

Scarcity of morphine leaves HIV-positive cancer patients in agony

HIV-related cases of cancer are on increase yet cancer is not among the top ten killer diseases that have been given priority by governments in Africa. The main concentration is on HIV, malaria, TB and infectious diseases.

"Only 10 percent of resources committed to cancer control are available to patients where the biggest increase in cancer is taking place," Dr Ann Meriman, the founder of Palliative Care Uganda says.

A patient in severe pain requires an immediate relief but on a daily note only a fraction can access this kind of relief. According to Dr Kaly Snell, a clinician at Hospice Africa Uganda, the commonest cancers they are dealing with are Burkett's lymphoma, cervical cancer, breast cancer, Kaposi's sarcoma, Hepatocellular carcinoma, liver cancer, and Oesophageal cancer.

It is projected that the number of cancer cases will drastically increase due to a combination of reasons, and the sure way of managing it is through prevention, treatment and Palliative care. HIV itself increases the number of cancer patients.

Also as other areas of health are prioritised and addressed; people live longer and are therefore more susceptible to cancer, Dr Snell said. She adds that industrialisation is also contributing to cancer due to industrial pollution and as people learn to smoke and drink.

Frequently, she says, patients cannot afford to pay for curative treatments such as chemotherapy. Radiotherapy is inaccessible or most as it is only available at national referral hospitals.

"Sadly, cancer in sub-Saharan Africa does not attract substantial international funding, yet these people and their families suffer similar losses and difficulties to others who are dying."

According to Dr Anne Meriman, cancer cases are rapidly on the increase in the developing countries due to HIV/Aids, but not many patients can afford to reach a health worker or are dying because they are consulting traditional healers and reach too late for curative treatment morphine is a form of narcotics.

Human beings have known it for the last 5,000 years for its effect on healing severe pain. In clinical medicine, oral morphine has been used to relieve pain related to heart attacks, bone, gynaecological, and that developing after an operation.

In 1952, WHO came out with a recommendation that morphine should be rigidly controlled because it caused addiction to people in the Far East countries.

This regulation denied patients access to morphine. The discovery of Palliative care in 1967 in London by Dr Dame Cicely Saunders, who worked out proper methods of dealing with patients facing death, morphine was brought to the forefront.

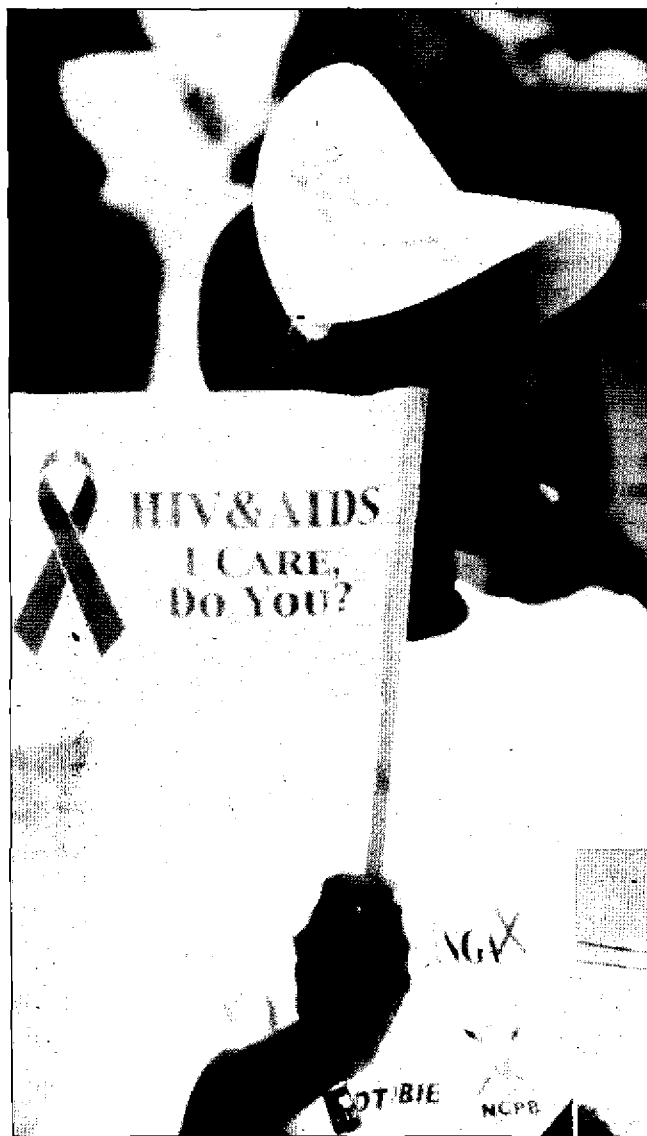
This necessitated WHO to come out with a comprehensive book on pain relieve management in cancer patients using morphine.

