What can be done to improve safe access to medical morphine?
Lessons from countries

12 September 2023

Use Q&A window to post your questions (not “Chat”)

Please keep all comments respectful and constructive

This session is recorded for future viewing on demand
WHO report

to describe extent and causes of global variations in access to morphine for medical use and actions to improve safe access

Three short films

To share three stories from people impacted by access to morphine

https://www.who.int/publications/i/item/9789240075269

https://www.youtube.com/watch?v=h3klGKSnbq4

https://www.youtube.com/watch?v=T2dVuNGyrAk

https://www.youtube.com/watch?v=6NhB7HXrjQc
Today’s session

Rumalie (Mae) Corvera
Palliative Medicine Specialist, Asian Hospital and Medical Centre, Asian Cancer Institute, the Philippines
President and CEO, Ruth Foundation for Palliative and Hospice Care, the Philippines
President, National Hospice and Palliative Care Council of the Philippines

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Emmanuel Luyirika
Executive Director, The African Palliative Care Association, Uganda

Suzanne Nielsen
Professor and Deputy Director, Monash Addiction Research Centre, Monash University, Australia

Xiaohong Ning
Director and Associate Professor, Center for Palliative Care Medicine
Peking Union Medical College Hospital, China
Presentations
Improving Access to Morphine in the Philippines

Challenges in reaching people across the islands

Dr. Rumalie A. Corvera
President, National Hospice and Palliative Care Council of the Philippines
Objectives

• To share a snapshot of the Philippines as an Archipelago and how it affects healthcare delivery throughout the country in general.

• To describe the consequences of limited Morphine access in cancer care and health-related suffering.

• To share highlights of how improved access to Morphine in the Philippines was addressed through capacity building and advocacy for Palliative Care.

• To share the new and present challenges of Morphine access in the country through the voice of Pain and Palliative Medicine specialists and government.
The Philippine Archipelago, People and Healthcare

Within about 2000 habitable of the total 7641 islands of our archipelago there are approximately 117.3 M people, with around 175 ethnolinguistic groups.
The Philippine Archipelago, People and Healthcare

• *Decentralized system* of government reflected in the governance and structure of the health care system.

• The distribution of health infrastructure as well as human resources is heavily skewed towards the National Capital Region and Luzon. This physical imbalance is *compounded by unequal financial access to health service*
A cross-sectional study was conducted at a representative cancer center in the Philippines, enrolling 351 cancer patients. Approximately 3 out of 5 patients did not receive adequate pain control, and one-third of patients experienced severe pain. The under treatment of pain discovered in this study (59% of cancer patients) is alarming.”
“In the Philippines, a lower-middle income country in Southeast Asia of over 110 million people, up to 75% of patients with cancer suffer from inadequate pain relief.”

Historical Challenges

a. The lack of general knowledge of and experience with Morphine among health care workers.
b. Large dependence on charitable donations for their supply.
c. Absence of a Community-based health care program to support patient & family.
d. Widespread over-regulation of opioid use.
e. Shortage of trained health care workers thus inadequacies in pain assessment and knowledge about managing pain.
National Progress

Improving access to Morphine for patients in need, primarily through capacity building and advocating for the integration of Palliative and Hospice Care into our health care system.
Historical Milestones

1987
• The Pain Society of the Philippines was formed

1989
• Pain control was integrated into the Philippine Cancer Control Program
• Morphine available to DOH accredited hospitals
• Hospice and Palliative Care was integrated into the Family Health Care Program of the Department of Family and Community Medicine (DFCM) of the University of the Philippines - Philippine General Hospital (UP-PGH)

2003
• National Hospice and Palliative Care Council of the Philippines (Hospice Philippines) was formed
Historical Milestones

Philippines

Morphine Consumption (mg/person), 1985 - 2020

Sources: International Narcotics Control Board (data); The World Bank (population)
Created by: Walther Global Palliative Care & Supportive Oncology, Indiana University Simon Comprehensive Cancer Center, 2022
Historical Milestones

**2010**

• Presidential Proclamation No. 2016 s. 2010 declaring Hospice Philippines as one of the major conduits of the Department of Health in the Distribution of Morphine.

