INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE
Advancing Hospice & Palliative Care Worldwide

October 29, 2018

41st Expert Committee on Drug Dependence
WHO Secretariat
Geneva, Switzerland

Dear Hon. Committee Members,

We are writing as representatives of the Board of Directors and Officers of the International Association for Hospice and Palliative Care (IAHPC), regarding the upcoming review of tramadol by the WHO 41st Expert Committee on Drug Dependence. IAHPC is a public charity and global membership-based organization of providers and professional organizations in formal relations with the World Health Organization. More information can be found at our website, https://hospicecare.com/home/

Given that the 41st ECDD will be reviewing tramadol and evaluating whether it should recommend to the Commission on Narcotic Drugs that the substance should be placed under international control, the IAHPC recently conducted a survey of our membership to identify the uses of tramadol for analgesic purposes and the potential impact that the scheduling would have in ensuring access for legitimate medical needs in pain treatment and palliative care. This is an essential supplement to the WHO Secretariat survey of member states done for the 42nd ECDD.

The IAHPC survey was conducted with our members during the month of October 2018. Of the 470 prescribers who responded the survey, 415 stated that they use tramadol for pain treatment. Participants represented providers in 74 countries, of which 134 were located in Lower Middle- and Low-income countries and in all regions of the world.

Sixty percent of the participants work in palliative care, while 27% work half time in pain practice and half time in palliative care. The remaining 13% see patients suffering from acute and chronic non-malignant pain. Seventy three percent prescribe tramadol daily or at least once a week. Most use it for the treatment of mild to moderate pain (53%) and moderate to severe pain (43.4%). However, 4% of participants from 9 countries use it for *all levels of pain*, having no other analgesic available. We also found a statistically significant association between Low-Middle-Income (LMIC) and Low-Income countries (LIC) currently having more restrictions (31.2%) in place, as compared with High-Income (HIC) and Upper-Middle-Income (UMI) (Chi2 $p \leq 0.0000$) countries, which report fewer restrictions (11.2%).

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According to the participants, placing tramadol under international control would have a negative impact (mean 72.0; SD=32.46) (100 being "Extremely negative impact on access to pain treatment"). Participants from LIC and LMIC rate a higher negative effect on access to pain treatment if tramadol is placed under international control, when compared to participants from High Income Countries (ANOVA. p≤0.000), where other analgesics are available.

Income	N	Mean	Std. Deviation
High income	96	51.97	31.819
Upper middle income	185	65.58	33.121
Lower middle income	93	69.29	30.511
Low income	41	80.78	24.665
Total	415	64.76	32.462

When analyzed by Region, the participants from South Asia (76.80 SD=25.27), Sub Saharan Africa (68.09. SD=31.563), East Asia & Pacific (67.3. SD=31.170) and Latin America & Caribbean (66.52. SD=31.601) expected more negative effects in the access to tramadol, if it would be placed under international control international control).

Region	N	Mean	Std. Deviation
South Asia	41	76.80	25.274
Sub-Saharan Africa	69	68.09	31.563
East Asia & Pacific	35	67.31	31.170
Latin America & Caribbean	227	66.52	31.601
Europe & Central Asia	20	41.45	30.353
North America	17	39.35	35.069
Middle East & North Africa	6	12.83	16.845
Total	415	64.76	32.462

Annex 1 includes a few of the comments made by the participants to the survey which describe the negative impact that the proposed scheduling may have on access to pain treatment. Many of these comments describe situations where tramadol is the only available analgesic due to the restrictions in place that are applied to potent analgesics such as morphine.

The Lancet Commission on Palliative Care and Pain Relief

As reported by The Lancet Commission on Palliative Care and Pain Relief[1], approximately 25.5 million out of 56.2 million people who died in 2015 experienced serious health-related suffering (SHS) which could have been ameliorated by appropriate palliative care and pain relief. A disproportionate number – over 80% – of these 61 million individuals live in low- and middle-income countries with severely limited access to pain treatment. Opiophobia – heightened fear of non-medical use and addiction to opioids – has resulted in devastating restrictions on essential medicines for pain relief.

