Letter to The Editor: Access to Opioids, A Global Challenge - Impressions of The Brazilian Scenario

Carta ao Editor: Acesso a Opioides, Um Desafio Mundial - Impressões do Cenário Brasileiro

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Palavras-chave: Analgésicos Opióides; Avaliação da Dor; Brasil; Controlo da Dor; Dor Oncológica; Política de Saúde

Dear Editor,

I am writing to you after reading the article regarding moderate to severe cancer pain and the scenario of opioid consumption in Portugal, recently published in Acta Médica Portuguesa. The issue is relevant since the United Nations state that certain drugs are “indispensable for pain and suffering relief” and that their availability “must be” ensured. However, between 2011 and 2013, more than 5 billion people had little or no access to essential analgesics.

As a Brazilian physician working in Palliative Care, some reflections came up as I read the article regarding my country’s current situation in this area. Even with the worldwide increase of opioid use by two fold, it has not happened equally in all regions. For low-income and middle-income countries, such as Brazil, the situation remains unchanged, due to limited financial resources, lack of training in prescription of opioids, cultural attitudes in pain management, and fear of criminal prosecution or addiction induction. Thus, this consumption increase is mainly due to the opioid prescription for non-chronic cancer pain in high-income countries such as Portugal.

When we analyze the consumption of opioids per person, in morphine equivalents (ME), in Brazil, the figure was 10.94 ME in 2015. Fentanyl was the most prescribed, followed by morphine and methadone. Excluding methadone, the consumption was 9.41 ME. This scenario is the opposite of Portugal. When comparing Brazil with neighboring countries, such as Uruguay, we are still lagging behind: there is a mean of 12.29 ME consumption, and 11.51 ME when excluding methadone.

The major obstacle to adequate pain management in Brazil is the lack of training of health professionals and specific policies in Palliative Care. In most regions of the country, there are no specific opioid delivery programs, and prescription requires special forms. This situation may worsen, since the Brazilian government is moving away from the fundamental principles of universal health care, even though it is a constitutional right. The approval of the constitutional amendment PEC-55 in December 2016 has frozen the federal budget, including health spending, for 20 years, as one of the austerity measures taken.

Finally, it is important to reflect on the true challenge of pain relief: how to provide adequate access to opioids in a country where the population still suffers from increasing social pain.

REFERENCES


Carolina NEIVA


Dear Editor,

We read with great interest, in a previous issue of this journal, one article regarding opioid prescription in patients with cancer-related pain in Portugal. In this article, the authors defend that opioids are the pillar for managing cancer-related pain. However, since Portugal has one of the lowest opioid-prescribing rates in Western Europe, we completely agree with the existence of ‘morphine-phobia’ in the country.

As family doctors, our experience in controlling oncologic pain is insufficient, since most patients are assessed in oncologic centres or hospital units. However, we consider...