Availability of Opioid Analgesics in Latin America and the World

I.	Review of consumption data	1
II.	Incb activities to improve opioid availability	1
III.	INCB Conclusions and Recommendations.	3
IV.	Per capita global consumption of morphine, 1999	9
V.	Consumption of selected opioid analgesics, 1999	11
VI.	Consumption of morphin in selected countries, 1980-2000	12
VII.	Status of Adherence to Conventions, Receipt of Statistics, and Estimates	19
VIII.	Estimated Requirements for Selected Opioids	20
IX.	Competent National Authorities	21
X.	Bibliography	24

Prepared for:

1st Congress of the Latin American Association of Palliative Care

7th Latin American Course on Medicine and Palliative Care Guadalajara, Mexico 20 - 22 March 2002

Prepared by:

Pain & Policy Studies Group WHO Collaborating Center for Policy and Communications in Cancer Care University of Wisconsin Comprehensive Cancer Center Madison, Wisconsin USA



About the Pain & Policy Studies Group

The Pain & Policy Studies Group (PPSG) mission is to promote "balance" in international, national and state pain policies to ensure adequate availability of opioid analgesics and their appropriate medical use for patient care while addressing diversion and abuse. The PPSG is designated the World Health Organization (WHO) Collaborating Center for Policy and Communications in Cancer Care. Much of the PPSG's work, including new WHO Guidelines that are discussed later in this document, are available on their website at <u>www.medsch.wisc.edu/painpolicy</u>. As a WHO Collaborating Center, the PPSG provides technical assistance to governments in Asia, Europe, and Latin America, and established a WHO Demonstration Project in Calicut, India.

The PPSG also supports a global communications program to improve access to information about pain relief, palliative care, and pain policy, and publishes the WHO *Cancer Pain Release* publication (<u>http://www.WHOcancerpain.wisc.edu</u>).

Pain & Policy Studies Group/World Health Organization for Policy and Communications in Cancer Care

www.medsch.wisc.edu/painpolicy

Cancer Pain Release www.WHOcancerpain.wisc.edu

International Narcotics Control Board (INCB) www.incb.org

World Health Organization www.who.int/home-page/

Pan-American Health Organization <u>www.paho.org</u>

Citation:

Pain & Policy Studies Group. *Availability of Opioid Analgesics in Latin America and the World*. University of Wisconsin Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care; Madison, Wisconsin, USA. Prepared for: 1st Congress of the Latin American Association of Palliative Care, 7th Latin American course on medicine and palliative care; Guadalajara, Mexico: 20-22 March 2002 (Monograph).

SECTION I - REVIEW OF CONSUMPTION DATA

One indicator of progress to improve availability of opioid analgesics for cancer pain relief and palliative care in a country is the medical use and therefore the consumption statistics of drugs like morphine. Morphine consumption statistics are used by the WHO as a <u>broad</u> indicator of progress to improve cancer pain relief. Morphine is on the WHO Ladder, and it is the most widely available strong opioid in the world. However morphine statistics alone do not reflect the complete picture in countries where other strong opioids are also being used. The consumption data come from the International Narcotics Control Board.¹ Each year the INCB receives reports from national governments on narcotics consumed. For statistical purposes, "consumption" is that amount of a narcotic drug which has been distributed to the retail level, that is, to hospitals and pharmacies in a country for medical use, but not necessarily used by patients in a particular year. On these graphs, zero consumption could also be: (a) reported consumption of less than 1 kilogram, or (b) no report was provided by the government.

Country statistics vary widely according to many medical, economic and social factors. There is no ideal consumption rate or amount which is implied to be ideal. Furthermore, there are a number of cautions that should be used in interpreting the data. In some countries, morphine is used for painful conditions other than cancer, such as surgery or chronic non cancer conditions. Increased consumption of morphine may not necessarily reflect greatly improved pain management, but rather more institutions using morphine and more patients being with less than effective doses; the use of opioid analgesics for cancer pain relief in the most economically advanced countries is still inadequate. The other opioids which are used in a country should also be taken into account, such as fentanyl, hydromorphone, oxycodone, and methadone. Nevertheless, many countries' morphine consumption statistics are good, although general indicators of progress to improve cancer pain relief.

Additional information may be available from the competent national authority under the international drug control treaties; a directory is available which lists the names and addresses of these government agencies.²

SECTION II - INCB ACTIVITIES TO IMPROVE OPIOID AVAILABILITY

The INCB is the international narcotics regulatory authority for the United Nations. The INCB monitors national governments' implementation of the 1961 Single Convention on Narcotic Drugs, as amended, a treaty that governs availability of narcotic drugs in the world.

According to the Single Convention, opioids (narcotic drugs) are indispensable for the treatment of pain and suffering, and governments should ensure their adequate availability for all medical and scientific purposes while preventing addiction and diversion. Thus, it is the responsibility of

¹United Nations International Narcotics Control Board. *Narcotics: Estimated world requirements for 1997; statistics for 1995.* Sales number E/F/S.97.XI.2 (This publication is in English, French, and Spanish). INCB consumption statistics for 1996 are used in this monograph, although they have not been published officially. Publication of these data will occur in March, 1998

²United Nations. *Competent national authorities under the international drug control treaties*. Sales number ST/NAR.3/1994/1(E/NA). (This publication is in English, French, and Spanish.)

national governments (most governments are parties to this treaty) not only to prevent misuse and diversion, but also to ensure availability of opioids for medical needs. The INCB and other United Nations organizations, such as the Commission on Narcotic Drugs, have recognized that opioids are not sufficiently available in the world. The INCB has requested all national governments to (a) re-evaluate their medical needs for opioids, (b) identify and address impediments, and (c) communicate with health professionals to determine the unmet medical need for opioid analgesics. The INCB conclusions and recommendations are provided in the next section.