**2012**

• The Philippine Society of Hospice and Palliative Medicine (PSHPM) was established and was recognized as a Sub-Specialty Society under the Philippine Academy of Family Physicians (PAFP).

**2015**

• The Philippines Department of Health had an Administrative Order 2015-0052 also known as the National Policy for Palliative and Hospice Care in the Philippines that was signed and circulated on December 21, 2015
Historical Milestones

2020

- The Department of Health released Department Order 2020-1431 which aims for the Development of *Manual of Operations, Procedures and Standards and Training Modules* and Piloting in Selected Advance Implementation Sites of the National Palliative and Hospice Care Program, this is in light of the implementation of R.A. 11215 and R.A. 11223
National Progress

National Laws and Policies Related to Palliative and Hospice Care

Administrative Orders

• AO 2011-0004 Guideline for distribution and monitoring of Morphine sulfate
• AO 2015-0052 National Policy on Palliative and Hospice Care in the Philippines

Republic Acts

• RA 11215 National Integrated Cancer Control Act;
• RA 11223 Universal Health Care/UHC Act;

Philippine National Objectives for Health 2017-2020

• Access to essential quality health products and services shall be ensured at appropriate levels of care including palliative care in the comprehensive essential health service package and specialized health services for all life stages
National Progress
Palliative and Hospice Care Provisions in the Philippines

Government

• Philippine General Hospital*
• Phil. Children's Medical Centre
• National Children’s Hospital
• Southern Philippines Medical Centre*
• National Kidney and Transplant Institute*
• Davao Regional Medical Center *
• JBL Memorial Regional Center *
• Cagayan Valley Medical Centre
• Valenzuela Medical Center
National Progress
Palliative and Hospice Care Provisions in the Philippines

Private

• Makati Medical Center*
• Asian Hospital and Medical Centre *
• The Medical City* 
• St. Lukes Global ; St. Lukes Quezon City 
• Manila Medical Center 
• FEU* 
• University of Sto. Thomas Hospital 
• Tagaytay Medical Center 
• Tagaytay Medical Center 
• Cardinal Santos 
• Chong HUA Hospital 
• Siliman Medical Center 
• University Hospital CDO 
• St. Paul’s & Quaied Iloilo 
• De La Salle Health Sciences Institute 
• Healthserv Los Baños Medical Centre
National Progress
Local Government Unit Provider

Palliative Med Muntinlupa
The first LGU-championed program as a product of long-term commitment, planning and partnerships
Outcomes

Philippines was number 78, third from the lowest next to Iraq and Bangladesh in the 2015 Quality of Death Index by a Economist Intelligence Unit report because of these factors:

- Severe shortage of specialized palliative care professionals
- Lack of government-led strategy for the development and promotion of national palliative care
- Limited number of government subsidies or programs for individuals accessing palliative care services
- Limited public understanding and awareness of palliative care services.
Outcomes

Cross Country Comparison of Expert Assessments of the Quality of Death and Dying 2021

Eric A. Finkelstein, PhD, Afsan Bhadelia, PhD, Cynthia Goh, MBBS, Drishti Baid, BA, Ratna Singh, MA, Sushma Bhatnagar, MD, and Stephen R. Connor, PhD

Philippines is number 38

Fig. 3. Rankings of countries (and Hong Kong and Taiwan) based on input from country experts.
Moving Forward
Present Challenges

a. Policies which create barriers for legitimate access to morphine.
b. Compliance to Regulations result to excessive paperwork, which may cause the delay to the availability of morphine.
c. Supply Chain Issues
d. Inadequate healthcare facilities, particularly in underserved areas or regions with limited resources, can impact patients' access to appropriate pain management, including morphine.

e. Knowledge Gap
National Palliative and Hospice Care Training Program Framework
Key Goals and Strategies

1. Supply Chain Resilience through sustainable Private-Public partnership

2. Foster collaboration among policymakers, healthcare professionals, patient advocates, and other stakeholders to ensure a comprehensive and inclusive approach to policy-making.

