

Russia's war on drugs leaves patients without pain relief

A change to the Russian law governing narcotics now enshrines a terminally ill patient's right to pain relief, but that doesn't necessarily mean they can get the drugs they need. Fiona Clark reports.

In February last year, Rear Admiral Vyacheslav Apanasenko held a gun to his head and shot himself. The 66-year-old former head of the rocket artillery unit of Russia's naval forces had stage IV cancer and was in unbearable pain. His family had been battling through a bureaucratic system that is repeatedly described as "hell" in the Russian media to get the opioid-based pain relief he needed.

Apanasenko is one of more than 40 people over the past year or so who have taken their own lives because they could not obtain appropriate pain relief. According to 2009 estimates, a mere 15% of the 217 000 or so terminally ill patients with cancer or HIV who needed opioid pain relievers received them. And the process they have to go through to try to get them is gruelling.

Every 5 days, the patient must go to the general practitioner (GP) who will refer them to an oncologist. Since there is a shortage of oncologists, the patient or their representative will then queue with a roomful of people who are terminally ill and if he or she manages to make it in to a consultation before closing time the oncologist will hopefully agree that pain management is required and send them back to the GP with a note of permission for the GP to write a prescription. The GP will write the script but must get the head of the clinic to sign off on it as well. If the patient is in a hospital, the oncologist and head of the department must sign the script. It is only valid at one particular pharmacy and if it is out of stock they will miss out. If they fail to return the packaging or used fentanyl patches, the new script will not be dispensed. The script only covers a 5 day supply so every 5 days the process begins again.

So when the Rear Admiral's wife returned home empty handed, he

decided enough was enough. His suicide note read: "I ask you not to blame anyone except the Health Ministry and the government. I am ready to suffer myself, but witnessing the suffering of my relatives and loved ones is unbearable."

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For Olga Usenko, a long-time activist for improvements in palliative care, these deaths are a prime example of how something has gone horribly wrong in Russia's war on drugs. People who are terminally ill have become collateral damage in its bid to crack down on illegal drug use. And she is not alone. Nadezhda Osipova, an anaesthesiologist with 50 years' experience and member of the Pain Management Working Group at the Russian Ministry of Health wrote in a recent article that the need for change was urgent as Russia's Federal Drug Control Service (FSKN) had spread its reach beyond its remit of policing illegal drug trafficking and into the corridors of hospitals and clinics and the result was a substantial rise in human suffering.

The more than 40 suicides have, however, prompted some changes to the law governing the prescribing of narcotics. A patient's right to receive pain relief is now enshrined in legislation, but that in no way guarantees they will actually receive it as there are still many obstacles to overcome.

In what's seen from a practitioner's point of view as a victory in bureaucratic

terms, doctors can from July 1, prescribe a 15 day supply and only one signature will be required.

The process won't, however, change dramatically for patients. They'll still have to see the oncologist and GP but at least it will only be twice a month, and they won't have to bring back the used patches or packaging to receive a fresh supply.

Culture of fear

But the question remains as to whether the prescribing of opioid drugs will actually increase to match the growing demand. Saliya Murzabayeva, an oncologist and MP, who spoke at a press conference organised by the pro-palliative care charity, Vera, said the profession will have to undergo some substantial psychological changes to make this work for the 566 000 patients diagnosed with cancer each year, many of whom are in the terminal phase. Those changes revolve around the professions' fear of the product's effects, its fear of persecution for prescribing narcotics, and its attitude to pain management and palliative care.

According to Usenko, who is based in the USA but is affiliated with the

For the **Human Rights Watch** report see <http://www.biomedcentral.com/1741-7015/8/8#>



A carer applies an opioid analgesic patch to a patient with cancer

European Association for Palliative Care, a non-governmental organisation, many Russian doctors are afraid to prescribe narcotics because they believe their patients will die as a result. "It is a very difficult situation. Over the last 20 years the seeds of fear have grown. We have guidelines that tell us that opioids have their limits and the patient can develop acute respiratory failure, even at very low doses. So the doctors are always afraid they are going to kill their patients", said Usenko.

