What can be done to improve safe access to medical morphine?
Lessons from countries
14 September 2023
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=h3kIGKSnbq4
https://www.youtube.com/watch?v=T2dVuNYyrAk
https://www.youtube.com/watch?v=6NhB7HXrjQc
Today's session

Felicia Knaul  
Professor, the Leonard M. Miller School of Medicine, The University of Miami, USA  
Former Chair, The Lancet Commission on Palliative Care and Pain Relief

Keith Humphreys  
Professor, Psychiatry and Behavioral Sciences, Stanford University, USA  
Former Chair, The Lancet Commission on the North American Opioid Crisis

Lukas Radbruch  
Chair of Palliative medicine at the University of Bonn  
Director of the department of Palliative medicine at the University Hospital Bonn, Germany.

M. R. Rajagopal  
Founder and former Chairman, Pallium India, India  
Director, WHO Collaborating Centre for Policy and Training on Access to Pain Relief, India

Paola Marcela Ruíz Ospina  
President, Latin American Association for Palliative Care, Colombia

Stephen Connor  
Executive Director, Worldwide Hospice Palliative Care Alliance, London, UK
Access to Opioids:
The India Story

M.R. Rajagopal
TIPS, Pallium India
rajagopal@palliumindia.org

www.palliumindia.org
Background

India: Poppy growing country
Prior to 1985:
Morphine consumption
>600 kg, mostly for acute pain
Two opposing forces
1985: The Draconian Narcotic Drugs & Psychotropic Substances (NDPS) Act
1985: Narcotic Drugs & Psychotropic Substances Act

- Different states - different rules for possession, import, export (across states)
- 3-4 licenses from different departments
- Stringent punishment even for possible clerical errors

THE RESULT:
Steep drop in consumption
Civil Society Efforts for Opioid Access, 1995 onwards:

- Advocacy with Government of India with international support:
  - WHOCC at Madison Wisconsin
  - Human Rights Watch
- Public interest litigation in Delhi High Court by Mr Ghooi (son of patient) - 1997
- Advocacy with 18 state governments
- Public interest litigation in Supreme Court of India, 2008
- Advocacy for legislation by Government of India 2008-2014
- Advocacy for correcting deficiencies – ongoing.

www.palliumindia.org
Civil Society Efforts for Opioid Access, 1995 onwards: Morphine consumption
Organization of palliative care: Modified WHO Strategy

- Professional Education
- Public Awareness
- Opioid access
- Policy & implementation
- Service delivery
Organization of palliative care: Modified WHO Strategy

Professional Education
Medical curriculum 2019
Nursing curriculum 2022

Opioid access

Policy & implementation
Service delivery
Organization of palliative care: Modified WHO Strategy

National Health Policy 2017
Fill the implementation gap
Improve service delivery across the country
Fears and barriers

Professionals

Public

Bureaucrats

Law

Key: Public awareness
REMOVING BARRIERS TO PAIN RELIEF IN LATIN AMERICA THROUGH PROMOTION AND LEadership

PAOLA MARCELA RUIZ OSPINA
PALLIATIVIST GERIATRIST.
LEADER OF CONTINUOUS CARE UNIT, SES UNIVERSITY HOSPITAL OF CALDAS.
VIVESSALUD HOME PALLIATIVE CARE PROGRAM COORDINATOR.
ASOCUPAC EXPRESIDENT.
ALCP PRESIDENT
GRATITUDE
Multiple morbidity

Diseases with complex symptoms

Chronic progressive diseases

Neglected child population in CP

PALIATIVE CARE

CURRENT MODEL IN LIGHT OF THE NEED

OPIOID MEDICATIONS: NOT ONLY FOR PAIN, NOT ONLY FOR ADULTS!!!
THERE IS AN IMMENSE SHORTAGE OF PALLIATIVE CARE SERVICES AROUND THE WORLD

NEW WAYS!!!!
ALL COUNTRIES IN THE REGION HAVE IMPROVED IN THE LAST 8 YEARS IN
Education
Investigation
Health policy
Opioid use
Service provision
Vitality (National Associations)

Opioid consumption in Latin America has increased in recent years, but great inequity persists.
REGIONAL PROBLEMS

• Most countries have at least 5 types of opioids

• 6 countries in the region (Dominican Republic, Ecuador, El Salvador, Honduras, Paraguay and Trinidad and Tobago) do not have immediate release morphine.