At Hospice Africa Uganda, oral morphine is being administered to patients in severe pain, under its palliative care services, a holistic approach to address physical, social, psychological and spiritual needs of patients suffering from Aids and cancer, and their families.

This was after a serious advocacy by the Hospice to convince both Government and the policy-makers to allow oral morphine to be administered to HIV/Aids patients, bearing in mind that Uganda was among the first countries to be hit by Aids.

The Government listened to their call and allowed morphine to be used. Government purchased it and made it available free in all public institutions, through Joint Medical Stores.

Since 1993, over 10,000 patients have been treated with oral morphine at Hospice Uganda alone, but the biggest challenge at the moment is lack of resources to reach patients in need deep in rural villages.



TAKING THE AWARENESS CAMPAIGN TO THE STREETS: Saying it through the writings as this boy puts the HIV campaign on the know

Dr Jack Jagwe, a senior advisor on policy, drugs and advocacy, says the production of oral morphine has now been handed over to the department of pharmacy at Mulago hospital. "A great change has been made to people who were initially dying of agonising pain. People should not die in pain. Relieve from pain is a human right according to World Health Organisation," says Dr Jagwe.

The cost of oral morphine powder is quite expensive to an organisation like Hospice Africa Uganda, which has no steady source of income but relies on well-wishers.

One kilogramme of oral morphine powder costs Ush 2,544,375, which is equivalent to \$ 1590. In a month, Hospice Africa Uganda uses on average 750 grammes of morphine powder for its three units in Kampala, Hoima and Mbarara, serving 754 patients in total, just 10 percent of the people in need of palliative care.

The powder is mixed into three different doses, the first of which is one milligramme of powder in one millilitre of water. The second dose is 10mg of powder in one millilitre of water. The third dose is 20mg of powder in one millilitre of water. The powder is mixed into three different doses, the first of which is one milligramme of powder in one millilitre of water. The second dose is 10mg of powder in one millilitre of water. The third dose is 20mg of powder in one millilitre of water.

of severe pain. The mixture is 10mg of powder in one millilitre of water. Twenty percent of the patients are in this category. And the third category is for patients with uncontrollable pain. They are given oral morphine containing 20mg in one millilitre of water. Five percent of the patients are in this category.

A senior dispenser at Hospice Africa Uganda Peter Mukaio says they also need a preservative for the liquid oral morphine. Hospice one kilogramme of Pronopol costs Ush 2,140,816 same as \$ 1340, and they need 84g per month.

"With such a challenge, half of our budget goes to morphine. And we are saying let governments through Ministry of Health provide us with morphine powder, because we are a role model in teaching people how to mix oral morphine and provide it to them," says Dr Ann.

A patient begins with 5mg every four hours and increases to a dose at night. The majority of patients need 90mg in twenty-four hours.

The government is supposed to provide morphine powder free at public health units. But there are no funds for the drug, and Hospice Africa Uganda still has to buy it from the National Medical Stores.

Dr Jagwe says a patient in severe pain can be given morphine by a doctor or health professional has been trained in giving it. He says since they started giving it, they have not had any problems to patients at Hospice, no addiction, no withdrawal, no tolerance.

"Even in India 1,732 patients were given morphine in 1997, and in 2000, none had shown signs of addiction. The international control to ensure that morphine is not diverted to the black market. The observation of the international control is to ensure that morphine is not diverted to the black market. The observation of the international control is to ensure that morphine is not diverted to the black market.

In Uganda, the National Medical Stores is supposed to control the drug. Outside Uganda, morphine is controlled in Malawi, Zambia, Botswana, Tanzania, Zimbabwe, Lesotho, Leone, Ghana, Rwanda and Kenya.

Dr Jagwe has also joined the International Association of Hospice and Palliative Care, a group of Madison USA, which has helped to bring people from other countries to Uganda to learn from their experience.

In October 2006, he went to Vietnam, Panama, Argentina, and Leone to develop policies and to convince governments to allow the use of morphine to relieve severe pain in patients.

