing countries. Other studies have shown that the vast majority of the world population has no access to opioid analgesics. This study shows by country which opioid medicines are available, what they cost to the patient, and investigates the presence of barriers for access to these medicines. Data from the project will be an important resource for those who advocate for improved access to opioid analgesics. Yet, like so often, many more aspects of inadequate opioid analgesic consumption require exploration and reporting, including legislative barriers. The last publication on the project is a “What’s next?” that is over focusing on palliative care, forgetting that outside palliative care is also a huge need for opioid analgesics in moderate and severe pain. While promoting access to palliative care and pain management, their recognition as a human right by UN bodies would be of great help. Moreover, WHO’s Access to Controlled Medicines Programme, could be an important programme to support the countries in making these improvements.

KEYWORDS Opioid analgesics, Medicines availability

The December 2013 Annals of Oncology (Volume 24, supplement 11) presents the outcomes of the Global Opioid Policy Initiative (GOPI).1–7 This initiative was conducted by the European Association for Palliative Care (EAPC), the European Society for Medical Oncology (ESMO), the Union for International Cancer Control (UICC), and the World Health Organization (WHO), together with a consortium of 17 international oncology and palliative care societies. It evaluates the availability and cost of opioid medicines, and the regulatory barriers that may impede access to these medicines for the management of cancer pain in Africa, Asia, Latin America and the Caribbean, and the Middle East. Other studies have shown that approximately 5.6 billion people live in countries where the adequacy of opioid analgesic consumption is less than 30% of the average per capita consumption in the 20 most developed countries. The majority, 4.6 billion people, live in countries where the adequacy is virtually nonexistent (less than 3% of the average per capita consumption of the 20 most developed countries).8,9

The initiative provides an inventory of causes and circumstances for inadequate access to opioid analgesics at the country level. It expands the results from a previous project on the same topic covering the countries in the WHO European Region (Europe proper, the Asian countries that were previously part of the Soviet Union, and Israel).10 The initiative covered all other countries, except the United States of America, Canada, Australia, and New Zealand. Thus, GOPI covers an area in which 5.76 billion people live and the responses cover 104 countries and states, corresponding with 5.03 billion people (87.3% response rate). There are four reports, one each on Africa, Asia, the Middle East, and Latin America and the Caribbean. Furthermore, there is a report on the states and territories of India, because of the complexity of the Indian situation, which varies per state and territory.
The initiative’s outcomes provide an important resource for those who advocate for improved access to opioid analgesics. It provides an inventory of the formulary availability and actual availability of opioid analgesics (codeine; morphine: immediate- and slow-release oral forms; injections; oxycodone: immediate-release oral form; fentanyl: transdermal forms; and methadone: oral form). The patients’ contributions to obtaining these medicines were also investigated. The initiative further identified rules in effect that could hamper opioid access. Examples of these are regulatory barriers limiting prescribing of opioid analgesics as they relate to the patients’ diagnoses or the physicians’ specialties, limitations on dispensing, and limitations on the duration for which the patient can receive a prescription. The study only addressed a limited number of these barriers. Other barriers such as limited education and training of health workers on pain management, bureaucratic barriers in manufacturing, trade, and distribution, or disproportional punishment for unintended minor offenses of drug laws were not included. This resulted in a certain incompleteness of the data. Due to this GOPI limitation, further research on specific countries is needed. Moreover, for each country in which the consumption level of opioid analgesics is suboptimal, analysis of many more aspects of the legislation (e.g., using the WHO policy guidelines) is urgently needed to identify the need for amendments to lift legal barriers.

It is likely that the “negative language” in national laws is underreported. Having been involved in legislation review, I noticed that many countries use inappropriate wording. The initiative outcomes showed that only half of the countries in Asia, the Middle East, Latin America, and the Caribbean have negative language in their laws, whereas for India there is no such negative language. However, in India, opioid analgesics are called “narcotics,” which is considered inappropriate referencing by WHO.

The last article of the series addresses “What is next?” That article focuses on WHO activities to improve availability of palliative care services. In spite of that, it is probable that in most countries, a maximum of 5–10% of pain patients qualify for this form of care, even if palliative care were fully developed. But we should not forget that for those pain patients treated outside of palliative care programs, medical science also largely lacks alternatives to opioid analgesics for management of moderate to severe pain.

When the new WHO indicator for consumption of opioid analgesics measured as “morphine equivalents of opioids (excluding methadone) consumed per cancer death” is mentioned, the article remains silent on the fact that this indicator has been heavily criticized by palliative care organizations as not being a representative indicator for the problem it claims to monitor.

The GOPI results clearly document an urgent need in most countries to improve access to opioid analgesics and it gives hints to many governments in which direction to look for improving their national situation. In order to encourage those governments to do so, it would help if access to palliative care and pain management were recognized as a human right by the relevant United Nations (UN) bodies, e.g., World Health Assembly, when discussing a resolution on palliative care at its 67th Session this May. Governments, health care workers, and their organizations should join forces to address legal barriers, drug and health policies, education on pain management, attitudes of the population, attitudes of health care workers, and economic barriers. The WHO’s Access to Controlled Medicines Programme, which is WHO’s focal point for improving access to controlled medicines, including opioid analgesics, could be an important program to support the countries in doing so.

The lesson that can be drawn from the GOPI is that there are many barriers to adequate access to opioids and that these barriers should be addressed in an integral approach to make opioid analgesics available, accessible, and affordable everywhere. As long as one barrier remains in place, there can be no adequate management of pain.

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