• Some of these countries do have much more expensive formulations, such as extended-release morphine or transdermal fentanyl, the latter present in almost all countries in the region.

• Another problem reported, although essential medicines could be present in the formulary, some countries declared not having the product most of the time.

BARRIERS IN ACCESS TO OPIOID MEDICATIONS IN LATIN AMERICA

Figura 1. Impedimentos a la disponibilidad mencionados por las autoridades nacionales competentes (2022)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problemas en la obtención de las sustancias</td>
<td>31%</td>
</tr>
<tr>
<td>Falta de capacitación o sensibilización de los profesionales</td>
<td>26%</td>
</tr>
<tr>
<td>Temor a la adicción</td>
<td>24%</td>
</tr>
<tr>
<td>Recursos financieros limitados</td>
<td>24%</td>
</tr>
<tr>
<td>Actitudes culturales</td>
<td>21%</td>
</tr>
<tr>
<td>Temor a la desviación</td>
<td>21%</td>
</tr>
<tr>
<td>Medidas de control del comercio</td>
<td>14%</td>
</tr>
<tr>
<td>Miedo al enjuiciamiento o las sanciones</td>
<td>13%</td>
</tr>
<tr>
<td>Reglamentación onerosa</td>
<td>8%</td>
</tr>
</tbody>
</table>

Fuente: Encuesta de la JIFE a los Estados Miembros, 2022.
EDUCATION
ADVOCACY
Availability of essential medications for pain and palliative care at all levels of care

General availability of immediate-release oral morphine (in liquid or tablet form) at the primary level of care

Modelo conceptual para el desarrollo de los cuidados paliativos
THE REAL CRISIS OF OPIOIDS... IN PALLIATIVE CARE IS NOT HAVING THESE AVAILABILITY TO MITIGATE UNNECESSARY HUMAN SUFFERING...
Closing the Global Divide:
Palliative Care & Pain Relief

WHO Webinar III: What can be done to improve safe access to medical morphine? Lessons from countries
September 14th 2023

Dr. Felicia Marie Knaul
University of Miami Sylvester Comprehensive Cancer Center, Institute for Advanced Study of the Americas & Miller School of Med. And, Tómate a Pecho, A.C.
http://www.thelancet.com/commissions/palliative-care
ALLEViating THE ACCESS ABYSS IN PALLIATIVE CARE AND PAIN RELIEF—An Imperative Of Universal Health Coverage

THE LANCET COMMISSION REPORT

The Lancet Commissions

Executive Summary

In surveying, complex pain is the largest issue. It is more than twice as common as cancer. It is a key factor in the quality of life and is often caused by chronic conditions such as diabetes, cancer, and other illnesses. It can lead to disability and even death. In low-income countries, the burden is even greater, with pain management often unavailable or inaccessible. Pain relief is a basic human right, and it is time to act. Pain is not a luxury, it is a necessity. It is time to address this global health emergency. Pain is not just a medical issue, it is a human rights issue. Pain relief is a matter of justice. It is time to ensure that everyone has access to pain relief and palliative care. It is time to act.
OUTLINE

1. Global need: Serious Health-related Suffering (SHS)
2. Intervention: an essential package
3. Access to opioid medicines: DOME
4. Unmet need, Access to pain relief: DOME/SHS
5. Strengthening health systems for and with access to pain relief and palliative care
GLOBAL BURDEN OF SERIOUS HEALTH-RELATED SUFFERING (2019)

26+ million deaths
- Half of the 55 million global deaths

42+ million people experienced SHS
- Non-decedents

At least 68+ million people worldwide: 80% in LMICs
### Medicine

<table>
<thead>
<tr>
<th>Medicine</th>
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<tbody>
<tr>
<td>Amitriptyline</td>
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<tr>
<td>Bisacodyl (Senna)</td>
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<tr>
<td>Dexamethasone</td>
</tr>
<tr>
<td>Diazepam</td>
</tr>
<tr>
<td>Diphenhydramine (chlorpheniramine, cyclizine, or dimenhydrinate, oral &amp; injectable)</td>
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<tr>
<td>Fluconazole</td>
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<tr>
<td>Loperamide</td>
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<tr>
<td>Metoclopramide</td>
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<tr>
<td>Metronidazole</td>
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<tr>
<td><strong>Morphine</strong></td>
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<tr>
<td>Naloxone Parenteral</td>
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<tr>
<td>Omeprazole oral</td>
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<tr>
<td>Ondasetron</td>
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<tr>
<td>Paracetamol oral</td>
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<td>Petroleum jelly</td>
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### Medical Equipment

