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Roundtable in Bosnia and Herzegovina

In partnership with WHO, health authorities in Bosnia and Herzegovina (BIH) organized a Roundtable on Access to Controlled Medicines in BIH held in Banja Luka on 20 December 2011. Around 25 participants from all jurisdictions in the country attended, including senior policy makers, regulators, health-care professionals and service providers. Key note speaker and technical lead for this initiative was provided by the WHO/HQ Access to Controlled Medicines Programme.

The purpose of the round table was to provide a global overview of access to controlled medicines and to identify and examine key issues pertinent to informing a balanced policy development and ensuring an optimal access to controlled medicines in BIH.

Dr Serifa Godinjak, Head of Unit for European Integrations and International Cooperation in Ministry of Civil Affairs of Bosnia and Herzegovina, and Dr Milan Latinovic, Assistant Minister in Ministry of Health and Social Welfare of the Republika Srpska, welcomed the participants and actively participated in the event.

The WHO Country Office for BIH will explore the possibility of translating the WHO policy guidelines "Ensuring Balance in National Policies on Controlled Substances" into official languages spoken in Bosnia and Herzegovina. Once ready they will be made available online.

The initiative exemplified a successful work across three levels of the Organization.
Serbian National WHO Counterpart for pain treatment - access to opioids

The Serbian Minister of Health appointed Professor Snezana Bosnjak as the National WHO counterpart for pain treatment and access to opioids. Professor Bosnjak, who is a clinical pharmacology specialist with a training in oncology/supportive and palliative care, is also the President of the National Palliative Care Commission. She has worked for several years on improving access to pain management in her country. She was also appointed a member of the State Commission for psychoactive controlled substances recently.

Psychiatrists are stakeholders in improving access to controlled medicines

The WHO Access to Controlled Medicines Team published: Scholten W, Psychiatrists are stakeholders in improving access to controlled medicines. International Psychiatry, Vol. 8; Number 4, November 2011 pp. 98 - 100. A copy of the article is also annexed to this Newsletter (please see at the bottom).

In the article it is argued that many medical specialties have a stake in improving access to controlled medicines, including psychiatrists. In their case it is methadone or buprenorphine for the evidence based treatment of dependence and benzodiazepines for various other mental disorders. In the debate on the epidemic of misuse of prescription opioids they could also play a role in documenting the source of the misused medicines and the mechanisms behind their diversion. This is crucial in order to avoid the implementation of ineffective measures that only deny patient access to these essential medicines.

"Often little distinction is made between prescription and prescribed medicines, between medicines legally distributed through pharmacies and medicines sold illicitly through the internet, counterfeit medicines or medicines obtained from crime. Many research publications on this topic do not define their sample population well, but a review that did so demonstrated very low figures for misuse of (0.25%) and dependence on (0.05%) opioids prescribed for pain treatment (Noble et al, 2008)."

Prequalification of morphine and methadone

In 2001, WHO initiated the Pre-qualification Programme. It is intended to evaluate and inspect manufacturers’ medicines to ensure that they meet unified international standards of quality, safety and efficacy. Its purpose is to evaluate the essential medicines that target prevalent diseases, such as HIV/AIDS, malaria and tuberculosis, in countries with limited access to quality medicines.

For medicines mentioned in an Expression of Interest (EOI) letter, any manufacturer can apply for the prequalification programme. Morphine and methadone have been included on EOI letter # 10 and manufacturers are encouraged to apply and participate.

More information at http://apps.who.int/prequal/default.htm
ATOME Project: workshops on improving access to controlled medicines

The Consortium of the ATOME Project is composed of 10 partners from the fields of palliative care and pain management, treatment of opioid dependence, public health and legal affairs. This group consists of national, European-wide and international organizations with long-standing experience in opioid medicine issues in Europe.

