

## **Report from the European Association of Palliative Care International Global Congress in Prague 2013**



**European Association for Palliative Care**  
*Non Governmental Organisation (NGO) recognised by the Council of Europe*

### **Katherine Pettus, International Association of Hospice and Palliative Care**

The European Association of Palliative Care (EAPC) recently held its 13<sup>th</sup> Annual Congress in Prague, attended by thousands of clinicians, public health care providers, and advocates from all over the world. Palliative care, a relatively new medical discipline, is a multidisciplinary “approach” according to the World Health Organisation (WHO) definition. It supports the physical, psychosocial and spiritual well-being of patients and their families facing serious illness. It is provided in teams ideally consisting of physicians, nurses, social workers, spiritual counsellors, pharmacists and volunteers. Palliative care often aims to control a patient’s distressing symptoms and pain, rather than to cure a disease. In order to accomplish this, providers must have adequate access to medical opioids, which are regulated under the UN drug conventions and the domestic laws of all UN Member States. The European Society of Medical Oncologists recently called the lack of access to medical opioids in 80 percent of the world a “global pandemic of untreated pain”.

Dr Willem Scholten, formerly of the WHO essential medicines project, shared the latest research on global inequality of access to pain medicine. Just over one-fifth of the world’s population consumes 93.8 percent of all licitly produced morphine. At the same time, 4.7 billion people (out of a total world population of 6.5 billion) live in countries where medical opioid consumption is near to zero. Following a detailed analysis of current global consumption levels versus projected adequate consumption levels, Dr Scholten asked if “global production will be able to keep pace with medical demand. At present, both the global production and consumption are 290 tonnes, 20 percent of the estimated need to address pain adequately. If all countries had reached adequacy in 2010, a production of 1,448 tonnes of morphine equivalent would have been necessary”. Dr Scholten went on to state that “in the future new areas of legal poppy production as well as laboratories for synthetic manufacture should be created to meet global needs for opioid medicines”.

Whether or not this analysis will be accepted by the International Narcotics Control Board (INCB) – the UN body charged with overseeing and ensuring the licit supply of narcotic medicines – is anyone’s guess! Recent INCB reports have claimed that the world production of medical opioids is sufficient to meet global demand. However, there is little correlation between ‘demand’ (referring to the annual estimates presented by countries to the INCB in order to import opioids) and true ‘need’. Many countries are completely incapable of assessing true need for various reasons – including a lack of infrastructure, training and education in the use of medical opioids, insufficient technical expertise in calculating demand, law enforcement surveillance practices, and funding. Although WHO and INCB have published guidelines for countries to assess need, true

balance in the drug control regime requires equivalent funding for technical support and training for palliative care and harm reduction services as countries currently receive for 'drug control'.

There was concentrated focus at the Congress on promoting palliative care as a human right, including the launch of the [Prague Charter](#). Several sessions discussed barriers to opioid medicines, and particularly the international laws that control access on the one hand, and guarantee human rights on the other. The pandemic of untreated pain largely affects people living in the global South and former Soviet states, as well as vulnerable populations in the post-industrial world. According to many of the presenters, including Liliana de Lima, Executive Director of IAHPC (a new member of IDPC), the pandemic is largely caused by domestic over-regulation of narcotic drugs beyond the requirements of the UN drug conventions. This is the product of a socio-political disorder produced by current international drug policy, known in the field as "opioidophobia" – and the pandemic is rooted in medical providers' lack of education in the use of controlled narcotics, as well as well-founded fears of criminal prosecution under national drug control laws. Many providers who understand the issue and know how to treat pain view this global under-treatment as an ethical and human rights issue. Advocates are calling for it to be promoted under the UN covenants that require countries to supply the "highest attainable standard of health" and to refrain from torture. As a result, the Executive Board of the World Health Assembly will be considering a proposal at its 2014 meeting to declare access to palliative care a human right.

Only a few of the scientific presentations and posters focused directly on the connection between the public health harms caused by global drug prohibition and the key role of palliative care and access to medical opioids:

- Dr Shoba Nair from Bangalore highlighted a model programme that provides palliative care to AIDS patients in India (which has the second highest number of people living with AIDS in the world).
- Dr Vera Usunko, a palliative care physician from the Russian Federation, presented horrifying data from her country on access to morphine, which is miniscule for the population as a whole and legally forbidden for the 100,000 young people who inject drugs who die each year from AIDS.
- Dr Saskia Juenger, health scientist at the University Hospital of Bonn, shared the results of the Access to Opioid Medicines in Europe (ATOME) project, which surveys the need for opioids for both palliative care and harm reduction in twelve EU countries. ATOME is unique in that it brings together physicians and public health specialists who work with people who use drugs, as well as palliative care doctors who take care of cancer patients. The project discusses shared barriers to essential medicines and how to improve the regulatory climate. Just as people who use illicit drugs are subject to state prosecution, many health care providers are afraid to prescribe and dispense medical opioids for licit purposes because of state surveillance and regulation.

Although there was tremendous energy and collaborative spirit around palliative care as a human right, connections were not made to the human rights of terminally ill prisoners and people who use drugs. More dialogue and collaboration between these two fields is essential: the 'human' in human rights includes everyone and stigmatizes no-one, as more than one UN resolution has clearly stated. Advocates for drug policy reform and harm reduction should look to submit abstracts and papers to palliative care conferences and journals – and vice-versa – in order for true collaboration to take hold. ATOME is a good beginning, but it needs to expand beyond Europe

and include the global South. Human rights will be better advanced when the communities that are negatively affected by drug policy join forces.

For many extraordinary resources, including the newly released Global Atlas of Palliative Care and a comprehensive data set from Dr Nathan Cherny on multiple barriers in every UN Member State, visit the [EAPC website](#) or [contact Katherine Pettus](#).