Cancer Care in Low-Resource Areas
Cancer Treatment, Palliative Care, and Survivorship Care
November 14th, 2016

Access to Pain Control Issues

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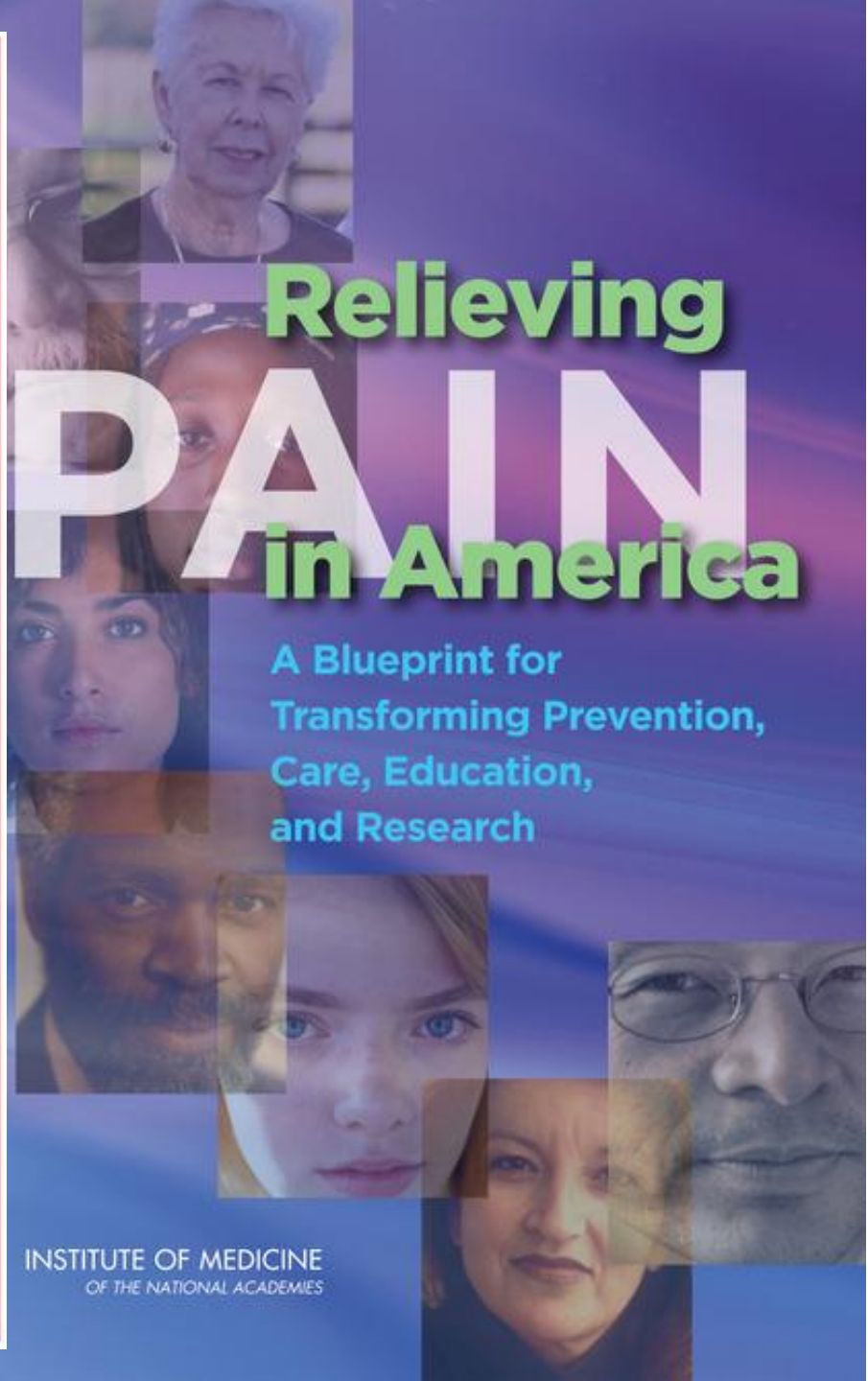
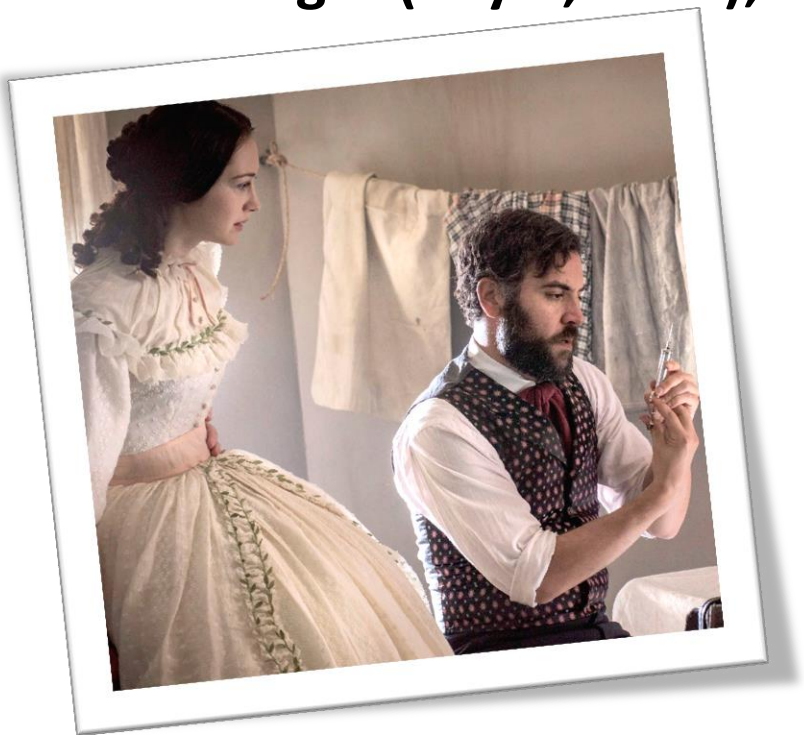
JUNE 15, 2015
Inside: The truth about gluten
Aziz Ansari on digital dating
TIME
They're the most powerful painkillers ever invented.
And they're creating the worst addiction crisis America has ever seen.
By Massimo Calabresi
TIME.COM


Relieving
PAIN
in America
A Blueprint for Transforming Prevention, Care, Education, and Research
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES


VIERA
ALJAZEERA
Panasonic

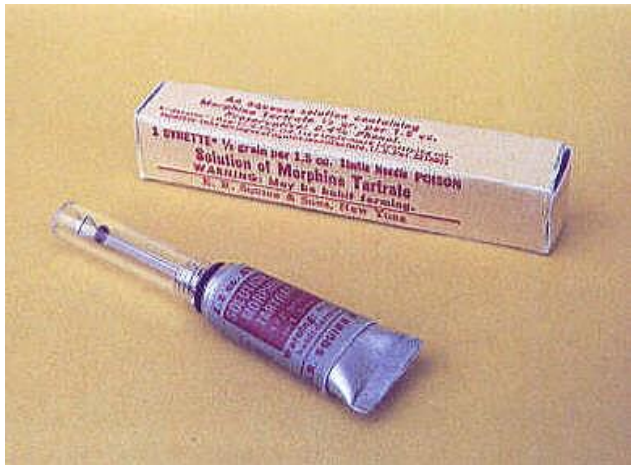
New Opioids

- **Laudanum (opium in alcohol base)**
- **1811: Morphine**
  - **Serturner, Morpheus:**
  - **Hypodermic needle: Civil War**
- **1874: Heroin**
  - **Wright (Bayer, 1898); cough**



Addiction History

- Opioid addiction
  - 1900: Opium less problems than alcohol
    - Elderly white woman and civil war veterans
  - **1915: Harrison Act**
  - 1920: Dangerous Drug Act
  - 1938: **25,000 MDs** arraigned on narcotics charges
    - 3,000 served penitentiary sentences.
  - World War II
    - No addiction in civil society
    - US soldiers: morphine syrette
      - Medics had the needle.
      - Syrette clipped to lapel.



Cecily Saunders

Lyon — Paris — Chicago — NY — Saunders

1850 — Nottingham — Adelaide — 1950 — 2000

Sydney — London

Nurse
Social Worker
Physician

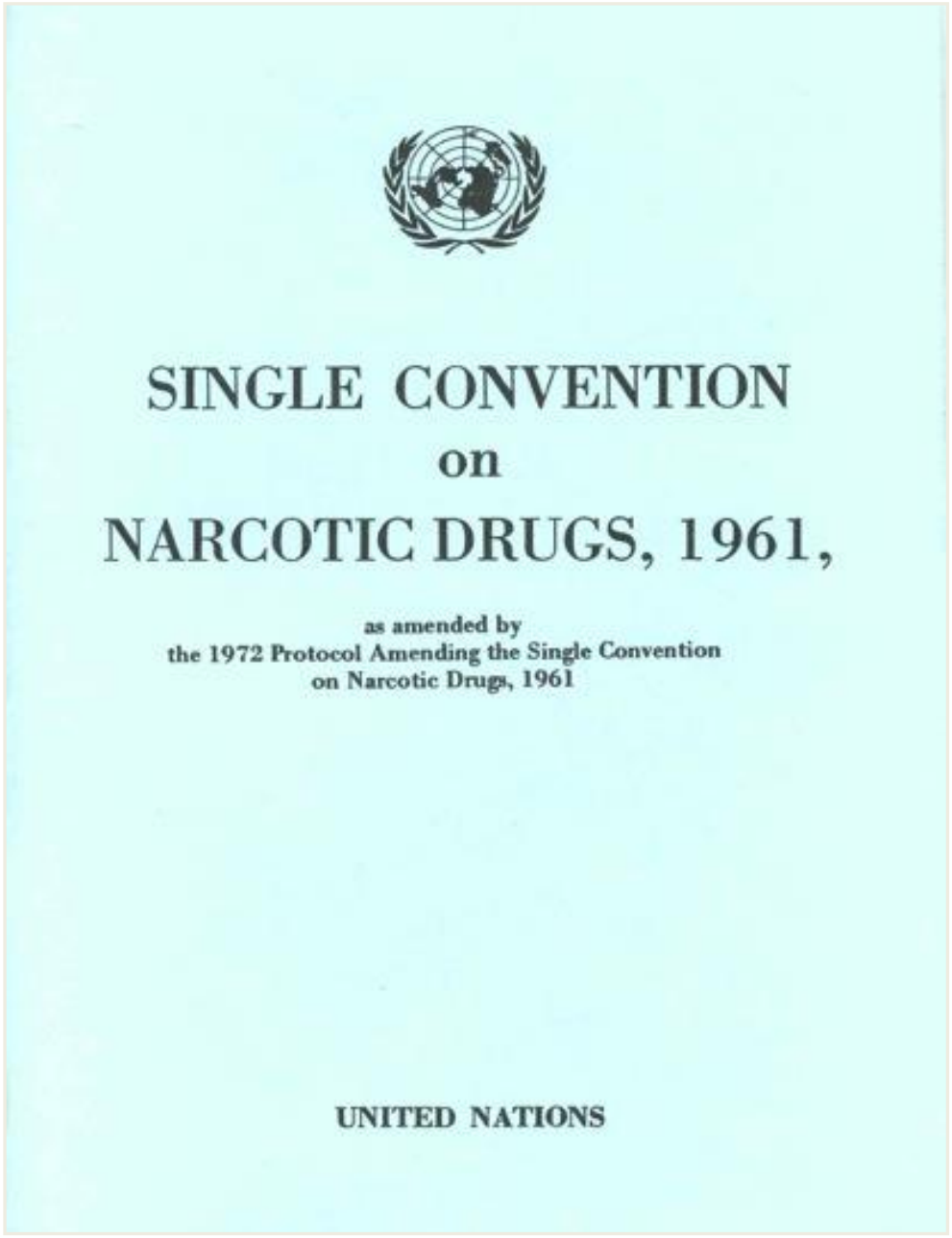
1957: St Joseph's Hospice

Documented use of regular morphine at St Luke's

St Christopher's Hospice

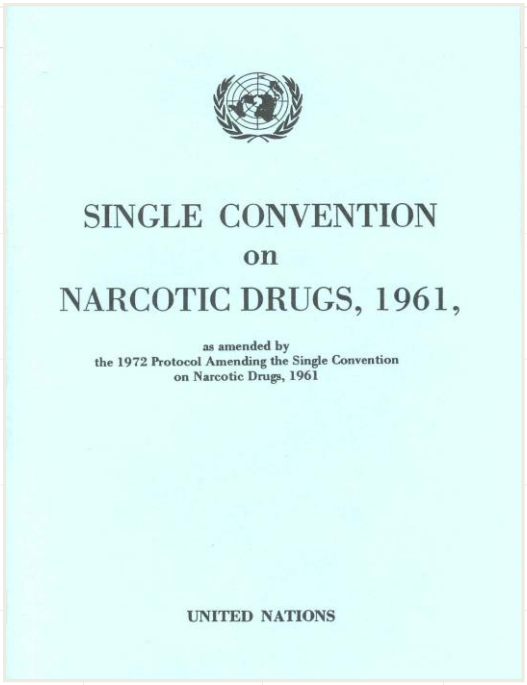
New Opioids

- Laudanum (opium in alcohol base)
- 1811: Morphine
  - Serturner, Morpheus: Civil War veterans.
- 1874: Heroin
  - Wright (Bayer, 1898)
- 1916: Oxycodone (Germany)
- 1920: Hydrocodone
- 1932: Pethidine (Demerol)
  - Germany: Anti-spasmodic and analgesic
- 1938: Methadone (Germany)
  - Dolorphine: End Pain
- 1960: Fentanyl



Establishes a Framework to:

1. **Prevent abuse and diversion, *and***
2. **Ensure the availability of drugs for medical purposes**



"the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering… adequate provision must be made to ensure the availability of narcotic drugs for such purposes….

(*Preamble*, p. 13)

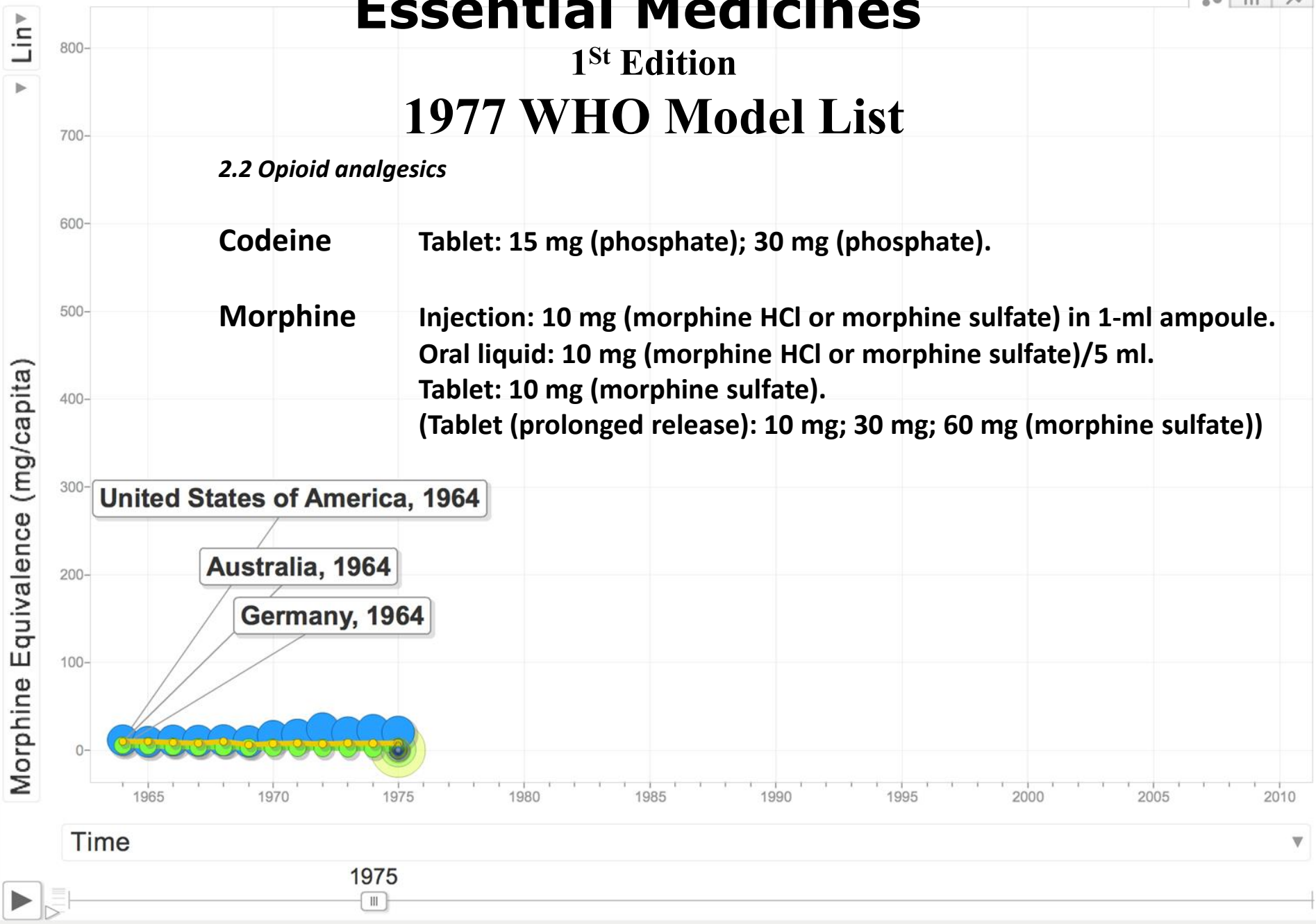
Essential Medicines

1St Edition

1977 WHO Model List

2.2 Opioid analgesics

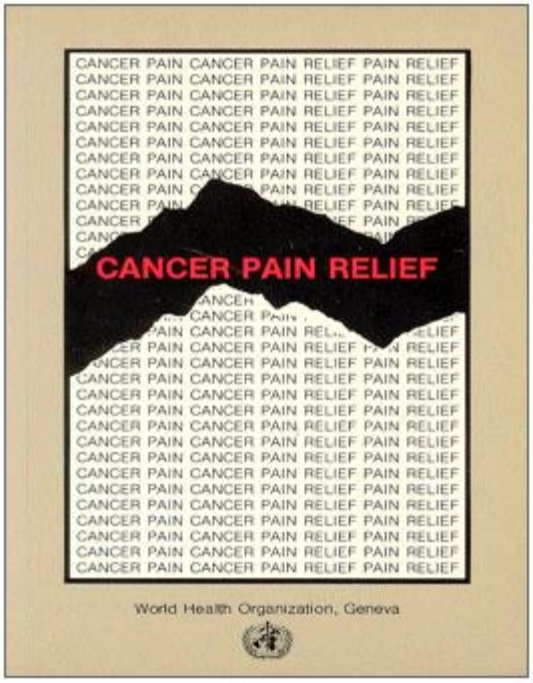
Codeine	**Tablet: 15 mg (phosphate); 30 mg (phosphate).**
Morphine	**Injection: 10 mg (morphine HCl or morphine sulfate) in 1-ml ampoule.** **Oral liquid: 10 mg (morphine HCl or morphine sulfate)/5 ml.** **Tablet: 10 mg (morphine sulfate).** **(Tablet (prolonged release): 10 mg; 30 mg; 60 mg (morphine sulfate))**



