The Morphine Manifesto 2023



WE, CIVIL SOCIETY ORGANISATIONS FROM ACROSS THE WORLD,

CALL FOR SAFE ACCESS TO IMMEDIATE RELEASE ORAL MORPHINE FOR ALL WITH A MEDICAL NEED,

Considering the recommendation of the World Health Organization (WHO) that essential medicines should be available to patients at all times and at a price the individual and the community can afford [1] and that morphine has been listed in the WHO Model List of Essential Medicines since 1977[2];

Recognizing that morphine is included in the schedules of the three international drug control conventions, making availability a responsibility of states that are parties to the treaties [3];

Acknowledging the series of resolutions adopted by the UN Commission on Narcotic Drugs, the UN General Assembly, and the recommendations listed in Chapter Two of the 2016 UNGASS Outcome Document on the World Drug Problem to help member states improve access to internationally controlled substances for medical and scientific purposes while preventing diversion and non-medical use [4];

Recalling the body of scientific evidence supporting prescription of immediate release oral morphine as a safe and effective first-line treatment for severe pain when prescribed by trained healthcare practitioners [5];

Aware that industry subsidies and promotions in some low- and middle-income countries (LMICs) have made expensive opioids or those with specific indications, such as sustained release morphine or transdermal fentanyl available while inexpensive and widely applicable immediate-release oral morphine remains inaccessible;

Considering that the marketing and distribution of brand-name, expensive opioids over cost-effective generic formulations of immediate-release oral morphine, hinder access to pain relief for the vast majority of patients in LMICs, and that patients and families who purchase them experience increased financial toxicity;

Observing from best practices in a handful of LMICs, that immediate-release oral morphine is significantly less expensive for patients than sustained-release morphine and most other strong opioid and non-generic formulations;

Recognizing that morphine's low profit margin combined with unduly burdensome regulatory requirements further deter the pharmaceutical industry from supplying immediate-release morphine at an affordable price;

Reiterating multiple UN agency findings that 50% of the global population (3.6 billion people who reside in the world's poorest countries) receive less than 1% of the global distribution of morphine; [6], [7];

Citing the 2023 WHO publication, 'Left Behind in Pain' which found that 50% of survey respondents from LICs and 18% from LMICs report that at least 8 in 10 people do not receive morphine or any other strong opioids despite medical need [8];

Considering that the 2014 WHA 67.19 resolution on palliative care states that provision of palliative care and pain relief is an ethical responsibility of health systems, and that access to essential medicines such as morphine is necessary for realization of the right to the enjoyment of the highest attainable standard of physical and mental health [9];

DECLARE

That it is unethical for governments to support distribution of sustained-release morphine and expensive opioid formulations if generic immediate-release oral morphine is inaccessible for persons of all ages with medical need, and

That failure to ensure safe accessibility of adequate pain treatment violates the right to the highest attainable standard of physical and mental health, as stipulated in The WHO Constitution and furthermore, that it violates the right to be free from cruel, inhuman or degrading treatment or punishment as articulated in Article 7 of the International Covenant on Civil and Political Rights° and the Convention Against Torture [10] and

AND CALL UPON

THE GOVERNMENTS, HEALTHCARE INSTITUTIONS AND PROVIDERS OF ALL UN MEMBER STATES to ensure the safe accessibility of immediate_release_oral morphine to patients in need in their preferred place of care in accordance with the recommendations of the International Narcotics Control Board, the UN Office of

Drugs and Crime, the World Health Organization, the Human Rights Council, and Chapter 2 of the 2016 UNGASS Outcome Document by initiating processes to

- identify and revise regulations that unduly restrict access by prescription to internationally controlled essential medicines; and
- ensure that immediate-release oral morphine is always accessible in public healthcare institutions before approving the marketing of other more expensive opioid formulations. Where more expensive opioid formulations are already available and immediate-release oral morphine is not, competent authorities should act to ensure accessibility;
- provide adequate training for prescribers to ensure safe prescribing practices.

