Objective / Objectif

Dealing with the topic of physical pain as a special concern in the alleviation of suffering.

Interested people / Intéressés

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Doc managers :	Robert Daoust	J-Chris.Lurenbaum	Jonathan Leighton			
Interested others :	Victor	Laurent DaC	Sorin	Wasso	Alyssa	Axelle

Related centers of interest / Centres d'intérêt liés

- Institutionalization of a new discipline dedicated to suffering / Institutionnalisation d'une nouvelle discipline sur la souffrance
- Algonomy Handbook / Manuel d'Algonomie
- Definition of suffering / Définition de la souffrance
- Definition of suffering / Définition de la souffrance
- Health / Santé
- Fundamental rights / Droits fondamentaux

Sub-folders of the center of interest / Sous-dossiers du centre d'intérêt

2018 - OPIS HRC side event on pain relief 14 March (Geneva: 26 February - 23 March 2018)
Dossier pour le Mozambique

Documentation

General

Pain / Douleur (Wikipedia)
Douleur chez l'enfant (wikipedia)
Gate control theory of pain (wikipedia) First proposed in 1965 by Melzack and Wall, is considered to be one of the most influential theories of pain

"The Journal of Pain" of the American Pain Society, is published by Elsevier
Pain Practice (2001 wikipedia) peer-reviewed medical journal published by John Wiley & Sons on behalf of the World Institute of Pain

Metric :
Scoville scale (wikipedia)
The Wisdom of Crowds (wikipedia)
McGill Pain Questionnaire (wikipedia) also McGill Pain Index, is a scale of rating pain developed at McGill University by Melzack and Torgerson in 1971

Opioid epidemic / Crise des opioïdes (Wikipedia)
Santé-canada > dépendance aux drogues > consommation problématique médicaments ordonnance > opioïdes

Strengthening of palliative care as a component of comprehensive care throughout the life course, World Health Organization, 24 May 2014
Declaration of Montréal - Declaration that Access to Pain Management Is a Fundamental Human Right, IASP, September 2010

Wikipedia - Legal status of psilocybin mushrooms

Actors

organisations

Action des chrétiens pour l'abolition de la torture (ACAT FRA 1974 utilité publique wikipedia) torture, mauvais traitements, peine de mort, droit d'asile
- membre de la Commission nationale consultative des droits de l'homme auprès du premier ministre - Membre de la FIACAT
- chrétiens protestants, catholiques et orthodoxes ainsi que des membres d'autres confessions et des laïcs

African Palliative Care Association (APCA)

Alliance for the Treatment of Intractable Pain (ATIP USA 2017) for repeal and revision of the 2016 CDC Opioid Prescription Guidelines

American Academy of Pain Medicine (AAPM USA)

American Pain Society (APS 1977-2019 wikipedia) national chapter of IASP. Society's official journal is "The Journal of Pain", which is published by Elsevier

American Society for Pain Management Nursing (ASPMN USA 1990) advance + promote optimal nursing care for people affected by pain by promoting best nursing practices

American Society of Interventional Pain Physicians (ASIPP USA wikipedia) 4,500 interventional pain management specialists.

Anne Merriman Foundation (Africa) peace to the suffering in Africa, through providing and facilitating affordable and accessible palliative care

Asia Pacific Hospice Palliative Care Network (APHN)

Association internationale Ensemble contre la douleur (AIECD Genève 1997)

Centre National de Ressources de lutte contre la Douleur (CNRD FRA public 2002-2005) dévolu à la douleur provoquée par les soins

Douleurs Sans Frontières (DSF FRA 1996 wikipedia) ONG de solidarité internationale
- DSF développe des projets afin de promouvoir, animer et développer des actions qui ont pour objet le diagnostic, le traitement et la prise en charge de la douleur et de la souffrance des populations vulnérables. DSF s'est attaché également à développer des programmes de prise en charge de la souffrance morale et psychologique des populations et tout particulièrement de celle des enfants.

