

## EDITORIAL

## The Opioids For Pain: Why Low and Middle-Income Group of Nations Do Not Have Enough of It?

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Amongst known global health problems, pain is considered as forerunner and studies showed that it involves an estimated 20% of adults.<sup>1</sup> Chronic pain, if untreated, leads to formidable physical, psycho social, and economic burden that has consequential impact on quality of life.<sup>2</sup> Suffering due to Cancer, HIV infection, and many others with life-threatening conditions, have grown into a mammoth sized problem demanding the need for adequate analgesic care in patients, especially in the form of palliative care. In developing countries, according to published reports this need is grossly underplayed by the relevant authorities in spite of care givers' repeated pleas.

Use of opiates or opioids has always has been a part and parcel of managing aforementioned conditions. Availability of morphine, the cornerstone for control of such pain is extremely limited and thus remaining far below the global mean explains a general lack of government policies in spite of recognizing palliative care as an essential tool for addressing these issues. World Health Organization (WHO), recommends and offers the best approach for developing skills with knowledge, to implement cost-effective measures accessible to each needy member of developing countries by prescribing suitable analgesics according to its defined ladder.

Drawing a line between high income group of nations on one side and low- and middle-income groups of countries (LMICs), on the other, it's found that in terms of prevalence, pain itself is the main issue in high income group countries,<sup>1,3,4</sup> whereas, associated problems of untreated pain are more concerning in the developing nations even with their high pain threshold.<sup>5,6</sup> It shows; high income nations have means to obtain suitable pain relieving drugs but nevertheless, suffers from misuse and other adverse consequences. On the other hand, LMICs, don't have the means to obtain the required drugs and hence suffer for the lack of it and so create an ultimate social paradox.

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It's common knowledge that opiates or opioids in general are good for treating moderate to severe pain and that is how have been considered as an important means for pain management by the World Health Organization (WHO) in 1986.<sup>2</sup> But in fact, it was being advocated for about a decade before that.<sup>7</sup> It is also known and feared, substantial risks are associated with opioid medication that include; misuse, dependence and deaths due to overdose. Moreover, there grew serious concerns about disparity in opioid analgesic consumption and distribution throughout the world creating a global issue.<sup>8,9</sup>

Studies have observed that from 2011 to 2013, over 95% of opioid analgesic used

globally was recorded in a small group of high-income nations, which happens to represent only 15% of the total population of this globe.<sup>9</sup> These countries almost always enjoyed the ready access to opioid analgesics making it possible for even prescribing opioids for non-cancer pain treatment expanding to the extensive non-medical use.<sup>10,11</sup> This misuse of opioids has caused dangerous complications: addiction, overdose leading to death are the most serious ones. All these are considered iatrogenic, which itself accrued from lack of adequate training for care givers along with indiscriminate use because of easy availability.<sup>12</sup> But the picture with LMICs, is different where availability issue dominates unreasonably and fails to meet the basic needs of pain management.<sup>9</sup> It's not difficult to list the causes for this discrepancy. The ones that top the list are financial constraint, national policy of the individual country, cultural restriction and ignorance.<sup>9,11</sup> The problem with the global opioid analgesic consumption and maldistribution were recognized by the UN General Assembly 2016 on the World Drug Problem (UNGASS 2016). The body recognized these factors and advised all concerned governments to address the issues in order to at least ensure the control and supply of opioid analgesics.<sup>13</sup>

In 2007, through a cross sectional study done in Bangladesh, the workers confirm that, lack of morphine availability resulted in physical suffering of patients and emotional distress of their families. Lack of availability of morphine was identified as the main barrier to pain control. International attention and collaboration with local policymakers are needed to simplify narcotic regulations and increase the availability of morphine.<sup>14</sup>

In an analysis done by GDPO (Global Drug Policy Observatory) in 2013,<sup>15</sup> it was found that about 83% of the world's population in over 150 countries have either no access or minimal access to morphine and other controlled drugs. But it's true that access to morphine quickly gaining ground in high income group, but global distribution discrepancies in accessing pain relief are plainly visible. Ninety per cent of the global consumption of morphine, and related drugs registered in 2009 was in countries with high income group, although labeled as 'scheduled' and 'controlled' under the UN 1961 Convention on Narcotic Drugs restricting absolute access. But it's the lack of both availability and access in LMICs,

accentuates the serious limitations resulting in differential sufferings. This has an impact that interferes the success of achieving realization of the Millennium Development 'Goal 8', that plans 'providing access to affordable essential drugs in developing countries', especially for opioid analgesics. The analysis has elaborately been described and the summary tells the following.

A substantial number of patients suffering from various ailments needing opioid analgesics have no or limited access to such drugs. This tends to affect physical, psycho-social and financial health of the community irrespective of social standing. Developed nation may be able to partially absorb the impact but developing nations would be unable to bear the brunt. oral morphine which is considered cheap is particularly needed in developing and resource-challenged countries. "Where most patients only seek medical attention when disease has advanced beyond the possibility of cure and is causing severe pain".

It's imperative that pain relief must be provided as it helps in restoring quality of life and makes it easy for some to get rehabilitated in community life. This is a fact in people belonging to third world countries. There is another reason for difficulties in obtaining opioids that happens in both sides of the fence. Restrictions quite often promotes illegal means to procure such drugs paving the way for serious consequences.

Issues like legal and cultural barriers to access the required opioid medication in the LMICs create immense 'red tapism' resulting great suffering for the deserving patients. Its common in LIMCs because of the absence of the appropriate health, regulatory, and educational set-ups. What happens? Whatever regulatory body exists, using its complex mechanism often bans the required drugs causing zero availability. However, this opens the door of the unfortunate side effect of obtaining through illegal means. The mentioned analysis has outlined certain pitfalls in the system that operates mainly in LIMCs. These are; "ineffective drug distribution systems, lack of pain management policies, inadequate training of health care workers, restrictive licensing, cumbersome dispensing procedures and limitations on the formulation and quantity of medicine that can be

prescribed”. The other important factors that need to be mentioned are Cultural barriers. There are active groups that oppose to prescription and consumption of pain medication, this again is based on tradition, superstition, lack of proper knowledge and fear of addiction disregarding the fact that most of these patients are in their terminal stage.

What authorities do? It is easy for them to either impose unnecessary over restriction or dilly-dallying to encourage import or manufacture locally. Several studies reveal that availability of oral morphine is zero to low in LIMCs. It is important to realize that cost of these medicine is not under ‘patent protection’ and can be produced with low cost in sufficient quantities to meet global/local need. But most of the manufacturers are not interested. Because of the low profit margin for its cheapness and market volatility due to rigid conformity of bureaucratic regulatory formalities. Moreover, in global market there is substantial variation between the retail prices for morphine and various other opioids rendering the more expensive ones unaffordable especially in LIMCs. In some of these countries, nevertheless, morphine has been subsidized.

It can be said unequivocally that oral morphine is safe to use if the care givers are instructed and trained properly. This is practiced already in certain countries where the problem has been accepted as in the category of ‘extremely essential’. It’s viewed that civil society too has a role to play. Their support may add as a pillar to the existing so called ‘three pillar approach’ of the Commission on Narcotic Drugs (CND), the central policy making body for the UN drug control system.

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