3. Invest in research and development activities to explore alternative sources or formulations of morphine.

4. Offer comprehensive training programs for healthcare professionals involved in the prescribing, administration, and monitoring of Morphine and to involved government agencies Patient Access and Support.
Priority Tasks

1. A series of dialogues between the Philippine Dangerous Drug Board (DDB), Department of Health together with Pain and Palliative Medicine Societies, Hospice Philippines, Licensed pharmaceutical companies, for purposes of:
   • Reinforcing control measures and systems for Opioid Access and Monitoring
   • Establishing electronic versions of the special DOH form for prescribing Regulated Drugs, with primary emphasis on cancer patients and individuals requiring controlled substances for the management of severe pain, seizures, and related symptoms.
   • Exploring actual proposals for Public-Private Partnership towards maintaining the supply chain, especially for patients who cannot afford to purchase regulated medications.

2. Organizing collaborative efforts to educate relevant government bodies, pharmacies, and medical professionals, with the overarching goal of enhancing capacity for ensuring proper access to and monitoring of controlled substances. One such activity would be the International Narcotics Control Board (INCB) Learning Project3 that assists member States to improve availability of internationally controlled essential medicines. (https://www.incb.org/incb/en/project-learning/e-learning-modules_main.html)
“Resilience, in a sense, is applied optimism”

-Kate O’Neill
Acknowledgements
For their most valued insights and contributions to this talk

1. Members of the following Professional Societies and Organizations:
   - Philippine Society of Hospice and Palliative Medicine
   - Pain Society of the Philippines
   - Hospice Philippines
   - Home Health Care Providers of the Philippines
   - Asia Pacific Hospice Palliative Care Network
   - Union for International Cancer Control
   - Philippine Oncology Nurses Association

2. Dangerous Drug Board of the Philippines.
References

1. Philippine Statistics Authority website
3. The experience of pain among cancer patients at the University of the Philippine: Philippine General Hospital Cancer Institute – A cross sectional study; Harold Nathan C. Tan, Rogelio Nona Velasco, Lance Isidore Garcenila Catedral, Michael Ducusin San Juan, Corazon Ngangel, and Emiliano Calvo; Journal of Clinical Oncology 2021 39:15_suppl, e24078-e24078
7. THE 2015 QUALITY OF DEATH INDEX RANKING PALLIATIVE CARE ACROSS THE WORLD An Economist Intelligence Unit study, commissioned by the Lien Foundation KEY FINDINGS INFOGRAPHIC
9. International Narcotics Control Board (data); The World Bank (population)
Created by: Walther Global Palliative Care & Supportive Oncology, Indiana University Simon Comprehensive Cancer Center, 2022
Improving access to morphine “a culturally tough medicine”: Experiences from China

Ning Xiaohong
Palliative Medicine Center of PUMCH
2023.9.12
➢ Cultural Perspective on Pain Management
  • Expressing pain openly is often seen as a sign of weakness

➢ Stigma Surrounding Opioid Medications
  • Morphine, have been stigmatized due to their potential for addiction and abuse.
  • China experienced two Opium Wars, casting a certain psychological shadow regarding the use of opioid medications like morphine is left

➢ Lack of Education and Awareness
  • Do not have sufficient knowledge about the use of morphine
  • Lack of education and awareness result in misconceptions and fears surrounding its use.

Trend of medical morphine consumption in China

- Since the introduction of the World Health Organization's three-step cancer pain treatment approach in the 1990s, the clinical use of opioid drugs in China has consistently aligned with international standards.
- The annual total consumption of medical morphine in China has gradually increased from less than 10 kg in the 1980s to 2038 kg in 2020.
A relatively positive trend in the use of narcotic analgesics for pain management in China

- According to data from the annual report of INCB [1,2], the morphine consumption in China in 2018 was 2.1 times higher than that in 2009.
- Over the past decade, there has been a significant overall increase in morphine consumption in China.
- However, its share in global consumption has only increased from 2.04% to 4.20%.
- There remains a severe shortage of opioid analgesics, especially in the treatment of chronic pain, particularly cancer pain control.阿片药物的使用量相当于实际需求的16%。

A Review of the Regulations on the Supply and Management of Anesthetic Drugs

1949: Founding of the People's Republic of China

1994: Restricted Supply

2000: Planned Supply

Up to the present day: On-Demand Supply
A series of policies and management measures to regulate the use of morphine.