SECTION III. INCB REPORT CONCLUSIONS AND RECOMMENDATIONS (Verbatim)³

- 44. The Board wishes to express its appreciation to the governments that responded to its 1995 survey. The Board notes with satisfaction that a significant number of governments are making efforts to respond to its recommendations; they are increasing their estimates to meet medical demand, issuing national policies to improve medical use of narcotic drugs, supporting educational programmes and examining their health-care systems and laws and regulations for impediments, or are planning to do so.
- 45. Governments reported a number of problems with the availability of narcotic drugs that must be dealt with. Those problems included lack of availability of drugs recommended by WHO, such as oral morphine, in many countries and particularly in hospitals with cancer programmes; insufficient importation; periodic shortages; problems with estimating future medical needs; and national narcotic laws that did not ensure medical availability of narcotic drugs and restricted availability. Although 36 governments reported having examined their health-care systems and laws and regulations for impediments to availability, they represented only 17 per cent of the governments in the world. Those that did so identified numerous impediments, most of which were linked not only to concerns about drug addiction, drug diversion and restrictive national laws, but also to insufficient import or manufacture, as well as problems in national health-care delivery systems, including insufficient training, personnel and facilities and the cost of medication.
- 46. The Board notes that most governments in the world did not respond to its questionnaire; thus, the Board did not have sufficient information concerning approximately one half of the world's population. Among those governments that did not respond were most of the developing and least developed countries, as well as those governments that had frequently failed to submit annual estimates of narcotic drug requirements as required by the 1961 Convention. The Board is cognizant that less developed countries have more difficulty meeting basic health-care needs. Nevertheless, the Board encourages governments of such countries to make efforts to examine their medical needs for narcotic drugs as well as the impediments to their availability, to advise the Board of the results of those efforts and to inform the Board if it can be of assistance. The governments that did not respond included a number of developed countries that the

³ Junta Internacional de fiscalización de estupefacientes. Informe de la Junta Internacional de Fiscalización de Estupefacientes correspondiente a 1995: Disponibilidad de opiáceos para las necesidades médicas y científicas. Viena, Austria: Naciones Unidas; 1996. *Disponible en <u>http://www.incb.org/s/ar/1995/suppl1sp.pdf</u>*

Board believes should also concentrate their attention on identifying unmet medical needs.

- 47. The Board concludes that the recommendations contained in its 1989 special report are far from being implemented and that, while there have been efforts by some governments to ensure the availability of narcotic drugs for medical and scientific purposes, it appears that many others have yet to focus on that obligation.
- 48. The Board believes that an efficient national drug control regime must involve not only a programme to prevent illicit trafficking and diversion, but also a programme to ensure the adequate availability of narcotic drugs for medical and scientific purposes. A national drug control programme should have legislative authority reflecting the provisions of the 1961 Convention, delegation of responsibility for implementation, including administrative responsibility for managing import and export licences, estimating medical requirements, reporting required statistics and supervising adequate controls over distribution. Controls over the professionals and medical facilities that distribute narcotic drugs should ensure accountability and prevent diversion while making narcotic drugs available to the patients who need them. Controls should not be such that for all practical purposes they eliminate the availability of narcotic drugs for medical purposes.
- 49. Therefore, bearing in mind the conditions prevailing in individual countries and the availability of resources, the Board concludes that if the recommendations below are implemented there will be significant additional progress towards ensuring adequate availability of narcotic drugs for me scientific purposes. The Board will continue its examination of the situation and will monitor responses to its recommendations.
- 50. The Board will:
 - (a) Increase monitoring of annual estimates submitted by Governments and initiate dialogue as necessary to identify unmet needs and ensure that annual estimates of requirements for narcotic drugs are neither overestimated nor underestimated;
 - (b) Continue to ensure expeditious confirmation of supplementary estimates submitted by Governments to assist them in coping with unforeseeable needs;
 - (c) Encourage Governments to use information from a variety of sources to improve their capability to estimate foreseeable medical needs for narcotics drugs;
 - (d) Encourage Governments to develop drug distribution systems that are well controlled and that will ensure availability of narcotic drugs to patients in medical facilities and in the community;
 - (e) Convene seminars in selected regions or areas for government narcotic control authorities and health-care representatives to facilitate the exchange of information about legal requirements, unmet medical needs, methods of estimating future needs, and ways to improve the availability of narcotic drugs for medical needs;

- (f) Review on a regular basis national and international developments relevant to improving the availability of narcotic drugs for medical purposes, incorporating updated information and observations into its annual report;
- (g) Re-evaluate in the year 2000 the world situation and the progress of Governments and other organizations in implementing the recommendations below, issuing new findings, conclusions and recommendations.

A. Recommendations for consideration by Governments

- 51. Governments are invited to consider the following recommendations:
 - (a) Governments that have not done so should determine whether there are undue restrictions in national narcotics laws, regulations or administrative policies that impede prescribing, dispensing or needed medical treatment of patients with narcotic drugs, or their availability and distribution for such purposes, and should make the necessary adjustments;
 - (b) Governments that have not done so should, in response to the recommendations contained in the 1989 special report of the Board, critically examine their methods for assessing medical needs for narcotic drugs and should make suitable arrangements for ensuring their availability;
 - (c) Governments should establish a system to collect information from medical facilities that care for surgical, cancer and other patients, from organizations that are working to improve the rational use of narcotic drugs and from manufacturers, distributors, exporters and importers and should establish groups of knowledgeable individuals to assist in obtaining information about changing medical needs;
 - (d) Governments should add to their annual estimates of requirements for narcotic drugs a margin of 10 per cent to allow for the possibility of increased consumption from such general causes as population growth, evolution of health services and trends in the incidence of diseases and their treatment and, if need be, should add an even greater margin in countries or territories where there is rapid economic and social development or rapid expansion of the medical use of drugs, including the introduction of new formulations or drugs;
 - (e) Governments that experience interruptions in supply of narcotic drugs because of delays in importation or for other reasons should examine the situation and develop a system to accomplish in a timely manner the steps involved, such as issuing licences, arranging for payment, carrying out paperwork, transporting the drugs, taking the drugs through customs and distributing the drugs to medical facilities;
 - (f) Governments should determine whether their national narcotic laws contain elements of the 1961 Convention and the 1972 Protocol that take into account the fact that the medical use of narcotic drugs continues to be indispensable for the

relief of pain and suffering and the fact that adequate provision must be made to ensure the availability of narcotic drugs for such purposes and to ensure that administrative responsibility has been established and that personnel are available for the implementation of those laws;

- (g) Governments should inform health professionals about the WHO analgesic method for cancer pain relief;
- (h) Governments should communicate with health professionals about the legal requirements for prescribing and dispensing narcotic drugs and should provide an opportunity to discuss mutual concerns;
- (i) Governments should inform the Board about progress and needs concerning implementation of the present recommendations;
- (j) Governments that did not reply to the 1995 questionnaire of the Board should do so.