And that leads directly to the next fear—the fear of prescribing narcotics because behind every dead body lies a team of FSKN agents who will do an audit of prescribing patterns, order an autopsy, and launch an investigation into the prescribing doctor.

One high profile case was that of Alevtina Khorinyak, who in 2011, was charged with drug trafficking after she prescribed tramadol to a dying acquaintance whose doctor had refused to give him a prescription refill after his local pharmacy ran out of stock. The original doctor refused because she was afraid she would be audited and accused of overprescribing. In excruciating pain, the patient urged Khorinyak to write the script, she obliged and a friend collected it. Both were charged with drug trafficking and Khorinyak with forgery as well. She was fined and spent 3 years fighting the decision and was eventually acquitted. The case sent shivers down the spines of other doctors and according to Vasilii Vlassov, professor of medicine at the Higher School of Economics and president of the Society for Evidence Based Medicine, her case is not unique. "Russia is the country where all citizens are considered criminals. If they aren't in prison, the police and KGB aren't working enough. That's been our history for the past 300 years with only a few short breaks. Now, every time a patient dies the narco-control agents study the concentration of opioids and if it's higher than usually expected they'll open a case of overdose and murder", he said.

The FSKN emerged in 2003 having evolved out of its predecessor that started operating the previous year. But the decline in Russian medical opiate use started after the 1991 collapse of the Soviet Union because of shortages in supply and a subsequent change in attitude. In 1992, 3-6 mg of morphine per person was used. A decade later that figure had dropped to 0-6 mg and by 2012 it had halved again to 0-3 mg. In contrast, use in the UK rose from 14-8 mg to 39-2 mg per person over the same 20 year period. According to the International Committee for Drug Control, in 2010, Russia ranked 38th out of 42 in terms of availability of narcotic analgesia in Europe and 82nd in the world, and it says the situation has not fundamentally changed over the past 4 years.

"The definition of palliative care is absolutely different from western countries...There's no real modern palliative care philosophy."

The FSKN is run by Victor Ivanova, a former KGB general and allegedly close colleague of President Vladimir Putin. And in a move that doctors say looks rather like leaving the foxes in charge of the chicken coop, the body that manufactures morphine in Russia is now run by one of his colleagues. But the FSKN's attention to the medical fraternity might be a little misplaced; Usenko cites figures estimating that just 0-7% of the 87 tons of confiscated illegal drugs in Russia come from illicit prescribing.

"25 years behind"

There are plans for Russia to increase its production of medicinal narcotics and reduce its reliance on imports. Osipova claimed, however, that stockpiles of morphine exist in Russia but the fear of prosecution means they go to waste. And while WHO recommends an individual approach to pain management prescribing,

Usenko said the fear of an audit and a lack of understanding of pain means that underprescribing is more often the norm. "Russia is at least 25 years behind [when it comes to palliative care]", Usenko said. "The definition of palliative care is absolutely different from western countries. According to the Federal Law No. 323, 'Palliative medical care is a complex of medical interventions to relieve pain and other serious symptoms of disease, in order to improve the quality of life of terminally ill citizens'. There's no real modern palliative care philosophy."

She adds that a lack of experience in assessing pain and "no proper pain management guidelines" compounds the problem.

Vlassov concurs. "Pain management is not taught here even now, except for a short course for anaesthesiologists. More importantly, the health-care system is focused on people of working age as they are productive. The old are considered useless."

Most of the talk about access to narcotics relates to patients with cancer but when it comes to patients with HIV/AIDS, many doctors will not prescribe narcotics at all. According to a Human Rights Watch report, an AIDS doctor reported that he could not treat a patient who suffered from severe pain because he was not licensed to prescribe morphine and that those oncologists who were able to would not because the patient did not have cancer. It also stated that six barriers to accessing pain relief exist: failure of governments create a functioning drug supply system; failure to enact policies on pain treatment and palliative care; poor training of health-care workers; the existence of unnecessarily restrictive drug control regulations and practices; fear among health-care workers of legal sanctions for legitimate medical practice; and the high cost of pain treatment.

Even with the amended law, Russia still ticks all six boxes.

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