



WFSA
WORLD FEDERATION OF SOCIETIES OF
ANAESTHESIOLOGISTS



WFSA unites anaesthesiologists around the world to improve patient care and access to safe anaesthesia and perioperative medicine

To the Honourable Members of the Expert Committee on Drug Dependence,
c/o Dr Gilles Forte, Secretary
World Health Organization
Geneva, Switzerland
ecddsecretariat@who.int

London, 30/10/2018

Honourable Members of the Expert Committee on Drug Dependence,

The WFSA represents hundreds of thousands of anaesthesiologists in 150 countries. We work with our member societies to achieve universal access to safe anaesthesia, directly contributing to SDG 3 and Universal Health Coverage by 2030. We unequivocally supported WHA Resolution 68.15: “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage” and were proud to be one of five non-state actors in official liaison with WHO highlighted in the 2017 progress report.

Anaesthesiologists are the specialist physicians dedicated to the total care of the patient before, during and after surgery. Anaesthesiologists are leaders in teamwork and patient safety, and are experts in anaesthesia and perioperative care, resuscitation, intensive care medicine and pain management.

The WFSA took notice that the Expert Committee on Drug Dependence will convene from 12 to 16 November 2018. On its proposed agenda is the Critical Review of tramadol. The Committee will consider whether the scheduling of tramadol under one if the international substance control conventions is warranted.

The WFSA is concerned that tramadol might be scheduled.

Being an opioid, it is “morphine-like”, and therefore, it will most likely be scheduled similar to morphine. Placing it under the substance control conventions should not be a barrier for medical availability in theory. In practice, countries apply a regimen on such a substance that is inhibitory for its medical accessibility. Indeed, the very same regimens are applied to morphine currently, and they will be equally applied to tramadol if the Expert Committee recommends scheduling.

Therefore, a decision to recommend scheduling tramadol will render tramadol equally unavailable for medical purposes as currently morphine is for about 5 out of 7 billion people around the world.

Tramadol is recommended in the WHO guidelines Cancer Pain Relief, 2nd Edition, Geneva 1996. Although anaesthesiologists prefer to treat moderate and severe pain with the stronger full opioid agonists medications, tramadol is the last unscheduled opioid for the treatment of such pain in most countries. Not having tramadol accessible for pain patients will leave many in excruciating pain.

This will be in sharp contrast to the illicit trafficking of tramadol, that will hardly be affected by such a recommendation, as criminal gangs do not respect such a prohibition and will continue to traffic and to sell tramadol and to promote its non-medical use.

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Moreover, the impact of pain is several times higher than the impact of substance use. It was calculated that opioid use disorder (all substances) caused a loss of 8,136,200 disability-adjusted life years (DALYs) against at least 303,759,000 DALYs from pain (globally, 2013). (*Scholten W & Henningfield JE, J Pain Palliat Care Pharmacother, 2016;30(1):4-12*).

Therefore, a recommendation to schedule tramadol will precipitate a large negative net public-health effect.

On behalf of all those who suffer or will suffer moderate and severe pain, we urge the Expert Committee to abstain from any recommendation to schedule tramadol under the international substance control conventions.

Sincerely,

Dr Jannicke Mellin-Olsen
President of the WFSA

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