Access to controlled medicines in Latin America during the pandemic

Statement of Dr. Tania Pastrana for IAHPC during #CND64

High Level Side Event on Controlled Medicines April 15, 2021

Thank you very much for organizing this session on access to essential controlled medicines and for inviting me to give the perspective from Latin America. As you rightly stated, access is an ethical imperative for the health care systems.

When the pandemic hit Latin America, it hit a region *already* suffering from limited access to controlled essential medicines. Our region is scarred by longstanding, and pervasive inequity in income, health care, and education, and our health systems are fragile.

During 2016-2018 the average consumption of essential analgesics was 7 mg per capita. By comparison, consumption in Western Europe for the same period was 287 mg per capita, or FORTY times more. And there is no epidemic of non-medical use in Western Europe.

So using *already* insufficient opioid stocks for the treatment of breathlessness and benzodiazepine for sedation of COVID patients, this reduced availability for palliative care patients who needed them for pain and other distressing symptoms, generating further acute suffering.

Additionally, due to the pandemic, many patients missed diagnostic and early treatment appointments, increasing the number of patients needing palliative care.

A colleague at a public hospital in El Salvador told me that morphine initially destined for pain and palliative care now has to be used to manage breathlessness of COVID patients. This "diversion" resulted in a two month stockout for *both* groups of patients (those with pain and COVID patients) The National Cancer Institute of Paraguay has reported similar stockouts.

An anesthetist and palliative care doctor in Mexico told me: "December and January were the most critical time: we had to use morphine for COVID patients so they would tolerate intubation, because we didn't have midazolam to sedate them. Patients were paralyzed but aware while being intubated." This could be described as torture. Midazolam, which is an essential medicine in palliative and critical care, is now unavailable in many healthcare systems.

Injectable morphine is no longer available for home care patients in Mexico. Hospital pharmacies in Peru and Paraguay no longer dispense opioids and benzodiazepines to outpatients, reserving them for inpatient use. Transportation problems are exacerbating access to medication in Argentina and Peru due lockdown, meaning patients in the community cannot get essential medicines.

Many of my colleagues in Latin America are facing awful situations due the lack of essential medicines. Many are forced to use whatever medications are available even if they are expired, thus practicing medicine based on what is available and not on evidence or international standards. What a colleague called "*medicina basada en la existencia*" instate "*evidencia*". Colleague in Peru shared their desperation searching the provider networks for midazolam or morphine for their own family members, and then using expired medicines if they were lucky enough to get them.

The pandemic is forcing us to take a hard look at which practices and restrictions regarding controlled medicines are really necessary to prevent diversion and non-medical use. Some member states such as Colombia, took steps to ensure access by allowing home delivery of controlled medicines and by simplifying prescription requirements. Colleagues from Argentina, Chile and Panama have reported no problems with availability of opioids or benzodiazepines at the hospital level. So suffering in that setting at least can be alleviated and prevented as in the pre-pandemic way.

Last year the IAHPC conducted an online survey of its members regarding the effects of the Covid-19 pandemic. Providers in 41 countries from all income groups responded. We asked – among other things - how the pandemic affected the availability and access to essential medicines for pain relief and palliative care in their work setting. All participants said that initially they were affected negatively. In high income countries this situation was solved rapidly, but in Low- and Middle-Income countries, the effect has been long lasting. This finding underscores the inequity of the high burden of health-related suffering borne by patients in poor settings, which generate suffering in patients, family and health care providers.

We recommend that, going forward, national competent authorities and ministries of health collaborate closely with palliative care and other clinical professionals to develop and implement policies that strengthen supply chains and ensure access to all patients in need. The IAHPC is your partners in this effort.

I thank you!