European Association for Palliative Care (EAPC)

European Pain Federation (EFIC) Fédération européenne des sections locales de l'IASP

Fédération internationale de l'action des chrétiens pour l'abolition de la torture (FIACAT 1987 wikipedia) abolition de la torture et de la peine de mort
- statut consultatif auprès des Nations unies, du Conseil de l'Europe et de la Commission africaine des droits de l'homme et des peuples
- membre de la Coordination internationale pour la décennie de la culture de paix et de non-violence

Harm Reduction Coalition (USA 1993) challenge the persistent stigma faced by people who use drugs and advocate for policy and public health reform.

International Association for Hospice and Palliative Care (IAHPC 1980>1997) Towards a world free from health related suffering.
- Note: collaboration with OPIS - Lukas Radbruch,

International Association for the Study of Pain (IASP USA 1973 wikipedia)
- IASP documents: Pain Relief as a Human Right (2004) and "The Relief of Pain Should Be a Human Right". For a history of the topic: a 1987 editorial by Melzack and Liebeskind in IASP's journal (*Pain*, 30, 1987, pp. 1-2) states that freedom from pain should be a basic human right… is there any previous such statement anywhere?

International Children's Palliative Care Network (ICPCN 2005 ACT UK) communication, advocacy, research, education, strategic development of services

International Doctors for Healthier Drug Policies (IDHDP UK) Note: contact with OPIS

Lancet Commission on Global Access to Palliative Care and Pain Relief

Latin American Association for Palliative Care (ALCP)
London Pain Consortium (UK 2002) competitive research in pain research and to train scientists in the integrative physiology and genomics of pain
Organisation mondiale contre la torture (OMCT 1896 wikipedia) coalition internationale d'organisations non gouvernementales
Pain Management and Neuromodulation Centre at Guy's and St Thomas' Hospital in central London is the biggest pain centre in Europe
Pain & Policy Studies Group (PPSG USA 1996 University of Wisconsin) Improving global pain relief by achieving balanced access to opioids worldwide
Note: contact with OPIS
Pain Research Forum (2011) provide place for members of the pain research community to engage in an open exchange of information and ideas
Pallium India
Parcours d'exil (FRA) Aider les victimes de tortures - Accompagnement thérapeutique des victimes de traumatismes.
Pédiadol (FRA 1990 Daniel Annequin wikipedia) association d'information et de diffusion des données sur la douleur chez l'enfant
Physicians for Responsible Opioid Prescribing (PROP USA)
Remedee Labs (France 2016 Dr David Crouzier @) Entreprise commerciale - La solution non médicamenteuse qui améliore votre quotidien (vidéo présentation)
Vous ressentez des gênes et vos activités sont limitées, vous avez des troubles du sommeil, vous souffrez de fatigue et de raideur. Ne laissez pas vos souffrances vous empêcher de vivre pleinement ! Libérez le pouvoir de vos endorphines ! Une technologie unique **Un bracelet stimulateur d'endorphines**
Société Française d'Etude et de Traitement de la Douleur (SFETD France)
SPARADRAP (FRA 1993 Daniel Annequin wikipedia) Aider les enfants à avoir moins peur et moins mal, lors des soins et à l'hôpital.
Stanford Human Pain Research Laboratory (USA 1995) Initial efforts focused on developing reliable methods to quantify pain.
Stanford Pain Management Center offers a comprehensive range of services for patients dealing with acute or chronic pain problems.
Therapsil (CAN 2019) Psilocybin Therapy for Canadians in End-of-Life Distress - TheraPsil's 4 Pillar Mission - COMPASSIONATE ACCESS
TheraPsil is a non-profit coalition of healthcare professionals, patients, and advocates dedicated to obtaining access to safe, effective, and legal psilocybin-assisted psychotherapy for Canadians experiencing end-of-life distress - dedicated to **providing access to psychedelic-assisted therapy for Canadians in need**
Worldwide Hospice Palliative Care Alliance (WHPCA)
World Institute of Pain (1993 wikipedia) bring together the most recognized experts in the field of pain medicine throughout the world - FIPP certification