Lin

Morphine Equivalence (mg/capita)

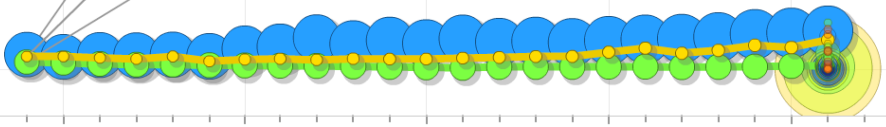
800
700
600
500
400
300
200
100
0

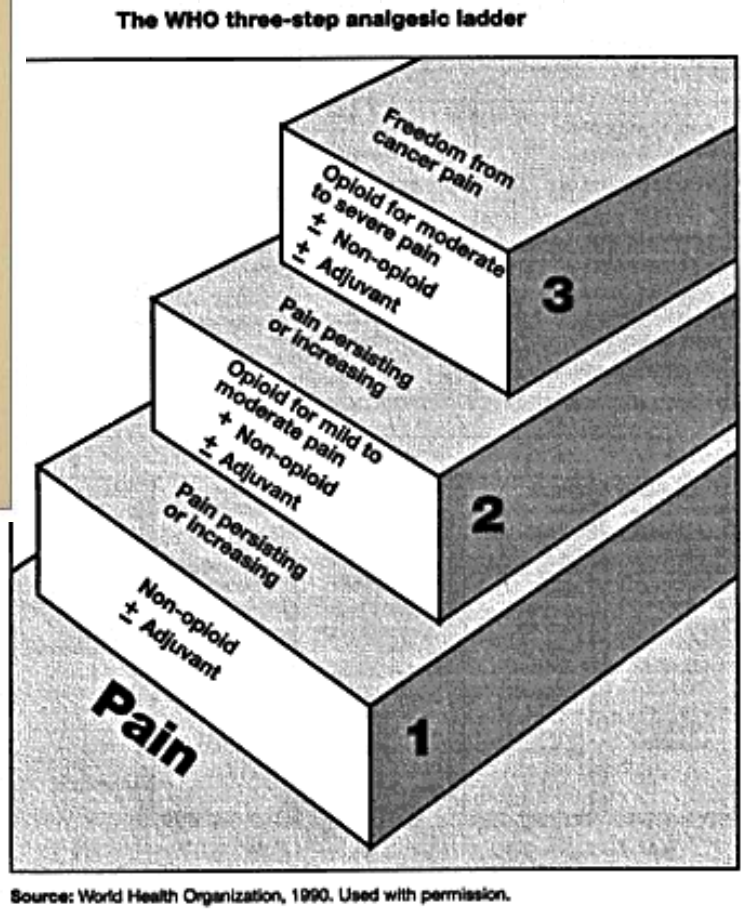


United States of America, 1964

Australia, 1964

Germany, 1964





Source: World Health Organization, 1990. Used with permission.

1965 1970 1975 1980 1985 1990 1995 2000 2005 2010

Time

1986

PAIN AND ITS TREATMENT IN OUTPATIENTS WITH METASTATIC CANCER

CHARLES S. CLEELAND, PH.D., RENÉ GONIN, PH.D., ALAN K. HATFIELD, M.D., JOHN H. EDMONSON, M.D., RONALD H. BLUM, M.D., JAMES A. STEWART, M.D., AND KISHAN J. PANDYA, M.D.

42%

Abstract *Background and Methods.* Pain is often inadequately treated in patients with cancer. A total of 1308 outpatients with metastatic cancer from 54 treatment locations affiliated with the Eastern Cooperative Oncology Group rated the severity of their pain during the preceding week, as well as the degree of pain-related functional impairment and the degree of relief provided by analgesic drugs. Their physicians attributed the pain to various factors, described its treatment, and estimated the impact of pain on the patients' ability to function. We assessed the adequacy of prescribed analgesic drugs using guidelines developed by the World Health Organization, studied the factors that influenced whether analgesia was adequate, and determined the effects of inadequate analgesia on the patients' perception of pain relief and functional status.

Results. Sixty-seven percent of the patients (871 of 1308) reported that they had had pain or had taken analgesic drugs daily during the week preceding the study, and 36 percent (475 of 1308) had pain severe enough to impair their ability to function. Forty-two percent of those with pain (250 of the 597 patients for whom we had complete information) were not given adequate analgesic therapy. Patients seen at centers that treated predominantly minorities were three times more likely than those treated elsewhere to have inadequate pain management. A discrepancy between patient and physician in judging the severity of the patient's pain was predictive of inadequate pain management (odds ratio, 2.3). Other factors that predicted inadequate pain management included pain that physicians did not attribute to cancer (odds ratio, 1.9), better performance status (odds ratio, 1.8), age of 70 years or older (odds ratio, 2.4), and female sex (odds ratio, 1.5). Patients with less adequate analgesia reported less pain relief and greater pain-related impairment of function.

Conclusions. Despite published guidelines for pain management, many patients with cancer have considerable pain and receive inadequate analgesia. (N Engl J Med 1994;330:592-6.)

Drugs

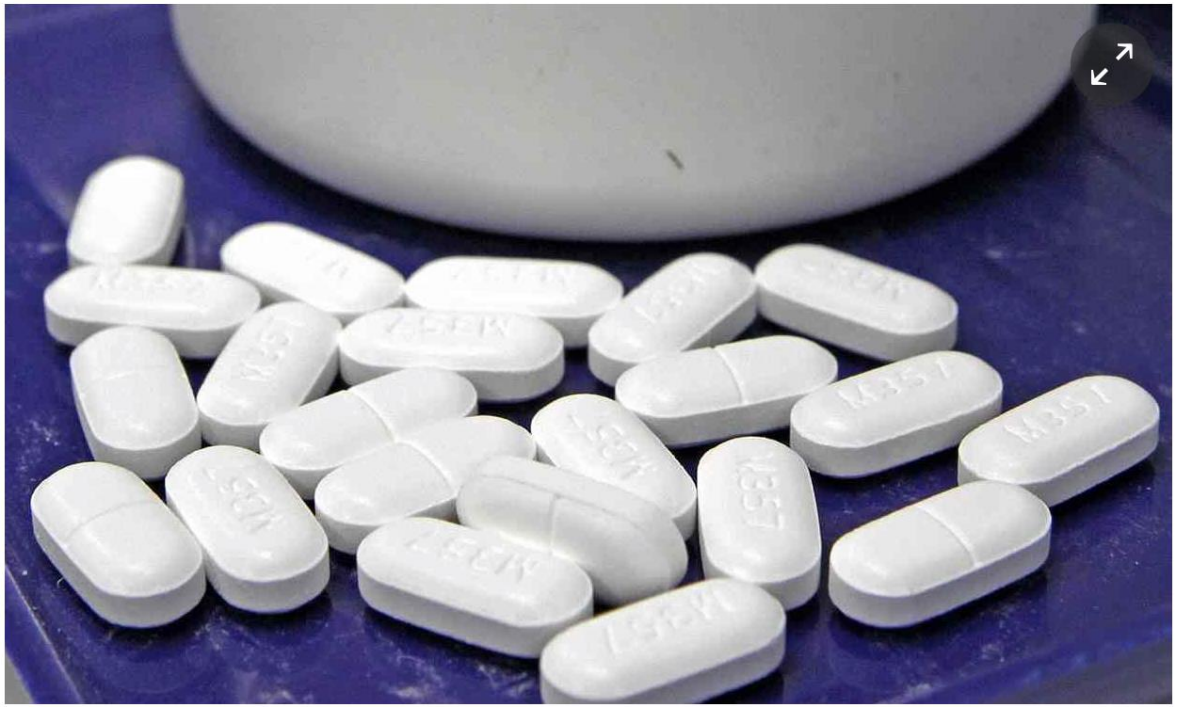
Black patients half as likely to receive pain medication as white patients, study finds

Findings show racial bias in emergency room prescriptions for 'non-definitive' pain, as advocates say lack of diversity in medical field may exacerbate situation

Amanda Holpuch in New York

@holpuch

Wednesday 10 August 2016 19.18 EDT



The researchers divided conditions from more than 60m records into two categories, with non-definitive ones – toothaches and abdominal and back pain – showing evidence of bias. Photograph: Toby Talbot/AP

Black patients are about half as likely to be prescribed opioid medicines in the emergency department than white patients, according to a new study.

The findings, published on Monday in Plos One, are the latest to show that minorities are treated differently when it comes to pain management.

JOURNAL OF CLINICAL ONCOLOGY
Official Journal of the American Society of Clinical Oncology

African Americans With Cancer Pain Are More Likely to Receive an Analgesic With Toxic Metabolite Despite Clinical Risks: A Mediation Analysis Study

Salimah H. Meghani, Youjeong Kang, Jesse Chittams, Erin McMenamin, Jun J. Mao, Jeffrey Fudin

Salimah H. Meghani, Youjeong Kang, and Jesse Chittams, University of Pennsylvania; Erin McMenamin and Jun J. Mao, Perelman Center for Advanced Medicine, University of Pennsylvania, Philadelphia, PA; Jeffrey Fudin, University of Connecticut School of Pharmacy, Storrs, CT; and Jeffrey Fudin, Western New England University College of Pharmacy, Springfield, MA.

Abstract

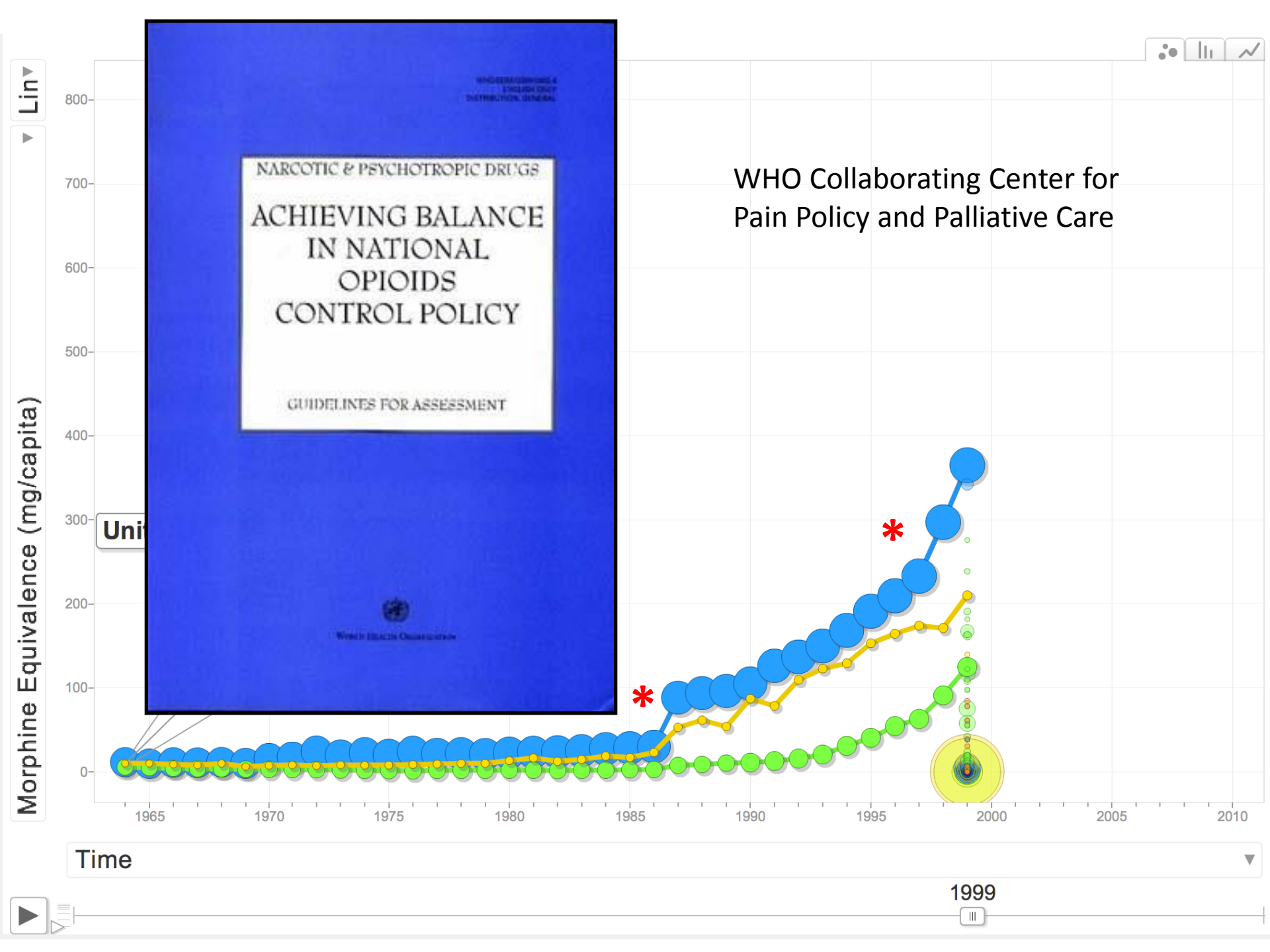
Purpose

Renal impairment is highly prevalent among patients with cancer, and many patients have undiagnosed chronic kidney disease (CKD) from underlying disease, treatment, or both. African American individuals have disproportionate risk factors (diabetes, hypertension) predisposing them to CKD. We investigated whether African American patients are more likely than white patients to receive morphine with 3- and 6-glucuronide metabolites, which are known to be neurotoxic and accumulate in CKD;

ARTICLE CITATION

DOI: 10.1200/JCO.2013.54.7992 *Journal of Clinical Oncology* 32, no. 25 (September 2014) 2773-2779.

PMID: 25049323

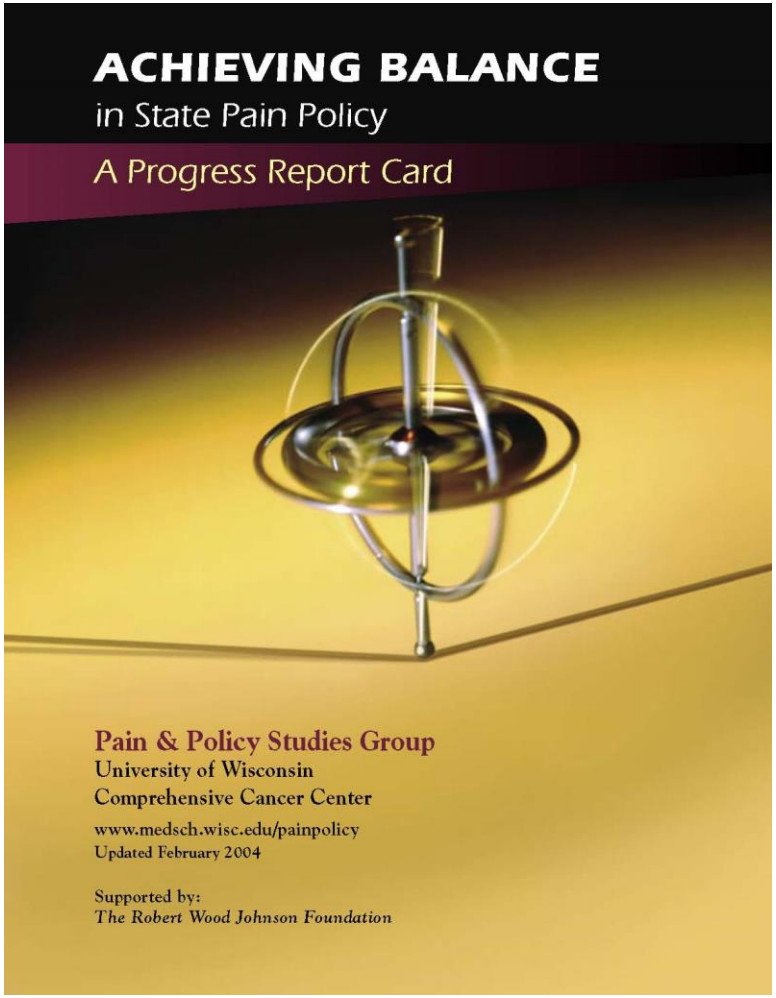

NARCOTIC & PSYCHOTROPIC DRUGS
ACHIEVING BALANCE IN NATIONAL OPIOIDS CONTROL POLICY
GUIDELINES FOR ASSESSMENT
WHO Collaborating Center for Pain Policy and Palliative Care
Morphine Equivalence (mg/capita)
800
700
600
500
400
300
200
100
0
1965
1970
1975
1980
1985
1990
1995
2000
2005
2010
Time
1999

“Balance” is the Fundamental Principle

National policy should establish a drug control system that prevents diversion ***and*** ensures adequate availability for medical use

Drug control measures should not interfere with medical access to opioid

State Policy



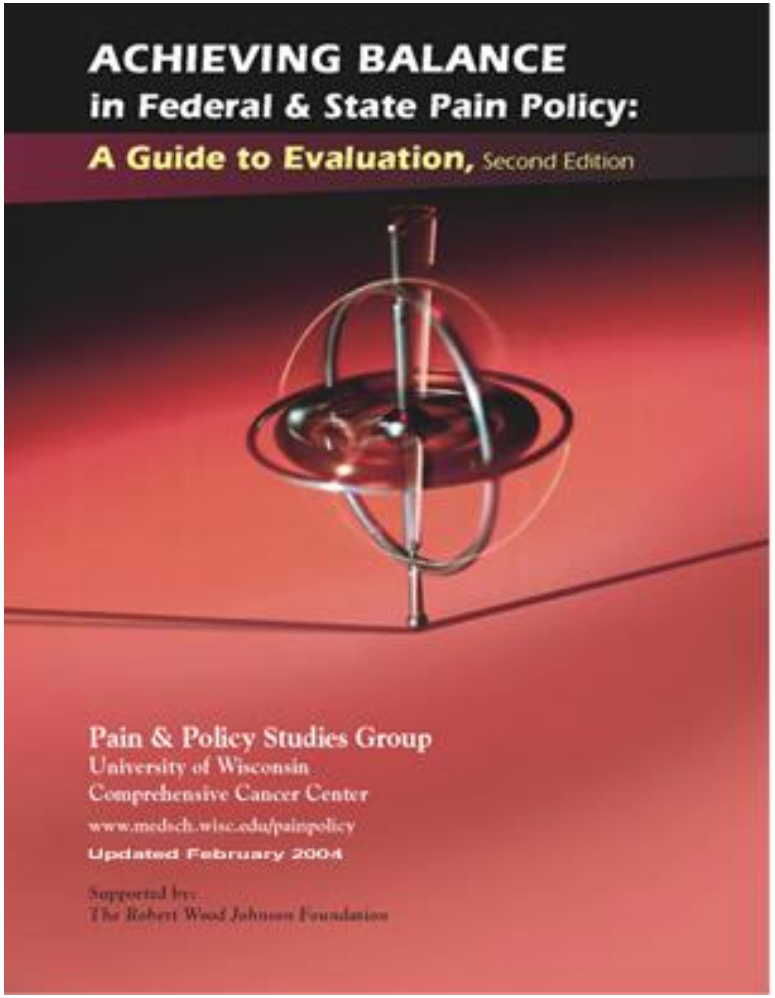
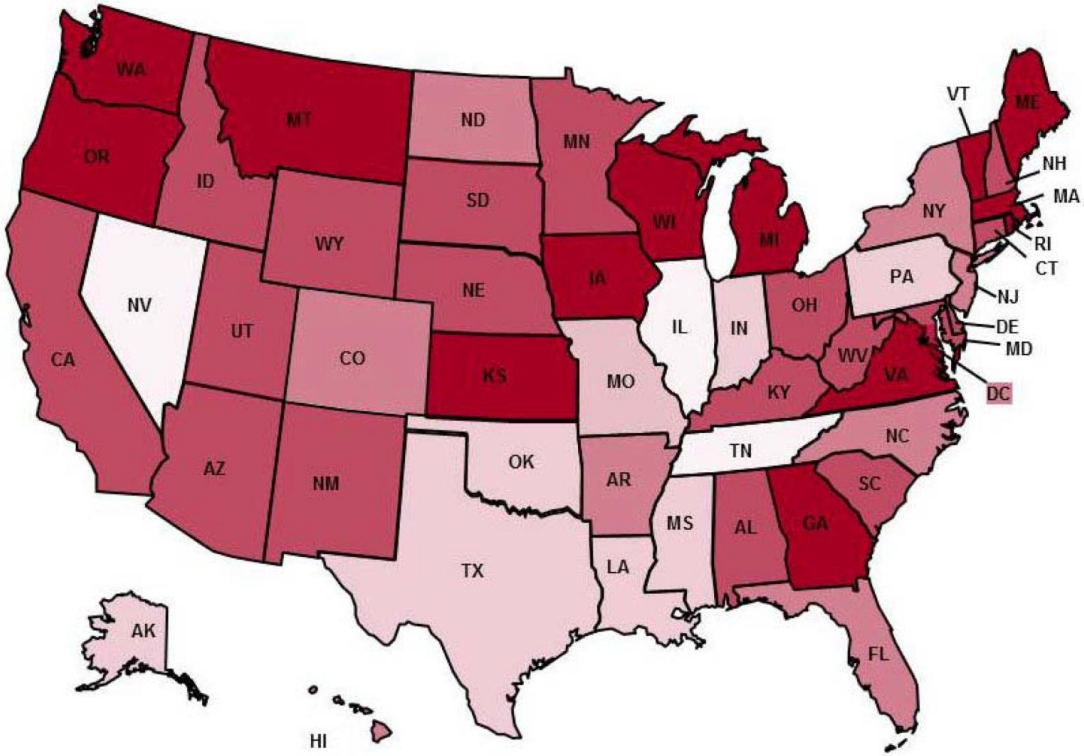