Two workshops were organized by the ATOME Consortium in Bucharest, Romania on improving access to controlled medicines. The first workshop (29 September - 1 October 2011) had participants from Bulgaria, Cyprus, Greece, Serbia, Slovenia and Turkey; the second (17 - 19 November 2011) had participants from Estonia, Latvia, Lithuania, Hungary, Poland and Slovakia, and observers from Ukraine.

Each country delegation consisted of health-care workers and civil servants. Together they discussed the barriers for access to pain medicines, treatment of opioid dependence and other controlled medicines, based on the information provided in a number of presentations and in the WHO Policy Guidelines Ensuring Balance in National Policies on Controlled Substances, Guidance for Availability and Accessibility for Controlled Medicines. Then they discussed what to do to overcome the problem in their country.

LIFE Before Death: Short movies on the global crisis of pain treatment

LIFE Before Death is a multi-award winning documentary series that asks the fundamental question underpinning our mortality. This beautifully filmed journey takes us to 11 countries following remarkable health professionals battling the epidemic of pain.

The movie project consists of 50 short films, a feature film and a TV documentary for public broadcast. The first 25 movies focus on pain control and direct viewers to the TreatThePain.com website. The second 25 movies highlight about palliative care and direct viewers to the LifeBeforeDeath.com website. The short films are currently released at a rate of one per week and are available to view and download.

The feature film will be released on 1 February, 2012 in Singapore followed by hosted screenings in a number of countries in the lead-up to World Cancer Day (4 February 2012).

The project is presented by the Lien Foundation and produced by Moonshine Movies. It is also supported by the International Association for the Study of Pain, The Mayday Fund, the Union for International Cancer Control and The Institute for Palliative Medicine at San Diego Hospice International Programs, all organizations closely working with the WHO Access to Controlled Medicines Programme.

See also our controlled medicines website
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Conclusion

There does seem to be sufficient evidence to conclude that as dementia advances with age, patients who speak two or more languages have a tendency to revert to their primary language. It does also appear that bilingual and multilingual immigrants from various geographical backgrounds appear to be protected from the onset of dementia for about 4 years. In terms of the National Dementia Strategy referred to above, these linguistic issues are important in the treatment of aphasic bilingual or multilingual patients. If we are to provide information and make people aware of the implications of their illness, further research is necessary which could lead to improved communication and care for these patients suffering from dementia who belong to ethnic minorities.

References


anaesthetic and, although not controlled under the international treaties, many countries now control it under their national responsibility. Ketamine is often the only possibility for anaesthesia in resource-poor, often rural settings in low- and middle-income countries. Various other medicines not listed on the WHO Model Lists of Essential Medicines are controlled, including stimulants for the treatment of attention-deficit hyperactivity disorder (ADHD) and similar syndromes.

For classes other than opioid analgesics, we have limited data on their availability. However, it is certain that many do not have access to opioids for the treatment of opioid dependence. Furthermore, it has been reported that in low- and middle-income countries many patients with epilepsy are not treated and are thus needlessly disabled. In Africa, 80% of the population affected by epilepsy have no access to essential anti-epileptic medicines (World Health Organization, 2008). With benzodiazepines we estimate that under- and over-treatment occur simultaneously, but whether over- or under-treatment dominates depends very much on the country situation.

During the past century the world has developed an international system of drugs control that has gradually become more stringent. The current treaties date back to 1961 (amended by a protocol in 1972) and 1971. After stating that the parties are ‘concerned with the health and welfare of mankind’, the treaties define the objectives of the prevention of ‘abuse’ and dependence, and of keeping the controlled medicines available for medical and scientific purposes. However, the focus over time has been on the prevention of misuse and dependence, so much so that the accessibility and availability of the medicines containing the substances have declined.

Legislation in many countries does not allow for the medical use of these medicines; even where it is allowed, procedures are complex and in practice patients often do not have access. Also, many physicians do not have adequate knowledge of how to use these substances and many are biased against their use because they believe patients will become very easily dependent on these medicines when prescribed, or even will be killed by their medicines. Patients and their families often hold similar attitudes and hence many refuse potentially beneficial treatments. Moreover, procurement can be difficult because of the bureaucracy involved and low turn-over expectations may hamper enterprises seeking market access for these medicines.