This MORPHINE MANIFESTO, created by PALLIUM INDIA, in collaboration with the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, is

endorsed by the following organisations and institutions:

Academia Nacional de Cuidados Paliativos, Brazil

African Centre for Research for End of Life (ACREOL)

African Organisation for Research and training in Cancer (AORTIC)

African Palliative Care Association (APCA)

Asia Pacific Hospice Palliative Care Network (APHN)

Asociación Alianza Boliviana de Cuidados Paliativos, Bolivia

Asociación Argentina de Medicina y Cuidados Paliativos (AAMyCP), Argentina

Asociación Colombiana de Cuidados Paliativos (ACCP), Colombia

Asociación Medicina del dolor y cuidado paliativo (MEDOPAL), Chile

Association for Palliative Medicine of Great Britain and Ireland (APM)

Australasia Palliative Link International (APLI)

Cachar Cancer Hospital and Research Centre

Cairdeas International Palliative Care Trust, Scotland

Cancer Aid Society, India

Cancer Association of South Africa

CanSupport, India

Carmel Care & Relief Foundation

Center of Palliative Medicine, Kharkiv National Medical University, Ukraine

Colombian Palliative Care Association (ASOCUPAC)

Ecuadorian Association of Palliative Care

Elisabeth Kübler-Ross Foundation

European Association for Palliative Care (EAPC) (representing 48 national associations from 29 European countries)

Fundacion de Medicina Paliativa (PALIAMED), El Salvador

General Hospital Khonsa, District: Tirap Arunachal Pradesh, India

Hospice & Palliative Care Association of Nigeria (HPCAN)

Hospice Burkina, Burkina Faso

Hospice Ethiopia UK

Indian Association of Palliative Care (IAPC)

Indian Cancer Society

Indira Gandhi Cooperative Hospital

Institute of Palliative Medicine (IPM), India (WHOCC for Community Participation in Palliative Care & Long Term Care)

International Children's Palliative Care Network (ICPCN)

Latin America Association for Palliative Care (ALCP)

Life Care Foundation, India

NATCO Cancer Center and GGH, Guntur, India

National Association of Palliative Care for AYUSH & Integrative Medicine (NAPCAIM), India

National Cancer Grid, India

National Hospice and Palliative Care Council of the Philippines

Near North Palliative Care Network (NNPCN), Canada

Pain Relief and Palliative Care Society (PRPCS), India

Palliative Care Association of El Salvador

Palliative Care Association of Malawi

Palliative Care Association of Uganda

Palliative Care Collaborative Aotearoa, New Zealand

Palliative Care for Children South Africa (PatchSA)

Palliative Care in Humanitarian Aid Situations and Emergencies (PallCHASE)

Pallium India Inc., USA

Peruvian Society of Palliative Care

Philippine Society of Hospice and Palliative Medicine

Pontifical Academy for Life, Vatican

Programa Argentino de Medicina Paliativa- Fundación (FEMEBA), Argentina

Regional Clinical Center of Medical Rehabilitation and Palliative Care, Hippocrates, Ukraine

Ruth Foundation, Philippines

Sangwari, India

Sebastian Indian Social Projects (SISP)

Sirumalai Health Center, India

Snehaanchal, India

Sociedad Uruguaya de Medicina y Cuidados Paliativos, Uruguay

SOHAD (Societe Haitienne de formation et de prise en charge de la Douleur), Haiti

Starlight Oasis of Hope, Lesotho

Tómatelo a Pecho, Mexico

Worldwide Hospice Palliative Care Alliance (WHPCA)

Special thanks to **Dr. Eric L. Krakauer**, MD, PhD, Director, Program in Global Palliative Care, Associate Professor of Medicine, Harvard Medical School, Boston, USA for his contributions to the Morphine Manifesto 2023.





This MORPHINE MANIFESTO 2023 is endorsed by the following Individuals:

Aju Matthew
Ana Leal
Anahita Mishra
Aneka Paul
Anjali Kurian
Anu Savio Thelly
Arathy Nair
Archana Boby
Ari Tri Wibowo
Arvind Kaila
Aryaman jaiswal
Ashwin R Nambiar
Avan Bhathena
B Moses Herick

B S Ramakrishna Mudre

Babu Abraham Bhaqyashri Hariharan

Bindu Nair Binod Hariharan Bizeth Banerjee Caleb Harris Camilla Zimmermann

Carlos Mario Assuado estr

Carlos Mario Acevedo cataño

Chandrasekharan A.K

Chidananda Swamy Muthugaduru

Narappa

Criselda Isabel Cenizal Deependra Kamble Dharmendra Paliwal

Diana Verónica Portillo Alvarado

Diego Ezequiel Candelmi

Dingle Spence

Dr. Owais Ahmad Zargar

Dr. John Ely Dr. Pinky Yadav

Dr. Uma Anant Narayan Dr. Vikram Pratap Singh Dr. Dhiman Kumar Sau

Dr. Fernando Elhordoy Dr. Jagruti kamdar Dr. Kaberi Kakati Das Dr. Obangjungla

Dr. Prasanna Sriya Dr. Shrenik Ostwal Dr. Sreelatha Dr. V. Srinivasan Dr. Koshy Varghese