B. Recommendations for consideration by the United Nations International Drug Control Programme

- 52. The following recommendations are for consideration by the United Nations International Drug Control Programme (UNDCP):
 - (a) The UNDCP model national legislation on the control of narcotic drugs should contain provisions that recognize the obligation to ensure the availability of narcotic drugs for medical and scientific purposes;
 - (b) The UNDCP national drug control master plan should include policies, strategies and administrative measures for accomplishing the responsibilities associated with the obligation to ensure the availability of narcotic drugs for medical and scientific purposes;
 - (c) UNDCP should assist Governments in improving legislation and administrative capabilities to implement the obligation to ensure the availability of narcotic drugs for medical and scientific purposes;
 - (d) UNDCP should review situations where lack of resources prevents a Government from ensuring the availability of narcotic drugs for medical and scientific purposes and should identify sources of assistance.

C. Recommendations for consideration by the Commission on Narcotic Drugs

53. The Commission on Narcotic Drugs should call on Member States to give full consideration to the present special report and the recommendations contained in it, in the light of the following:

- (a) The worldwide extent of unrelieved pain and suffering associated with diseases such as cancer and AIDS;
- (b) The relatively recent medical advances that make pain relief possible;
- (c) The fact that morphine and other narcotic analgesics must be available to provide such relief;
- (d) The fact that there continues to be unmet medical needs for narcotic drugs particularly but not only in less developed countries;
- (e) The obligation of parties to the 1961 Convention or to that Convention as amended by the 1972 Protocol to ensure the availability of narcotic drugs for medical and scientific purposes.

D. Recommendations for consideration by the World Health Organization

- 54. WHO is encouraged to consider the following recommendations:
 - (a) WHO should expand its efforts to provide Governments with information about its analgesic method for the relief of cancer pain and to educate the public, health professionals and policy makers about the rational medical use of narcotic drugs, including the analgesic method for the relief of cancer pain;
 - (b) WHO should continue to inform the public, health professionals, competent authorities and policy makers about the correct definition of terms regarding dependence, as well as their significance or lack of significance when narcotic analgesics are used to treat cancer pain under medical supervision;
 - (c) WHO should, in cooperation with the Board, assist Governments in developing adequately controlled drug distribution systems that are capable of providing narcotic drugs to patients in hospitals and in the community;
 - (d) WHO should encourage health-care organizations to communicate with national narcotic control authorities about the rational use of narcotic drugs, legal requirements, unmet medical needs and impediments to availability;
 - (e) WHO should expand its efforts to develop methods that can be used by governmental and non-governmental organizations to identify impediments to the appropriate medical availability of narcotic drugs;
 - (f) WHO should continue to evaluate whether national essential drug lists and formularies contain the narcotic drugs that are needed for cancer pain relief;
 - (g) WHO should inquire into the extent to which and the reasons why non-narcotic drugs are used in lieu of narcotic drugs for the treatment of severe pain, including the medical and regulatory factors behind that approach.

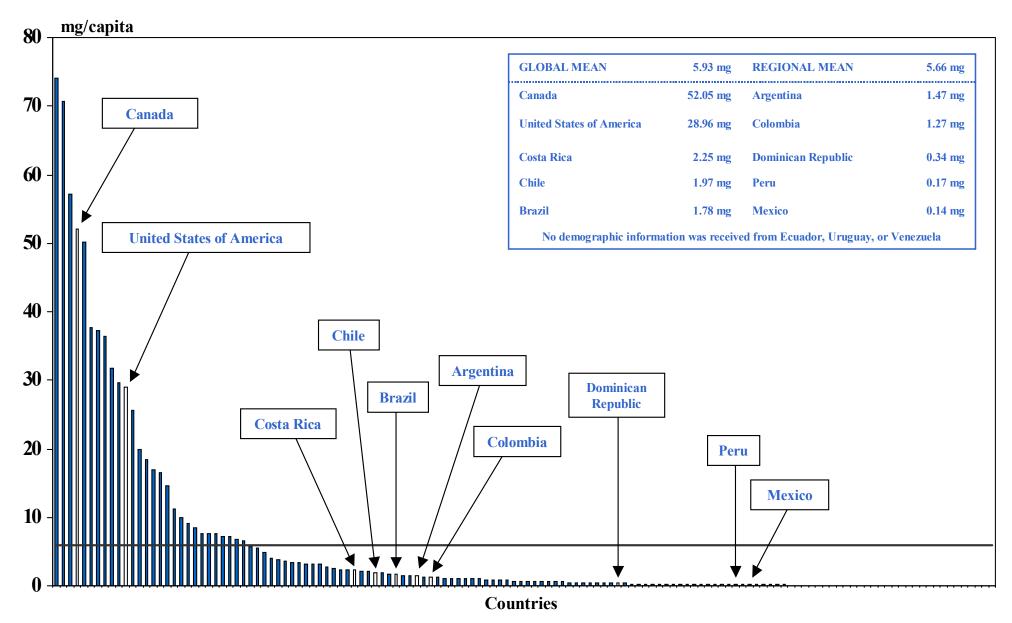
E. Recommendations for consideration by international and regional drug control, health and humanitarian organizations

55. International and regional drug control, health and humanitarian organizations are encouraged to consider the following recommendation: international and regional organizations that assist Governments with drug control, health and humanitarian aid should consider ways in which they can promote the WHO analgesic method for the relief of pain and support making narcotic analgesics available under adequate control.