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<tr>
<th>Medical Equipment</th>
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<tbody>
<tr>
<td>Pressure Reducing Mattress</td>
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<tr>
<td>Nasogastric drainage or feeding tube</td>
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<tr>
<td>Urinary catheters</td>
</tr>
<tr>
<td><strong>Opioid lock box</strong></td>
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<tr>
<td>Flashlight with rechargeable battery</td>
</tr>
<tr>
<td>Adult diapers/ Cotton and Plastic</td>
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</tbody>
</table>

**Morphine: off-patent, immediate release, oral and injectable**

**Aligned with Sustainable Development Goals (SDGs): Should be made universally accessible by 2030**
DISTRIBUTED OPIOID MORPHINE-EQUIVALENT (DOME)

- Morphine,
- Pethidine
- Codeine
- Oxycodone
- Hydromorphone
- Fentanyl

Country-reported data from the International Narcotics Control Board

Conversion to ME:, 0.25, 83.33, 1.33, 5, 0.417
AS A % OF TOTAL DOME, 1990 AND 2019

1990

2019

% Pethidine & Codeine

% Morphine

% Fentanyl + oxycodone + hydromorphone
DISTRIBUTED OPIOIDS: BY INCOME REGION, 1990-2019, MORPHINE-EQUIVALENT IN KGS

High Income: 225,000

Upper-middle: 11,000

Lower-middle: 1,700

Low: 170

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Lower-middle</th>
<th>Upper-middle</th>
<th>High Income</th>
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<tbody>
<tr>
<td>1990</td>
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<td>2010</td>
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<tr>
<td>2019</td>
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</table>
THE GLOBAL PAIN DIVIDE: DISTRIBUTED OPIOID MORPHINE-EQUIVALENT (DOME, MG/PATIENT) & % OF SHS PALLIATIVE CARE NEED, 2019

- The 50% poorest: <1%
- The 10% richest: 90%

Source: Author calculations using INCB (2017-19) and IHME-2019.
TOTAL MEDICAL AND PALLIATIVE CARE UNMET NEED FOR OPIOID ANALGESICS (IN DOME), 2019

BENCHMARK: WESTERN EUROPE HIGH-INCOME

Potential Met Need Based on Morphine Equivalent: Income groups (% 1990 to 2019)

- Low
- Lower-middle
- Upper-middle
- High

<table>
<thead>
<tr>
<th>Year</th>
<th>Low %</th>
<th>Lower-middle</th>
<th>Upper-middle</th>
<th>High %</th>
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<tbody>
<tr>
<td>1990</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>6</td>
<td>&lt;1</td>
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<tr>
<td>2000</td>
<td>2</td>
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<td>2010</td>
<td>20</td>
<td>3</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>2019</td>
<td>25</td>
<td>3</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>
DOME by Medicine versus SHS
South Africa, Colombia, Thailand (1990-2019)

% Potential met need: palliative care pain relief (SHS)

South Africa

Colombia

Thailand

Fentanyl
Oxycodone
Hydromorphone
Morphine
Pethidine
Codeine

% Potential met need:

South Africa

Colombia

Thailand

85 %

556

113

25 %
Annual estimated cost of closing the pain divide: meeting global palliative care need using morphine (DOME)

- Price paid: $US600 million
Universal Health Coverage

UHC: All people must obtain the health services they require—prevention, promotion, treatment, rehabilitation, and *palliative care*—without risk of impoverishment (WHO).

Through health system strengthening and health reform undertaken in the difficult context of epidemiological transition and fragmented health systems

Without access to pain relief and palliative care neither UHC nor SDG3 can be achieved

Palliative care and pain control have been ignored in most countries
PALLIATIVE CARE AND PAIN RELIEF AND HEALTH SYSTEMS

Strong health systems require strong palliative care and pain relief systems—and vice-versa. This symbiotic, mutually reinforcing relationship should be cultivated and leveraged using diagonal approaches to substantively advance universal health coverage.

