

Situation of Opioids in Latin America – Tania Pastrana

Texts corresponding to slides

2. The WHO has listed opioids for management of pain and palliative care in the Model List of Essential Medicines since 2014.

And it calls Essential because they are absolutely necessary and must be available at all times in public health systems.

3. Suffering is health-related when it is associated with illness or injury of any kind. Suffering is serious when it cannot be relieved without medical intervention and when it compromises physical, social or emotional functioning. According to the Lancet Commission on Global Access to Palliative Care and Pain Relief, in Latin America 3,3 million persons need palliative care. These figures are real persons, like this grandmother 96 y. with advance COPD, who died in a UCI after 4 resuscitations without palliative care

4. This map from the Lancet Commission on Global Access to Palliative Care and Pain Relief, shows **Distributed opioid morphine-equivalent and estimated percentage of people in need because serious health-related suffering.** You can see that Latin America becomes a line. Which means, that a large majority of patients suffering from severe pain in Latin America have no access to opioids

5. I want to give an example of the situation of a patient with breast cancer Honduras. My colleague from Honduras received an email during a workshop in October. He explained the situation to me. The brother of Ms M wrote a text asking for help. Pain was getting worse, with bleeding from the breast. Please help us, I am desperate. Do you have a medication? The Dr says now is time to use morphine. They wrote back immediately: OK, I will borrow some money for the injection and buy it.

6. However Latin American doctors are able to achieve incredible things with scarce resources. I do not like to idealize the poverty. Patients as well health personnel are affected by it

7. In this graph comparing the DOME (Opioids included: Fentanyl, hydromorphone, methadone, morphine, oxycodone, and pethidine) every 5 years, In the last years Argentina and Colombia show important improvements thanks to innovative policies. However, the access in the region remains insufficient and falls short of human rights or INCB standards.

8. For example Argentina, with the program PrAO _ Provision of opioid analgesic, Argentina distributes morphine and methadone free of charge for medical use throughout the country.

9. Calculating the affordability of oral morphine in terms of the number of days' wages needed by the lowest-paid worker to purchase a 30-day treatment of morphine

oral (immediate release), the gold standard according to WHO. According with this calculation

10. Regional affordability varies from 73,2 days of minimum wage salaries for 30-day treatment in Honduras to 2,1 days in Colombia. In the last months Honduras added morphine oral with a reduction of the price from 73,2 days to 50 days and Guatemala and Ecuador have oral immediate release morphine.

11. The Latin American Association for Palliative Care is working with the International Association for Hospice and Palliative Care in order to improve this situation. I will mention some of these actions.

12. Advocacy:

- Country workshops with representatives of the Ministries of Health and National Associations
- High Level Meetings (Peru and Panama)
- Global advocacy

13. Research: Project Opioid Price Watch

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