F. Recommendations for consideration by educational institutions and nongovernmental health-care organizations, including the International Association for the Study of Pain and other health-care representatives

- 56. Educational institutions and non-governmental health-care organizations are encouraged to consider the following recommendations:
 - (a) Educational institutions and non-governmental health-care organizations, including the International Association for the Study of Pain and other health-care representatives, should teach students in health-care professions and licensed practitioners about the rational use of narcotic drugs, their adequate control and the correct use of terms related to dependence;
 - (b) Educational institutions and non-governmental health-care organizations, including the International Association for the Study of Pain and other health-care representatives, should establish ongoing communication with Governments about national requirements for the medical use of narcotic drugs, unmet needs for narcotic drugs and impediments to the availability of narcotic drugs for medical purposes.

Per Capita Global Consumption of Morphine, 1999



Source: International Narcotics Control Board; United Nations "Demographic Yearbook," 1999 By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2002

Consumption of Morphine, Latin American and the World, 1999 (mg/capita)

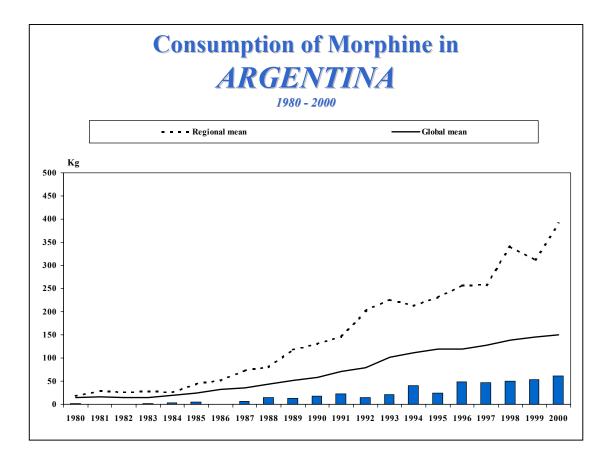
	mg/capita		<u>mg/capita</u>		<u>mg/capita</u>
Islas Malvinas	74.0000	Bulgaria	2.0328	Brunei Darussalam	0.2447
Dinamarca	70.7567	Chile	1.9670	Mauritius	0.2240
Australia	57.0705	Jamaica	1.9531	Irán (República Islámica del)	0.2025
Canadá	52.0475	Barbados	1.7903	Paraguay	0.2001
Islandia	50.2545	Brasil	1.7769	Islas Turcas y Caicos	0.1875
Nueva Zelandia	37.6505	Georgia	1.5566	Kuwait	0.1846
Suecia	37.2499	Seychelles	1.4750	Perú	0.1741
Austria	36.3185	Argentina	1.4729	Egipto	0.1625
Francia	31.7967	Belarús	1.3208	Antigua and Barbuda	0.1493
Noruega	29.7250	Colombia	1.2733	México	0.1437
Estados Unidos de América	28.9582	Republic of Korea	1.1849	Botswana	0.1353
Suecia	25.7126	Bahamas	1.1595	Mongolia	0.1282
Reino Unido	19.9868	Líbano	1.0343	Jordania	0.1223
Kazajstán	18.3779	Túnez	1.0121	Marreucos	0.1158
Alemania	16.8477	Singapur	1.0110	China	0.1102
Irlanda	16.5869	Aruba	0.9894	República Árabe Siria	0.1059
Israel	14.5262	Letonia	0.9807	Nicaragua	0.0972
Bélgica	11.3191	Antillas Neerlandesas	0.9488	Zambia	0.0961
Países Bajos	9.9081	Granada	0.8602	India	0.0884
Eslovenia	9.0669	Malasia	0.8440	Yugoslavia	0.0715
Luxemburgo	8.4149	Fiji	0.7680	Islas Wallis y Futuna	0.0714
Eslovaquia	7.6669	Croacia	0.7398	Kirguistán	0.0711
Nueva Caledonia	7.6553	Grecia	0.6899	Iraq	0.0696
Finlandia	7.5398	San Vicente y las Granadinas	0.6696	Myanmar	0.0521
España	7.2408	Bahrein	0.6261	Uzbekistán	0.0519
Hungría	7.1883	Масао	0.6244	Rwanda	0.0510
Japón	6.7843	Albania	0.6200	Dominica	0.0423
Polonia	6.5055	Omán	0.5557	Argelia	0.0392
Namibia	5.6814	Saint Kitts y Nevis	0.5385	Honduras	0.0377
Czech Republic	5.4825	Federación de Rusia	0.5191	Bolivia	0.0232
Republic of Palau	4.7895	Armenia	0.5036	Pakistán	0.0223
Estonia	3.9610	República de Moldova	0.4306	Vanuatu	0.0215
Islas Caimán	3.8108	Panamá	0.4279	Nepal	0.0150
RAE de Hong Kong	3.5837	Sierra Leona	0.4240	Jamahiriya Árabe Libia	0.0132
Malta	3.3990	Arabia Saudita	0.4169	Guatemala	0.0087
Sudáfrica	3.3620	Emiratos Árabes Unidos	0.3824	Uganda	0.0083
La ex Rep. Yug. de Macedonia	3.2700	República Dominicana	0.3434	Guyana	0.0082
Andorra	3.0933	Turquía	0.3407	Cabo Verde	0.0072
Djibouti	3.0843	Islas Cook	0.3158	Camboya	0.0056
Portugal	2.6719	Sri Lanka	0.3064	Indonesia	0.0054
Cuba	2.5746	Suriname	0.2892	Eritrea	0.0051
Italia	2.3543	Tailandia	0.2868	Níger	0.0048
Chipre	2.2935	Tonga	0.2857	Madagascar	0.0045
Costa Rica	2.2502	Samoa	0.2485	República Democrática del Congo	0.0033
Lituania	2.1614	Qatar	0.2479	República Unida de Tanzanía	0.0014