- Increasing access to high-quality palliative care and pain relief
- Strengthening health systems for UHC
INTEGRATE INTO UHC  
BY STRENGTHENING HEALTH SYSTEMS  
BY FUNCTION

<table>
<thead>
<tr>
<th>Stewardship</th>
<th>Financing</th>
<th>Delivery</th>
<th>Human Resources</th>
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</thead>
<tbody>
<tr>
<td><strong>Priority setting:</strong> national health agenda</td>
<td>Explicit inclusion in national insurance &amp; social security</td>
<td>Develop and implement secure opioid supply chain and ensure prescription practices</td>
<td>General competency mandatory component of ALL health professional curricula</td>
</tr>
<tr>
<td><strong>Planning:</strong> comprehensive guidelines, programs</td>
<td>Guarantee public funding with specific budget allocations; start with EP</td>
<td>Establish hub-and-spoke distribution networks</td>
<td>Establish as a recognized medical &amp; nursing specialty</td>
</tr>
<tr>
<td>In sub-national health agenda</td>
<td>Develop pooled purchasing for competitive prices</td>
<td>Integrate: all levels of care and disease-specific programs</td>
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<tr>
<td><strong>Regulation:</strong> integrated guidelines that encompass all providers</td>
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<tr>
<td><strong>Monitoring and evaluation of performance</strong></td>
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<tr>
<td><strong>Intersectoral advocacy</strong></td>
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</tbody>
</table>

LCGPC & PR Recommendations (2017) & WHO report: Left behind in pain (2023)
A balanced approach is essential – adequate attention to medical needs of all patients, **and** management of risk of non-medical use

**Yet...**
THE GLOBAL PAIN DIVIDE IN SCIENCE AND LITERATURE: A BIBLIOMETRIC REVIEW

Opioid Access and Pain Disparities
Only 7% of the research focuses on disparities and inequity in access to palliative care and pain medication

Opioid Addiction and Use Disorder
93% of research articles focus on opioid misuse, showing that research is driven by experiences in the US and Canada

[from: Closing the Global Pain Divide: balancing access and excess. Knaul, Rosa, Arreola-Ornelas, Nargund (2022), The Lancet Public Health]

31,862 Articles in Total
NEXT STEPS IN OUR RESEARCH WITH IAHPC AND THE “HUB”

• Serious Health-related Suffering 3.0

• Packages: beyond the essential, minimum and differentiate for children

• Measure *real* value to patients and families of universal access to palliative care and pain relief: SALYs
Pain is a **pandemic**.

The opioid crisis is an **epidemic**.

A **balanced** approach dedicated to **access without excess**

In global and national governance and policy is **key to remedying**

the **huge burden of needless suffering**

that plagues our world.
Commission Disclosures

- Philanthropically funded
- Commissioners volunteered the time
- Nothing in the Commission’s Report necessarily reflects the official views of Stanford University, the VA, The Lancet, or any organization that employs or supports the work of commissioners.
Commission Members

- Christina Andrews, Ph.D.
- Jonathan Caulkins, Ph.D.
- Mariano Florentino Cuéllar, J.D., Ph.D.
- Yasmin Hurd, Ph.D.
- Erin Krebs, M.D.
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- Amy Bohnert, Ph.D.
- Margaret Brandeau, Ph.D.
- Jonathan Chen, M.D., Ph.D.
- David Juurlink, M.D., Ph.D.
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- Sean Mackey, M.D., Ph.D.
- Brian Suffoletto, M.D.
- Christine Timko, Ph.D.

Advisors: Professors Richard Frank, Anne Case, Shelly Greenberg
Special Thanks to: SAMHSA Deputy Assistant Secretary Tom Coderre
The opioid crisis: 1.2 million additional deaths expected in North America by 2029

Without urgent interventions, the number of deaths will grow exponentially, and the epidemic will expand globally.
Origin of Crisis: Commission Analysis

- Initiated in time of legitimate concern about poor pain management
- Exploited by opioid manufacturers and distributors
- Enabled by failures in regulation, law, health care policy/practice
HOW MUCH DOES BIG PHARMA SPEND ON:
SALES & MARKETING vs. RESEARCH & DEVELOPMENT

IN US$ BILLION, FOR 2013
American Pain Foundation Shuts Down as Senators Launch Investigation of Prescription Narcotics

Sens. Baucus and Grassley demand evidence of financial support from the drug industry to nonprofit groups that advocate use of opioid painkillers, including the newly defunct American Pain Foundation.

