
Are we killing off morphine?

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In the 1970s, the most important revolution in the treatment of cancer pain was the new approach to morphine. In the UK, particularly, different researchers optimised the methodology of the use of such a drug. Solutions to problems, such as the preparation of the pharmaceutical for administration and the preservation of the drug, were found in the same period.

Much progress was made on issues such as how to administer the drug, at what time and the dosages needed. Research was also conducted into the pharmacokinetics and the characteristics of morphine. A specific study of the different reactions that patients had to the drug was also carried out.

In the 1980s, the WHO nominated a group of experts to produce guidelines for the treatment of cancer pain, with the aim of creating a simple and inexpensive method to be used in developing countries. The group elaborated on the WHO analgesic ladder and suggested a study with an alternative approach. After this, the result was disseminated around the world (1986) and adopted in the so-called developed countries.

According to such guidelines, opioids are the key to treatment, and specific research indicates that where usage has increased, pain control has improved.

The EAPC also nominated a group of experts, with the aim of establishing guidelines for the use of opioids. The guidelines were published in the *British Medical Journal* in 1996 and they indicate that the first choice in the treatment of severe cancer pain is oral morphine, which controls about 80% of pain.

Nevertheless, today the use of morphine is still very poor in many countries and the increase in the consumption of morphine is very low. Initially, the reason was fear of side-effects and poor knowledge of the characteristics of the drug. In addition, legislation about the prescription, preparation and distribution of morphine was very restrictive. But, even though legislation has changed and knowledge of the characteristics of the drug has improved, the consumption of opioids is still very low and consequently pain control is still a problem.

For this reason, we decided to research the consumption of opioids and their costs in European countries. We asked an Italian laboratory (Molteni) to give us information about the situation. They submitted this enquiry to IMS (Intercontinental Marketing Services) Health and we received a list of all the different preparations present in the market over the last three years. We are now in the process of analysing the data received, which show that there are many different preparations with different dosages on the market.

We have collected data about all opioids and we have classified them as follows: codeine, tramadol, morphine, methadone, fentanyl, hydromorphone, buprenorphine and others.

From the preliminary results, we have observed a consistent decrease in the cost of fentanyl and tramadol in Europe. The cost of morphine has not reduced.

We are also collecting data from different Western countries and in the near future we will be able to present details of consumption in weight and cost.