

Thank you for the opportunity to speak with you today. I am honored to represent the voice of a specific affected population of patients who lack adequate access to the essential palliative care medicines listed in the schedules of the international drug control conventions. My name is Ebtessam Ahmed, and I am a clinical professor, pharmacist, educator, pain and palliative care specialist, researcher and I happened to be a pain patient myself suffering from chronic irritable bowel syndrome and low back pain.

I first wanted to draw your attention to the Lancet Commission Report “Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage”. The Lancet Commission Report resulted from a three-year project involving 61 co-authors from 25 countries. It estimates global need for palliative care and pain relief using a new measure of Serious Health-related Suffering. An estimated 25.5 million people died with serious health related suffering – nearly half of all deaths worldwide, in 2015. This includes 2.5 million children aged under 15 (representing more than 1/3 of child deaths). More than 80% of the children, adults and older persons needing palliative care live in the low middle-income countries. In many countries, none is getting pain treatment, people are dying of burns, cancer, HIV and there is no pain relief. In addition, the World Health Organization estimates that 5 billion people live in countries with no or insufficient access to treatment for moderate to severe pain. Rich countries, which contain only 15% of the world’s population, consume 94% of the world’s morphine; the rest of the world is left to live and die in pain.

I work globally in Egypt, Kyrgyzstan and Guatemala and in these countries like many others; there is extremely lack of availability of controlled substances such as Morphine-type medications for pain. Many major cancer hospitals in these countries still do not provide patients with morphine even though more than 70% of the patients in those hospitals have advanced cancer upon arrival, meaning that pain management is their only option. I have seen people with cancer dying with tumors breaking through the skin and we had nothing to give them. Morphine costs almost nothing, and in some countries as little as three cents a dose, yet because of a man-made barriers to manufacture and distribution, it never reaches millions of people around the world leaving them to live and far too often die in agony. This is not a natural disaster like an earthquake, it is a result of deliberate, often well intentioned, but short sighted and unbalanced policies. There are

many underlying problems, of course, including poverty, lack of education on pain management for healthcare professionals, lack of national history of using opioids for pain relief, but one of the toughest problems is “Opiophobia” the extreme fear of opioids, which all too often means that the pain patients who need opioids are unable to get them because of excessive governmental efforts to control drug abuse. It becomes a bureaucratic vicious cycle. Cautious physicians prescribe opioids at low rates. That leads governments to underestimate the need for opioids and to submit low estimates of need to the International Narcotics Control Board, which in turn approves only small amounts of opioids for these countries. That keeps opioid consumption low, far lower than it should be given the need for pain control, especially at the end of life.

Speaking from my own experience as a pain patient, pain itself is debilitating, it makes you feel weak, emotionally vulnerable, anxious and worried. We the patients are often misunderstood and mistreated by the medical community. We get labeled as “drug seekers” in emergency rooms and, as a result, are denied much-needed pain medication. I often think of the millions of patients globally who do not have access to pain medications, which suffer in silence and not only them but also their caregivers watching them in agony and cannot offer much to alleviate their pain.

Pain-free is a basic human right, international conventions should work to remove and not raise obstacles towards achieving this. IAHPC is committed to advocate for the rational use of opioid medicines for legitimate medical reason.

Thank you