persons

Annequin Daniel (FRA) spécialiste et pionnier dans le domaine de la prise en charge de la douleur chez l'enfant
Bellieni Carlo (Italy, 1962-) neonatologist and bioethicist, has written several books in Italian, Spanish, French, and English on neonatal pain and bioethics
Source: **The relief of human suffering is one of the most important goals for health care providers**
Bouësseau Marie-Charlotte, WHO (main person working on palliative care)
Bonica John (1917– 1994) anesthesiologist known as the founding father of the study of pain management. Founding member of IASP.
Knaul Felicia Marie University of Miami (UK-CAN 1966-) health economist - **husband Julio Frenk** (Mexican government's Secretary of Health 2002-2006)
who is director of the University of Miami Institute for Advanced Study of the Americas and a professor at the Leonard M. Miller School of Medicine. She is an economist with the Mexican Health Foundation and president of the non-governmental organization Tómatelo a Pecho, an advocacy organisation that promote women's health in Latin America. Her research and leadership has focused around raising awareness of breast cancer in low and middle income countries. She moved to the United States for graduate studies, specialising in economics at Harvard University in the research group of **Amartya Sen**. **Knaul has focused on tackling aspects of healthcare which have historically been overlooked, including transforming access to palliative care** and improving access to cancer screening. **Knoll served as chair of The Lancet commission** on improving access to palliative care.
Note: collaboration OPIS
Krakauer Eric, Professor at Harvard Medical School (was based temporarily at the WHO) - palliative care

Leriche René (1879-1955 FRA) chirurgien et physiologiste français spécialiste de la douleur

Lossignol Dominique (Belgique) docteur en médecine, spécialiste en médecine interne, soins palliatifs et traitement de la douleur (ULB) - membre CCBB

responsable de la Clinique de la douleur et de la consultation médico-éthique. Il est titulaire d'un master en éthique et coordinateur du Forum EOL (End of Life).

Melzack Ronald (1929- Canadian) In 1965 revolutionized pain research by introducing the gate control theory of pain. Founding member of IASP.

Merriman Anne (1935-) British doctor, pioneering work into palliative care in developing countries in Africa. make affordable oral morphine widely available.

Books

Tu comprendras ta douleur, Alain Gahagnon & Martin Winckler, Fayard, 2019

Livre blanc de la douleur 2017 (PDF), Société française d'étude et de traitement de la douleur (SFETD), 2017

La douleur repensée - Ce n'est pas parce qu'on a mal qu'on doit nécessairement souffrir, Gaétan Brouillard, Les Éditions de l'Homme, 2017

Using the UN Human Rights System to Advocate for Access to Palliative Care and Pain Relief, Open Society Foundations, 2017

Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report, October 13, 2017

The complete report is at thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32513-8.pdf (see especially endnotes #82-85)

Pretium doloris : l'accident comme souci de soi, Cynthia Fleury, PLURIEL, 2015

"Please, do not make us suffer any more…" Access to Pain Treatment as a Human Right, Human Rights Watch, 2009

Programme National de lutte contre la douleur, 2002-2005

Histoire de la douleur, REY, Roselyne, La Découverte & Syros, 2000 (1993, La Découverte)

Handbook of Pain Assessment, Edited by Dennis C. Turk and Ronald Melzack, Guilford Press, 1992

Practical Management of Pain, Elsevier, 1986 (wikipedia) "trusted reference source" and "definitive text for the care of the pain patient"

***Wall & Melzack's Textbook of Pain*, published by Elsevier, 1984 (wikipedia) "the most comprehensive reference work in pain medicine"**

***The Management of Pain*, Bonica John, 1953** - His masterpiece was considered The Management of Pain, Second Edition (1990)

The Problem of Pain, C. S. Lewis, 1940

book on the problem of evil by, in which Lewis argues that human pain, animal pain, and hell are not sufficient reasons to reject belief in a good and powerful God

Note : problème d'agrégation des souffrances

"We must never make the problem of pain worse than it is by vague talk about the `unimaginable sum of human misery. . . ' Search all time and space and you will not nd that composite pain in anyone's consciousness. There is no such thing as a sum of suffering, for no one suffers it. When you have reached the maximum that a single person can suffer, we have, no doubt, reached something very horrible, but we have reached all the suffering there ever can be in the universe. The addition of a million fellow-sufferers adds no more pain."

Articles

Scan of 27 Million Compounds Identified a New One that Outperforms Pain Medications, Good News Network, 2023

"Identifying this first-in-class small molecule has been the culmination of more than 15 years of research. Though our research journey continues, we aspire to present a superior successor to gabapentin for the effective management of chronic pain," said Khanna.