➢ Medical institutions have implemented a record-keeping management system for anesthetic drugs and Class I psychotropic drugs, in addition to injectable solutions.

- 《Pharmaceutical Administration Law》
- 《Regulations on the Administration of Anesthetic Drugs》
- 《Regulations on the Administration of Psychotropic Drugs》
- 《Guiding Principles for Three-Tiered Cancer Pain Relief》
- 《Management Measures for the Supply of Anesthetic Drugs and Class I Psychotropic Drugs in Medical Institutions》
- 《Notice on the Maximum Dose of Morphine for Cancer Patients》
- 《Guidelines for the Use of Strong Opioids in the Treatment of Chronic Non-Cancer Pain》
- 《Regulations on the Application for Special Cards for Anesthetic Drugs by Cancer Patients》
- 《Prescription Management Measures》
- 《Regulations on the Administration of Anesthetic Drugs and Class I Psychotropic Drugs》
- 《Regulations on the Administration of Anesthetic Drugs》
- 《Regulations on the Administration of Psychotropic Drugs》
- 《Notice on the Maximum Dose of Morphine for Cancer Patients》
- 《Guiding Principles for Three-Tiered Cancer Pain Relief》
- 《Regulations on the Administration of Psychotropic Drugs》
- 《Regulations on the Administration of Anesthetic Drugs》
- 《Pharmaceutical Administration Law》

A series of policies and management measures to regulate the use of morphine.
Currently no restrictions from policies on the use of anesthetic drugs

But, both hospitals and doctors lack enthusiasm.

➢ the variety and specifications of anesthetic drugs in hospitals are not comprehensive, and each hospital has different drug management regulations, limiting the number of types and specifications of a particular drug.

➢ doctors perceive a significant responsibility when prescribing anesthetic drugs, leading to their reluctance to do so.

➢ Doctors worry about the Addiction and side effect of opioids.

➢ Off label use of morphine should be supported officially, eg, to use morphine at end stage refractory dyspnea.

➢ ……
Ways for improving morphine usage

- Relax the restrictions on the types and specifications of opioids
- Inspector of pain management by the relevant department
- Education of medical students and physicians on pain management and opioid use
Thank you all for being here and listening.
Why we made our own morphine liquid and talked to the policeman: Experience from East Africa

Dr Emmanuel Luyirika
Executive Director,
African Palliative Care Association
APCA’s Strategic Objectives

1. To increase the knowledge and awareness of palliative & comprehensive chronic care linked to advocacy through & collaboration with all stakeholders (Including the Triennial Conference, African Ministers of Health Palliative Care Session, Webinars, Social Media, etc.)

2. To support the improvement of health systems in Africa through the integration of palliative and comprehensive chronic care at all levels (Essential Palliative Care Medicines and Technologies, Palliative Care Training and Education, Palliative Care Policy development, Palliative Care Service Delivery- Small Grants)

3. To build an evidence base for palliative and comprehensive chronic care in Africa

4. To ensure sustainability palliative care as a discipline and approach to comprehensive chronic care in Africa
History of the low-cost morphine production model

- In 1993 Dr Anne Merriman started Hospice Africa Uganda and started local morphine reconstitution model

- This was followed in 2004 with a statutory instrument that allows appropriately trained nurses and clinical officers to prescribe oral morphine

Dr Anne Merriman founder of Hospice Africa Uganda with Dr Stephen Watiti a key survivor and palliative care advocate at the August 2022 African Conference Kampala, Uganda
Progress towards a national oral morphine reconstitution model

• In 1998 Dame Ruth Sims and Dr Veronica Moss of Mildmay UK started Mildmay Uganda an HIV facility was as a partnership between Uganda Government and Mildmay Mission Hospital UK with DFID and later CDC funding

• Mildmay Uganda also started its local oral morphine reconstitution using the “Kitchen sink” approach

• Uganda then moved to a centralized reconstitution model

Dr Veronica Moss with a child after starting the Uganda programme (Photo Credit: Mildmay UK)
The Ugandan Model of Low Cost Oral Liquid Morphine Production

This model being expanded in sub-Saharan Africa started in Uganda. It is a whole system of strategic partnership for local opioid production:

