

**Editorial**

**Untreated Pain a 'Scandal of Global Proportions'**

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When a child is diagnosed with cancer in Bangladesh, it is likely that he or she will not receive any pain medications stronger than paracetamol. Globally more than 5 billion people live in countries where access to opioids is extremely limited or not available at all. In many cases, drug regulations intended to prevent misuse leave many patients without access to essential opioid analgesia. Currently low and middle-income countries account for only 7% of global opioid consumption despite having 80% of the world's population.

The recent results of the Global Opioid Policy Initiative (GOPI) survey by the European Society for Medical Oncology (ESMO) found that in the most countries, multiple barriers prevent the routine use of inexpensive and effective opioid pain medications, such as morphine. Pain relief is widely accepted as a patient right and a human right. The Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCD) published by the World Health Organization (WHO) in 2013 calls for the integration of palliative care and pain relief into the care of all patients with NCD and strongly urges all developing country governments to improve access to these medications.

Although it is important to prevent misuse of opioids, many developing countries, including Bangladesh, have extremely strict opioid control policies that significantly limit the supply, distribution, and consumption of opioids, and prevent most patients with severe pain from accessing these essential medications. The International Association for Hospice and Palliative Care (IAHPC), recommends 7 essential opioids be available in all countries. These include codeine, oral oxycodone, transdermal fentanyl, immediate and

slow release oral morphine, injectable morphine, and oral methadone. In Bangladesh only 3 of these medications are on the national formulary and none are actually available more than half of the time according to the GOPI survey published in *Annals of Oncology*<sup>1</sup>.

Many physicians in Bangladesh are hesitant to prescribe opioids due to widespread fears and misconceptions about the risk of addiction and respiratory depression. Many clinicians incorrectly believe that opioids should only be used in patients who are dying. All physicians will encounter patients who need palliative care and pain management in the course of their career. Thus, training and education in these areas should be included in standard medical curriculum at the undergraduate and postgraduate levels. Unnecessarily stringent opioid control policies continue to significantly impede clinicians' ability to prescribe opioids in this country. These regulations must change, empowering properly trained clinicians to prescribe opioids based on individual patients' needs.

Patient and public misconceptions about the safety of opioids compound the issues facing physicians when prescribing opioids. Patients are often unaware that opioids are a safe and effective option to treat their pain and fear addiction. Complicated registration procedures for patients and difficulty obtaining medications discourage many from accessing appropriate opioid analgesia.

What are the next steps as moving forward? The solutions must be adapted to the local context. Lessons can be learned from developing countries who have improved opioid access dramatically, including: Uganda, Vietnam, Nepal, and Ukraine. In each of these

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countries, an essential early step was reform of national drug control and public health policies, which were preventing medical access to opioids. Ensuring that pain relief policies are developed as part of the National Cancer Control Plan is also an important step. Lastly, physicians must engage with their patients, civil society, and health advocates to create a movement for change.

References:

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