Racial Justice Requires Ending the War on Drugs, Brian D. Earp, Jonathan Lewis, Carl L Hart, Walter Veit, The American Journal of Bioethics, January 2021

PRESS RELEASE Note: OPIS Executive Director, Jonathan Leighton, is co-signatory

La douleur, cette grande inconnue de la médecine, Yann Verdo, Les Echos, oct. 2020

Douleur chronique : le piège des opiacés (PDF), Annequin D, Journal international de Medecine, 2018

Note J : ce médecin semble tout confondre. Les surdoses actuelles aux É-U sont principalement dues à des drogues de la rue comme l'héroïne et le fentanyl importé illégalement, et sa déclaration du contraire semble être fausse (je pense qu'en 2016 c'était déjà le cas, je vais vérifier). Confondre les patch de fentanyl utilisés médicalement et le fentanyl mélangé avec l'héroïne me semble irresponsable. On a besoin d'analyses plus honnêtes et nuancées. Cela s'applique aussi à ceux qui nient toute implication de sur-prescriptions (overprescribing) parmi les causes de la crise actuelle.

The other opioid crisis — While all the attention is on western drug misuse, 80 per cent of the world's population goes without sufficient pain relief treatment.

By Niki Seth-Smith, December 2018, New Humanist *(note: mentions OPIS)*

Canadian Doctors Warn Medical Pot Is Overhyped, 2018

Looking to the Brain to Understand Chronic Pain, 2018

The Leading Edge of Personalized Pain Medicine: Tuning the Channel, 2018

Designing Safer Opioids: How Biased Are You?, 2018

America's War on Pain Pills Is Killing Addicts and Leaving Patients in Agony, Jacob Sullum, Reason, 2018

Jon : a long but well-written article that provides a more nuanced perspective on the causes of the US opioid epidemic, and also provides additional argumentation why providing morphine to patients in moderate to severe pain will rarely lead to dependence and even less to overdoses

The Opioid Diaries (TIME Magazine Special Report), 2018

Pain tolerance predicts human social network size, 2018, Nature *Scientific Reports*

Overdoses sur ordonnance, Le Monde Diplomatique, 2018 - Déjà 200 000 morts aux États-Unis

Ils tuent davantage que les accidents de la route ou les armes à feu. Après avoir ravagé les ghettos noirs dans les années 1990, les opiacés déciment désormais les banlieues pavillonnaires et la petite classe moyenne américaines. Inédite par son ampleur et par ses victimes, cette épidémie d'overdoses l'est aussi par son origine : les consommateurs sont devenus dépendants en avalant des antidouleurs prescrits par leur médecin.

Commentaire de Laurent : Un de mes patients atteint d'une maladie génétique la neurofibromatose souffre énormément et les médecins lui ordonne des opiacés dont il est devenue ad dicte et avec effets secondaires pluriels. Il me disait que certaines molécules que l'on peut extraire du cannabis comme la tetra hydrocannabiole soulagent encore mieux les douleurs et avec une addiction minoré ou inexistante.Cette molécule ne serait pas hallucinogène. Tous les pays limitrophes de la France ainsi que l'Angleterre le Canada et la Chine depuis bien longtemps utilisent le cannabis comme médicament pour soulager les douleurs de patients atteint par exemple de cancer ou de la maladie dont souffre mon patient. La France reste donc bloquée, pour des raisons de "politiquement correcte" ?

