



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

IAHPC Statement for WHO 2/19/20 Public Hearing on Guidelines Scoping Document

WHO guideline on ensuring balanced national policies for access and safe use of controlled medicines

I am Katherine Pettus representing the International Association for Hospice and Palliative Care. I address research Questions 1, 2 and 3.

International barriers include the current narcotics control framework that prioritizes restriction of illicit supply while neglecting member state obligations to ensure appropriate access and rational use of controlled medicines.

National and local level barriers are unduly restrictive regulations, weak supply chains, untrained health workforces, cultural fears of illicit drug use and addiction, and high cost of medications.

The consequences of both are unacceptably inequitable distribution of affordable, appropriate essential palliative care medicines on the WHO Model List.

Factors that contribute to medical over prescription and misuse are *also* rooted in lack of appropriate education, limited social and mental health networks of care and support, and fragmented health systems rather than health systems based on primary care grounded in a human rights perspective.

Policies or interventions that have successfully improved access to controlled medicines include education to train health workforces in appropriate use of opioids, government procurement and manufacture of opioids to ensure safe access such as the procurement and distribution models in Colombia and Uganda, and health system strengthening to include palliative care as an essential primary care service.

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Dr. Lukas Radbruch, IAHPC Board Chair, Statement

I am Lukas Radbruch, Chair of Palliative Medicine of the University Hospital Bonn, Germany representing myself.

The views I am presenting pertain to key research question 3 of the scope.

My views are that the upcoming revision of the Ensuring Balance guideline is based on concerns with overuse of controlled medicines in some parts of the world. The scoping document mentions that increasing opioid use in some countries including Germany has not been associated with negative health outcomes. Indeed, Germany could be described as a best practice model for the appropriate use of opioids.

Good clinical guidance, widespread education, for example with inclusion of pain management and palliative care in the undergraduate curriculum, and balanced regulations ensure adequate access to opioids for those who need them as well as prevention of abuse. Detailed data by the Federal Statistical office provides a total number of 312 opioid-related deaths for 2017.

Germany has a well established social security network, including full health insurance coverage, and thus economic reasons (opioid therapy offering a cheaper alternative to complex multimodal interventions) may have a lesser role in Germany compared to other countries. Many chronic pain patients would not consider expensive and time consuming nonmedical interventions if they would have to pay for it themselves.

I recommend consideration of the German experiences, for example detailed in Hauser et al. (*Pain Management* 6 (2016): 249-263).