



### **September 13, 2007. Oral Morphine reaches Manipur!**

Good news! Oral morphine enters another virgin state! Dr Jaichand Singh from Regional Institute of Medical Sciences, Imphal, Manipur informs that all the licences are ready and that an order has been placed with Cipla Ltd, Mumbai for the first consignment of oral morphine. RIMS was one of the three projects that Pallium India undertook to create palliative care services in states in which no effective palliative care service existed. Congratulations, Dr Jaichand Singh and team!

**September 11, 2007.** New York Times reports on India's problem with Opioid availability. The New York Times has come out with an article detailing the opioid availability problem in the country. It also describes the journalist's interview with the Union Minister for Health, Dr Anbumoni Ramadoss, in which Dr Ramadoss was persuaded to restore the palliative care component of the budget in the National Cancer Control Program (NCCP) in the five year plan of 2007-2012. Please find the news report at [http://www.nytimes.com/2007/09/11/health/11pain.html?\\_r=1&ref=science&oref=slogin](http://www.nytimes.com/2007/09/11/health/11pain.html?_r=1&ref=science&oref=slogin)

**August 04, 2007;** President of IAPC writes to Government about Methadone  
This newspaper report gives the story of intervention by Dr. Sukdev Nayak, president of Indian Association of Palliative Care seeking approval of methadone for use in pain relief. We are thankful to Dr Vivek Khemka for preparing the first draft of the letter and also for bringing the matter to our attention.

### **Palliative experts happy over methadone nod Saturday August 4 2007 11:51 IST**

**CUTTACK:** The recent announcement of the Union Health Minister Ambumoni Ramadoss approving use of methadone, an opioid and a painkiller, in HIV patients who are addicted to heroin has got pain and palliative care experts quite excited.

While appreciating the move as one that would alleviate not only the sufferings of the HIV patients but also act as a de-addicting mechanism for heroin addicts, the experts have called for allowing use of the drug in cancer patients.

Palliative care is an integral part of both HIV and cancer care as it works towards controlling symptoms, particularly intolerable pain caused by the diseases as well as treatment.

Methadone is cheap and very effective as a painkiller and thus can be used by the whole gamut of cancer patients requiring pain control medication.

Methadone, considered one of the safest opioids, also has neuropathic control properties. So the need to combine it with other drug, as in the case of morphine, is not required.

According to President of The Indian Association of Palliative Care (IAPC) Dr. Sukdev Nayak, although it is on the essential drugs list of WHO and the International Association of Hospice and Palliative Care, the Drugs Controller of introduction of methadone in other countries has improved health care with regards to cancer and HIV pain and actually decreased diversion or abuse.

Methadone actually reduced the craving for heroin and opium in addicts”, Dr Nayak said.

While cancer prevalence in India is between 40 to 50 lakhs of whom more than 8.5 lakh die each year, around one million new cases are reported annually.

In Orissa, the number of cancer patients is estimated to be around 1.8 lakh with 60 to 70,000 new ones added every year.

Over 80 percent of the cases are diagnosed only in late stages where palliative care is most important to enable the patients live life as normally as possible.

Interestingly, India produces 36 percent of the legal annual global opioid production, which includes methadone also. But all of it is being exported. An estimated 36,500 kgs of opioid are required for cancer patients in a year in India which can be met easily.

“But despite being the world’s pain reliever, India’s own cancer patients live and die in great suffering”, Dr. Nayak added.

The IAPC president has written to Ramadoss to consider the facts and allow use of methadone in cancer pain control therapy in the country.

### **16-18 August 2007**

#### **Beta-testing of EPEC-India curriculum:**

Thanks to the initiative of Dr Vivek Khemka from New Jersey, Pallium India and the Education in Palliative and End-of-life Care (EPEC) program at Northwestern University, Chicago collaborated to “Indianise” the EPEC curriculum, bringing in the socio-cultural and medical adaptations that are necessary to use it for palliative care education in India. 15 trigger video tapes were made afresh and all powerpoint and word documents were modified appropriately. The curriculum now has 21 modules.

With funding provided by Lance Armstrong Foundation, a trial run of the EPEC-India curriculum was done at Sree Ramachandra Medical College (SRMC, a deemed university) in Chennai from the 16th to 18th August 2007. The chancellor and the vice chancellor of the University and Dr Sukdev Nayak, the president of Indian Association of Palliative Care (IAPC) were among the dignitaries who spoke at the opening of the program. Dr Linda

Emanuel (Director, EPEC), Dr Vivek Khemka (New Jersey) and Dr M.R.Rajagopal (Trivandrum) formed the core group and Dr Republica Sreedhar was the organising secretary. In addition to the core group, the faculty included several leading palliative care teachers from India including Dr Raj Warriar (Vice chancellor, MAHE, Manipal), Dr Reena George (CMC,Vellore), Dr Maryanne Muckaden (TMH, Mumbai), Dr Gayatri Palat (MNJIO, Hyderabad), Dr Ram Rajagopalan (Chennai), Dr Mallika Tiruvadanan (Chennai), Dr Anjum Khan Joad (Jaipur), Dr Vijay Bhaskar Kandula (Bangalore) and Dr Suresh Reddy (Houston, Texas).

The EPEC-India curriculum will be made available to any institution that is willing to use it for a four weeks' training program in palliative care, free of cost.