Commentaire de Robert : L'article du Diplo ne va pas assez profondément dans ce problème, je trouve. Dans les années 1990 j'étais actif dans le domaine du traitement de la douleur et je connaissais des gens qui prenaient l'OxyContin. À cette époque c'était une délivrance, car jusque là les personnes atteintes de douleur chronique et celles aux prises avec la douleur aigüe dans les hôpitaux étaient le plus souvent gravement sous-traitées. Tout le monde craignait les opioïdes, particulièrement les médecins qui pouvaient facilement se faire poursuivre pour la moindre apparence de complaisance dans leurs prescriptions. J'ai milité avec d'autres pour la prise en charge de la douleur. À peu près tous les spécialistes de la douleur préconisaient le bon usage beaucoup plus étendu des opioïdes, et une sorte de révolution en ce sens a eu lieu. Un nouveau fait scientifique avait été établi : si vous avez mal, l'opiacé n'aura pas sur vous le même effet que si vous n'avez pas mal et le risque qu'il vous entraine dans la dépendance est très minime. Dans l'ensemble, ça a été un formidable soulagement pour une multitude de gens ! Il y a 5 ou dix ans des avertissements ont commencé à se faire entendre de la part de spécialistes en santé publique. Le traitement de la douleur est en soi quelque chose de complexe, le plus souvent, et beaucoup de médecins ou de patients ont eu recours aux opiacés comme solution de facilité, aidés en cela par les pharmaceutiques qui s'en donnaient à coeur joie et versaient dans des pratiques condamnables. Aujourd'hui les USA déplorent 300,000 morts par abus depuis 1999. C'est beaucoup, mais pas tant que ça si on considère que les abuseurs sont assez souvent suicidaires. De plus, ces récentes années ont vu les USA tomber dans une crise nationale de santé mentale, pourrait-on dire, qui fait que ce pays diffère des autres à bien des égards... La dépendance aux drogues, comme celle aux armes, au junk food, ou à quoi que ce soit, serait fonction du terrain social ou intrapersonnel plutôt que liée intrinsèquement à un objet quelconque. Une approche scientifique est requise, mais la droite politique préfère trouver de simples coupables à faire souffrir plutôt que des solutions complexes pour alléger la souffrance.

Where the Opioids Go, The Atlantic , 2017

Meet 60 Minutes' DEA whistleblower, 2017 - A high-ranking whistleblower from the DEA explains how the drug industry--and Congress--fueled an epidemic

Felicia Marie Knaul: advocate for better pain relief and palliative care, The Lancet, 2017

The Biological Evolution of Pain, 2017, B. Contestabile
People with more friends have higher pain thresholds, study suggests, 2016
MUHC researcher heads one of the largest studies ever conducted on medical cannabis, 2015
Researchers identify gatekeeper neurons that control pain and itch, 2015
Babies feel pain 'like adults', université d'Oxford, 2015 - démontre que les bébés ressentent la douleur presque de la même manière que les adultes
Un nourrisson est quatre fois plus sensible à la douleur qu'un adulte, 2015
World Health Organization publishes palliative care resolution, 2014
Analgesia for infants' circumcision, Carlo V Bellieni, Maria G Alagna & Giuseppe Buonocore, Italian Journal of Pediatrics, 2013
However, no procedure has been found to definetively eliminate pain; the gold standard procedure to make MC totally painfree has not yet been established.
Pain Assessment in Human Fetus and Infants, Carlo Valerio Bellieni, The AAPS Journal *American Association of Pharmaceutical Scientists*, 2012
Ultimately, regardless of age, the patient has the right to analgesia and that right should be recognized and guaranteed, even when the need for analgesia cannot be expressed by the patient
Un appel pour une résolution de l'ONU contre la douleur, 2008 - initiative de Douleurs sans frontières (DSF), vote de l'Assemblée générale de l'ONU
Drugs Banned, Many of World's Poor Suffer in Pain, 2007, New-York Times
Human and Divine Suffering - The relation between human suffering and the rise of passibilist theology, Anastasia Foyle, Ars Disputandi, 5:1, 209-227, 2005
"Thus the idea that there is more suffering in the world in that there are more sufferers in the world, and that this intensifies the problem of evil, is fallacious on several levels. First, it suggests an identification of sufferers and suffering, whereas in fact sufferers and suffering are different types of thing. Second, it posits the existence of `the sum of human suffering', which is something that doesn't actually exist. Third, it suggests that suffering can be added up to create larger amounts, therein again erroneously quantifying suffering. Fourth, on the theological level, it undermines the Christian belief in the intrinsic value of every human being based upon God's love for each person, a belief which is fundamental to the Christian formulation of the problem of evil."
Pain Mechanisms: A New Theory, Ronald Melzack & Patrick David Wall, Science, 1965

Audiovisuel

C'est quoi les pires douleurs ? (et pourquoi), Dr Nozman, 2021, 10'
Scandale ou pas ? Question d'époque : opérer les enfants sans anesthésie, ARTE, 2016, 4'

Agenda

3° lundi du mois d'octobre : journée mondiale de lutte contre la douleur

Petitions

ARRETONS LA DOULEUR ! - Douleurs Sans Frontières, 2009 (?)