Figure 1



A	B+	B	C+	C	D+	D	F
13 states 20% of US pop.	18 states 31% of US pop.	9 states 22% of US pop.	8 states 20% of US pop.	3 states 7% of US pop.	None	None	None
Georgia	Alabama	Arkansas	Alaska	Illinois			
Iowa	Arizona	Colorado	Indiana	Nevada			
Kansas	California	Dist. of Columbia	Louisiana	Tennessee			
Maine	Connecticut	Florida	Mississippi				
Massachusetts	Delaware	Hawaii	Missouri				
Michigan	Idaho	New Jersey	Oklahoma				
Montana	Kentucky	New York	Pennsylvania				
Oregon	Maryland	North Carolina	Texas				
Rhode Island	Minnesota	North Dakota					
Vermont	Nebraska						
Virginia	New Hampshire						
~~Washington~~	New Mexico						
Wisconsin	Ohio						
	South Carolina						
	South Dakota						
	Utah						
	West Virginia						
	Wyoming						

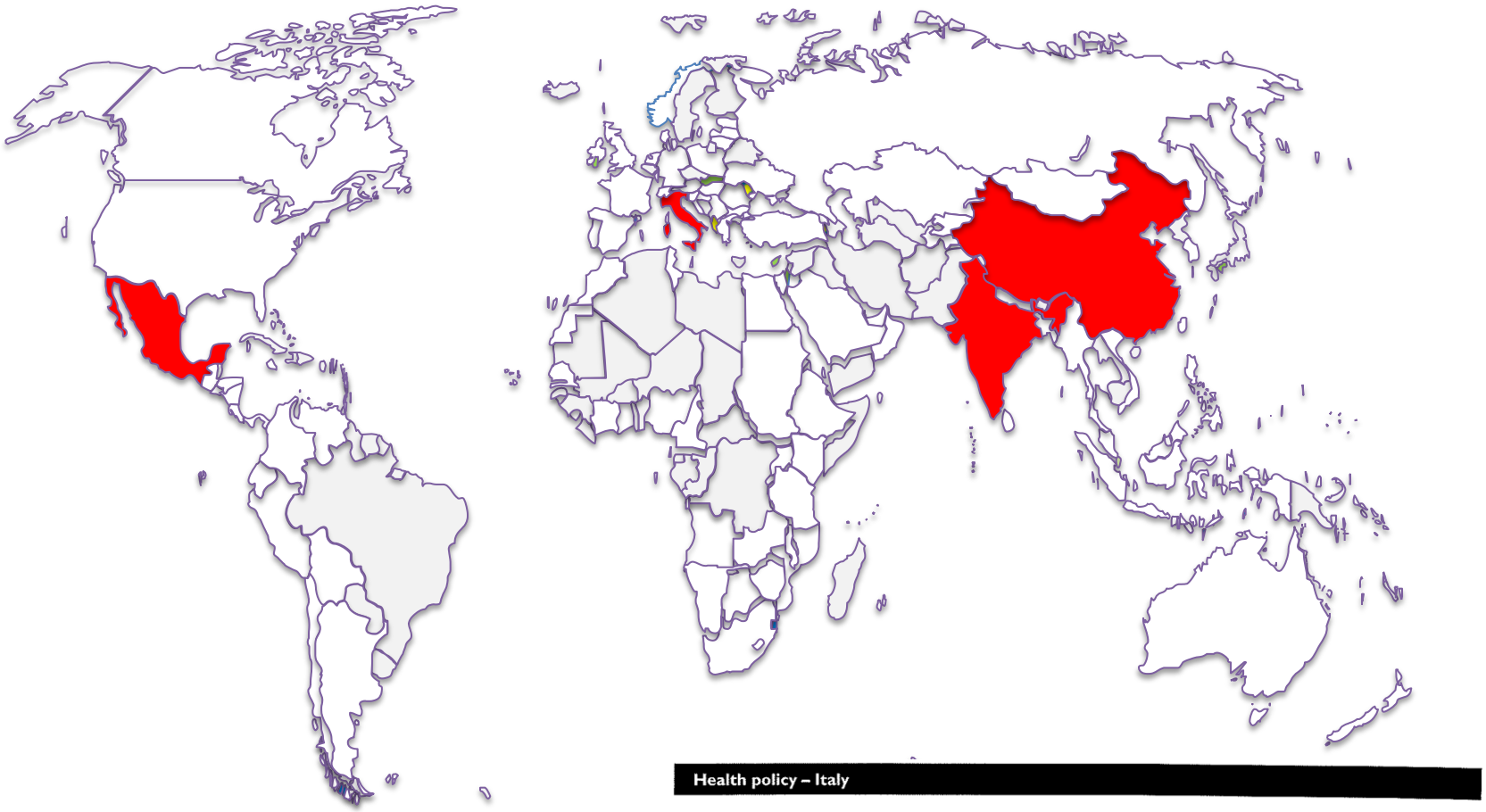
…controlled substances are used only after all other measures and non-controlled analgesics are found to be ineffective;…..

Mississippi Medical Board Policy Statement

the Board strives to ensure that all Iowans have access to pain relief medication.

Iowa Medical Board

PPSG Global Activities



- National Projects
- International Pain Policy Fellowship (IPPF)
- Workshops
- IPPF & Workshops
- National Projects & Workshops
- IPPF and National Project
- Colleagues in Country

Health policy – Italy

Italy reforms national policy for cancer pain relief and opioids

C. BLENGINI, MEDICO DI MEDICINA GENERALE/MEMBER OF MINISTRY OF HEALTH WORKGROUP OF THE COMMISSIONE UNICA DEL FARMACO TO ADDRESS INADEQUATE PAIN MANAGEMENT/MEMBER OF ITALIAN WHO COLLABORATING CENTER FOR CANCER PAIN RELIEF AND PALLIATIVE CARE (CHIEF, PROF. VITTORIO VENTAFRIDDA), *Dogliani Cuneo, Italy,* D. E. JORANSON, SENIOR SCIENTIST AND DIRECTOR, *University of Wisconsin Comprehensive Cancer Center, Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care, Madison, Wisconsin, USA* & K. M. RYAN, SENIOR POLICY ANALYST, *University of Wisconsin Comprehensive Cancer Center, Pain & Policy Studies Group/WHO Collaborating Center for Policy and Communications in Cancer Care, Madison, WI, USA*

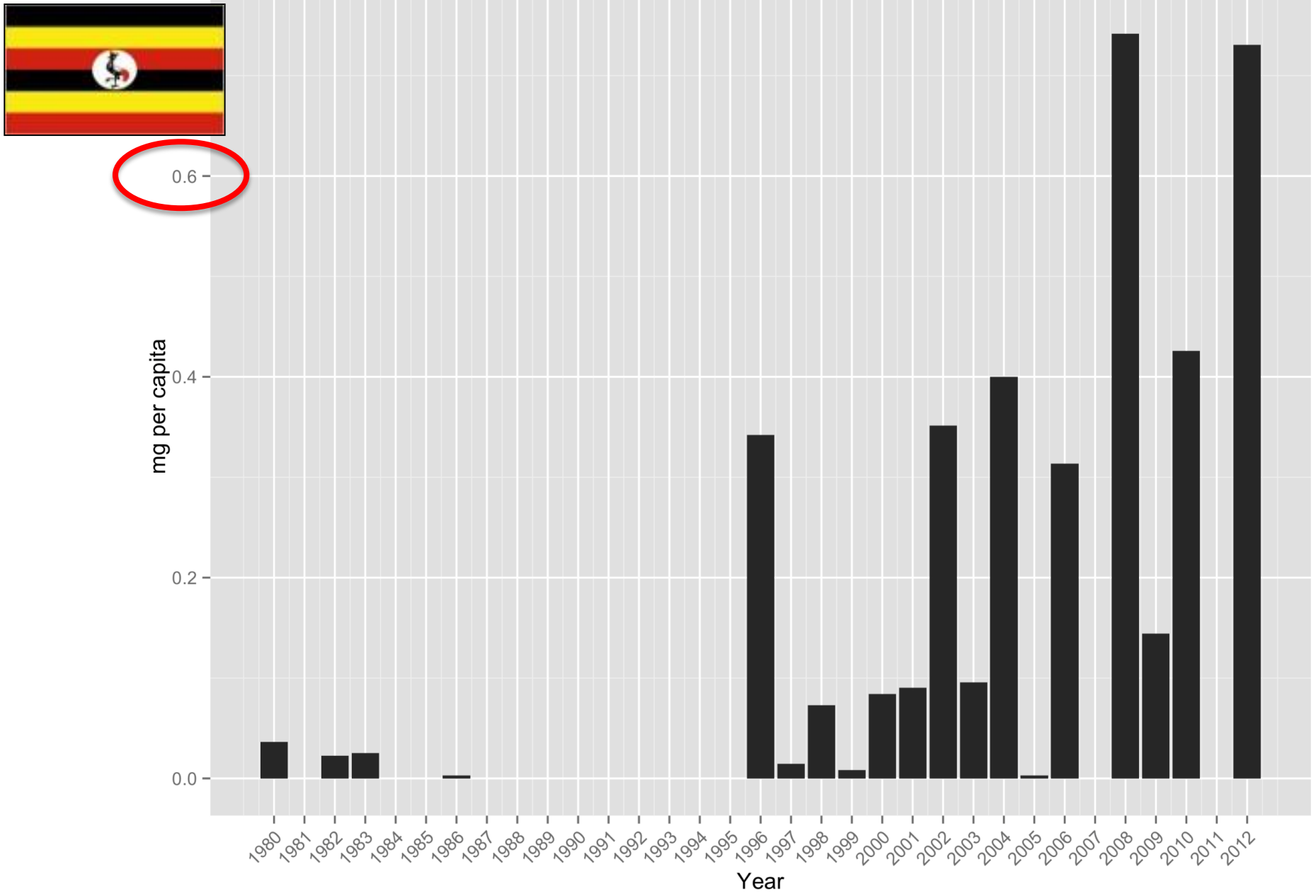
Progress in the world

(Salzburg 2006)

1. France:	7 days	28 days
2. Mexico:	5 days	30 days
3. Italy:	8 days	1 month
4. Germany:	1 day	no limit
5. Poland:	100 mg	4.0 grams
6. Peru:	1 day	14 days
7. India:	5 lic	2 lic Mor
8. Uganda:	No morphine	Morphine + RN
9. Romania:	3 d supply	30 d supply?

Uganda

Morphine Consumption (mg/capita) 1980–2012



Colectivul de Specialisti in Terapia Durerii si Ingrijiri Paliative

Pain & Policy Studies Group,
Centrul OMS, Universitatea Wisconsin

Recomandari catre Ministerul Sanatatii

16 iulie 2003

Commission of Specialists in Pain Therapy and Palliati

Pain & Policy Studies Group,
WHO Centre, Wisconsin University

Recommendations to the Ministry of Health

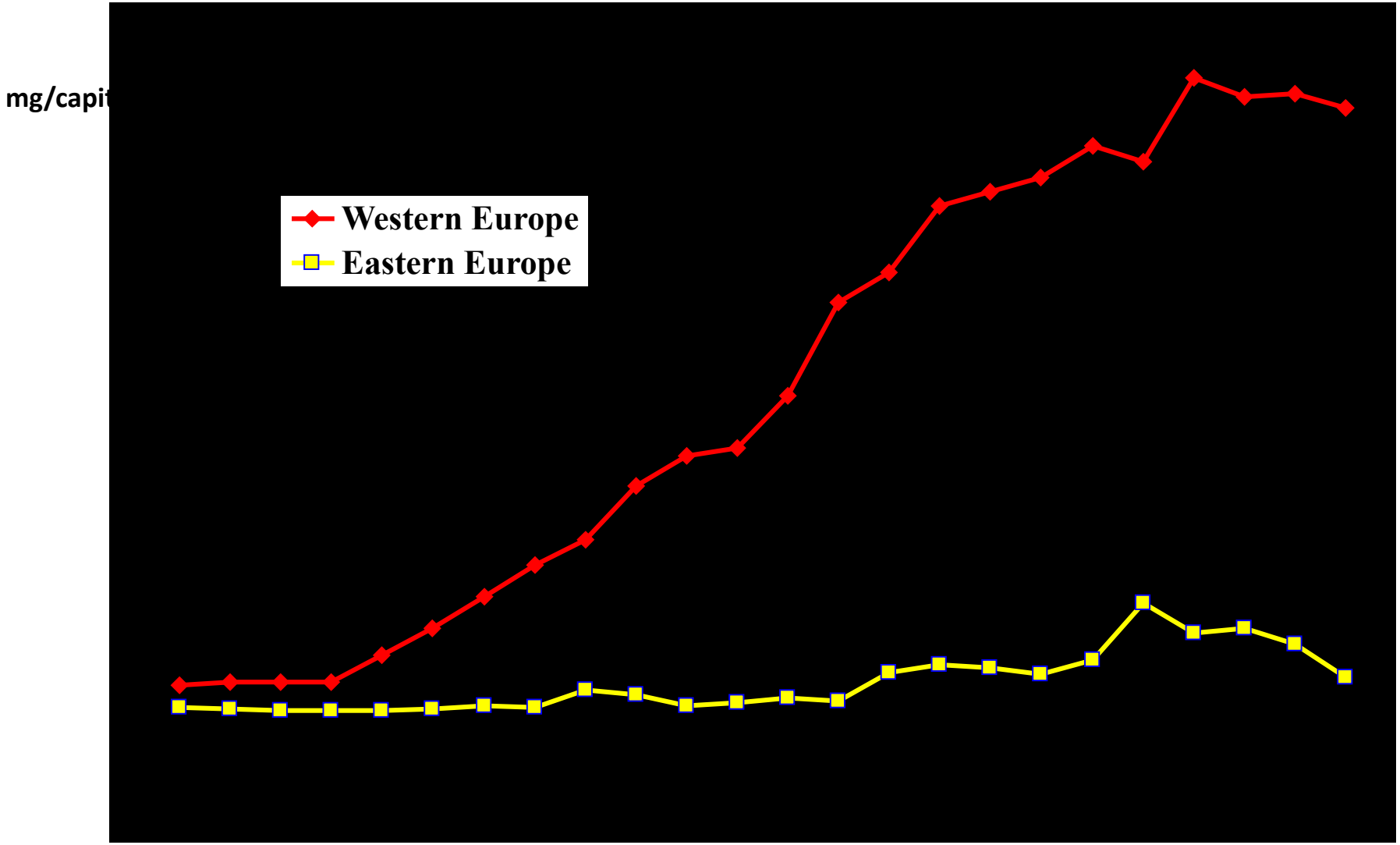
16 July 2003

Joranson,

Lancet 2006

World Health Organization Collaborating Center for Pain Policy and Palliative Care

Consumption of Morphine 1980 - 2003
East vs. West Europe (mg/capita/yr)



original article

Annals of Oncology
doi:10.1093/annonc/mdp581

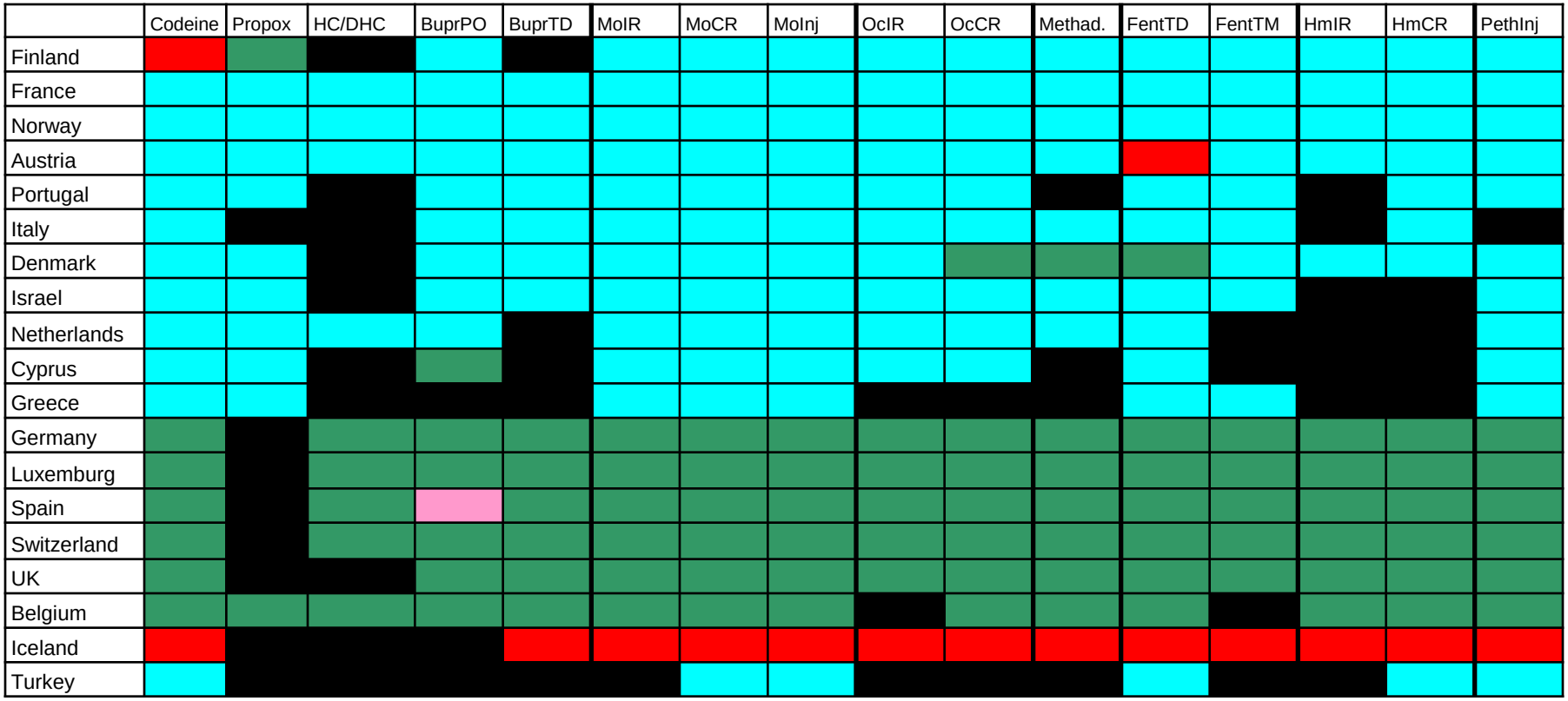
Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Europe: a report from the ESMO/EAPC Opioid Policy Initiative