Due to this and other barriers, global and national policies are skewed mostly toward limiting access to controlled medicines (traditional supply control policies) with little or no regard for the suffering of millions of patients, especially the poor, leaving them to live and die in pain. Ensuring access to palliative care and pain relief is essential to achieving Universal Health Coverage (UHC) and Sustainable Development Goal (SDG) target 3.8. Expanding access to palliative care and pain relief must be a part of ensuring care across the continuum, as stated in the World Health Assembly Resolution on Palliative Care[2] and the 2018 Astana Declaration adopted last week during the Global Conference on Primary Health Care.[3]

Tramadol has been extensively reviewed by previous WHO ECDDs, which have consistently agreed that the reports of abuse and diversion *do not* merit international control. Previous ECDDs have recommended that governments experiencing high levels of non-medical use adopt appropriate *national* and regional controls.

IAHPC consistently advocates for the rational use of opioid medicines and supports efforts taken to implement the necessary measures to prevent diversion and non-medical use, especially for substances likely to produce dependence. However, we also meet thousands of patients who suffer in pain, who in spite of needing access to opioids for legitimate medical reasons, have to face a large number of regulatory and administrative barriers that hinder the availability and access to strong analgesics. For this reason, we congratulate the WHO

[1] Knaul FM, Farmer PE, Krakauer EI, et al on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. The Lancet 2018; 391(10128): 1391-1454 (Online, October 12, 2017). Accessible at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32513-8/fulltext

[2] World Health Assembly Resolution WHA67.19 "Strengthening of palliative care as a component of comprehensive care throughout the life course". 2014. Available in http://apps.who.int/medicinedocs/en/d/Js21454ar/

[3] WHO Declaration of Astana. October 2018. Available in http://www.who.int/primary-health/conference-phc/declaration

Secretariat in undertaking a thorough evaluation of the extent of the use of tramadol throughout the world.

Recommendations

In collaboration with the WHO headquarters and country offices and using the WHO Guidelines *Ensuring balance in national policies on controlled substances*[4], the IAHPC has worked with governments and civil society in several countries, identifying unduly restrictive barriers to essential medicines and eliminating these whenever possible. However, many barriers to strong opioids still remain in place - especially in LMI and LI countries - and until these are eliminated to ensure availability and rational use for pain treatment and palliative care, we urge the members of the 41st ECDD to consider the ethical and public health implications of placing such a widely used pain medication under international control in the already acute global context of severe health related suffering.

Tramadol plays an extremely important role in palliative care and pain relief in countries the world. Placing it under international control would limit the access of millions of patients to pain treatment, especially in countries where there is limited or no access to other strong analgesics such as morphine.

We suggest that the ECDD recommends that tramadol **not** be placed under international control and that Member States experiencing public health problems with non-medical use enhance surveillance and monitoring at the national and regional levels as per the specifics of their particular context.

Please feel free to contact us with any questions or comments at the following address: ldelima@iahpc.com

Respectfully submitted,

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[4] WHO. Ensuring balance in national policies on controlled substances Guidance for availability and accessibility of controlled medicines. Available in http://www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/

Annex 1 – Comments Potential scheduling of tramadol on the effects on access to pain treatment

"As step two for pain management (tramadol is) currently the only available medicine, which is also cheap…and gives good pain relief. A restriction will make it difficult for patients in rural areas to get any kind of access to pain management especially when availability of morphine is also limited." (Bangalore, India)

"If any more restrictions on the use of tramadol are introduced, providing palliative care in the rural settings in most of the developing countries will reverse the many efforts that have been achieved in community palliative care." (Mtwara, Tanzania)

"Accessibility is poor already in most settings especially state institutions, controlling it will further hamper accessibility." (Harare, Zimbabwe)

