



**August 25, 2020**

**Older Persons and Drug Use – Submission for INCB hearing** [reframed by IAHPC as]

**Access to Controlled Medicines for Relief of Health-Related Suffering of Older Persons**

Thank you for the opportunity to present a submission for this hearing.

**Clarification of Submission Title:** The rise of modern industrialized society and the dissolution of the extended family in many parts of the world have resulted in abandonment, neglect and in some cases in abuse of older persons, traditionally valued as elders and grandparents.

On a separate but related issue, the lack of education on the appropriate use of opioids for medical and scientific management of pain and other palliative care symptoms, and around the non-medical use of opioid medications, have resulted in wide spread stigma around the use of controlled substances.

Older persons are underserved when it comes to the treatment of pain, palliative care, and substance use disorder. Widespread ageism, [defined by WHO](#) as “the stereotyping, prejudice, and discrimination against people on the basis of their age; a widespread and an insidious practice which has harmful effects on the health of older adults,” renders older adults invisible to health systems. Ageism summarily dismisses the acute pain, health related suffering, and substance use disorder treatment of older adults.

This IAHPC submission to the INCB hearing views older persons as individuals entitled to autonomy, respect and rights, specifically in this case the right to palliative care and pain relief. Furthermore, we view opioids identified by the World Health Organization as *essential medicines*, rather than “drugs,” an imprecise and stigmatizing term. Our submission is therefore entitled “Access to Controlled Medicines for Relief of Health-Related Suffering of Older Persons,” rather than “Older Persons and Drug Use.”

[The International Association for Hospice and Palliative Care \(IAHPC\)](#) is a non-state actor in official relations with the World Health Organization and an NGO in consultative status with the UN Economic and Social Council. Our vision is a world free from health-related suffering and our mission is to serve as a global platform to inspire, inform and empower individuals, governments and organizations to increase access and optimize the practice of palliative care. This entails improving access to essential palliative care medicines identified on the WHO Model List, many of which are under international control, whose manufacture, trade, and consumption are monitored by the INCB.

IAHPC thanks the INCB for the several supplements to the Annual reports (2015 and 2018), and the many statements at the CND regular sessions and intersessional meetings, that call out the egregious situation regarding lack of access to controlled medicines in the majority of



the world's countries. We also thank the INCB for contributing to the [Joint Statement](#) released on August 14 calling on all member states to ensure adequate access to controlled medicines for palliative care, treatment of pain, mental health, and substance use disorder during the pandemic.

### **Emerging International Standards on Palliative Care & Pain Treatment for Older Persons**

The list below includes the most recent documents and standards published by the UN and regional organizations supporting the use of internationally controlled essential medicines for the treatment of pain and symptoms in older adults, including during the pandemic.

1. Paragraph 7.7. of the 73<sup>rd</sup> World Health Assembly Resolution 1, [COVID 19 Response](#), adopted unanimously on May 8, 2020, directs member states to “provide access to safe testing, treatment, *and palliative care* for COVID-19, paying particular attention to the protection of those with pre-existing health conditions, *older people*, and other people at risk, in particular health professionals, health workers and other relevant frontline workers;”
2. The 73<sup>rd</sup> World Health Assembly recently adopted (through the silence procedure) [Preventing and managing COVID-19 across long-term care services: Policy brief, 24 July 2020](#), which directs member states to “Ensure that national and regional policies, programmes and guidelines are in place to *support the provision of palliative care* in long-term care facilities and long-term care services (including physical, psychological, social and spiritual support).” Such provision, of course, entails the evidence-based use of internationally controlled essential medicines for the relief of pain and symptoms.
3. The updated WHO [Guideline](#) for the Management of Cancer Pain, released in 2019 strongly recommends that, “In adults (*including older persons*) and adolescents with pain related to cancer, *any opioid* may be considered for maintenance of pain relief, depending on clinical assessment and pain severity, in order to sustain effective and safe pain control.”
4. The updated [WHO Guidance on Clinical Management of COVID19](#), published May 26, 2020, includes excellent sections on the treatment of older persons with COVID19, palliative care, and ethics. Paragraph 4 of the palliative care section recommends that clinicians treating COVID patients “*Consider opioids* and other pharmacologic and non-pharmacologic interventions for relief of dyspnoea that is refractory to treatment of the underlying cause and/or as part of end-of-life care. The narrow therapeutic margin of opioids in the management of dyspnoea requires that opioids are prescribed in accordance with evidence-based treatment protocols and that patients are closely monitored to prevent negative unintended effects due to inappropriate use of opioids.” Appendix Three of the same Guidance presents the “Essential package of palliative care: interventions, medicines, equipment, human resources and social supports,” which includes several medicines under international control, including immediate release and injectable morphine and the diazepam.