N. I. Cherny[1,2,3*], J. Baselga[4,5], F. de Conno[6] & L. Radrbruch[6,7]

[1]Cancer Pain and Palliative Medicine Unit, Department of Oncology, Shaare Zedek Medical Center, Jerusalem, Israel; [2]European Society for Medical Oncology; [3]Palliative Care Working Group; [4]Medical Oncology Service, Vall d'Hebron University Hospital, Barcelona, Spain; [5]European Society for Medical Oncology; [6]European Association for Palliative Care and [7]Palliative Medicine, Aachen University, Aachen, Germany

Received 3 October 2009; revised 25 November 2009; accepted 25 November 2009

Opioid availability and cost: West Europe



Free

<25% Cost

25-50% Cost

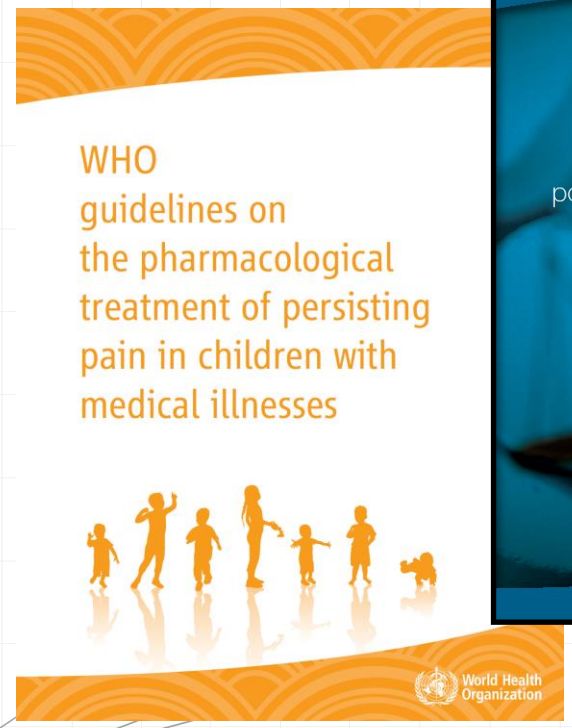
50-75% Cost

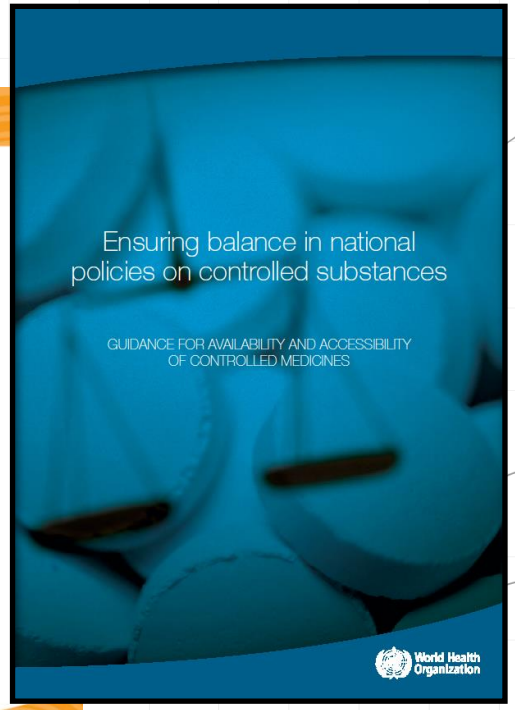
100% cost

Opioid availability and cost: Eastern Europe


VIERA
AVAILABILITY OF MEDICINES
FOR MODERATE TO SEVERE PAIN
AL JAZEERA
Panasonic

https://ppsg.medicine.wisc.edu/chart





United States of America, 1964

Germany, 1964

Australia, 1964

Turkey, 1964

Kenya, 1964

ME minus Methadone (mg/capita)

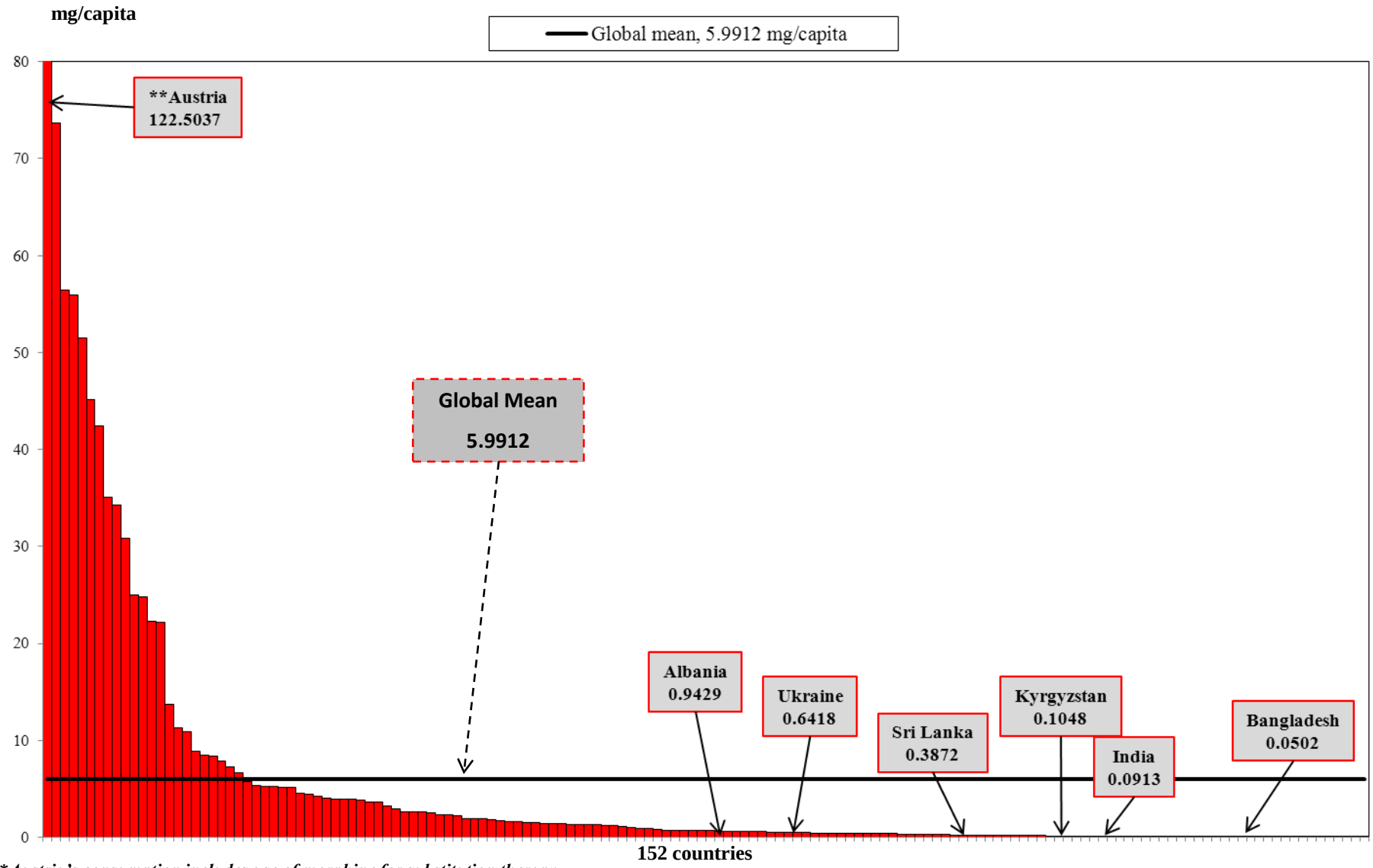
600 550 500 450 400 350 300 250 200 150 100 50 0

1964 1966 1968 1970 1972 1974 1976 1978 1980 1982 1984 1986 1988 1990 1992 1994 1996 1998 2000 2002 2004 2006 2008 2010 2012

Time

2013

Global Consumption of Morphine, 2010

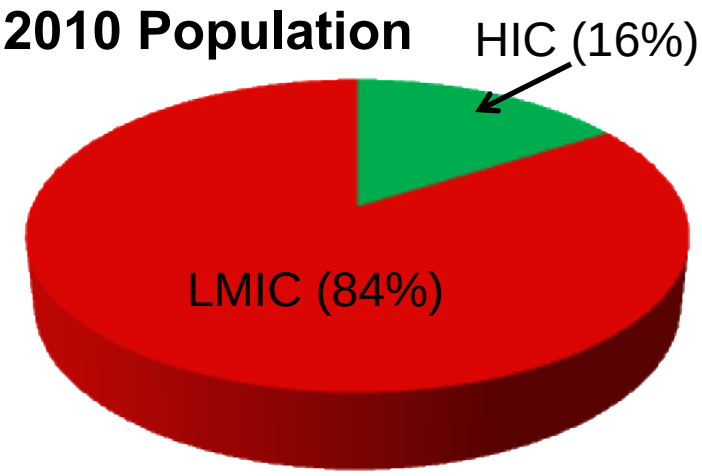


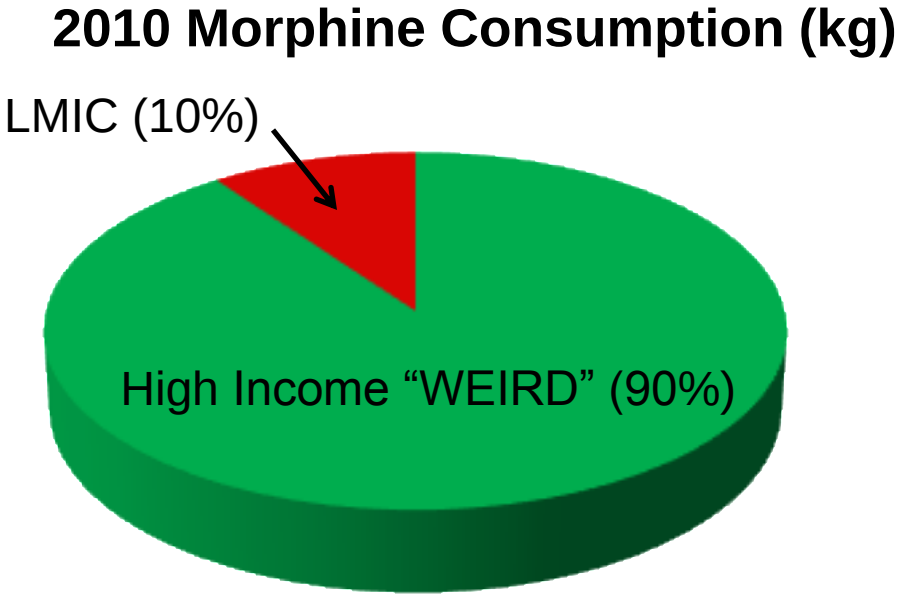
***Austria's consumption includes use of morphine for substitution therapy*

Sources: International Narcotics Control Board; World Health Organization population data

By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2012

Disparity in Consumption:
High vs. Low- and Middle-income countries (LMIC)





Original Article

PALLIATIVE MEDICINE

Palliative Medicine
0(0) 1–10

DOI: 10.1177/0269216312461973
pmj.sagepub.com
SAGE

Multivariate analysis of countries' government and health-care system influences on opioid availability for cancer pain relief and palliative care: More than a function of human development

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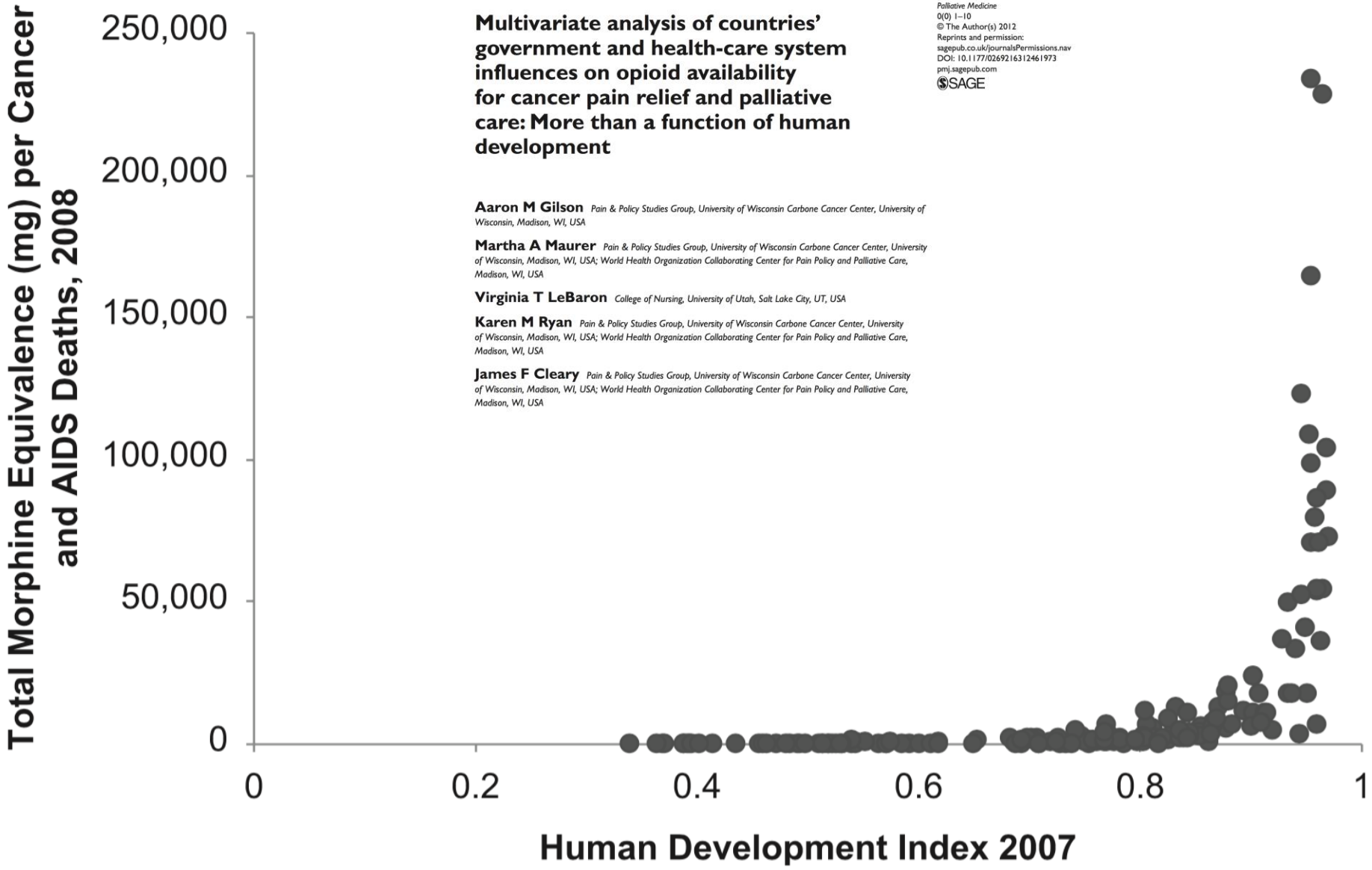
Martha A Maurer *Pain & Policy Studies Group, University of Wisconsin Carbone Cancer Center, University of Wisconsin, Madison, WI, USA; World Health Organization Collaborating Center for Pain Policy and Palliative Care, Madison, WI, USA*

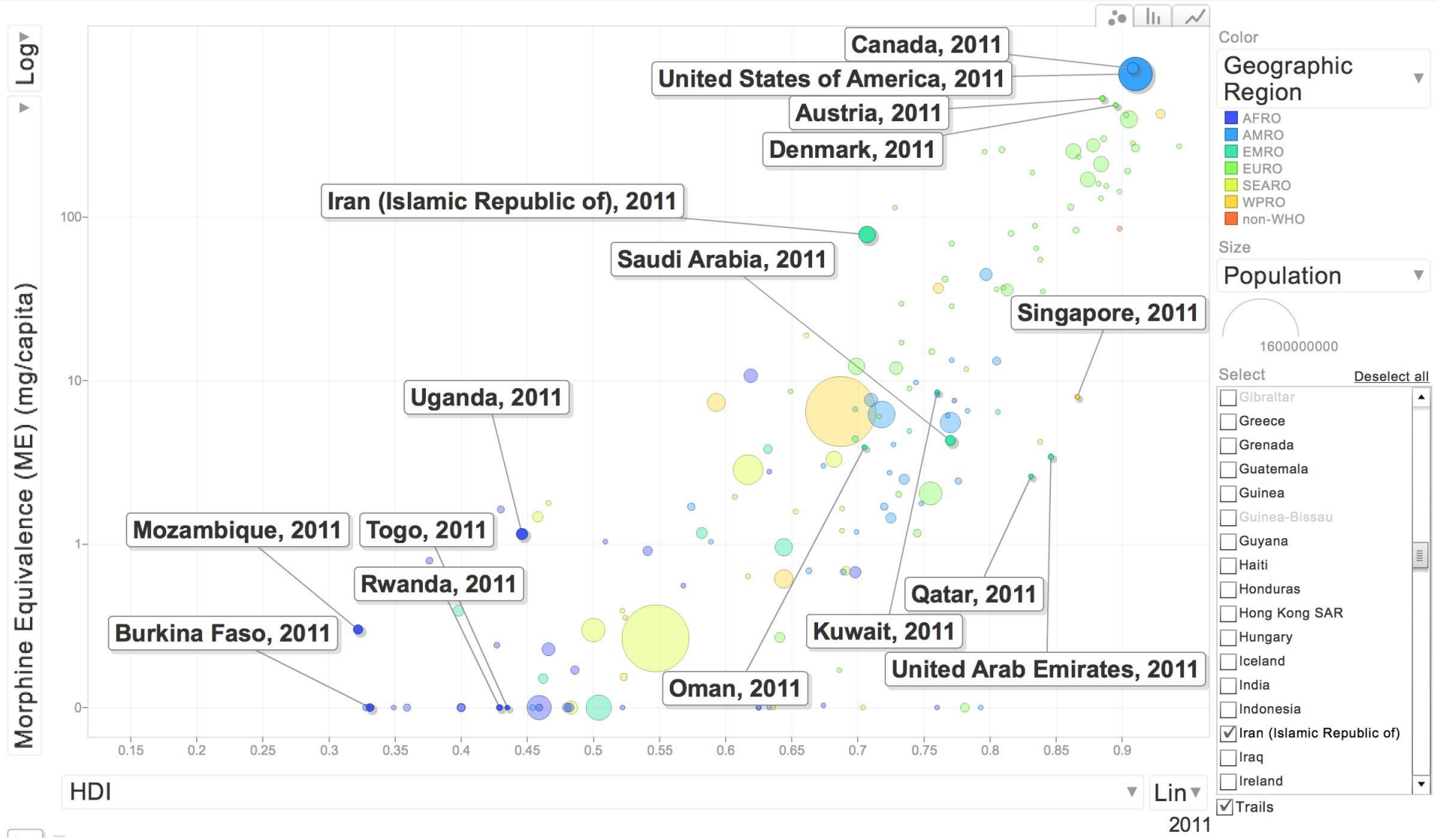
Virginia T LeBaron *College of Nursing, University of Utah, Salt Lake City, UT, USA*