by Charles Ornstein and Tracy Weber, May 8, 2012, 8:57 p.m. EDT
And yet, the opioids remain essential medicines that we cannot do without.
And Excess is only one type of Crisis
Key Conclusion:

Challenge is to expand access while avoiding corruption, profit-seeking and regulatory failure.
OxyContin goes global — “We’re only just getting started”

By HARRIET RYAN, LISA GIRION AND SCOTT GLOVER

DEC. 18, 2010

Up next
Chile, Ecuador, Peru, Uruguay, Venezuela
Plans to launch operations
Recommendation adapted from The Lancet Commission on Palliative Care and Pain Relief

- Distribute free, generic morphine for analgesia to hospitals and hospices in low-income nations
Key Point

The balance between the benefits and costs of opioids is more likely to be achieved when the profit motive is not dominant.
Lukas Radbruch
Chair of Palliative medicine at the University of Bonn
Director of the department of Palliative medicine at the University Hospital Bonn, Germany.
Opioids
High dosage

Transdermal fentanyl
12 x 2.4 mg/d
= 28.8 mg/d
= 2,880 mg/d morphine eq
Distributed opioids in Morphine Equivalent Germany (kg, 1990-2019)

Knaul et al. Lancet Group on Pain Relief and Pall Care
Deaths from Opioids Overdose

US 2015
- Palliative care needs covered by opioids: 3147%
- Deaths from opioids overdose: 33,000
- Overdose deaths/Mio inhabitants: 102.9
- Most frequent: heroin
- Illicit fentanyl and carfentany
- Prescription opioids: fraud and theft

Germany 2015
- Palliative care needs covered by opioids: 1474%
- Deaths from opioids overdose: 223
- Overdose deaths/Mio inhabitants: 2.7
- Most frequent: heroin

Figure 4: Deaths from opioids overdose, by type of opioid, in the USA, 2000-15
Source: Centers for Disease Control and Prevention. National Center for Health Statistics (Underlying Cause of Death 1999-2015, CDC WONDER Online Database, December, 2016).
Opioid prescriptions in three quarterly periods for 1.3% of all patients

Approx. 15% with more than 100 mg per day ME: male, younger patients, somatoform disorders, depression

Mental / behavioural disorders:
  inpatient treatment needed for 71 patients (0.008%)
  risk factors: male, younger, somatoform disorder, higher dosages, prescription of tranquilizer
LONTS Guidelines

Opioids are one drug-based treatment option for (...) therapy of chronic osteoarthritis, diabetic polyneuropathy, postherpetic neuralgia and low back pain

For all other clinical presentations, short- and long-term therapy with opioid-containing analgesics should be evaluated on an individual basis.

Long-term therapy with opioid-containing analgesics is associated with relevant risks (sexual disorders, increased mortality)
## Opioid Indications

### Chronic pain

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer pain</td>
<td>Somatoform pain disorders</td>
</tr>
<tr>
<td>Palliative care patients</td>
<td>Low back pain</td>
</tr>
<tr>
<td>Pain with Arthrosis</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>(Diabetic) polyneuropathy</td>
<td>Headache</td>
</tr>
<tr>
<td>Post-zoster pain</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td></td>
<td>Parkinson</td>
</tr>
<tr>
<td></td>
<td>Spinal injury</td>
</tr>
</tbody>
</table>
A Transatlantic Perspective

Recent US and German systematic reviews differ in their appraisal, with a more positive view in Europe and a negative one in the USA.

LtOT should only be performed in patients which responded to an opioid trial (opioid responders).

Opioids should not be used for fibromyalgia, irritable bowel syndrome or somatoform pain disorder.

Opioid analgesics remain an important option for the drug treatment of carefully selected patients with chronic osteoarthritis pain, low back pain and neuropathic pain.
A Transatlantic Perspective

US disadvantages

Physician-related:
- lack of access to multicomponent therapy; ease of prescribing opioids compared with other pain therapies

Patient-related:
- Focus on pain rather than on psychological distress as a target; on pain relief than on functional improvement;

Society-related:
- human right to have access to pain treatment interpreted as right to access opioid therapy; better insurance coverage for medications than for psychological pain therapies; aggressive marketing of sustained opioids
University Hospital Bonn
Palliative Care Unit: Strongbox
Dr Stephen R Connor  
Executive Director,  
Worldwide Hospice Palliative Care Alliance, London UK  

WHO Webinar:  
What can be done to improve safe access to medical morphine?