- **Funding** – Ministry of Health
- **Procurement** – Joint Medical Stores (FBO owned by Catholic and Anglican Churches)
- **Production** – Hospice Africa Uganda (NGO)
- **Warehousing/storage** – National Medical Stores (Govt)
- **Distribution** – Joint Medical Stores & National Medical Stores
- **Training of prescribers** including nurses/clinical officers – Hospice Africa Uganda & Makerere University with support from, MOH & PCAU. APCA provides scholarships for training
- **Accreditation of sites** – Palliative Care Association of Uganda (PCAU)
- **Dispensing** at health facilities and in patients homes
- **Administration of medicines** at home
- **National Committee** – All stakeholders hosted by MoH every 3 months; PCAU & MoH ensure Narcotics Police involvement
Morphine Solution ingredients

- Food grade colour: Ponceau Red and DC Apple Green
- Sodium Benzoate (preservative)
- Morphine Sulphate powder
- Purified water
Ponceau Red colouring
DC Apple Green colouring
Morphine Sulphate-Active ingredient
Water purification plant
Current formulations produced in Uganda

- Oral Morphine Solution 1mg/ml 500ml (Green)

- Oral Morphine Solution 1mg/ml 250ml (Green)

- Oral Morphine Solution 10mg/ml 250ml (Red)
Why Oral liquid morphine?

- Easier for titrating doses

- Limitation for illicit use (the liquid cannot be converted into products for illicit use)

- Easier to manufacture

- It’s a cheaper option (a whole bottle costs less than $3)

- Improves access for children and even patients with swallowing difficulties
The role of non-physician prescribers of opioids: nurses and clinical officers (medical assistants)
Guarding access to oral morphine is a continuous process at the following levels:
- Policy and Law
- Financing
- Supply Chain
- Education
- Service delivery and prescription

Palliative care stakeholders meeting the Parliamentary Committee on health to ensure access to morphine is safeguarded in the new Narcotic Medicines and substances Bill now Act
On awareness do not leave out the Police

APCA staff with a team of police officers in Uganda after an awareness session
Extending the model to other African countries

- The African Palliative Care Association facilitates experiential country-to-country learning to extend the model to other countries
- Recipient countries of this arrangement include:
  - Rwanda
  - Eswatini
  - Kenya
  - Tanzania
  - Malawi
  - Zimbabwe etc.
Increasing knowledge and awareness

APCA team with representation from Uganda, Rwanda, Tanzania associations presenting to the East African Legislative Assembly meeting in Zanzibar as part of the advocacy for improving access to medicines and palliative care.

APCA team presenting to the East African Legislative Assembly meeting in Zanzibar

Supporting our partner PCAU as they meet members of the Health Committee of the Ugandan Parliament
Engaging the policy makers: African Ministers of Health Palliative Care Sessions

Each minister of Health Palliative Care Session has a focus and an eventual declaration

1. Johannesburg 2013: focused on unanimous support for the 2014 WHA Palliative Care Resolution

2. Kampala 2016: focused on implementation of the WHA Palliative Care Resolution and appropriate technologies including Radiotherapy and the mobile phone applications

3. Kigali 2019: focused on the Basic Palliative Care Package for inclusion in UHC

4. Kampala 2022: focused on integration of palliative care into epidemics and pandemics preparedness, staff training and service delivery to avoid a repeat of loneliness and suffering experienced by many patients during COVID19

Kigali 2019 African Ministers of Health Palliative Care Session
Extending the Model to other countries.

• Creating opportunities for others to learn from the Uganda model

The Minister of Health of Eswatini (Swaziland) at the Morphine production unit in Uganda before Eswatini on an APCA-facilitated trip
Expanding training to DRC

APCA works across Africa with and through
- Ministries of Health
- National and regional Parliaments
- National Palliative Care Associations
- Local governments
- Hospices and specialists and non specialist hospitals
- Homebased care and community organisations
- Patient and disease survivor organisations
- Health worker training institutions and universities
- Faith-based organisations etc.
- Individuals with palliative care passion and interest
- Other CSOs

APCA staff with DRC MoH, Pallia Famili and rep of Network of Hospitals in DRC in Kisantu at Kisantu in Equator Province OF Democratic Republic of Congo April 2021
Training and mentorship to expanding access to oral liquid morphine