WHO action towards better patient access

Since 1986, the International Narcotics Control Board (INCB) has requested that countries improve access to controlled medicines. For instance, in its 2009 annual report, it once again declared that:

One of the fundamental objectives of the international drug control treaties is to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes and to promote access to and rational use of narcotic drugs and psychotropic substances. (United Nations, 2010)

Over the last few years, attention to the problem of low accessibility has increased, as shown by resolutions adopted by the World Health Assembly (World Health Organization, 2005), the United Nations Economic and Social Council (United Nations, 2005) and the Commission on Narcotic Drugs (2010). As a result of the former two resolutions, the INCB and WHO developed the Access to Controlled Medications Programme in 2007, operated by the WHO. Many other organisations have developed activities to improve access to these medicines. Human Rights Watch (2009) and the Open Society Institute (2008) have published on the topic.

The WHO’s Ensuring Balance in National Policies on Controlled Substances provides guidance on how to develop policy and legislation that will improve access to these medicines (World Health Organization, 2011). It includes 21 guidelines based on the principle of balance, i.e. that policies should aim to optimise public health outcomes by maximising access to controlled medicines for medical and scientific purposes while minimising misuse and dependence. The guidance, which includes a Country Assessment Checklist for operationalising its recommendations, can be used by governments and others to review policies and legislation.

Over the years, the WHO Access to Controlled Medications Programme experienced a tendency to focus on pain patients and even on cancer pain patients only. However, the WHO estimates that there are, in addition to the 5.5 million cancer pain patients untreated for pain every year, tens of millions other pain patients who are not treated for their moderate or severe pain. Moreover, it is estimated that 1 million HIV infections could be prevented every year if methadone and/or buprenorphine were available for the treatment of dependence and annually 75,000 cases of maternal death from post-partum haemorrhage could be prevented if ergometrine (which is also a precursor for LSD) or oxytocin (not under international control) were readily available (World Health Organization, 2009). Benzodiazepines, although they may be over-prescribed in some countries, may be insufficiently available in other countries. Causes of the unavailability of controlled medicines may be similar for all these classes of medicine and therefore it is important that any action taken to improve access to and the availability of controlled medicines aims at all of these medicines.

Prescription medicines

A new threat to patients’ access to these medicines is the misuse of prescription medicines. Often little distinction is made between prescription and prescribed medicines, between medicines legally distributed through pharmacies and medicines sold illicitly through the internet, counterfeit medicines or medicines obtained from crime. Many research publications on this topic do not define their sample population well, but a review that did so demonstrated very low figures for misuse of (0.25%) and dependence on (0.05%) opioids prescribed for pain treatment (Noble et al., 2008).

Misuse of prescription medicines is a problem in some countries, but more detailed information on the source of the medicines and the mechanisms behind their diversion is urgently needed. This is crucial in order to avoid the implementation of ineffective measures that only deny patient access to these essential medicines.
Conclusion

Psychiatrists all around the world have various stakes in controlled medicines. They have an urgent need to be able to prescribe methadone or buprenorphine for the evidence-based treatment of dependence and to use benzodiazepines for various other mental disorders. In collaboration with organisations of other medical specialties, their national associations should advocate improved access to these medicines. Furthermore, they can play a role in monitoring misuse of and dependence on these medicines when prescribing them and in collecting information on the mechanisms behind the diversion and misuse of prescription medicines.

These associations can, together with those of other medical specialties and patients’ organisations, assess the situation with regard to controlled medicines in their country by using the recent WHO policy guidelines and the checklist mentioned above. Together they can call on governments to implement policies and legislation aimed at solving any problems identified and can promote attitudes and practices among their members that will help to overcome such problems.

References