"… we prescribe tramadol when there is no oral morphine- like this month we have not received new supply for patients who present with mild to moderate pain and those who have no attendant to pick oral morphine from Hospice, I prescribe for them tramadol." (Kampala, Uganda)

"In places where morphine is not easily available, tramadol is an alternative now- at least for moderate pain. Restriction of its use will remove almost all options of opioids in the place of my work." (Thiruvananthapuram, India)

"Knowledge of the proper use of strong opioids to provide comfort to cancer patients in Haiti is severely limited. Tramadol is being used now as a reasonable, but not optimal alternative…" (Mirebalais, Haiti)

"Tramadol is now the only readily available analgesic in pharmacies and prescribed by the majority of the clinicians. Restricting it would pause unnecessary suffering to patients with pain…" (Kampala, Uganda)

"We need tramadol because morphine is not easily accessible" (Mbale, Uganda)

"Currently in Uganda a few class of medical professionals are allowed to prescribe class A drugs, yet many people are suffering in a lot of pain. If similar restrictions like morphine are put into place for tramadol, then many people will suffer the more." (Mbale, Uganda)

"If tramadol were to be under the same controls as morphine, it would lead to even less people with cancer pain getting the pain relief they need. At least tramadol is better than no opioid at all." (Kuala Lumpur, Malaysia)

"While we still strive for morphine, putting tramadol under regulatory control will have extremely negative impact on pain control and management. I believe that its fundamental right of each patient to live pain free life, and our role is to make it as easy and smooth we can make it. Please don't complicate it." (Jamnagar, India)

"Do not put more barriers in access to pain treatment" (Ho Chi Minh City, Vietnam)

"*Without access to weak opioids it would be difficult to treat pain effectively. The demand for strong opioids would increase and physicians who prescribe them would not have the capacity to treat everyone who needs their pain managed."* (Beirut, Lebanon)

"In my country the access to effective pain control medication is very limited… (tramadol) it's all people have to attenuate pain while waiting for stronger or proper pain control." (Guatemala City, Guatemala)

"I suggest that tramadol should not be in control as morphine or other opioids because this will add another burden to prescribes in our sub-Saharan countries in pain management. We are still struggling with myths in opioids and unavailability of pain medication. Tramadol is still the only solution." (Rorya, Tanzania)

"No restrictions to tramadol please" (Mkinga-tanga, Tanzania)

"Morphine is only available in two sites among the whole country! In this dessert, tramadol is the only water. So, to me, it should not be under the same umbrella of narcotics." (Dhaka, Bangladesh)

"Placing tramadol under a similar schedule as that of morphine will adversely affect its availability to patients as an out-patient analgesic; it smaller hospitals and rural areas; most general practitioners will not keep tramadol in their clinics; most pharmacies, except in larger hospitals, will not stock it. There will be a definite increase in the use of NSAIDS for chronic pain; this will lead to an increase in adverse effects such as GI bleeding, hypertension, renal impairment and other cardiovascular complications with the use of NSAIDS over extended periods. With aging populations in many developing countries, this will be a tragedy. I strongly feel that tramadol should remain a prescription medication and not be placed in the same category as that of morphine, fentanyl, oxycodone." (Kuala Lumpur, Malaysia)

"Restrictions on tramadol will leave (us) practitioners with almost no optional opioid in the management of moderate to severe pain as access by those in need will be difficult. Drug stores/ pharmaceuticals, as a result will avoid procuring in fear of inconveniences and legal issues." (Kampala, Uganda)

"For poor or developing countries like Bangladesh, tramadol is one of the essential drugs for pain management. In rural areas, where morphine is not accessible due its narcotic rules

and regulation, tramadol is available and accessible for pain management…. So please it would be great to think again on this issue at least for the developing and poor countries." (Dhaka, Bangladesh)

