



Opioid Alternatives for Developing World; Right of the Poor to Pain Relief and Suffering at the End of Life

Gauhar Afshan*¹

Department of Anaesthesiology, Aga Khan University, Pakistan

Editorial

In a world populace of 7.6 billion, nearly 83% reside in the developing countries. Evidence suggests that health care is insufficient and disorganized in majority of these countries. Limited financial and human resource, inefficient utilization of available resources, inept priority setting, and absence of relevant research to address contextual health care issues are some of the reasons. Pakistan is one such country. It is the sixth most populated country in the world and is ranked 186th out of 189 countries in the matter of total expenditure on health as a percentage of the Gross Domestic Product (GDP). Pakistan is eighth in the list of top ten countries producing opium and morphine. Unfortunately, it is among the worst rated countries when it comes to the availability of palliative pain relief drugs and services in health care. The World Palliative Care Alliance records that in 2012 more than 350,000 people needed pain relief for palliation in Pakistan, but only around 300 people received any. Estimates in 2015 state that 25.5 million people died in that year with serious health-related suffering, of which more than 80% lived in countries lacking access to palliative care and adequate pain relief services. Expert opinion and data from low-income countries indicates that majority of people dying from cancer experience moderate to severe pain lasting for an average of 90 days at the end of life [1]. Morphine is considered the gold standard analgesic for pain control and when used appropriately, around 80% of the cancer patients achieve adequate pain relief. It is a controlled drug in Pakistan. A limited quota is allocated to tertiary care and military hospitals. This quota is insufficient to provide for the pain management of post-operative patients and others suffering from acute pain, hence a negligible amount is left to treat chronic pain and palliative pain. Control measures instituted to prevent the illegal use of Morphine entirely disregard the necessity of analgesia for suffering patients. One of the solutions is to look for Morphine alternatives to overcome this crisis and provide adequate pain control. Cannabis is one of the drugs being recognized as an alternative to opioids for cancer pain and palliative pain. Data shows that medical cannabis is just as effective for pain relief as opioid-based medications. In addition, it alleviates spiritual and existential suffering and improves the overall quality of life. Almost all of this data originates from studies conducted in the developed world, which is facing the other end of the paradigm; over-use of opioids in health care leading to near epidemic increase in deaths.

According to the Center for Disease Control and Prevention (CDC), from the years 1999 to 2006, the number of prescription opioid poisoning deaths in the United States nearly doubled, from approximately 20000 to 37000 [2]. This worrisome increase in the opioid over-dose related mortality has encouraged the high-income countries to consider opioid alternatives for pain relief. The dissimilarity between the developing and developed worlds for their reasons of using Cannabis in palliative care and cancer pain management demands that sound research must be carried out in the low-income countries, on locally available species of plants and then its safety and effectiveness determined for local population before encouraging its clinical use. In addition, Cannabis is a plant that widely differs in chemical composition depending upon its sub-types and the region where it is grown, mandating the examination of local plant types. People often question the need of research in developing countries. We believe that research in developing countries is an investment towards a healthier future with availability of cheaper and more effective cures of locally prevalent maladies. However the notion of research as an investment is almost unheard of in the economic planning of countries like Pakistan. Despite a large body of research related to cancer pain, evidence is scanty for several critical issues effecting countries like Pakistan including; reasons of Morphine shortage in health care and finding solutions or a quest for alternatives to Morphine. Clinical trials are urgently needed to address this area. Use of cannabis is currently being investigated extensively for cancer pain however most of the research is being conducted in high-income countries. Research on the use of Cannabis for cancer pain should be prioritized in developing countries where there

OPEN ACCESS

*Correspondence:

Gauhar Afshan, Department of Anaesthesiology, Aga Khan University, Stadium Road, P.O.Box3500, Karachi, 74800, Pakistan,
E-mail: gauhar.afshan@aku.edu

Received Date: 16 Sep 2018

Accepted Date: 26 Sep 2018

Published Date: 28 Sep 2018

Citation:

Afshan G. Opioid Alternatives for Developing World; Right of the Poor to Pain Relief and Suffering at the End of Life. *Ann Clin Anesth Res.* 2018; 2(2): 1014.

Copyright © 2018 Gauhar Afshan. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

is a dearth of stronger opioids in health care and cancer is increasing significantly. Recently the Aga Khan University in Pakistan launched various research groups in the Faculty of Health Sciences in order to improve/enhance research targeting local needs. 'Opioid alternatives for Developing World' is one of the groups focusing on Cannabis related research for cancer and palliative care patients. The group is hoping to share results of this project in the next couple of years.

References

1. Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X. Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report. *Lancet. The Lancet Commissions*. 2017;391(10128):1391-454.
2. Warner M, Chen LH, Makuc DM. Increase in fatal poisonings involving opioid analgesics in the United States, 1999-2006. *NCHS Data Brief*. 2009;22:1-8.