5. The [Inter-American Convention on the Rights of Older Persons](#) stipulates “States Parties shall take steps to ensure that public and private institutions offer older persons *access without discrimination to comprehensive care, including palliative care*; avoid isolation; appropriately manage problems related to the fear of death of the terminally ill and pain; and *prevent unnecessary suffering*, and futile and useless procedures, in accordance with the right of older persons to express their informed consent.” (Article 6) Fulfilling this provision entails the appropriate use of internationally controlled essential medicines, stipulated clearly in Article 19 (m) under the ‘Right to Health’ “Ensure that medicines recognized as essential by the World Health Organization, *including controlled medicines needed for palliative care*, are available and accessible for older persons.”
6. The Council of Europe, [2014 Recommendation of the Committee of Ministers](#) (in a section D devoted entirely to palliative care for older persons, has stipulated that 44. Member States should offer palliative care for older persons who suffer from a life-threatening or life-limiting illness to ensure their well-being and allow them to live and die with dignity; and, 49. *Member States should ensure the adequate availability and accessibility of palliative-care medicines.*”
7. The official reports, press releases, and presentations at international congresses by former Independent Expert on the Human Rights of Older Persons, Ms. Rosa Kornfeld Matte, reiterate the right of older persons to palliative care and pain relief, including access to internationally controlled essential medicines. In a [2014 Joint Statement](#) issued on the occasion of World Hospice and Palliative Care Day, Ms. Kornfeld-Matte stated that “An urgent and sustainable response is needed to improve palliative care for older people and meet the growing needs of the world’s ageing populations,” and the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez added that “States also have an obligation to prevent pain and suffering that amounts to cruel, inhuman or degrading treatment.” Mr. Méndez urged governments around the world to ensure full access to palliative care of all terminally ill, including older persons, and *overcome all obstacles that restrict availability to essential palliative care medications*. States should promote widespread understanding about the therapeutic usefulness of controlled substances and their rational use.”
8. The International Association for Hospice and Palliative Care has been advocating for the right of older persons to palliative care and pain treatment at the UN Open Ended Working Group on Ageing, submitted a concept paper on [the normative elements of that right](#) to the Department of Economic and Social Affairs on the occasion of the Tenth Session in 2019.

**Lack of training: a persistent problem.** The INCB Supplements to the Annual Reports have repeatedly cited member state surveys that reveal “lack of training and awareness among health professionals” as a major barrier to access to controlled medicines in the majority of countries in the world. This lack of training is particularly egregious in the field of geriatrics and primary health care for older adults in need of palliative care, and calls for the



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development in all health systems of training in [geriatric palliative care](#) and evidence based use of internationally controlled essential medicines.

**In conclusion** IAHPC reiterates our support for the work of the INCB in helping all States parties to the international drug control conventions to improve access to internationally controlled essential medicines for the treatment of severe pain, mental health conditions, substance use disorder, and palliative care. We would like to take this opportunity to introduce the Board to several tools developed by IAHPC in collaboration with the Lancet Commission on Pain and Palliative Care, including the [Report](#) of the Commission, and the [Global Database](#) on Serious Health Related Suffering, which provides the basis for estimates made by all member states to the INCB, based on the recommended Distributed Opioid Morphine Equivalent (DOME). The Database is being updated to reflect the severe health related suffering associated with the COVID-19 pandemic and the need for increased and reliable access to internationally controlled essential medicines on the WHO Model List.

IAHPC Thanks the Board for its attention to this matter.