

Pain Management in the Middle East: Building Capacity With Global Partners

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The Middle East (ME) is an economically diverse region that includes countries in Central Asia and Northern Africa. Regardless, cancer is a major health concern in the ME, and pain management is an essential component of cancer care across the disease trajectory. This column will provide background on opioid use for pain management in the ME and highlight the collaborative work of the Middle Eastern Cancer Consortium, Omani Cancer Association, and the Oncology Nursing Society to increase pain assessment and management capacity in the ME.

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The Single Convention on Narcotic Drugs requires governments around the world to report opioid consumption statistics annually to the International Narcotics Control Board (INCB) (Berterame et al., 2016; INCB, 2017). The policy was developed in 1961 and amended in 1972, and, today, most countries in the world have signed onto it. The Pain and Policy Studies Group (PPSG), a global research group at the University of Wisconsin, annually receives consumption data for six principal opioids used to treat moderate to severe pain: fentanyl, hydromorphone, methadone, morphine, oxycodone, and pethidine. These data represent the annual amount of medication distributed at the retail level (e.g., hospital, community pharmacy, hospice) for medicinal or scientific purposes and provide a marker to evaluate a country's access to pain relief. A notable limitation is that opioid consumption data reflect distribution at the retail level and, therefore, do not capture the amount of medication actually consumed by patients. To allow for comparisons among countries, the PPSG calculates a milligram per person population-based statistic by first converting the raw consumption data it receives in kilograms to milligrams and then dividing it by the population of a country in a particular year. Examining the 2014 INCB data, PPSG found a large disparity in global morphine consumption between high-income countries (representing 21% of the

world's population), which consumed 92% of total morphine worldwide, and low- to middle-income countries (LMICs) (representing 79% of the world's population), which consumed 8% of total morphine worldwide (Berterame et al., 2016; INCB, 2017). These results are particularly concerning considering that 70% of cancer deaths occur in LMICs, countries that use the least amount of opioids (Berterame et al., 2016; INCB, 2017). Significant changes are needed to ensure that patients with pain can safely access opioid medications.

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The use of opioids in the ME is complex and influenced by the culture and government. Opioids are regulated by each country's Ministry of Health (MOH). Each MOH carefully weighs its country's opioid needs and tries to prevent addiction and diversion. Opioid access varies widely in regions related to additional factors, such as economic stability. For example, four countries that reported the lowest consumption of morphine in the world were also the poorest countries in the ME: Iraq, Pakistan, Sudan, and Yemen (Human Rights Watch [HRW], 2011). Poorer countries are not the only ones that have limited use of opioids. Oil-rich nations, such as Bahrain, Kuwait, Saudi Arabia, the United Arab Emirates, and Qatar, also consume less opioids. Iran stands out for its high consumption of opioids,