Karen M Ryan *Pain & Policy Studies Group, University of Wisconsin Carbone Cancer Center, University of Wisconsin, Madison, WI, USA; World Health Organization Collaborating Center for Pain Policy and Palliative Care, Madison, WI, USA*

James F Cleary *Pain & Policy Studies Group, University of Wisconsin Carbone Cancer Center, University of Wisconsin, Madison, WI, USA; World Health Organization Collaborating Center for Pain Policy and Palliative Care, Madison, WI, USA*



www.painpolicy.wisc.edu



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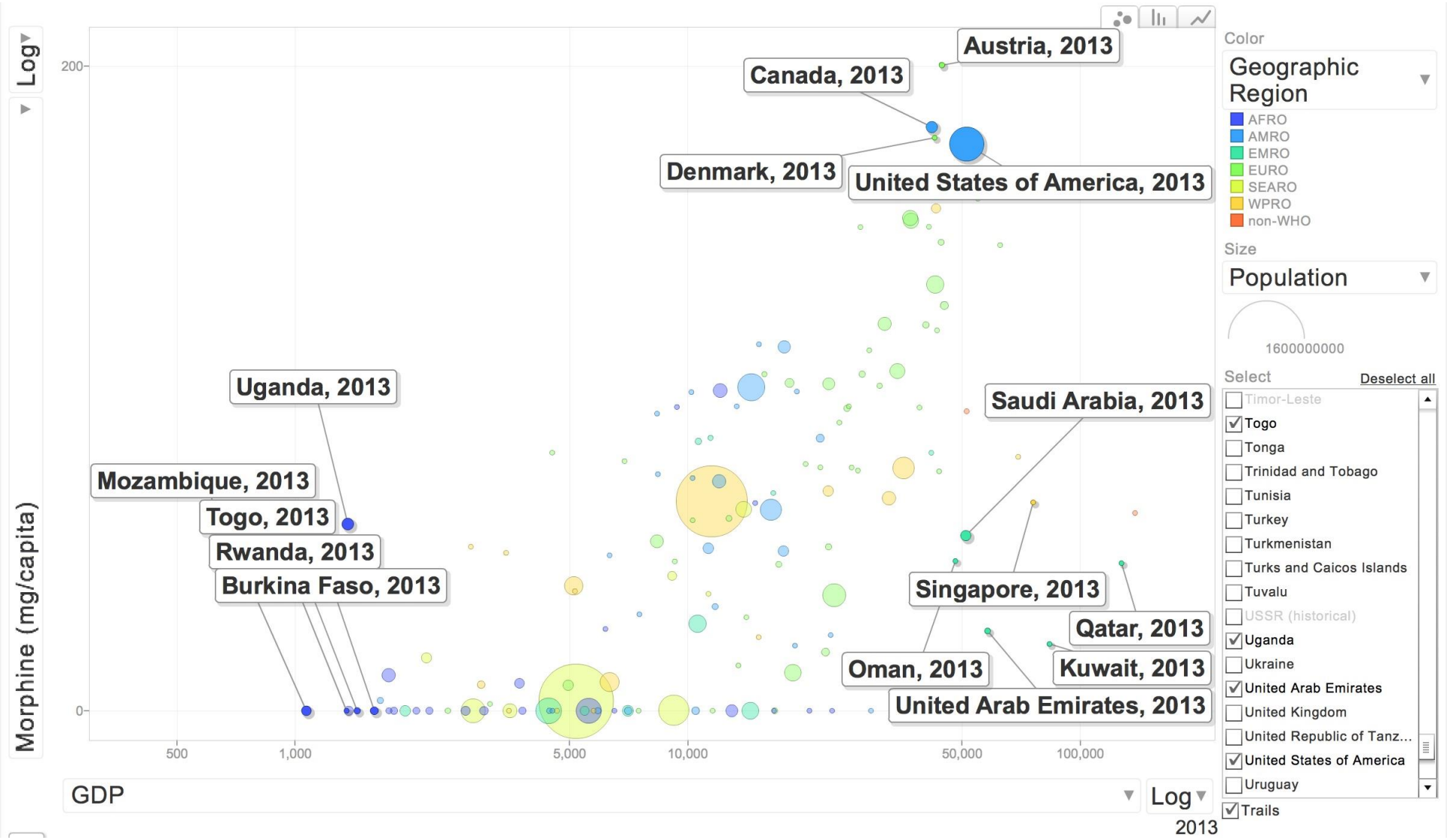
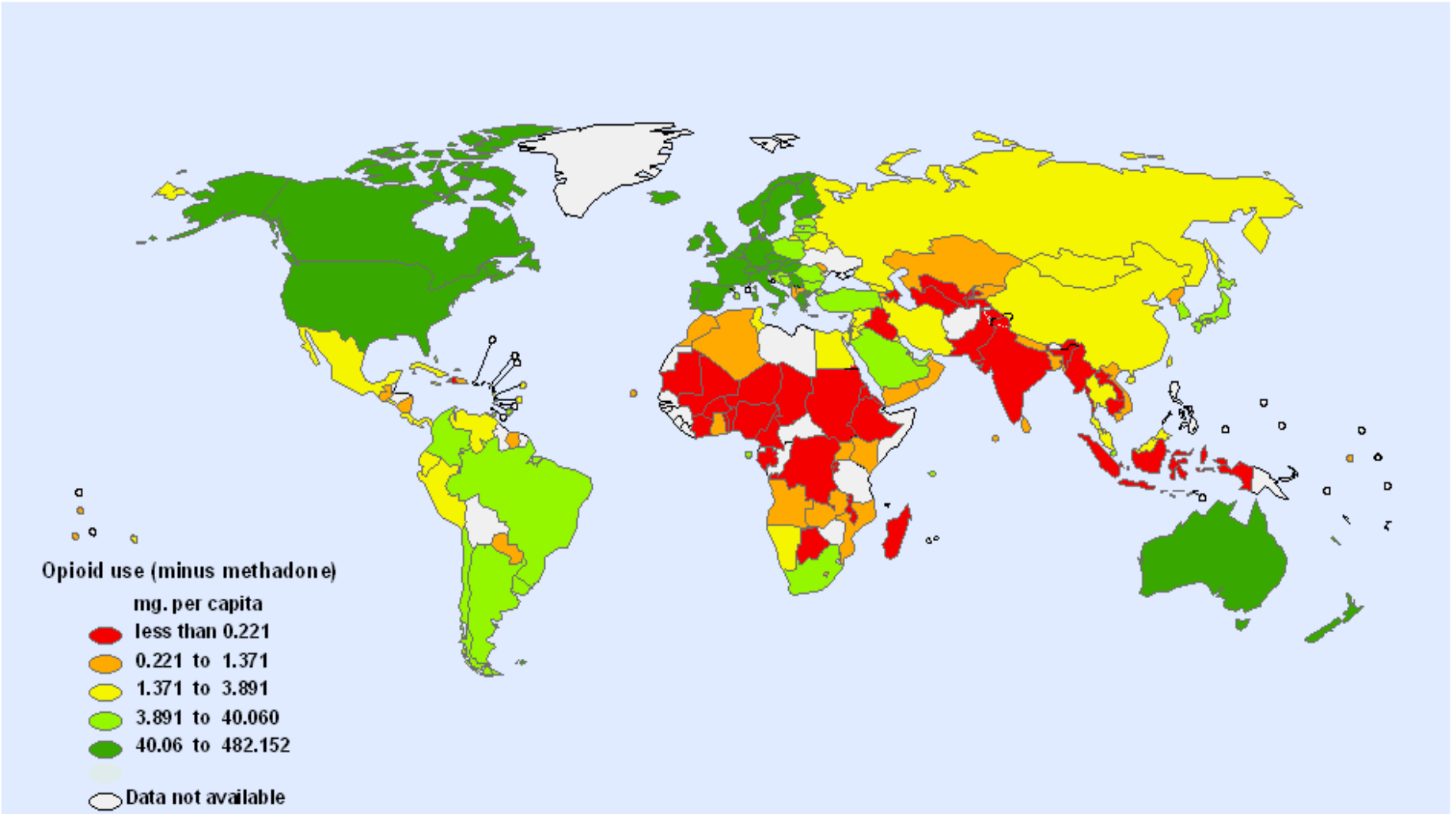
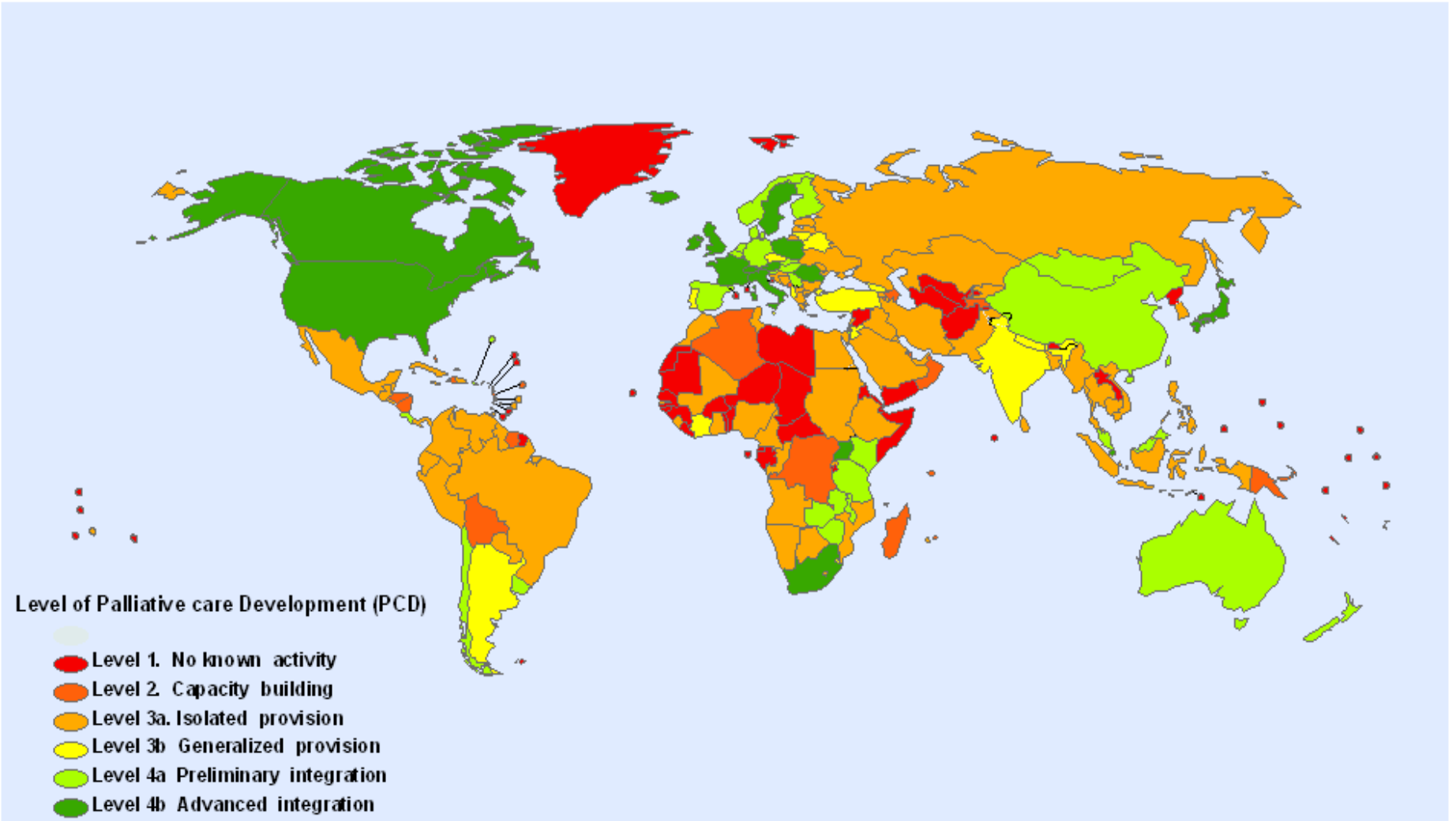


Worldwide Opioid use in mg/capita (minus methadone use)
(Both Sexes: 2008)



The boundaries and names shown and the designations used on this map do not implythe expression of any opinion whatsoever on the part of the WPCA or WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Worldwide WPCA Palliative Care Development
All levels (n = 234)



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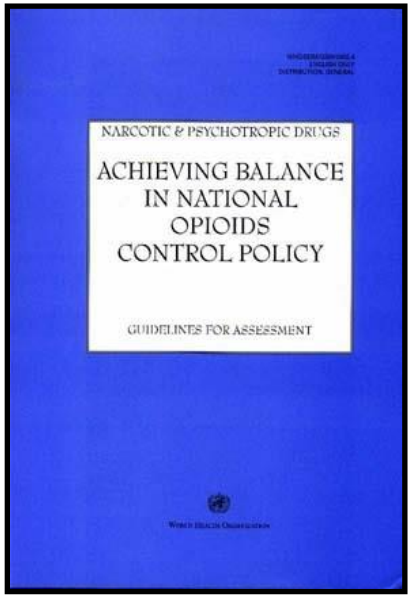
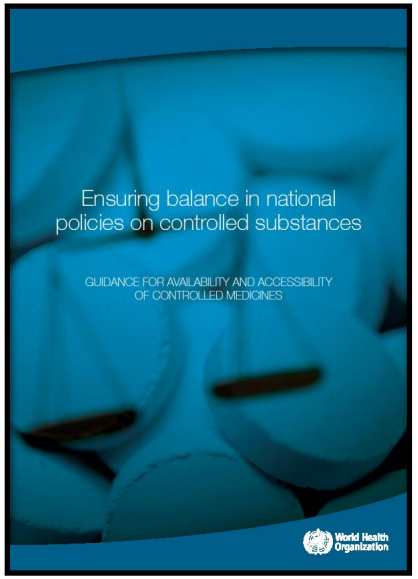
Strengthening of palliative care as a component of integrated treatment within the continuum of care





The Executive Board,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course,[1]

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

Taking into account the Commission on Narcotic Drugs' resolutions 53/4 and 54/6 respectively entitled "Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse" and "Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse";

Acknowledging the special report of the International Narcotics Control Board entitled Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs:| Ensuring Adequate Access for Medical and Scientific Purposes,[2] and the WHO guidance document entitled Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines; [3]

WHO Palliative Care Resolution, 2014

(5) to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to **ensure adequate supply of essential medicines in palliative care**, avoiding shortages;

(6) to review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance, on **improving access to and rational use of pain management medicines**, in line with the United Nations international drug control conventions;

(7) to update, as appropriate, national essential medicines lists in the light of the recent addition of sections on pain and palliative care medicines to the **WHO Model List of Essential Medicines** and the **WHO Model List of Essential Medicines for Children**;

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INTERNATIONAL NARCOTICS CONTROL BOARD

Availability of Internationally Controlled Drugs:
Ensuring Adequate Access for Medical and Scientific Purposes

Indispensable, adequately available and not unduly restricted

UNITED NATIONS

Figure 6. Trends in consumption, by region, 2001-2013

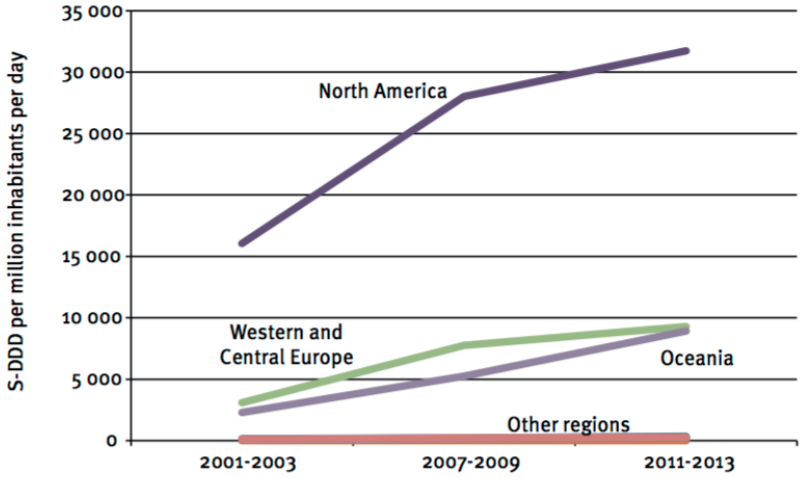
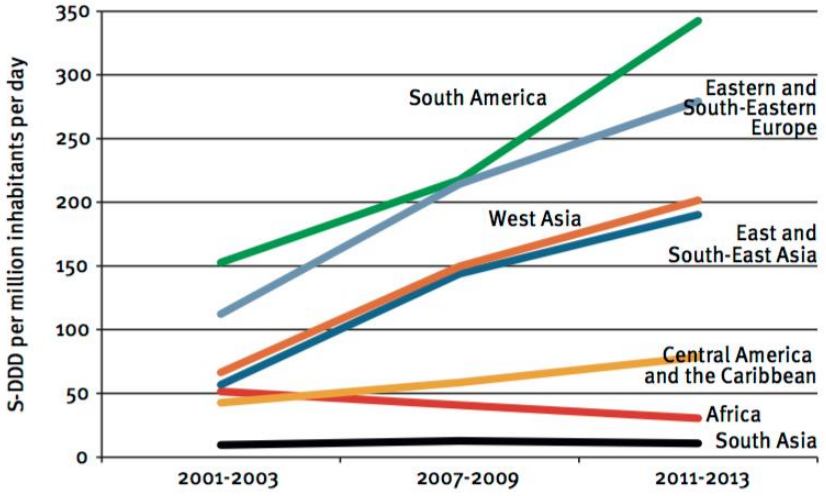


Figure 7. Trends in consumption for selected subregions, 2001-2013



THE LANCET

Use of and barriers to access to opioid analgesics: a worldwide, regional, and national study

Stefano Berterame, Juliana Erthal, Johny Thomas, Sarah Fellner, Benjamin Vosse, Philip Clare, Wei Hao, David T Johnson, Alejandro Mohar, Jagjit Pavadia, Ahmed Kamal Eldin Samak, Werner Sipp, Viroj Sumyai, Sri Suryawati, Jallal Toufiq, Raymond Yans, Richard P Mattick

Summary

Background Despite opioid analgesics being essential for pain relief, use has been inadequate in many countries. We aim to provide up-to-date worldwide, regional, and national data for changes in opioid analgesic use, and to analyse the relation of impediments to use of these medicines.