Documentation from OPIS on pain relief (picked up on 2018-04-18)

- **Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report (see especially endnotes #82-85)**
  Dr. Knaul is the lead author of this Lancet report which has been called a "landmark report" by the Lancet and was featured in the BBC, the Washington Post, Project Syndicate, The Guardian, and Voice of America.
- Article by Lee Sharkey: "Increasing Access to Pain Relief in Developing Countries - An EA Perspective"
- "Where the Opioids Go" (https://www.theatlantic.com/health/archive/2017/10/the-opiate-map/543255/)
- "More than 25 million people dying in agony without morphine every year" - Sarah Boseley article in The Guardian (https://www.theguardian.com/science/2017/oct/12/more-than-25-million-people-dying-in-agony-without-morphine-every-year)
- Open Society Foundation: Using the UN Human Rights System to Advocate for Access to Palliative Care and Pain Relief (see in particular pp. 57-61 on special rapporteurs)
- Human Rights Watch
  - Website section: https://www.hrw.org/topic/health/palliative-care
  - **Publication: "Please, do not make us suffer any more…" Access to Pain Treatment as a Human Right. (See especially p. 13 "Health as a Human Right", p.14 "Pain Treatment and the Right to Health", p. 15 "Pain Treatment and the Right to Be Free from Cruel, Inhuman and Degrading Treatment", and p. 44 "To the global human rights community")
  - Global State of Pain Treatment — Access to Medicines and Palliative Care HRW report 2011
- IASP documents:
  - Pain Relief as a Human Right (2004) and "The Relief of Pain Should Be a Human Right" (2004) (for a history of the topic, see a 1987 editorial in IASP's journal *Pain* which states that freedom from pain should be a basic human right… is there any previous such statement anywhere?).
  - Declaration of Montréal - Declaration that Access to Pain Management Is a Fundamental Human Right
  - The Unmet Global Need for Palliative Care and Pain Relief

    > "Around the world, the unmet need for palliative care and pain relief is staggering, according to a report published online October 12, 2017, in The Lancet. The report offers a framework to address the need. (...) The researchers estimated the yearly shortfall of opioids—which is heavily concentrated in low- and middle-income countries, but also occurs in some high-income countries—at about 48.5 metric tons, at a cost of $145 million at the lowest retail price; this is a very low cost to alleviate serious suffering. The authors call the lack of access to opioids for poor people—even those in high-income countries—a "medical, public health, and moral failing. (...) The report estimates that the essential package in low-income countries would cost $2.16 per person per year, accounting for about 2-3 percent of the UHC package being widely recommended by DCP3, the third edition of a document called Disease Control Priorities, which provides the most up-to-date evidence on managing global disease burden. (...) As affordable as the essential package may be, its implementation will require additional investment in delivery and training platforms, particularly in low-income countries. These platforms would actually strengthen healthcare systems overall and complement other health-related goals, Knaul says. (...) Rajagopal says governments of low- and middle-income countries are often slow to adopt change, but that this report could create a shift together with international advocacy and pressure from the WHO. "The more you can make it visible, the stronger our hand is," Rajagopal says. A group of Commission co-authors and advocacy leaders plans to produce a follow-up report in one year, after continuing to monitor health-related suffering and collecting case studies of implementation in low- and middle-income countries."
- WHO page "Access to Analgesics and to Other Controlled Medications"
- WHO pages on its human rights program and essential medicines
- WHO Briefing Note — April 2012: "Access to Controlled Medications Programme":
  - Improving access to medications controlled under international drug conventions
  - Component: Developing WHO Clinical Guidelines on Pain Treatment