Methodology:
- Identified wider stakeholders at MoH, University of Kinshasa, Civil society
- Site visits and Needs assessment
- Designed an appropriate training package
- Implemented at 10 hospital sites concurrently over a 6 months period using the ECHO platform
- Ran a mentorship programme monthly for the 10 sites over 12 months covering clinical care and management of sites and medicines
- Did an experiential visit for the 7 member team from DRC for a week in Uganda
- Developed integrated draft guidelines for use of controlled medicines in DRC, covering palliative care, general practice, mental health, anaesthesia, harm reduction

Results: Trained 10 hospital teams concurrently over 18 months in two provinces of DRC

Meeting the multidisciplinary teams at Kisantu St Luc Hospital Kisantu, Equator Province one of the ten hospitals for the training
Documentation at the facility
DRC delegation studying the Uganda national morphine supply chain
Countries that APCA has provided technical assistance to start production

- Uganda
- Kenya
- Rwanda
- Eswatini
- Botswana
- Malawi
- Tanzania
- Zimbabwe
- DRC (still early phase)

APCA team meeting controlled medicines stakeholders at DRC MoH Kinshasa in April 2021
Acknowledgements of APCA Partners

- Hospice Africa Uganda and the Institute of Hospice and Palliative Care in Africa
- The Ministry of Health Uganda
- Uganda National Medical Stores
- Joint Medical Stores
- American Cancer Society
- The Bartlett Foundation
- Global Institute of Psychosocial, Palliative and End of Life Care (GIPPEC)
- Global Partners in Care
- King's College London
- Open Society Foundations - New York (OSF)
- Rand Corporation
- National Institutes of Health
- Makerere University School of Public Health
- The Open Society Initiative for Eastern Africa (OSIEA)
- The Open Society Initiative for Southern Africa (OSISA)
- Uganda Cancer Institute
- The True Colours Trust
- University of Leeds
- University of Navarra
- World Health Organization
- Worldwide Hospice Palliative Care Alliance (WHPCA)
- National Palliative Care Associations in Africa
- Walther Centre, University of Indiana
- IAHPC
- IHPCA/HAU
- Ministries of Health of Uganda, Rwanda, DRC, South Africa, Kenya, Eswatini, Zimbabwe, Malawi, Ghana, Togo, The Gambia, Liberia, Mozambique, Namibia, Botswana, Tanzania,
- East African Legislative Assembly,
- Our partners in Research and Academia in Africa, Europe and North America
Safeguarding access to pain medicine in Lebanon

Presenter:
Janane Hanna, RN, MSN, AOCNS
Clinical Nurse Specialist-Pain & Palliative Care
American University of Beirut Medical Center
Balsam-The Lebanese Center for Palliative Care
Challenges

- Availability of opioids in Lebanon
  - Limited armamenturm of opioids
  - Financial crisis started end of 2019

- Accessibility to patients
  - Prescription limitations
  - Inadequate knowledge
  - Pricing
  - Social stigma
## Availability of Opioids Lebanon

<table>
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<tr>
<th>Narcotics</th>
<th>Composition</th>
<th>Key Routes</th>
<th>Form</th>
<th>Availability</th>
<th>Dosage</th>
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<td></td>
<td>Morphine Sulfate</td>
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<td>Pre-012</td>
<td>10, 30, 60, 100</td>
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<td>Elixir</td>
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<td>Suppository</td>
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<td>Rectal</td>
<td>Vial</td>
<td>Pre-2012</td>
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<td>Injectible</td>
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<td></td>
<td></td>
<td>Transdermal</td>
<td>Patch</td>
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<td>Nasal Spray</td>
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<td>Oral Lollipop</td>
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## Availability in Lebanon

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<th>Availability</th>
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<td>2mg, 5mg</td>
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<td>Vial</td>
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The WHO list of essential medicine and that of IAHPC

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<td>Morphine, PO Immediate Release (tablet or liquid)</td>
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<td>Morphine, PO controlled release Granules formulation</td>
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<tr>
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<tr>
<td>Oxycodone, PO Immediate Release</td>
<td>✓</td>
</tr>
<tr>
<td>Fentanyl, TD</td>
<td>✓</td>
</tr>
<tr>
<td>Methadone, PO Immediate Release</td>
<td>✓</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: WHO 2015, International Association of Hospice & Palliative Care
Over the years, Lebanon witnessed major improvements in the accessibility of opioid drugs