Methods We calculated defined daily doses for statistical purposes (S-DDD) per million inhabitants per day of opioid analgesics worldwide and for regions and countries from 2001 to 2013, and we used generalised estimating equation analysis to assess longitudinal change in use. We compared use data against the prevalence of some health disorders needing opioid use. We surveyed 214 countries or territories about impediments to availability of these medicines, and used regression analyses to establish the strength of associations between impediments and use.

Findings The S-DDD of opioid analgesic use more than doubled worldwide between 2001–03 and 2011–13, from 1417 S-DDD (95% CI –732 to 3565; totalling about 3·01 billion defined daily doses per annum) to 3027 S-DDD (–1162 to 7215; totalling about 7·35 billion defined daily doses per annum). Substantial increases occurred in North America (16 046 S-DDD [95% CI 4032–28 061] to 31 453 S-DDD [8121–54 785]), western and central Europe (3079 S-DDD [1274–4883] to 9320 S-DDD [3969–14 672]), and Oceania (2275 S-DDD [763–3787] to 9136 S-DDD [2508–15 765]). Countries in other regions have shown no substantial increase in use. Impediments to use included an absence of training and awareness in medical professionals, fear of dependence, restricted financial resources, issues in sourcing, cultural attitudes, fear of diversion, international trade controls, and onerous regulation. Higher number of impediments reported was significantly associated with lower use (unadjusted incidence rate ratio 0·39 [95% CI 0·29–0·52]; p<0·0001), but not when adjusted for gross domestic product and human development index (0·91 [0·73–1·14]; p=0·4271).

Interpretation Use of opioid analgesics has increased, but remains low in Africa, Asia, Central America, the Caribbean, South America, and eastern and southeastern Europe. Identified impediments to use urgently need to be addressed by governments and international agencies.

Funding International Narcotics Control Board, UN.

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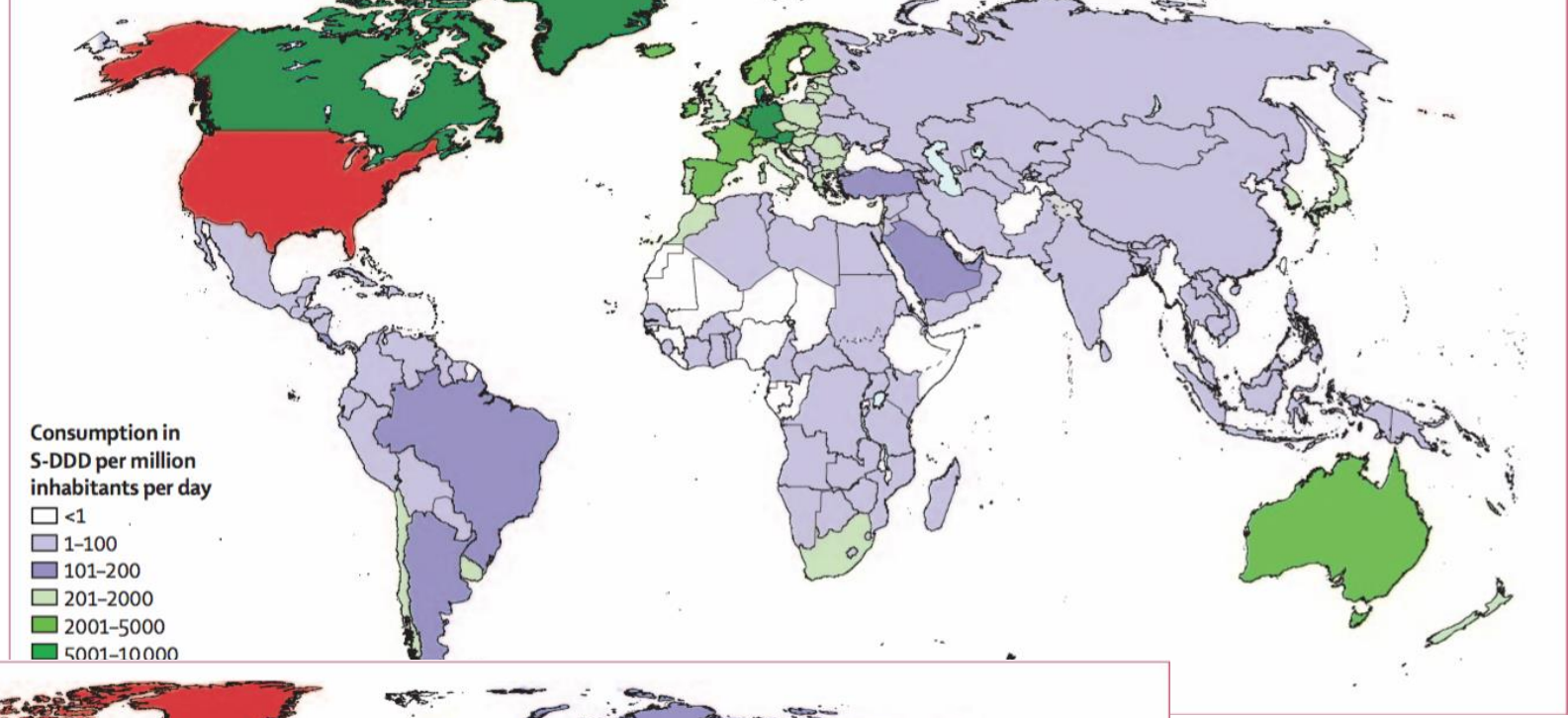
2001-3


Consumption in
S-DDD per million
inhabitants per day
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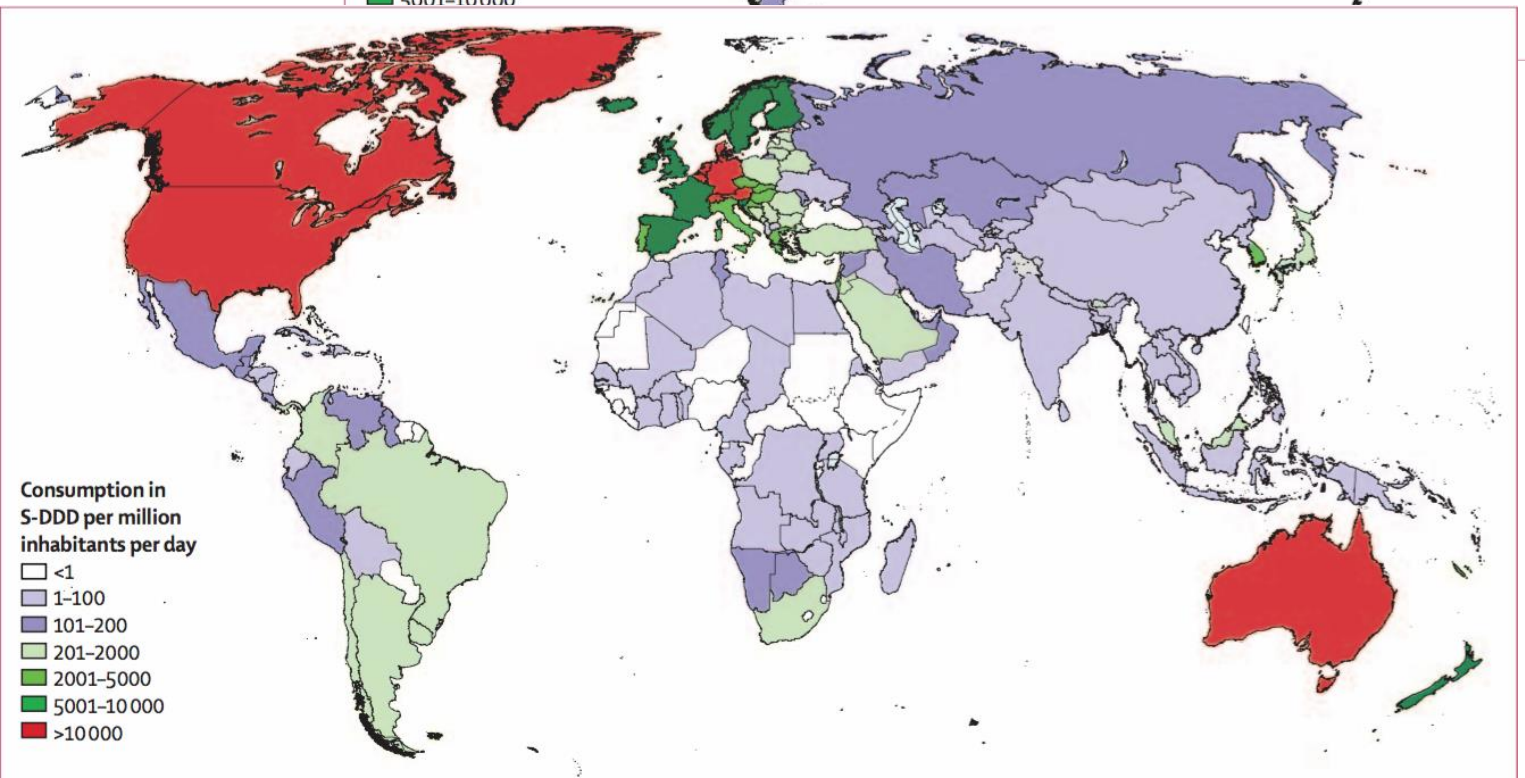
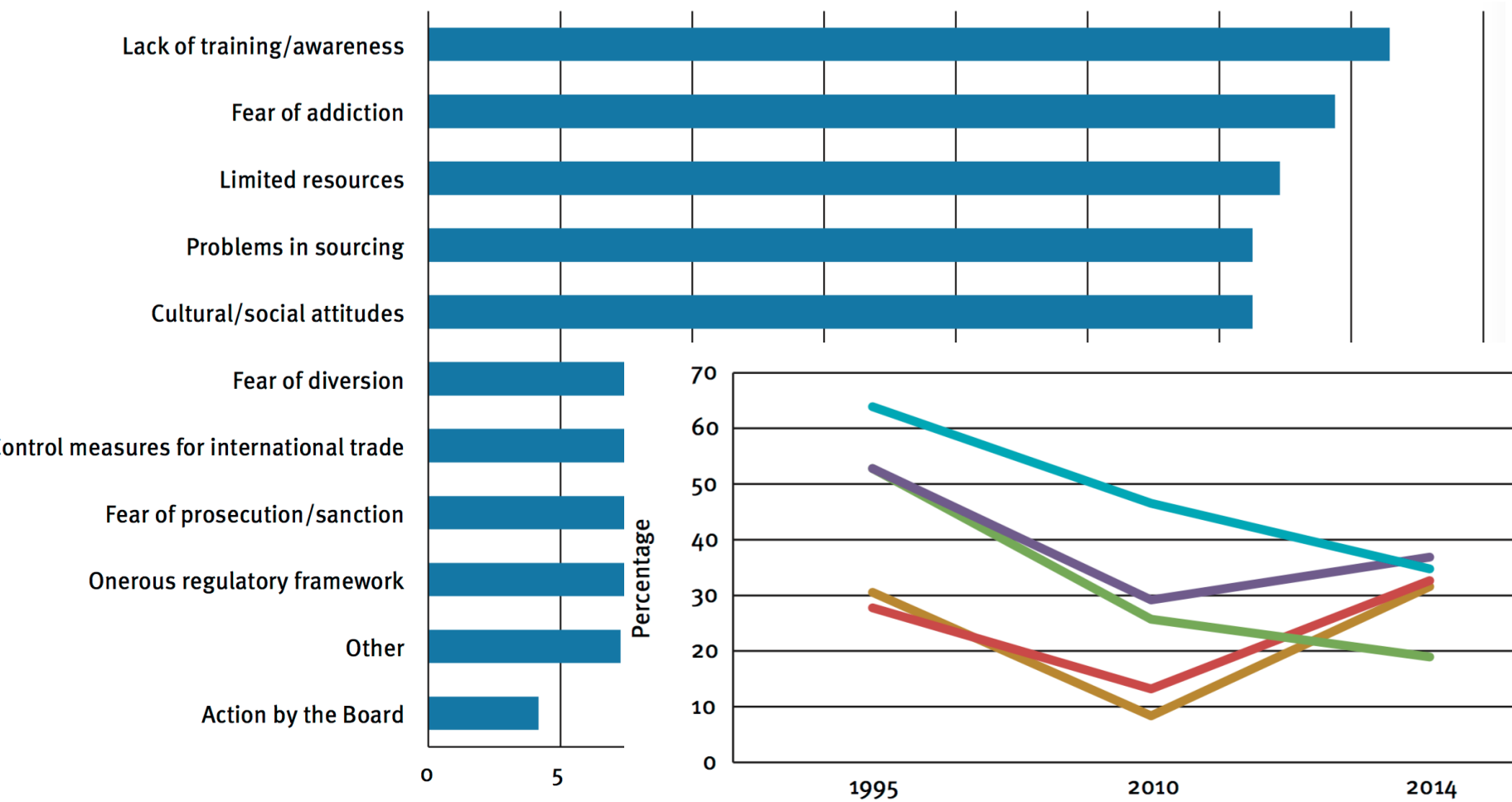
101–200
201–2000
2001–5000
5001–10 000


Consumption in
S-DDD per million
inhabitants per day
<1
1–100
101–200
201–2000
2001–5000
5001–10 000
>10 000

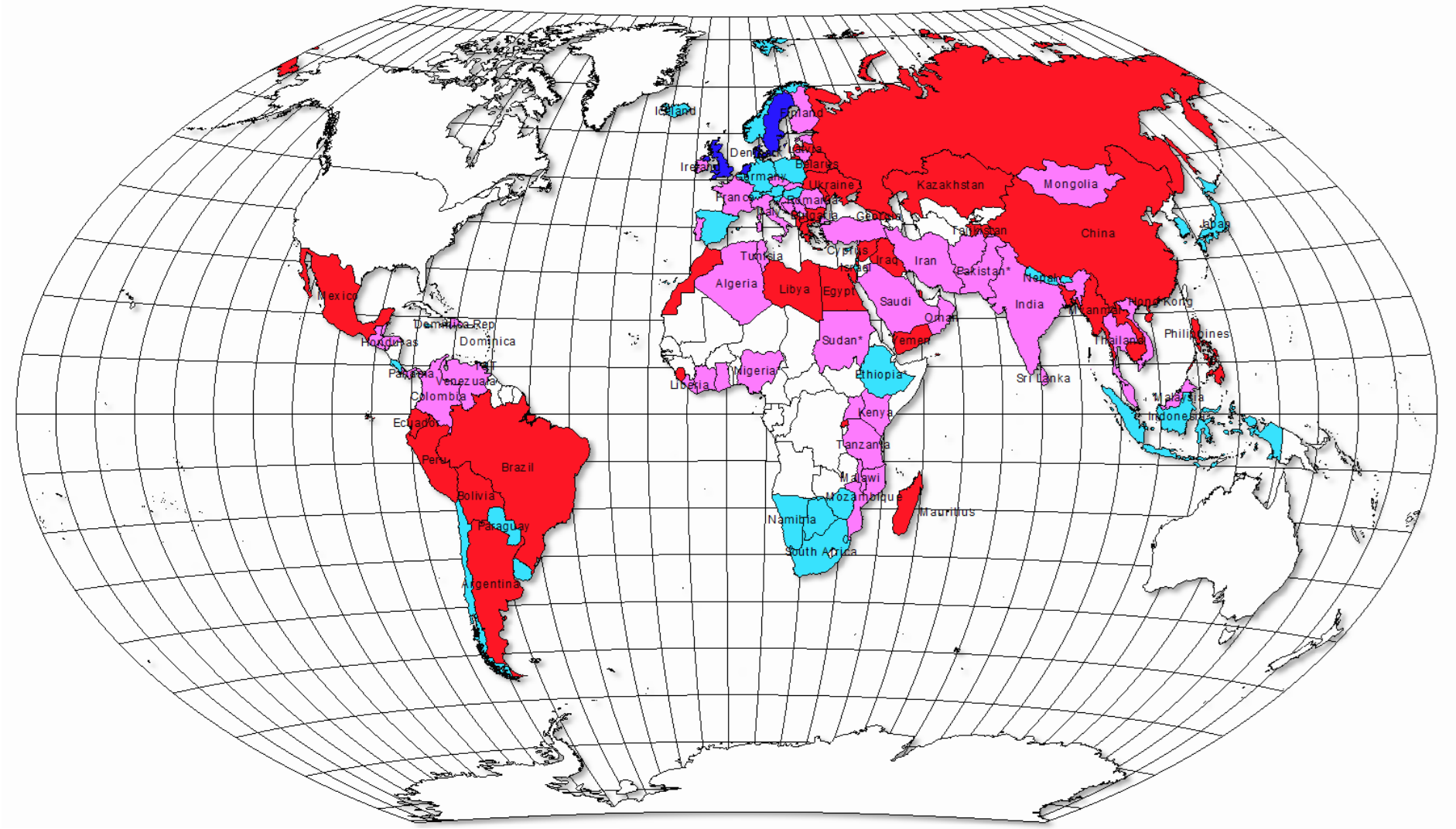
2011-3

Main factors affecting the availability of opioids for medical needs



: International Narcotics Control Board survey 2014.

Global Opioid Policy Initiative
(ESMO, EAPC, WHO, UICC, PPSG)



THE LANCET

Comment

Increasing worldwide access to medical opioids

"You are lucky Gordon, to have a controller who knows how to run railways."

Flying Scotsman, Thomas the Tank Engine, Wilbert Awdry

As the medical world began to understand the bacterial nature of infection, development of the hypodermic syringe in the mid 1800s led to opioids becoming important in pain management. Yet, today, 80% of the world's population lack access to morphine,[1] a medicine included in WHO's first essential medicine list in 1977,[2] whereas increases in opioid consumption have occurred in most high-income countries.[3] Stefano Berterame and colleagues outlining this inequity and the continued absence of progress in improving access in *The Lancet* is a great step forward.[4] They share with the medical and worldwide communities data that are all too often restricted to the International Narcotics Control Board (INCB) annual reports and technical publications, and also share a new statistical analysis substantiating previous descriptive results.[5]

Berterame and colleagues, present members and staff of the INCB, rightfully state that the Single Convention on Narcotic Drugs was agreed by the nations of the world more than 50 years ago, in part to ensure the availability of opioids for the relief of pain and suffering.[6] But for 50 years, the primary result of the actions, or absence thereof, of the worldwide drug control mechanism has been to restrict access to these indispensable and essential medicines.

politics to correct this worldwide injustice of denying pain relief begin to be appreciated. Many think that the very use of control in the INCB's name has led to these restrictions, but the INCB's role is similar to that of the railway controller: ensuring the function of the complex system that balances access to opioids for medical use with the risk of misuse and diversion.