    - See also the ACMP 2011 report Ensuring balance in national policies on controlled substances — Guidance for availability and accessibility of controlled medicines
- ECOSOC Resolution 2005/25: "Treatment of pain using opioid analgesics"
- Joint Report of the Director-General of the World Health Organization and the President of the International Narcotics Control Board: "ASSISTANCE MECHANISM TO FACILITATE ADEQUATE TREATMENT OF PAIN USING OPIOID ANALGESICS"
- Open Society Foundation toolkit (Oct 2017) "Using the UN Human Rights System to Advocate for Access to Palliative Care and Pain Relief"
- Le Monde article (2008): "Un appel pour une résolution de l'ONU contre la douleur": quelle suite donnée par l'ONU ? site de la pétition
- Algosphere Centre of Interest on "Pain": https://docs.google.com/document/d/1kbqNZInt3KI66p1Zeb_vw1MvXb69aGGmRC5B7l4Pv40/edit
- "A new framework for suffering-alleviation", Ron Anderson on framing human rights as a support for globally organizing the alleviation of suffering.
- Report of the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, February 1, 2013, A/HRC/22/53, para. 55-56 and 86, available at: http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf

    > "Ensuring the availability and accessibility of medications included in the WHO Model List of Essential Medicines is not just a reasonable step but a legal obligation under the Single Convention on Narcotic Drugs, 1961. When the failure of states to take positive steps, or to refrain from interfering with health-care services, condemns patients to unnecessary suffering from pain, states not only fall foul of the right to health but may also violate an affirmative obligation under the prohibition of torture and ill-treatment. (…) Governments must guarantee essential medicines—which include, among others, opioid analgesics—as part of their minimum core obligations under the right to health, and take measures to protect people under their jurisdiction from inhuman and degrading treatment."
- The OPERA Framework — for monitoring the fulfilment of economic and social rights
- The Global Goals for Sustainable Development — Goal 3: good health and well-being: Ensure healthy lives and promote well-being for all at all ages
    - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
    - Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
- The Pain Project
- The Prague Charter: Urging governments to relieve suffering and recognize palliative care as a human right (for information)
- Excellent New York Times article, 4 December 2017: "'Opiophobia' Has Left Africa in Agony"
- 3-minute video from IAHPC, featuring Eric Krakauer (Harvard Medical School), Katherine Pettus (IAHPC Advocacy Officer) and others
- "Freedom from Pain" - Aljazeera article from 2011
- BBC 2-minute radio report from 6 Dec 2017 with Felicia Knaul
- "The Opioid Crisis That People Aren't Talking About" - 12 Dec 2017 article in Talking Drugs
- *"Evaluating a Human Rights-Based Advocacy Approach to Expanding Access to Pain Medicines" - article by Diederik Lohman and Joseph Amon
- *NYT article from 2007: "Drugs Banned, Many of World's Poor Suffer in Pain"
- Digital Pills Track How Patients Use Opioids — Hi-tech news on an important aspect of the opioids problem.
- Nonprofit drugs as the salvation of the world's healthcare systems: the case of Antabuse (disulfiram) — A potential avenue for concrete action?
- The Global Market for Pain Management Drugs and Devices — See this Report Overview
- Press release from INCB (International Narcotics Control Board) on 5 March 2008: "Ensuring access to pain treatment medicines is vital and possible"

- Press release from INCB on Human Rights Day, 11 December 2017, with vague pronouncement and no mention of the right to effective pain treatment
- Global Consumption of Morphine, 2015, from Pain & Policy Studies Group
    - Global Opioid Consumption Motion Chart
- Pain & Policy Studies Group: "Ensuring Patient Access to Essential Medicines While Minimizing Harmful Use: A Revised World Health Organization Tool to Improve National Drug Control Policy"
- *BBC program "Are We Missing a Bigger Opioid Crisis?" (23 minutes): http://www.bbc.co.uk/programmes/w3csvsyd
    - Including short interview with Dr Emmanuel Luyirika from Uganda: http://www.bbc.co.uk/programmes/p05q8v86
- Disease Control Priorities, 3rd Edition (DCP3), Volume 9, Improving Health and Reducing Poverty — See Chapter 12 on Palliative Care and Pain Control, written after the Lancet Commission report.
- **Report on the side event of 2011 (on access to palliative care) organised by Human Rights Watch and the Open Society's Public Health Program
- Article in The Fix - "How Widely Available Is Morphine In The World?"
- **Global Commission on Drug Policy (GCDP) (http://www.globalcommissionondrugs.org) report in 2015 on lack of access to morphine: http://www.globalcommissionondrugs.org/reports/the-negative-impact-of-drug-control-on-public-health-the-global-crisis-of-avoidable-pain/
    - English download: http://www.globalcommissionondrugs.org/wp-content/uploads/2012/03/GCODP-THE-NEGATIVE-IMPACT-OF-DRUG-CONTROL-ON-PUBLIC-HEALTH-EN.pdf
- Prisoners of Pain, Jan 8, 2018, an article by Peter Singer