### Major regulatory milestones

<table>
<thead>
<tr>
<th>Patient</th>
<th>Pre-2006</th>
<th>2006 - 2009</th>
<th>Post 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Cancer</td>
<td>Moderate to severe pain resistant to other analgesics</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescribing Doctor</th>
<th>Pre-2006</th>
<th>2006 - 2009</th>
<th>Post 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncologists</td>
<td>Oncologists</td>
<td>Oncologists or Pain Management Or Palliative Care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Required</td>
<td>Not Required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validity of single prescription</th>
<th>Pre-2006</th>
<th>2006 - 2009</th>
<th>Post 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 days</td>
<td>1 month</td>
<td>1 month</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approvals required for every drug delivery</th>
<th>Pre-2006</th>
<th>2006 - 2009</th>
<th>Post 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotics Department of MoH</td>
<td>ID Card issued by MoH valid for 10 deliveries</td>
<td>ID Card issued by MoH valid for 10 deliveries</td>
<td></td>
</tr>
</tbody>
</table>
Only select pharmacies are allowed to deliver opioid, the number of pharmacies varies widely among the Kazas.

Number of Pharmacies Delivering Opioids by Kaza

- **Beirut**: 7 pharmacies
- **North Lebanon**: 16 pharmacies
- **South Lebanon & Nabatiyeh**: 8 pharmacies
- **Bekaa**: 1 pharmacy
- **Mount Lebanon**: 33 pharmacies
Opioids consumption in Lebanon
### Prices of Opioids in Lebanon by unit price

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price per Unit in US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine vials 10mg/ml</td>
<td>1.26</td>
</tr>
<tr>
<td>MST 10mg tablets</td>
<td>0.18</td>
</tr>
<tr>
<td>MST 30mg tablets</td>
<td>0.44</td>
</tr>
<tr>
<td>MST 60mg tablets</td>
<td>0.47</td>
</tr>
<tr>
<td>MST 100mg tablets</td>
<td>0.7</td>
</tr>
<tr>
<td>Durogesic 25mcg</td>
<td>3.45</td>
</tr>
<tr>
<td>Durogesic 50</td>
<td>6.9</td>
</tr>
<tr>
<td>Durogesic 100</td>
<td>8.8</td>
</tr>
<tr>
<td>Abstral 100, 200</td>
<td>4.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price per Unit in US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targinact 10/5</td>
<td>0.7</td>
</tr>
<tr>
<td>Targinact 20/10</td>
<td>0.86</td>
</tr>
<tr>
<td>Oxynorm 5mg Tablets</td>
<td>0.26</td>
</tr>
<tr>
<td>Oxynorm 10mg tablets</td>
<td>0.26</td>
</tr>
<tr>
<td>Oxynorm 20 mg tablets</td>
<td>0.5</td>
</tr>
<tr>
<td>Oxynorm 10mg/ml vials</td>
<td>3.6</td>
</tr>
<tr>
<td>Opioid</td>
<td>Equianalgesic dose</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Fentanyl patch</td>
<td>25mcg every 72 hours</td>
</tr>
<tr>
<td>Morstel</td>
<td>10 mg po q 4hours</td>
</tr>
<tr>
<td>Oxycontin</td>
<td>Oxycontin 20 mg Q12hrs</td>
</tr>
</tbody>
</table>
Solution

• Develop a national medication policy of essential pain medications that ensures supply chain demand.

• Manufacture opioids in Lebanon

• Develop and implement an opioid prescribing course.

• Amend opioid prescribing law to make opioid prescription based on competency (passing the opioid prescribing course) not specialty.