Opportunities exist to correct the system that is driving this inequity. A multipronged approach addressing the following points within each member state should be used: policies and regulations governing use of opioid medicines, availability and accessibility of these medicines, and education of clinicians and the public about their use. Education has been assessed as a major issue in countries such as the USA that now have increased opioid consumption but can be described as being unbalanced on the basis of an increase in opioid-associated mortality and morbidity. Much of the increased opioid availability in the USA has been associated with the illicit provision of opioids (so-called pill mills).[7] Methadone, an opioid with a very long half-life and one that most clinicians have little training in its use, is associated with one-third of the opioid-associated deaths.[8] A full understanding of the issue, including comparison with countries with opioid availability closer to that of the USA, is important to address this major public health challenge, using the solutions as a guide to those countries seeking to improve access. The Global Opioid Policy Initiative[9] outlined next steps[10] that can

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Argentina

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Colombia

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Physician

Vietnam

Mrs. Nguyen Thi Phuong Cham
Senior Pharmacist

Sierra Leone

Mr. Gabriel Madiye
Hospice Administrator

Viet Nam
Morphine Consumption (mg/capita) 1980–2014

International Pain Policy Fellowship, 2008

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Dr. Irina Kazaryan
Pharmacist

Jamaica

Dr. Dingle Spence
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Mrs. Verna Walker-Edwards
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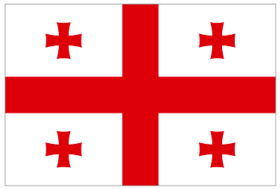
Georgia



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Physician

Kenya

Dr. Zippy Ali
Physician

Guatemala

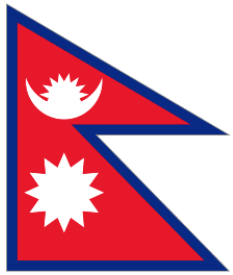
Dr. Eva Duarte Juárez
Physician

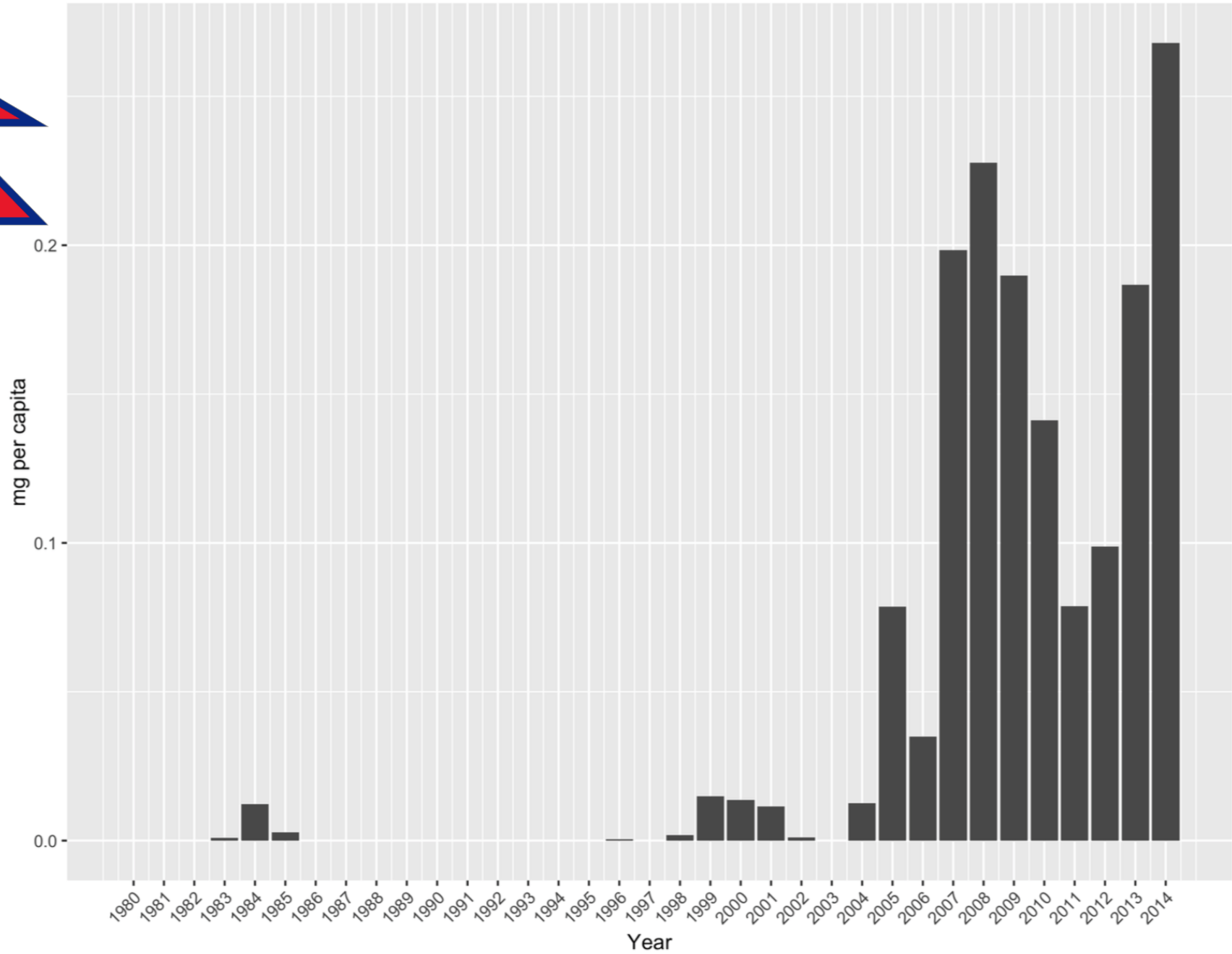
Nepal

Dr. Bishnu Paudel
Physician

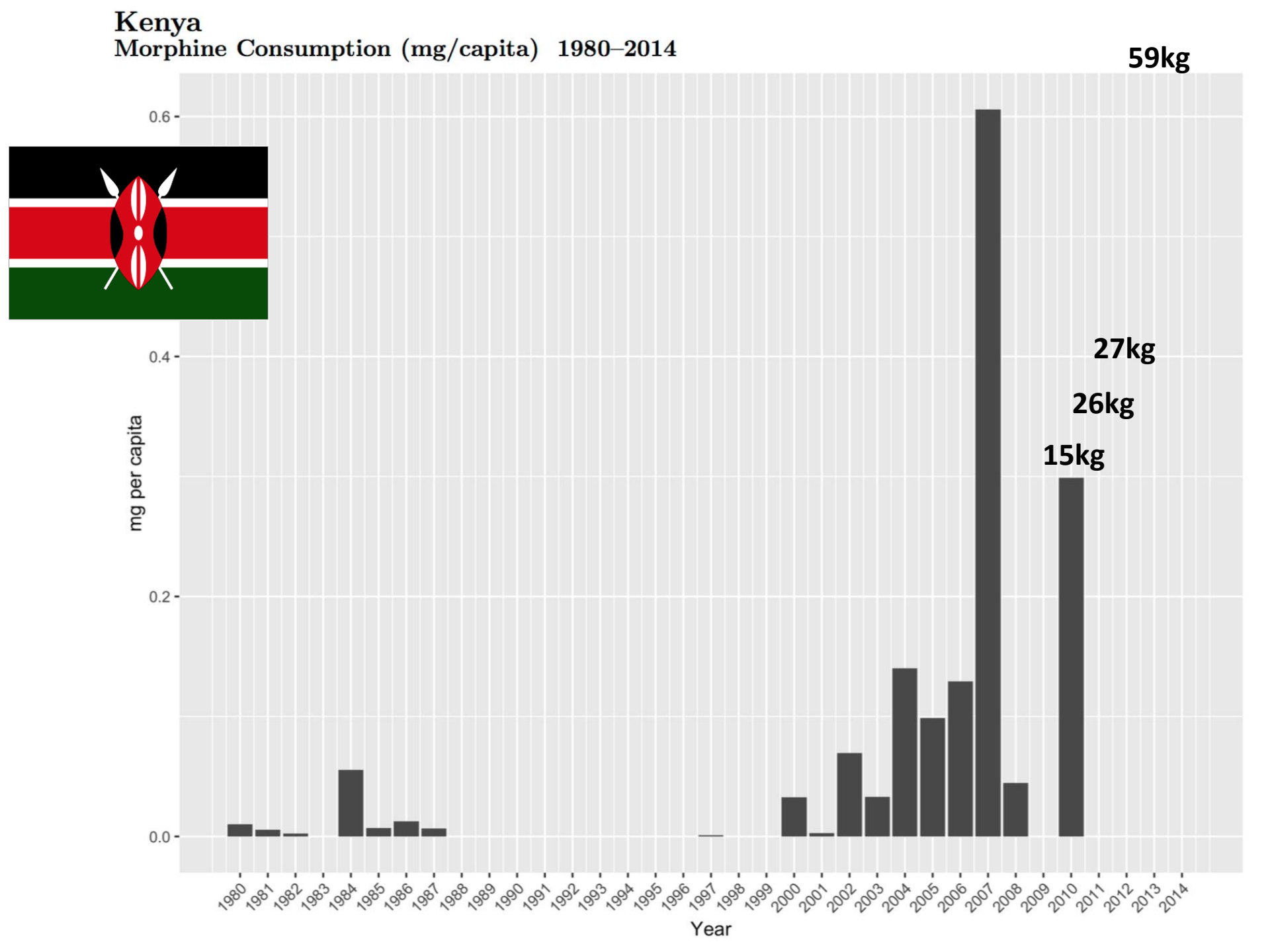
Nepal

Morphine Consumption (mg/capita) 1980–2014





Jamaica
Morphine Consumption (mg/capita) 1980–2014


Kenya
Morphine Consumption (mg/capita) 1980–2014
59kg
27kg
26kg
15kg
mg per capita
0.6
0.4
0.2
0.0
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International Pain Policy Fellowship, 2012

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Researcher

Bangladesh

Dr. Rumana Dowla
Physician

Dr. Farzana Khan
Physician

Albania

Dr. Kristo Huta
Physician

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ul Sabyrbekova
Physician

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Is The Media Missing The Point On Pain Medication Dispute?

Posted on April 13, 2015 in Drug Addiction, Pain Medication

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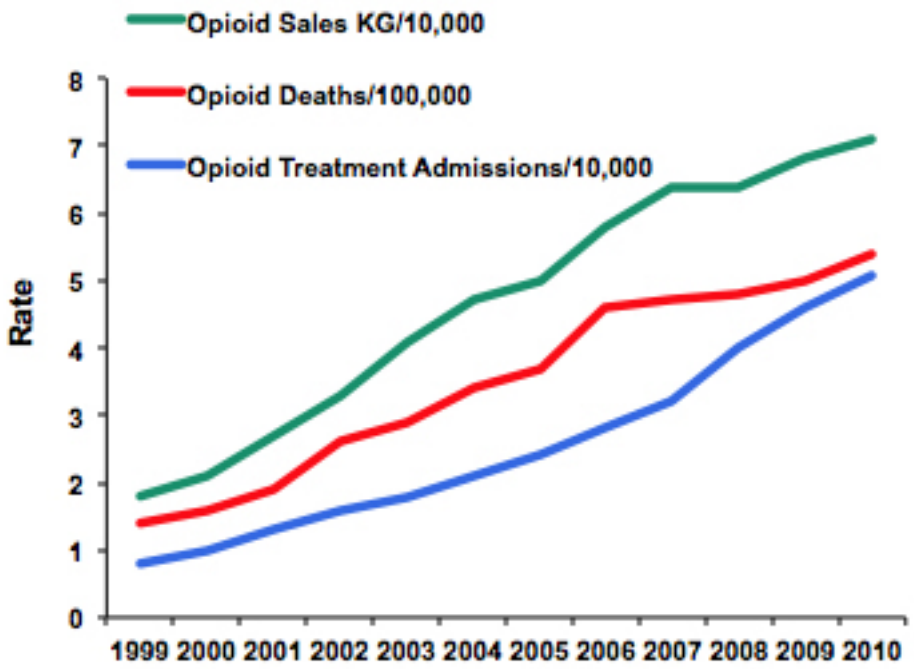

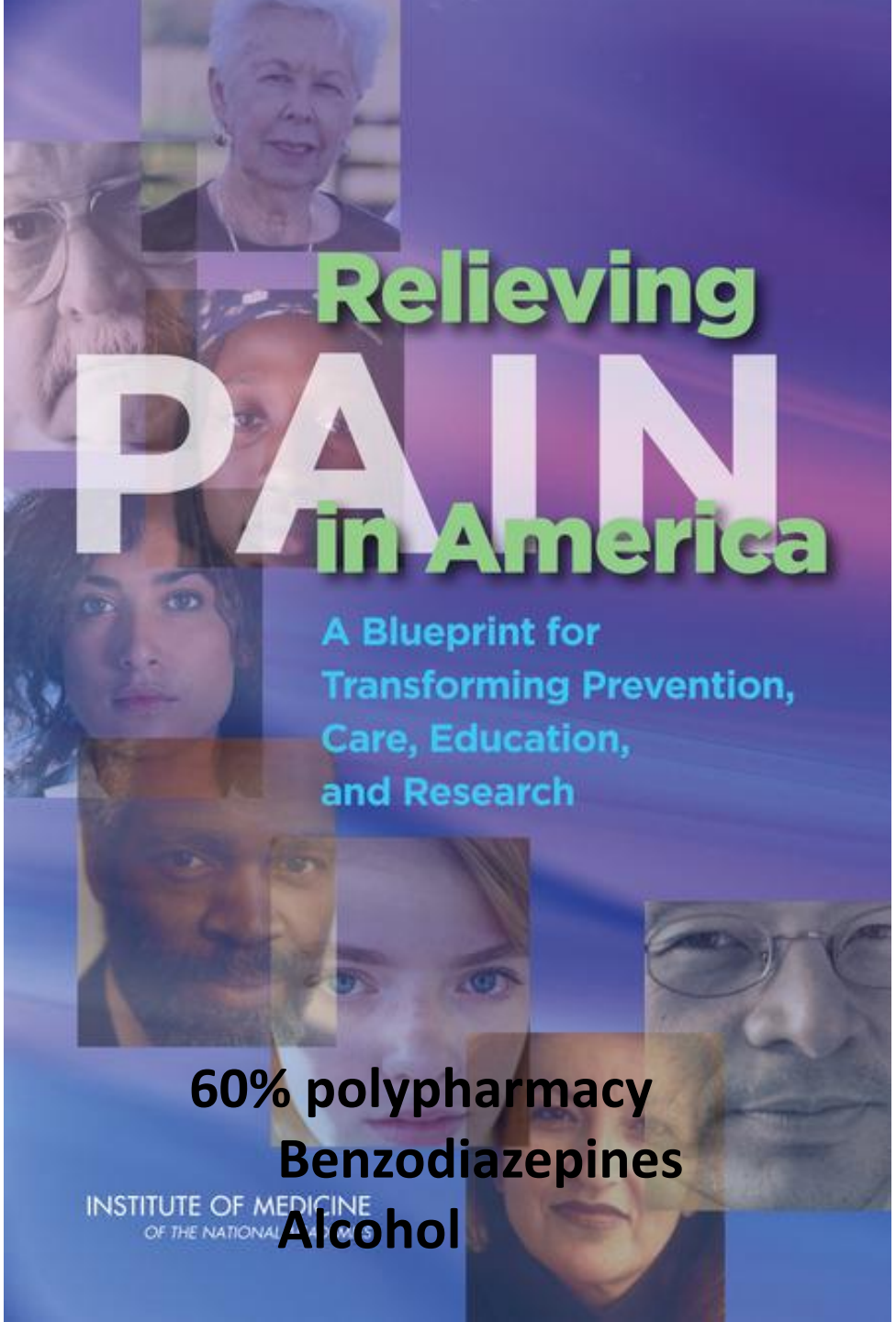

60% polypharmacy

Benzodiazepines

Alcohol

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  - Research & Activities
  - Publications
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- Violence Prevention
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- Press Room
- Social Media
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Injury Center > Home & Recreational Safety > Drug Overdose

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Policy Impact: Prescription Painkiller Overdoses

What's the Issue?

In a period of nine months, a tiny Kentucky county of fewer than 12,000 people sees a 53-year-old mother, her 35-year-old son, and seven others die by overdosing on pain medications obtained from pain clinics in Florida.[1] In Utah, a 13-year-old fatally overdoses on oxycodone pills taken from a friend's grandmother.[2] A 20-year-old Boston man dies from an overdose of methadone, only a year after his friend also died from a prescription drug overdose.[3]

These are not isolated events. Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. In 2008, more than 36,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs.[4]

Policy Impact: Prescription Painkiller Overdoses [460KB, 12 pages]

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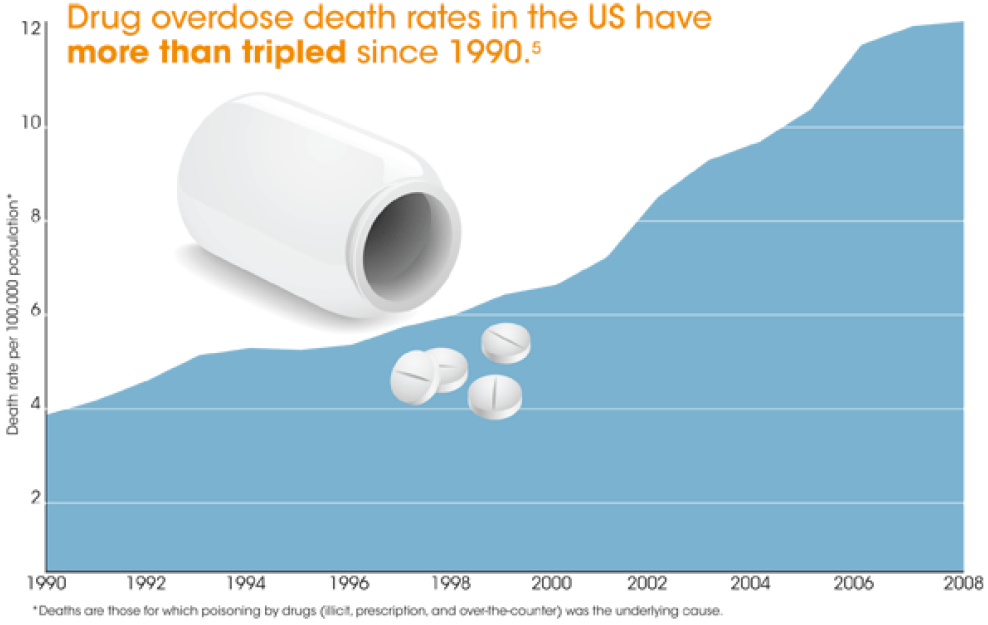
100 people die from drug overdoses every day in the United States.[4]