    > "Although it is generally the poor who lack access to opioids, the main problem is not, for once, cost: doses of immediate-release, off-patent morphine cost just a few cents each. The Lancet Commission argues that an "essential package" of medicines would cost lower-middle-income countries only $0.78 per capita per year. The total cost of closing the "pain gap" and providing all the necessary opioids would be just $145 million a year at the lowest retail prices (unfairly, opioids are often more expensive for poorer countries than richer ones). In the context of global health spending, this is a pittance. People suffer because relieving pain is not a public policy priority. (...)"
- Atlas of Palliative Care in Latin America. Updated 2012 (http://cuidadospaliativos.org/). English documents: Atlas and Palliative Care Indicators. The rest of documentation is in Spanish.
- Access to Opioid Medication in Europe (ATOME) report, 2014: http://apps.who.int/medicinedocs/documents/s21822en/s21822en.pdf
- "A First Comparison Between the Consumption of and the Need for Opioid Analgesics at Country, Regional, and Global Levels" (Seya et al, 2011)
    - **A more recent paper that displays the data more clearly: "Adequacy of Opioid Analgesic Consumption at Country, Global, and Regional Levels in 2010, Its Relationship With Development Level, and Changes Compared With 2006" by Beatrice Duthey and Willem Scholten
- Interesting article by Katherine Pettus (Advocacy Officer for IAHPC) on the influence of language ("drug" vs "medicine"): "Morphine is medicine: the language barrier to opioid availability in more than 83% of the world"
- Lee Sharkey, an effective altruist who wrote "Increasing Access to Pain Relief in Developing Countries - An EA Perspective"
- https://www.hug-ge.ch/reseau-douleur — Geneva hospital
- https://againstpain.org/association/statuts-aiecd — A Swiss NGO
- *Pain & Policy Studies Group — Improving global pain relief by achieving balanced access to opioids worldwide, email: ahusain@uwcarbone.wisc.edu
- *IAHPC (International Association for Hospice & Palliative Care)
    - https://hospicecare.com/about-iahpc/iahpc-programs/advocacy-program/
    - https://hospicecare.com/resources/publications/newsletter/2017/12/message-from-the-chair-and-executive-director/
    - IAHPC Advocacy Program: https://hospicecare.com/about-iahpc/iahpc-programs/advocacy-program/
    - IAHPC Policy and Advocacy: https://hospicecare.com/resources/publications/newsletter/2017/12/policy-and-advocacy/

- Worldwide Hospice Palliative Care Alliance (WHPCA) Their World Hospice and Palliative Care Day Toolkit seems a great resource for those advocates and champions that might join forces to globally make a breakthrough.
    - New project aims to raise demand for palliative care in South Africa and Ethiopia and see also Increasing demand for palliative care as part of UHC in South Africa and Ethiopia. To find out more or to get involved, please email Kate Francklin kfrancklin@thewhpca.org.
- Anne Merriman Foundation (the founder was instrumental in introducing progressive palliative care to Uganda)
    - Beyond Uganda: where are international programs working in Africa
    - http://www.annemerrimanfoundation.org/the-vision/
- M.R. Rajagopal MD, Chairman of Pallium India, instrumental in introducing morphine availability in Kerala, https://hospicecare.com/bio/mr-rajagopal/, email: mrraj47@gmail.com
- IPCRC (International Palliative Care Resource Centre)
- The Independent Expert on the enjoyment of all human rights by older persons, and http://www.rightsofolderpeople.org/about/
- Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment
    - Prof. Nils Melzer (see above section)
- African Palliative Care Association
- Dr. Dainius Pūras (Lithuania), Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Proposal to the Algosphere Alliance / Proposition à l'Alliance Algosphère