• Improve awareness through public education campaigns
Accessibility: Way Forward

Digital Solutions

Monitor
- Misuse of opioids
- Medication side effects
- Opioid rotation

Enable
- Research
- Overall pain management plan
- Etc.
Government approaches to prevent misuse and achieve a balanced policy: Australian evidence of outcomes

Suzanne Nielsen BPharm BPharmSc(Hons) PhD MPS
Professor and Deputy Director
Monash Addiction Research Centre

September 12, 2023
Opioid Use in Australia

Quantity decreasing each year

Opioid harm in Australia

• Since 2014 >1000 deaths per year
• Rx opioid deaths now declining
• Steady increase in heroin deaths and nonfatal overdoses
• Deaths from opioids used for pain:

- Chronic pain 49%
- No history 76%
- History of injection 24%

Opioid-related deaths in Australia

(Chrzanowska et al 2022)

*preliminary data (to be revised)
## Interventions and evidence of effect

<table>
<thead>
<tr>
<th>Year</th>
<th>Change</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Oxycodone reformulation</td>
<td>Mixed</td>
</tr>
<tr>
<td>2018*</td>
<td>Codeine rescheduling (all products prescription only)</td>
<td>Reduced harm, no evidence of unintended effects</td>
</tr>
<tr>
<td>2019*</td>
<td>National Prescription Drug Monitoring Program</td>
<td>Limited evidence /limited impact to date</td>
</tr>
<tr>
<td>2019</td>
<td>National Take Home Naloxone Program (pilot)</td>
<td>Increased supply, estimated 3 lives saved/day</td>
</tr>
<tr>
<td>2020</td>
<td>Changes access to subsidised opioids:</td>
<td>Reduced supply</td>
</tr>
<tr>
<td></td>
<td>Reduced quantities (acute pain)</td>
<td>Limited evaluation of health outcomes</td>
</tr>
<tr>
<td></td>
<td>Ltd indications (severe chronic pain, 2-3rd line)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Requirement for a second review</td>
<td></td>
</tr>
<tr>
<td>2023</td>
<td>Opioid Agonist Treatment funding</td>
<td>Not yet measured</td>
</tr>
</tbody>
</table>

* To discuss today
Codeine rescheduling to prescription only

- All codeine prescription only - February 2018 – note limited evidence for efficacy of low dose codeine for pain that were over-the-counter
- Consistent evidence of large decreases in poisoning, dependence
- Evidence of no impact on pain management or increased prescribing of other medicines
- Implementation context → considerable investment in patient and provider education about alternative pain management/reason for change
Prescription Drug Monitoring Programs

- Provides information to doctors (prescribers) and pharmacists (dispensers) about patient's history of controlled medicine use when they are considering prescribing / dispensing

Goals:
- Identify patients at risk of harm
- Limit visiting multiple doctors for controlled medicines
- Provide regulators with data

Controlled medicines include pain medications such as oxycodone, morphine and fentanyl and other high-risk medicines (determined within each State or Territory), e.g. benzodiazepines, prescription stimulants.
Outcomes: real time prescription monitoring

- Limited research (most from Victoria, first state to make mandatory)
- Anecdotal feedback from clinicians supports clinical utility of information

- **Challenges** for patients centred on experiences of stigma and lack of access
- Impact of policies different when a large population already rely on strong opioids
No impact of PDMP on ‘high dose’ prescribing

- Background trend of reducing opioid supply
- Only significant impact on lowest dose group
- No immediate or longer term impact on higher dose prescribing
- Increased prescribing of non-monitored medicines (e.g. tricyclic antidepressants)

Summary

- Range of polices have evolved over time, not one policy or one setting
- Implementation context is key (Are alternatives available for pain management? How are needs of dependent populations addressed?)
- Harm reduction and treatment for opioid dependence also important in preventing mortality from opioids
- Get good clinical governance and information systems in place early to avoid unintended harms and support confidence in increasing evidence-based access
- Focus needs to be from a health rather than a law enforcement perspective
References: codeine rescheduling and prescription monitoring in Australia

Panel discussion
In your view, why access to morphine for medical purposes has been such an intractable problem?
In your view, what should be the main elements of the roadmap to improve safe access to morphine by 2030?

• 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
Q&A with the audience
Thank you

What can be done to improve safe access to medical morphine?
Reflecting backward and looking forward

12 September 2023

1430 to 1600 (Geneva time)

What can be done to improve safe access to medical morphine?
Lessons from countries
14 September 2023

1700 to 1830 (Geneva time)