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Pain has emerged as one of the leading symptoms related to cancer affecting the quality of life of patients; therefore the management of pain is a necessity in the treatment of this disease. Opioids constitute the base of the pyramid proposed by the World Health Organization (WHO) to treat moderate to severe pain.

The opioid consumption motion chart created by the International Narcotics Control Board shows a consumption of morphine in Lebanon during the year of 2012 equal to 1.2085 mg/capita, which is considered very low when compared to other countries such as France, USA and Canada.

The number of studies discussing the limitations to opioid consumption in Lebanon is very restricted; furthermore none has a global approach to the everyday practice of pharmacies and doctors.

We conducted a descriptive study to evaluate the limitations to opioids prescription in Lebanon for cancer patients starting with a review of the regulations and laws, to a study of the market, an evaluation of the trends in the prescription and consumption of opioids via two questionnaires: one destined to Lebanese oncologists and another one for oncology patients. A representative sample of Lebanese oncologists was chosen randomly to fill out a questionnaire regarding opioids available on the Lebanese market and the ones they use in their practice.

The Lebanese law number 673/98 that regulates the prescription and distribution of narcotics across the country has evolved with several amendments in 2006 and 2009 but still constitutes an obstacle in achieving adequate pain control for many patients because it requires a unique prescription format, time limited and centralized in one department via a special procedure.

63.3% of the physicians interviewed answered properly regarding the management of breakthrough pain and only 53.3% had an appropriate knowledge regarding the narcotics available on the Lebanese market.

68% of the patients who met the criteria for opioid treatment according to the NCCN guidelines were not receiving any, whereas only 32% of the patients were receiving narcotics.

We conclude that more awareness is needed for physicians when it comes to active screening and management of pain in order to improve the quality of life of cancer patients. The decentralization of administrative procedures to make them accessible for patients in all the mouhafazat is another aspect of the corrections required in this field, as well as the clarifications regarding the misconceptions related to morphine consumption among patients and physicians.

**Keywords:** opioids consumption, opioids prescription, limitations to pain management

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