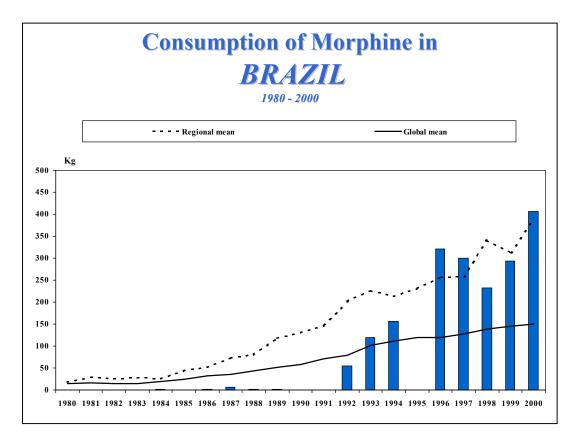
Consumption of selected opioid analgesics, 1999 (mg/capita)

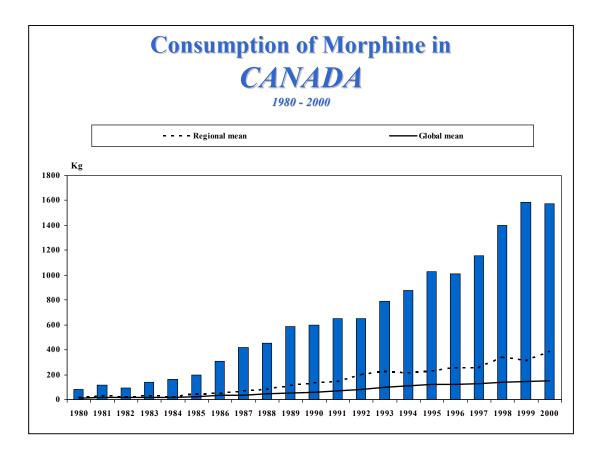
	Fentanyl	Methadone	Morphine	Oxycodone	Pethidine
Global mean	0.05	6.89	5.93	2.83	3.88
Regional mean	0.04	2.76	5.66	4.51	6.56
Argentina	0.0048		1.47	0.04	0.68
Brazil	0.01		1.78		2.88
Canada	0.28	10.32	52.05	15.89	31.44
Chile	0.01	0.10	1.97	0.03	1.01
Colombia	0.01	0.03	1.27	0.17	0.53
Costa Rica	0.0045	0.16	2.25		0.51
Ecuador	0.01			0.03	0.0002
Estados Unidos de América	0.47	19.41	28.96	42.46	25.56
Mexico	0.0043	0.04	0.14	0.32	
Peru	0.0029	0.02	0.17	0.04	0.55
Dominican Republic	0.0002		0.34	0.01	0.19
Uruguay					
Venezuela	0.0024	0.10		0.05	0.20

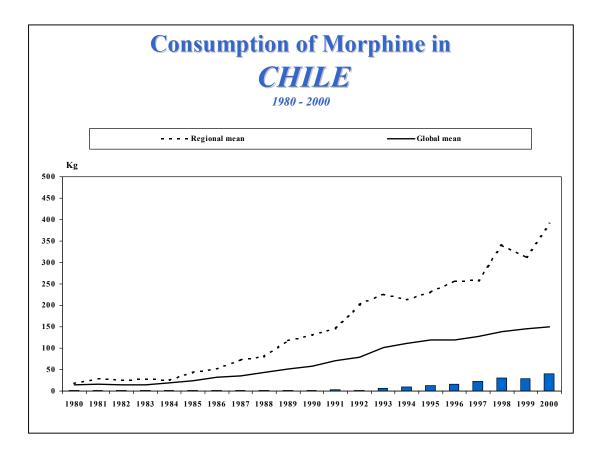
-- = No report was received

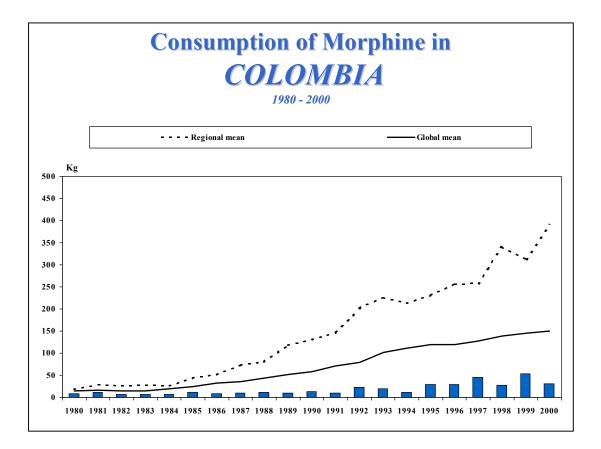
Source: International Narcotics Control Board; United Nations "Demographic Yearbook," 1999 By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2002