PRESENTATION:  
Lack of access to pain relief “amounts to torture”: Putting human rights at the center of government policy on access
The need for palliative care - a global perspective

- Almost 57 million need PC (Not including COVID)
  - 25.7M at EOL
- 82.5% LMIC
- 67% 50+ / 7% children
- >18 die million in pain
- + >100 million grieving people – 1 billion attend funerals
Palliative care, including pain relief, is increasingly recognized under international and regional human rights law.

- 1) the first human rights treaty to explicitly recognize the right to palliative care, the Inter-American Convention on the Rights of Older Persons (2012-15);
- 2) the first World Health Assembly resolution on palliative care (2014);
- 3) a report by the UN Special Rapporteur on Torture with a focus on denial of pain treatment (2009, 2013);
- 4) addressing the availability of controlled medicines at the UN General Assembly Special Session on the World Drug Problem (2016).
Protected Rights: States Parties shall take steps to ensure that public and private institutions offer older persons access without discrimination to comprehensive care, including palliative care...

Ensure that medicines recognized as essential by the World Health Organization, including controlled medicines needed for palliative care, are available and accessible for older persons.
Strengthening of palliative care as a component of comprehensive care throughout the life course

“Affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from controlled substances, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions, contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being”
“the de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment.”

Special Rapporteur on Torture, Professor Manfred Nowak (2009)
“Governments must guarantee essential medicines—which include, among others, opioid analgesics—as part of their minimum core obligations under the right to health and take measures to protect people under their jurisdiction from inhuman and degrading treatment.”

—UN Special Rapporteur on Torture, 2013
Criteria on the designation lack of access to pain relief as torture

- “the suffering is severe and meets the minimum threshold under the prohibition against torture and ill-treatment”;
- “the State is, or should be, aware of the suffering, including when no appropriate treatment was offered”; and
- “The Government failed to take all reasonable steps to protect individuals' physical and mental integrity.”
UNGA Special Session on the World Drug Problem (2016)

• In 2016, the UN General Assembly Special Session on the World Drug Problem adopted a consensus document that, for the first time, included a stand-alone section on controlled medicines and called for countries to take steps to ensure their availability

• “Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion”
OUTCOME DOCUMENT OF THE 2016 UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON THE WORLD DRUG PROBLEM

OUR JOINT COMMITMENT TO EFFECTIVELY ADDRESSING AND COUNTERING THE WORLD DRUG PROBLEM

UNGASS 2016

SPECIAL SESSION OF THE UNITED NATIONS GENERAL ASSEMBLY ON THE WORLD DRUG PROBLEM
Availiability of Internationally Controlled Drugs:
Ensuring Adequate Access for Medical and Scientific Purposes

Indispensable, adequately available and not unduly restricted
The Right to the Highest Attainable Standard of Health

• General Comment 14, Committee on Human Rights (ICESCR). 2000. P.34.

• In particular, States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services.
Palliative Care: A Critical Component of the Right to Health

It is critical to provide “attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity.” —UN Committee on Economic, Social and Cultural Rights, 2000

Palliative care is a recognized component of the right to the highest attainable standard of health, which is protected in article 12 of the International Covenant on Economic, Social and Cultural Rights, and in article 24 of the Convention on the Rights of the Child.
Advocacy for Palliative Care has resulted in inclusion of palliative care in key UN policy documents:

- 1990’s WHO Definition of Palliative Care (PC)
- 2013 Inclusion of PC in the UN Universal Health Coverage Continuum
- 2016 UN Gen Ass Spec Session World Drug Problem
- 2014 World Health Assembly Resolution on Palliative Care
- 2017 World Health Assembly Resolution on Cancer
- 2017 World Health Assembly Resolution on Dementia
- 2018 Astana Declaration on Primary Care
- (2023 Pandemic Treaty)
Summary

- Palliative care and pain relief are considered a part of the right to health, though it is explicitly mentioned in only a few enforceable instruments.
- The focus is on the responsibility of governments to provide education, policy, and essential medicines, not on individual clinicians.

The greatest evil is physical pain – St Augustine
Thank you!

For questions about this presentation contact me at
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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?

- 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