Dr. Piyush Gupta

Dr. Shibani Ray-Mazumder

Elizabeth Varghese Ephrem Abathun Ayalew Eric Nagaonlé Some Esther De Vries Fernanda Bastos

Flor Cuellar

G. Rajeswari G.Balachandran

Geetha

Geetha Bhadran Gregory Pelc, MD H M Iqbal Bahar

Hemant Agarwal Hemant Jaiswal

Jaggan J Sathiyan James

Jaina Desai Jatin Bhukal Jhon Tovar K.Chandra kumari Kamal Shah Kangana Kannan Dams Kannan Mavila Kavinkumar Saravanan

Kiranya Ravivarma Krishnaraj Nambiar M Lalithambika VR

Lekshmy

LekshmyKrishnan M Shahmiya Madhu Chandra Mahrukh Kapadia Mallika Devasahayam

Malvinder Singh Sahi Mamta Pillai Mamta Wasan

Manoj Gopalakrishnan

Mark Lobo

Meenakshi V Venketeswaran

Miriam Riveros Mohan Nair Narayanan Nair K

Natarajan Sankaranarayanan

Neeta Thakur Nishant Jaiswal Nitya Pillai Odette Spruijt Olufemi Adefehinti Dr. Ravi Kannan Oommen John Pablo Llontop-Garcia Pankaj Chowdhary

Parul Raina
Paul Van Gelder
Pradeep Kulkarni
Pranab Basu
Prasad Abraham
Preeti Chauhan

Punithavathy

Rachel SKD Rachel Verghese

Raees Ahmed Shaikh Rafael Cerna

Rajasree Velure Rajendra

Rakesh Nongthombam

Ramalingam S. Régine Roche Rema Ramaprasad Renu Muralidharan Ritu Widge Robert Twycross Rontu Sangma

Rose Gahire Kankindi

Rupam Banerji Sanjeev Thakur Shashidhar Shankar

Shashidhar Shankar Sheela vijay Shishir Bhatnagar Shriya Singh Sreedevi Warrier Sudhir Rao Sunu Cyriac S.Leeladevi Sadhana Gupta Sahduddeen Sandhya Sugumaran

Sanidnya Sugumaran Sanjay Keswani Sarada lingaraju Saritha Kaveriappa Savera Ahmed Shalini Arora Joseph Shanthi sebastian Sharon rawal Sheryl Netto Shiraz Tata

Shobana Chandrashekar Shyam P. Nadkerni

Snyam P. Nadkerni Sreejini Sujit Pavithran Sunilkumar MM Vandana Mahajan Venantius Pinto Victoria Hewitt Vilma Tripodoro Willians López Zavher Chowdhury Tina Marie Hennessy Tushna Baria

Tushna Baria Urvashi Singh Venugopalan Nair Viji Roberts

Vishnu

REFERENCES

- 1. WHA67.22 Resolution on 'Access to essential medicines' https://apps.who.int/gb/ebwha/pdf files/WHA67/A67 30-en.pdf
- 2. WHO. The selection of essential drugs. Geneva. 1977 https://list.essentialmeds.org/files/trs/sC1L9lb4l8o8cDqlyfhnKyoa8MGm7XUFDffFVNUc.pdf
- 3. https://www.unodc.org/unodc/en/commissions/CND/Mandate_Functions/Scheduling.html
- 4. https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
- 5. WHO guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents.; World Health Organization; 2018. Available from: https://www.who.int/publications/i/item/9789241550390
- 6. Bhadelia A, De Lima L, Arreola-Ornelas H, Kwete XJ, Rodriguez NM, Knaul FM. Solving the Global Crisis in Access to Pain Relief: Lessons From Country Actions. Am J Public Health. 2019 Jan;109(1):58-60. doi: 10.2105/AJPH.2018.304769. Epub 2018 Nov 29. PMID: 30495996; PMCID: PMC6301382.
- 7. Knaul FM, Farmer PE, Krakauer EL, et al Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. The Lancet, Volume 391, Issue 10128, 1391 1454
- 8. 'Left Behind in Pain' https://iris.who.int/bitstream/handle/10665/369294/9789240075269-eng.pdf?sequence=1
- 9. Resolution WHA67.19 on Strengthening of palliative care as a component of comprehensive care throughout the life course. https://apps.who.int/qb/ebwha/pdf files/WHA67/A67 R19-en.pdf
- 10. https://www.hr-dp.org/files/2013/09/22/A.HRC .10 .44AEV 1.pdf