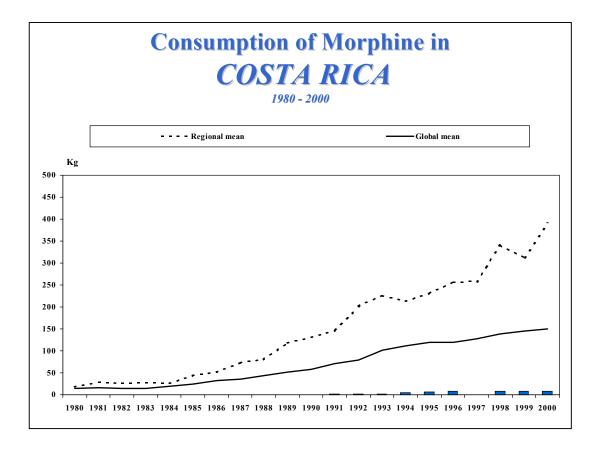


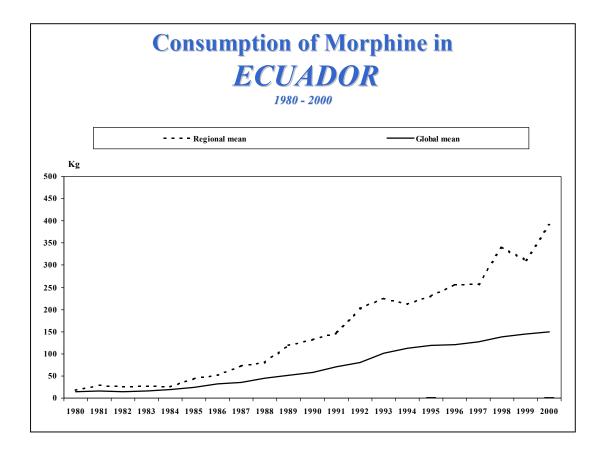


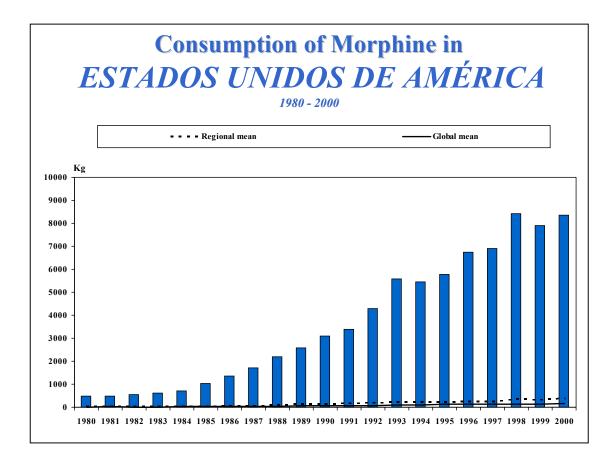


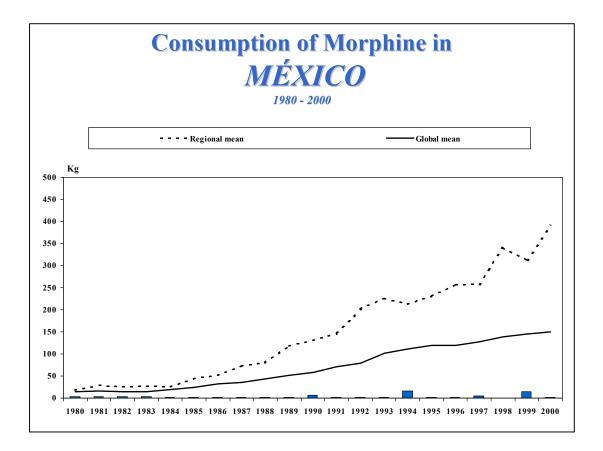


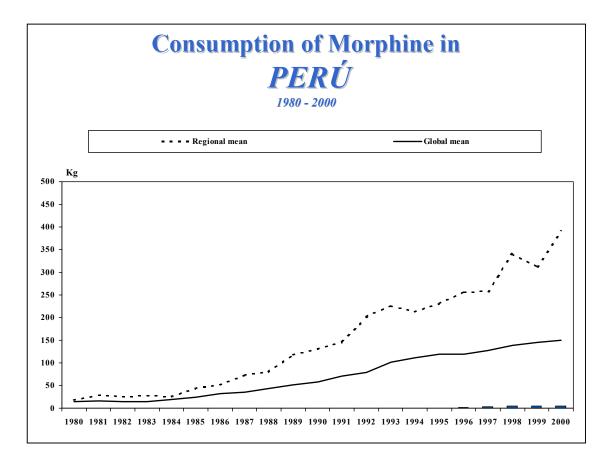


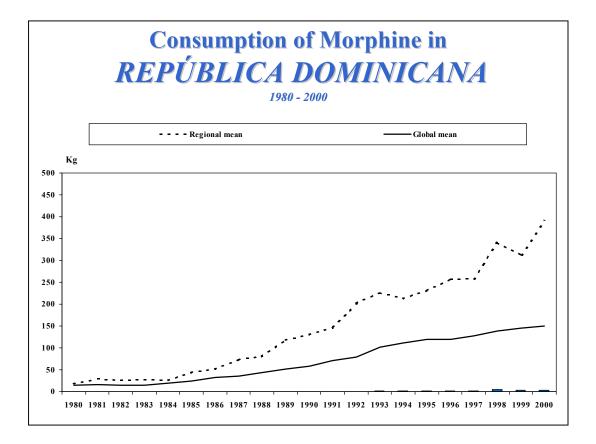


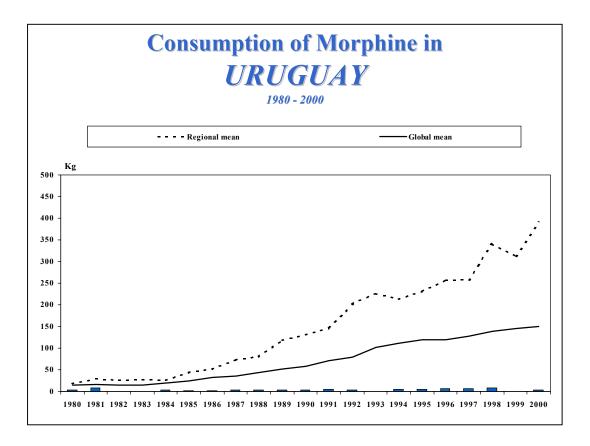


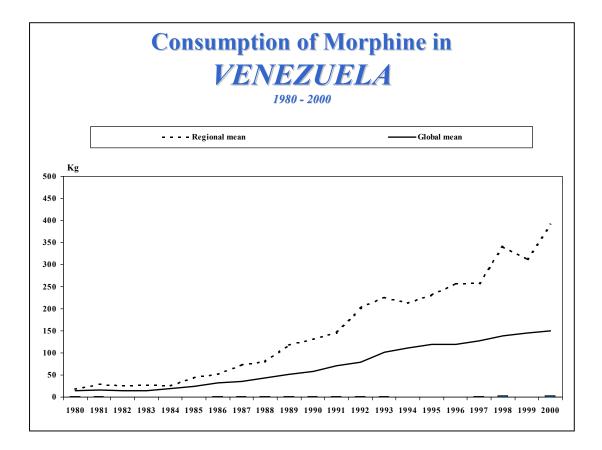












	Adh	esión			
	Single Convention 1961	As amended 1961/72	Consumption statistics for 1999	Estimated requirements for 2001	
Argentina	٠	٠		•	
Brazil	٠	٠			
Canada	٠	٠	•	•	
Chile	٠	•	•	•	
Colombia	٠	٠	•	•	
Costa Rica	٠	٠	•	•	
Ecuador	•	•	•	•	
United States of America	٠	•	•	•	
Mexico	•	٠	•	•	
Peru	٠	•	•	•	
Dominican Republic	٠	•	•	•	
Uruguay	٠	٠		•	
Venezuela	٠	٠	•	•	

