

WHO events addressing public health priorities

Intercountry meeting on controlled medicines¹

Introduction

Pharmaceutical preparations containing internationally controlled substances play an essential role in medical treatment to relieve pain and suffering. Psychotropic substances such as benzodiazepine-type anxiolytics, sedative-hypnotics and barbiturates are indispensable medications for the treatment of neurological and mental disorders. Most narcotic medicines and psychotropic substances controlled under international drug control treaties are indispensable in medical practice. 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.

The WHO Eastern Mediterranean Region (EMR) has extremely low consumption of controlled medicines as compared with other regions. This reflects a reality observed in various settings, where patients suffer from moderate to severe pain which remains untreated, partly due to limited access to strong analgesics.

An intercountry meeting on controlled medicines was hosted by the WHO Regional Office for the Eastern Mediterranean in Cairo from 17 to 19 May 2016, involving 17 participants from 8 countries: Egypt, Islamic Republic of Iran, Jordan, Lebanon, Oman, Saudi Arabia, Kuwait and Tunisia and facilitated by WHO staff and international experts.

The overall objective of the meeting was to address the very low consumption of controlled medicines for medical use in the EMR.

Conclusions

Participants emphasized the importance of addressing the low availability and accessibility of narcotic medicines and psychotropic substances which are critical for pain management of cancer, HIV/AIDS, injuries, surgical interventions and obstructed labour, and for neurological and mental disorders. Ministries of health alone have limitations regarding access to information and impact on policy formulation. This is because the responsibility for overseeing law enforcement lies within different government bodies.

It was understood that policy change alone does not bring about increased access. There is a need to address the low priority

of pain management within health care services, inadequate education on narcotic medicines and psychotropic substances, exaggerated fear of opioids and addiction, and problems in the supply chain for obtaining narcotic medications.

Participants recognized the barriers to opioid medication availability, which are multifactorial in nature. Therefore, tackling the problem from the health side only will not address the issue entirely. The main barriers identified by the participants were legal and regulatory barriers, policy barriers, knowledge and societal attitudes, and economic aspects, including affordability.

Participants noted that governments need to enable and empower health care professionals to prescribe, dispense and administer opioid medications in line with WHO policy directions and treatment guidelines to meet the individual medical needs of patients. They must also ensure that sufficient supply is available to meet those needs.

It was also noted that the governments have a dual obligation to improve access to such medicines based on legal, political, public health and moral grounds and have the obligation to protect populations against abuse and dependence. Therefore, a national policy should include the establishment of a drug control system that prevents diversion and ensures adequate availability for medical use.

Accurate estimation of need is essential to ensure adequate supply. The participants developed action plans for conducting country assessments using WHO country assessment checklist. The main components of the action plans included the establishment of a multi-sectoral committee for narcotics and psychotropics, mapping of the current status, revising and updating laws and guidelines concerned with the medical use and research of controlled medicines, integrating palliative care services as part of the national health strategy, including palliative care in health sciences' curricula and in continuous medical education, raising awareness of patients through campaigns, and improving accuracy of estimation of controlled medicine needs in comparison with current requirements reported to the International Narcotics Control Board.

¹ This report is extracted from the Summary report on the Intercountry meeting on controlled medicines, Cairo, Egypt 19-17 May 2016 (http://applications.emro.who.int/docs/IC_Meet_Rep_2016_EN_18963.pdf?ua=1)