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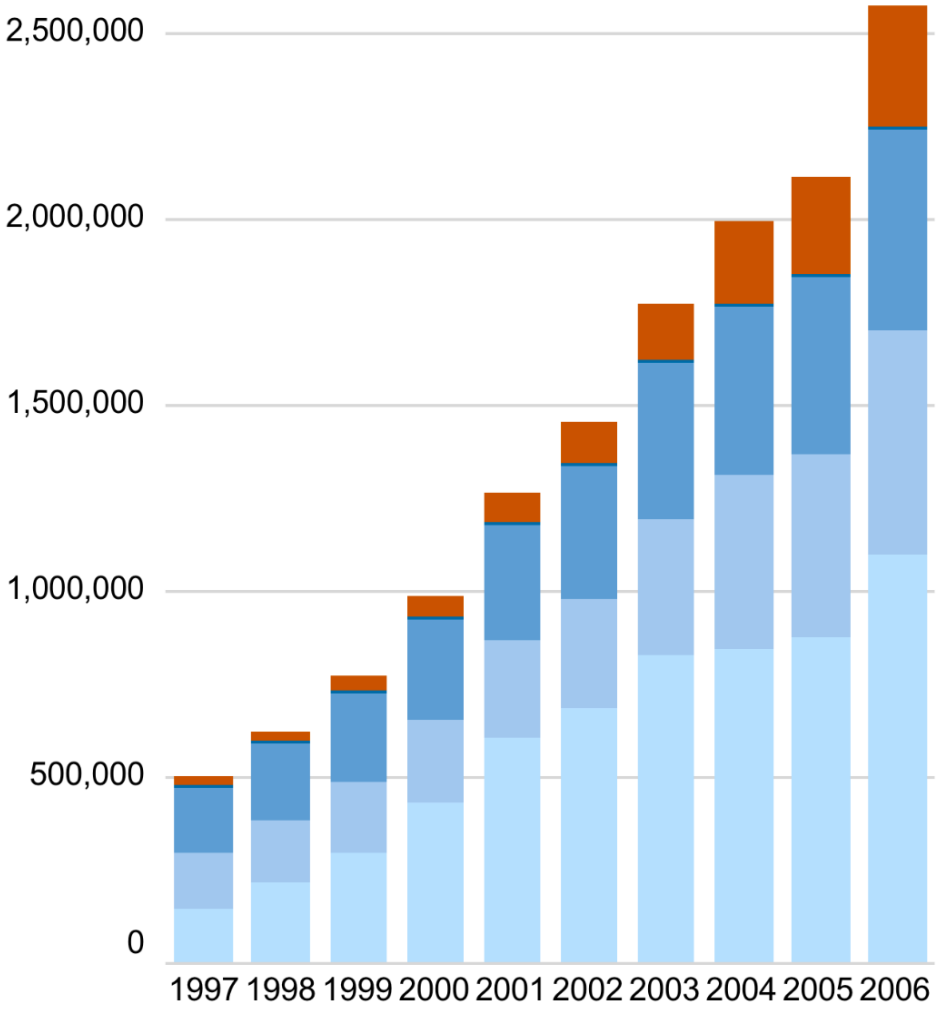
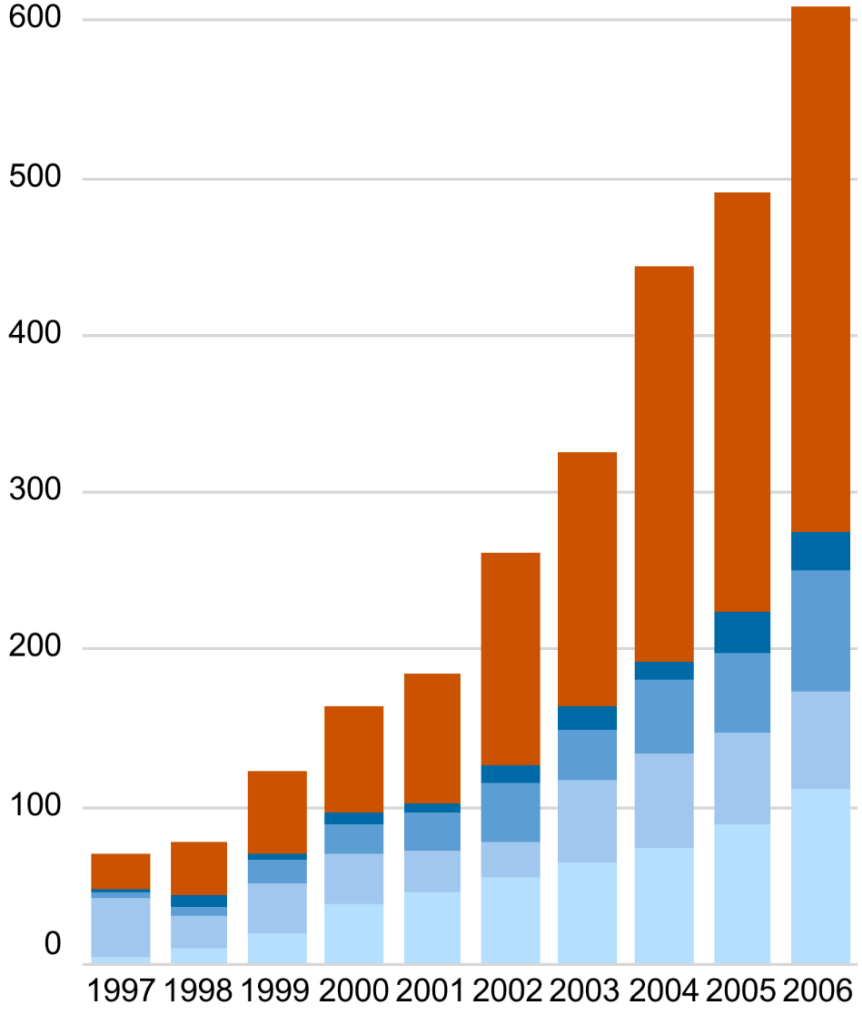
Painkillers (Click on the legend to highlight the drug. Shift-click to highlight multiple drugs.)

Methadone Fentanyl Hydrocodone Morphine Oxycodone

Washington drug use by type since 1997, in grams



Washington drug deaths by type since 1997

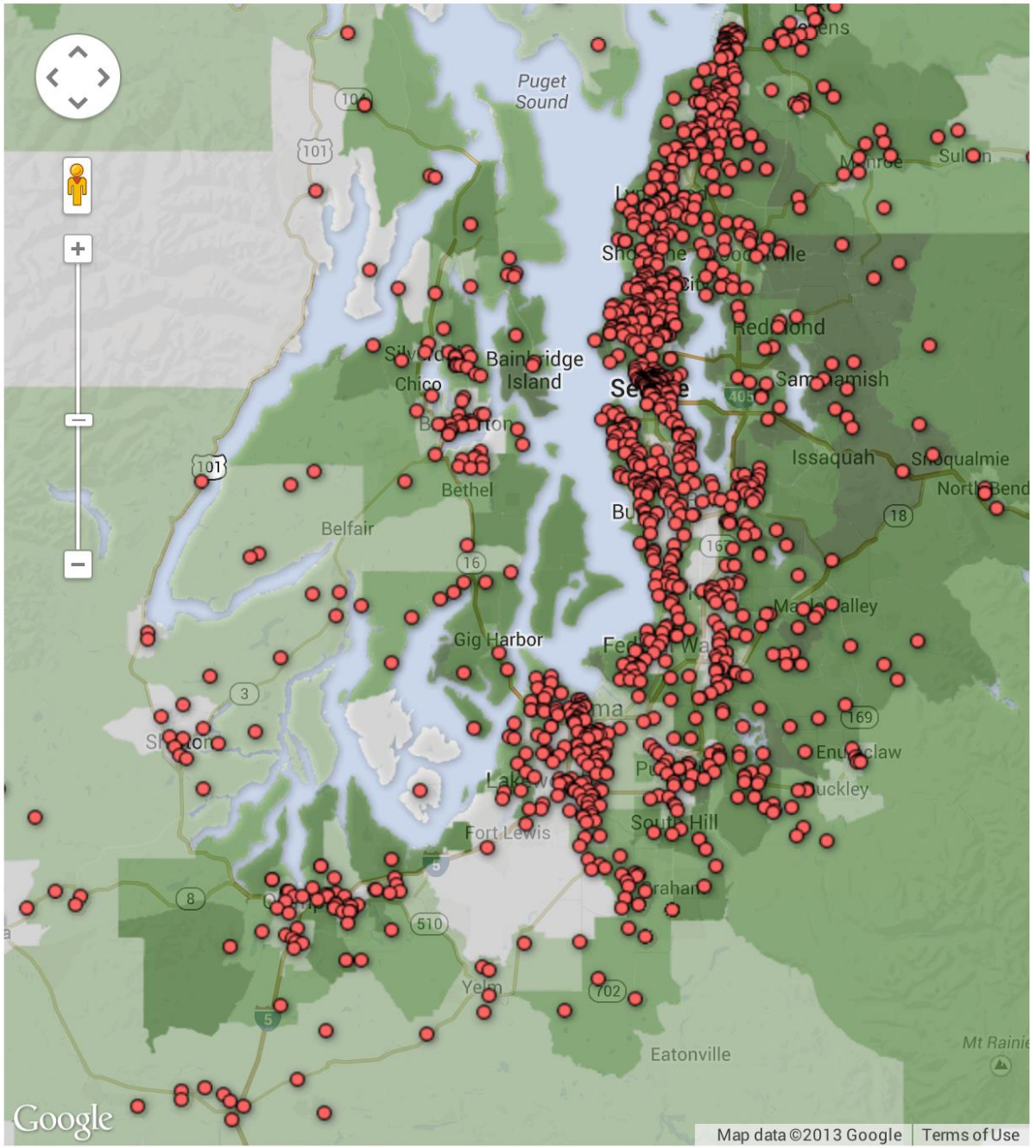


Note: Morphine use in 2000 is an estimate. These death statistics were derived from state research and vary from The Times' analysis.
Source: U.S. Drug Enforcement Administration and state Department of Health

A. RAYMOND/THE SEATTLE TIMES

Median household income

0 to $45,000 | $45,000 to $60,000 | $60,000 to $75,000 | $75,000 to $100,000 | $100,000 to $185,000



Source: Seattle Times analysis of state death records.

JUSTIN MAYO/THE SEATTLE TIMES

STATE OF FLORIDA

PAM BONDI
ATTORNEY GENERAL

I appreciate the recent conversations between members of our respective staffs and believe your administration can continue to provide guidance and a degree of certainty across the entire prescription drug delivery system. Drug wholesalers, pharmacy chains and pain management physicians could all benefit from a clearly articulated set of best practices. Applying these practices would facilitate a level of confidence that prescription drug delivery systems could operate without fear of adverse federal government action in the absence of probable cause. Working together, Florida can retain the amazing progress already achieved in this life-and-death struggle while ensuring that legitimate pain patients can access the prescription drugs they need when they need them.

Sincerely,

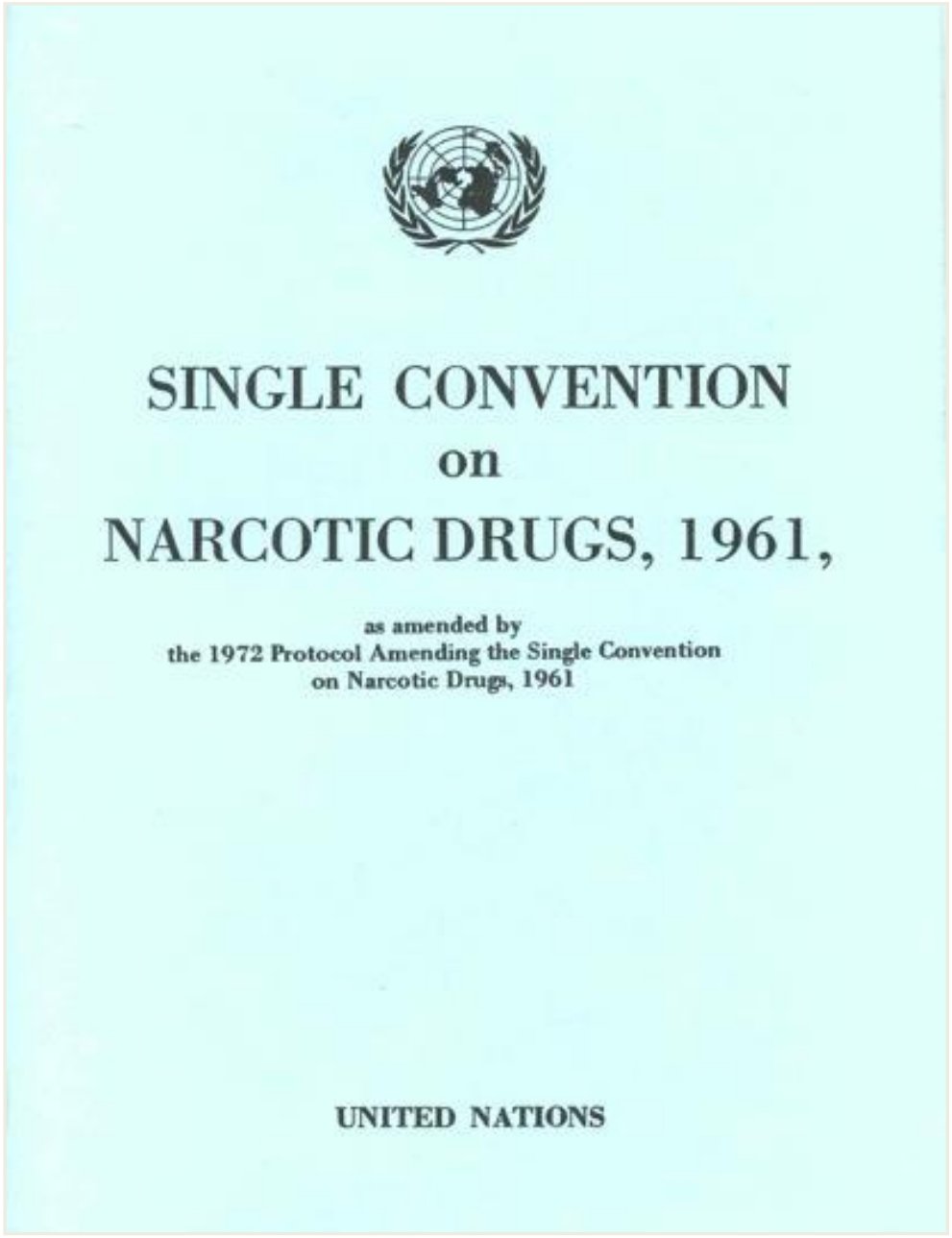
Our collective efforts succeeded beyond comprehension and in just over four years, Florida shut down more than 500 pill mills, reduced the footprint from 98 of the top 100 hydrocodone prescribers nationally to zero and saved hundreds of lives thanks to dramatic declines in prescription drug overdose deaths. Notably, oxycodone overdose deaths declined 65 percent and prescription drug deaths declined 30 percent overall.

Now in my second term, I am receiving credible reports of what amounts to episodic instances of prescription drug rationing in Florida. This unfortunate situation results in legitimate pain patients occasionally being denied the pain relieving medicines they need. However, these shortages are not the result of Florida's anti-pill mill legislation or any of the other efforts undertaken by my office to fight the prescription drug epidemic.

declined 30 percent overall.

Now in my second term, I am receiving credible reports of what amounts to episodic instances of prescription drug rationing in Florida. This unfortunate situation results in legitimate pain patients occasionally being denied the pain relieving medicines they need. However, these shortages are not the result of Florida's anti-pill mill legislation or any of the other efforts undertaken by my office to fight the prescription drug epidemic.

PL-01, The Capitol, Tallahassee, Florida 32399-1050, Telephone (850) 414-3300 Fax (850) 487-2564



Establishes a Framework to:

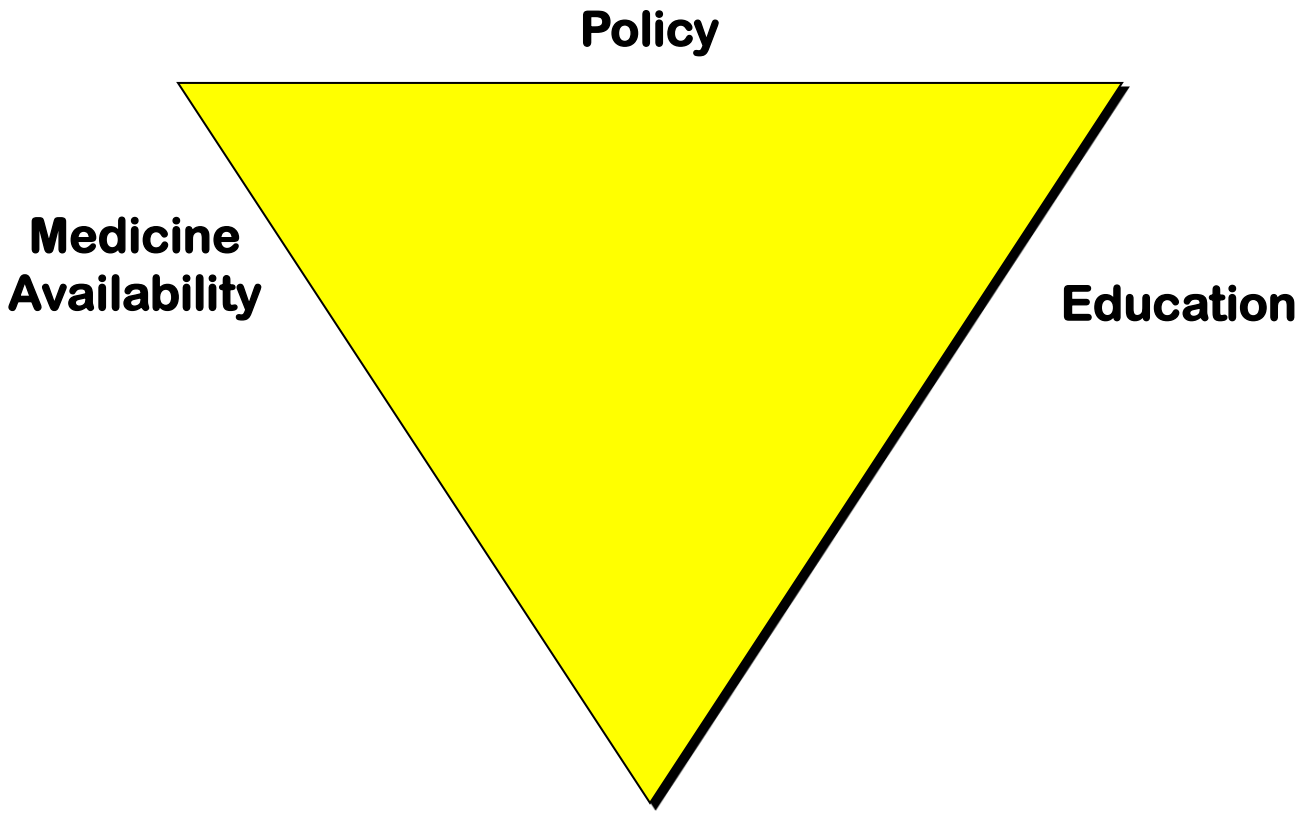
1. **Prevent abuse and diversion, *and***
2. **Ensure the availability of drugs for medical purposes**

“Balance” is the Fundamental Principle

National policy should establish a drug control system that prevents diversion ***and*** ensures adequate availability for medical use

Drug control measures should not interfere with medical access to opioid

WHO Public Health Model



Palliative Care now