"In Central America is very important the access to tramadol. We don't have oral morphine. The public health only has tramadol sometimes, so is the unique medication for our patients in control pain." (Guatemala City, Guatemala)

"If tramadol is restricted, there will be more unnecessary suffering of cancer patients with pain." (Dhaka,Bangladesh)

"I worked for 7 years doing palliative care in Tanzania. Tramadol is expensive but at least we could supply it for palliative care programs for times when oral morphine was unavailable which remains frequent. Our clinical research demonstrated some effectiveness with tramadol even with severe cancer pain. These are the people who would be most affected by tramadol restrictions." (Minneapolis, USA)

"We already have too many restrictions to contend without let tramadol go the same way. Our patients already suffer a lot, don't increase the burden." (Petaling Jaya, Malaysia)
"So many clinicians and patients depend on tramadol as it is easier to access and there is less opioid phobia about it. We have no seen any misuse of it in the healthcare population." (Kuala Lumpur, Malaysia)

"We use a lot of tramadol to control cancer pain and it has been safe and efficient, I don't see the need of adding more control" (Iquique, Chile)

"Although I work in Australia, I am very concerned that restrictions on tramadol availability will have very serious adverse consequences in low income countries." (Perth, Australia)
"In my country, tramadol is the only available form of opioid for pain control among non-cancer patients. If it is under strict control as other strong opioid, it would hinder effective pain control for a large population of patients." (Ho Chi Minh City, Vietnam)

"I hope this does not happen. The restrictions to morphine in our country is already too much such that access is a very big problem as it is." (Los Banos, Philippines)

"(Tramadol) is the only moderate-severe pain controller we have on hands without control. This could affect us on a huge way. Please fight for keeping this drug without restrictions. We use it in a responsible manner." (Santo Domingo, Dominican Republic)

"Tramadol abuse in Ghana is associated with the unlicensed higher dosage forms (>150mg), not the licensed 50-100mg capsules/tablets. So far, my patients can still get the latter when prescribed, but access may be limited elsewhere." (Accra, Ghana)

"(I) have used (tramadol) a LOT in former Soviet Union and East Africa where it is widely available and other drugs are not" (Baltimore, USA)

"For most developing countries, tramadol is the only medication available to treat moderate and severe pain." (Kigali, Rwanda)

"Before putting tramadol under restrictions, the experts of WHO have to think about all those patients who really have their lives back from pain by controlling it with tramadol." (Vratsa, Bulgaria)

"It is the only drug which is accessible all over the country and many times the only one to treat people with severe pain, included cancer pain. If tramadol becomes controlled there will be hundreds of thousands without pain control" (Mexico City, Mexico)

"If a restriction is placed for tramadol similar to strong opioids, there will be no possibility of pain control, because where I live is very difficult access to morphine or any other powerful opioid and patients will die with greater suffering" (Loja, Ecuador)

"Please don't do it" (San Luis Potosi, Mexico)

"Sometimes tramadol is the only choice for those who has no access to specialized palliative care. Placing under control would be (horrific) for those patients." (Mexico City, Mexico)

"In Colombia there are many places where people with cancer pain have access only to tramadol, (internationally controlling) it would affect negatively those people that suffer so much." (Bogota, Colombia)

"The universal rigor to Pain Relief will be violated." (Mexico City, Mexico)

"This would create a humanitarian crisis" (translated from Spanish) (Porlamar, Venezuela)

"In Ecuador, tramadol is the least feared and most used opioid, by doctors and patients. Sometimes it's the only one. It would be terrible for our patients to lose it, when we don't have access to other opioids." (Quito, Ecuador)

"I believe that (internationally controlling tramadol) will cause problems in the management of acute postoperative pain, which responds quickly and safely (with) tramadol. Also, in young patients with oncological pain or brain injuries is one of the weak opioids that best respond to malignant secondary headache, I do not agree to restrict it. And general practitioners know how to use it better in emergency rooms." (Bogota, Colombia)