Status of adherence to conventions, receipt of statistics, and estimates

--= No report was received

Source: International Narcotics Control Board, Narcotic Drugs, *Estimated World Requirements for 2001, Statistics for 1999* By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2002

Section VIII ESTIMATED REQUIREMENTS FOR SELECTED COUNTRIES IN LATIN AMERICA FOR 2001 AND 2002

<i>(</i> •	```
(in	grams)
(5

Country & Population	Year	Fentanyl	Methadone	Morphine	Oxycodone	Pethidine
ARGENTINA	2001	1,000	3,000	686,937	10,614	19,386
36,578,000	2002	1,000	3,000	810,000	7,000	30,000
BRAZIL	2001	1,900	1	2,700,000	50,000	475,331
165,371,000	2002	1,425	1	2,025,000	37,500	262,500
CANADA	2001	11,000	822,401	2,000,000	1,065,000	1,337,000
30,491,000	2002	12,000	650,000	2,000,000	750,000	1,100,000
CHILE	2001	359	5,562	76,421	3,000	35,805
15,018,000	2002	180	180	2,000	52,000	900
COLOMBIA	2001	761	10,630	70,000	26,167	60,000
41,589,000	2002	2,000	2,000	17,000	75,000	27,500
COSTA RICA	2001	75	4,044	15,667	2,000	7,312
3,589,000	2002	32	914	8,673		1,797
DOMINICAN	2001	1,000		1832	1,000	2,000
REPUBLIC 8,247,000	2002	1,000	3,000	6,000	1,000	2,000
ECUADOR	2001	647		2282	3,300	4,950
12,411,000	2002	658		6,357	3,134	4,900
MEXICO	2001	10,256	77,744	63,617	375,000	
97,365,000	2002	3,781	239,458	127,688	270,400	1
PERÚ	2001	301	12,958	20,000	13,418	15,164
25,232,000	2002	350	10,000	11,000	10,000	10,000
UNITED STATES OF	2001	266,736	7,709,000	116,893,000	24,850,000	11,334,013
AMERICA 273,131,000	2002	440,000	12,705,000	108,541,000	17,877,000	10,168,000
URUGUAY	2001	100	657	21127	600	25000
3,289,000	2002	100	550	20000	500	25000
VENEZUELA	2001	500	100	20,000	6,000	60,000
23,706,000	2002	500	100	20,000	8,000	60,000

-20-

-- = No information reported

Source: Quarterly Supplement, International Narcotics Control Board Estimated World Requirements of Narcotic Drugs for 2001 Advance Copy, International Narcotics Control Board Estimated World Requirements of Narcotic Drugs for 2002 United Nations "Demographic Yearbook," 1999

By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2002

Section IX COMPETENT NATIONAL AUTHORITIES UNDER THE INTERNATIONAL DRUG CONTROL TREATIES

· ARGENTINA ·

Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT) Departamento de Psicotrópicas y Estupefacientes Av. Caseros 2161 1264 Buenos Aires C.F. Argentina

Phone: (54) 11-43400800 int. 2571 Fax: (54) 11-43400853

	· BRAZIL ·				
Federal Police Department (DPF)	Secretariat of Sanitary				
SAS Quadra 6, Lotes 9/10	Esplanada dos Ministérios				
2 andar Setor de Autarquias Sul	Bloco G $- 9$ andar, sala 904				
CEP 70.070-100	CEP 70.058-900				
Brasilia-DF, Brazil	Brasilia-DF, Brazil				
Phone: (55) 61-2247545	Phone: (55) 61-3152343				
(55) 61-3153300	(55) 61-3152309				
Fax: (55) 61-3153307	Fax: (55) 61-2258154				
Telex: 61-3418	· · · · · · · · · · · · · · · · · · ·				
	· CANADA ·				
Manager					
Office of Controlled Substances					
Therapeutic Products Programme					
Health Canada					
Address Locator: #3618A					
Ottawa, Ontario K1A 1B9					
Canada					
Phone: (1) 613-9522131					
Fax: (1) 613-9522196					
	· CHILE ·				
Instituto de Salud Pública					
Marton 1000 Ñuñoa					
Casilla 48					
Santiago de Chile, Chile					
Phone: (56) 2-2391105					
Fax: (56) 2-2396960					
•	COLOMBIA ·				
Fondo Nacional de Estupefacientes					
Ministerio de Salud					
Avenida Caracas No. 1-85 Sur					
Apartado Aereo 33778					
Santafé de Bogotá, D.C.					
Colombia					
Phone: (57) 1-3331088					
(57) 1-2801263					
Fax: (57) 1-3331088					

\cdot COSTA RICA \cdot

Junta de Vigilancia de Drogas Estupefacientes Apdo. 10123-1000 Jan José, Costa Rica

Phone: (506) 2232612 (506) 2216058 Fax: (506) 2821420

• DOMINICAN REPUBLIC •

Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS) División de Drogas y Farmacias Av. San Cristobal Esquina Tiradentes Santo Domingo, República Dominicana

Phone: (1809) 5413121 Fax: (1809) 5472843

\cdot ECUADOR \cdot

Secretario Ejecutivo Consejo Nacional de Control de Sustancias Estupefacientes y Psicotrópicas (CONSEP) 12 de Octubre 1281 y Veintimilla Quito, Ecuador

