



REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Sixty-third Session
Cairo, Egypt, October 2016

August 2016

ACCESS TO CONTROLLED MEDICINES

Objectives of the event

The session aims to brief ministers and delegates on:

- the extremely low consumption of controlled medicines in the WHO Eastern Mediterranean Region as compared with the global situation and other regions.
- opioid-based medicines and their importance in the provision of quality care and support of noncommunicable diseases, such as cancer, neurological and mental disorders, and surgical interventions;
- the urgent need for greater awareness among policy-makers, health professionals and the general public to dispel the myth that controlled medicines, when used medically, will harm patients or cause dependence;
- the balanced approach to be followed by Member States for successfully increasing access to opioid-based medicines within their national policies and regulatory frameworks, and safeguarding their misuse.

Background

It is estimated that 83% of the world's population has low or non-existent access to controlled medicines¹ for the treatment of patients with terminal cancer, mental disorders, advanced HIV infection, or patients suffering from injuries caused by accidents and violence, recovering from surgery, women in obstructed labour and paediatric patients with painful conditions.

Pharmaceutical preparations containing internationally controlled substances play an essential role in medical treatment to relieve pain and suffering. Opioid analgesics, such as codeine and morphine, as well as semi-synthetic and synthetic opioids, are essential medicines for the treatment of pain and are listed on the WHO's Model List of Essential Medicines.

Psychotropic substances, such as benzodiazepine-type anxiolytics, sedative-hypnotics and barbiturates, are indispensable medications for the treatment of neurological and mental disorders, and drug dependence. Most narcotic medicines and psychotropic substances controlled under international drug control treaties are indispensable in quality care provision.

1 Improving access to medications controlled under international drug conventions [briefing note]. Geneva; World Health Organization; April 2012 (http://www.who.int/medicines/areas/quality_safety/ACMP_BrNote_Genr1_EN_Apr2012.pdf, accessed 22 August 2016).

The WHO Eastern Mediterranean Region has extremely low consumption of controlled medicines² as compared with other regions. Access to opioid-based medicines, as well as other medicines containing substances under international control, is limited or almost non-existent in many countries. This indicates that patients suffering from moderate to severe, acute or chronic pain remain untreated due to limited access to strong analgesics. This reflects an unjustified reality where patients experience unnecessary pain and suffering due to limited access to appropriate medication, such as strong analgesics.

In 2011, WHO issued new guidelines³ and acknowledged the challenges faced by Member States and committed to "... helping countries use the guidelines, assisting them in carrying out assessments of legislation and policies and assisting in strategies to overcome the current barriers for access." To understand better this situation in the Region, an assessment was recently undertaken to better document in detail the barriers faced in several countries. The assessment indicated that these were: (1) regulatory restrictions and legal prosecution; (2) policy decisions, imposing a heavy administrative burden; (3) limited professional knowledge, fear for dependency, and diversion; societal attitudes and perception; and (4) economic aspects, including availability and affordability.

These findings constituted a major public health concern that patients with legitimate needs may be harmed by stringent regulations, if overly restrictive; it can hamper access to controlled medicines for therapeutic use. Among regulators, health practitioners and the general public, there is fear of diversion of controlled medicines to the black market. Therefore, a balance must be struck between medical use and regulatory requirements with undue administrative control.

The session is expected to demonstrate to Member States:

- existing barriers associated with availability of controlled medicines are of a multi-factorial nature and involve other stakeholders;
- availability of adequate pain medication is an integral part of quality service delivery;
- constraints faced in supply and distribution chains for these medicines need to be properly addressed;
- the need for "balanced" policies for maximizing access for responsible use of controlled medicines and minimizing their misuse by appropriate drug control so that patients benefit from appropriate treatments.

Expected outcomes

The session aims to: broaden the understanding of delegates to the importance of controlled medicines in quality health care provision. It aims to encourage Member States to actively engage in the planned regional expert consultation on increasing access to controlled medicines and in the development of a regional strategy that will assist countries of the Region to adjust their policies and regulatory frameworks.

² Mean consumption figures of six principal opioids (fentanyl, hydromorphone, methadone, morphine, oxycodone, and pethidine) using International Narcotics Control Board 2011 data and comparing data from the Eastern Mediterranean Region with global data, available at website of WHO Collaborating Center for Drugs Statistics Methodology, Wisconsin University (<http://www.painpolicy.wisc.edu/opioid-consumption-data>, accessed 22 August 2016).

³ Ensuring balance in national policies on controlled substances: Guidance for availability and accessibility of controlled medicines. Geneva: WHO; 2011 (http://apps.who.int/iris/bitstream/10665/44519/1/9789241564175_eng.pdf, accessed 22 August 2016).