Phone: (593) 2-506171 Fax: (593) 2-564717 Directora Nacional de Control y Fiscalización del CONSEP 12 de Octubre 1281 y Veintimilla Quito, Ecuador

Phone: (593) 2-506068 Fax: (593) 2-506068

• UNITED STATES OF AMERICA •

Chief Drug Operations Section Office of Diversion Control Drug Enforcement Administration Washington, D.C. 20537 United States of America

Phone: (1) 202-3077194 Fax: (1) 202-3078570

· MEXICO ·

Director General Dirección General de Control de Insumos para la Salud Mariano Escobedo 366 -10° Piso Col. Casa Blanca Delegación Miguel Hidalgo C.P. 11590, México, D.F., México

Phone: (52) 5-2554480 (52) 5-2550565 Fax: (52) 5-5459526

· PERU ·

Directora de la Dirección de Drogas Dirección General de Medicamentos, Insumos y Drogas (DIGEMID) Ministerio de Salud Jr. Tizón y Bueno 276 – Jesús María Lima 11, Perú

Phone: (51) 1-4636590 Fax: (51) 1-4603937

• URUGUAY •

Division Control Medicamentos y Afines (DICOMEA) Sector Fiscalización de Estupefacientes y Psicotrópicas Ministerio de Salud Pública 18 de Julio 1892 Piso 3, Oficina 318 Montevideo Uruguay

Phone: (598) 2-4006407 Fax: (598) 2-4015891

· VENEZUELA ·					
Ministerio de Sanidad y Asistencia Social (MSAS)	Ministerio de Industria y Comercio				
Dirección de Drogas y Cosmeticos	Dirección de competitividad				
Av. Baralt, Centro Simón Bolívar	Av. Libertador				
Edif. Sur, Piso 3, Oficina 325	Centro Comercial los Cedros, piso 2				
Caracas 1010, Venezuela	Caracas, Venezuela				
Phone: (58) 2-4823926 (58) 2-4849471 (58) 2-4822393	Phone: (58) 2-5310026 (58) 2-731369 Telex: 76289869				
Fax: (58) 2-4822393					

Section X BIBLIOGRAPHY

Blengini C, Joranson DE, Ryan KM. Italy reforms national policy for cancer pain relief and opioids. *European Journal of Cancer Care*. 2002; in press.

Colleau SM. Nuevas pautas de la OMS adoptadas por el simposio de Quito. *Cancer Pain Release*. 2001;14(1). *Disponible en <u>http://www.medsch.wisc.edu/WHOcancerpain/eng/14_1/14_1.html</u>*

Colleau SM. Special issue on the International Narcotics Control Board survey of governments. *Cancer Pain Release*. 1996;9(Supplement):1-4. *Disponible en <u>http://www.medsch.wisc.edu/WHOcancerpain/eng/9 s/9 s.html</u>*

De Lima L, Bruera E, Joranson DE, et al. Opioid availability in Latin America: the Santo Domingo Report - progress since the Declaration of Florianapolis. *J Pain Symptom Manage*. 1997;13(4):213-219.

Joranson DE, De Lima L. *Analisis preliminary de la legislación Mexicana en relación a los prinicipios internacionales de disponibilidad de opioides*. University of Wisconsin Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care; Madison, Wisconsin, USA. 1996 (Monograph).

Joranson DE, De Lima L. *Analisis preliminar de la legislación colombiana en relación a los principios internacionales de disponibilidad de opioides*. University of Wisconsin Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care; Madison, Wisconsin, USA. 1996 (Monograph).

Joranson DE, Nischik JA, Gilson AM, Nelson JM, Maurer MA. *Consumo de analgésicos opioides en el mundo y la región andina*. University of Wisconsin Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care; Madison, Wisconsin, USA. Preparado para: Taller de Reguladores: Asegurando Disponibilidad de Analgésicos Opioides para Cuidados Paliativos; Quito, Ecuador; 3 - 5 Diciembre de 2000 (Monograph).

Organización Mundial de la Salud. Logrando Equilibrio en las políticas nacionales de fiscalización de opioides. Ginebra, Suiza: OMS;2000. Disponible en <u>http://www.paho.org/Spanish/HSP/HSE/opioides-esp.pdf</u>

Organización Mundial de la Salud. *Alivio del dolor en el cancer con una guía sobre la disponibilidad de opioides*. 2a ed. Ginebra, Suiza: OMS;1996. *Disponible en <u>http://www.who.int/ncd/cancer/publications/books/cancer_pain_relief.html</u>}</u>*

Pain & Policy Studies Group. Improving Cancer Pain Relief in the World:1997-1999, A Report on Three Years of Work. Madison, Wisconsin, USA: University of Wisconsin Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care; 2000. Disponible en http://www.medsch.wisc.edu/painpolicy/publicat/00ppsgar/00ppsgar.htm.

Pain & Policy Studies Group. *Improving cancer pain relief in the world – 2000*. Madison, Wisconsin, USA: University of Wisconsin Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care; 2001. *Disponible en <u>http://www.medsch.wisc.edu/painpolicy/publicat/00report/intro.html</u>*

Pan American Health Organization. *Taller de reguladores: Asegurando disponibilidad de analgésicos opioides para cuidados paliativos*. Pan American Health Organization; Washington, D.C. Summary of opioid availability workshop held in Quito, Ecuador; 3-5 December 2000.

Selva C. International control of opioids for medical use. *European Journal of Palliative Care*. 1997;4(6):194-198. *Disponible en <u>http://www.medsch.wisc.edu/painpolicy/internat/selva.htm</u>*

Pain & Policy Studies Group World Health Organization Collaborating Center University of Wisconsin Comprehensive Cancer Center 406 Science Dr, Suite 202 Madison, WI 53711-1068 USA

Teléfono:1-608-263-7662Fax:1-608-263-0259

http://www.medsch.wisc.edu/painpolicy/ http://www.WHOcancerpain.wisc.edu