Pain, addiction & opioids

The pursuit of balance over time

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Opioid Response Network





Commercial Support/Sponsorship:

There is no commercial support for this training.

Conflict of Interest:

In accordance with continuing education guidelines, speakers and planning committee members are asked to disclose relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Faculty: Dr. Savage has no relevant financial relationship(s) with ineligible companies to disclose.

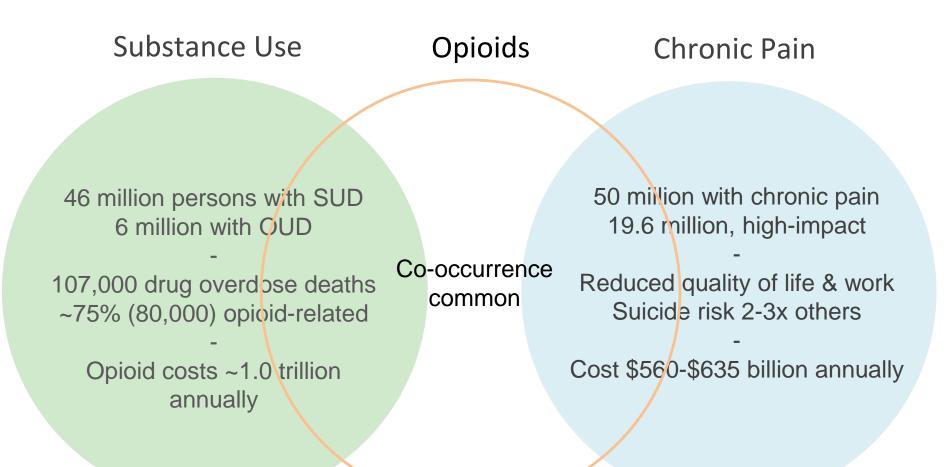
<u>Planning Committee Members</u>: Have no relevant financial relationship(s) with ineligible companies to disclose.

Mitigation Steps Implemented:

There were no reported financial relationships to be mitigated.



Interfacing Challenges





U.S. Interagency Task Force Report on Pain Management Best Practices, USDHHS, 2019; CDC Wonder in https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates; NSDUH 2021; Racine M.,2018; Florence, 2017

Familiar narrative regarding the opioid epidemic

- Big pharma promoted dangerous opioids to clinicians, falsely proclaiming their safety
- Clinicians indiscriminately overprescribed opioids

Capitalism gone wrong: how big pharma created America's opioid carnage

A web of firms ramped up narcotic painkiller sales, creating the biggest drug epidemic in American history as profits surged

- Exposure to opioids led to addiction, overdoses, and devastation for individuals, families and communities
- The FDA, professional organizations and healthcare leaders failed to take adequate steps to protect people

The full reality is more complex. A more nuanced understanding may help us avoid the mistakes of the past going forward.



Opioids Millenia of controversy

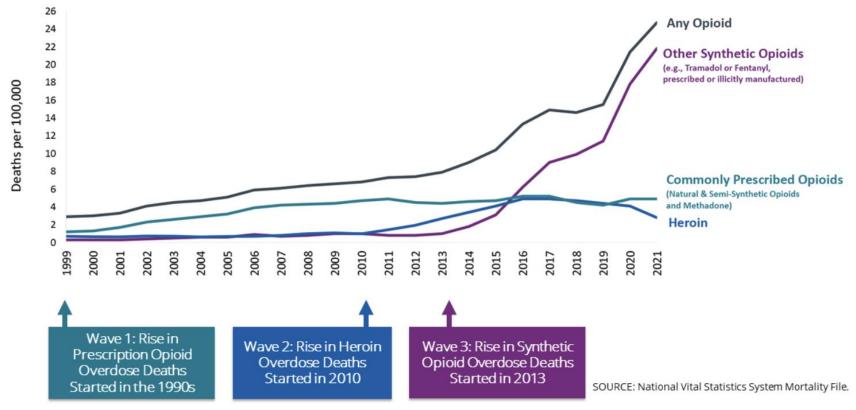
The joy plant *Sumeria 3000 BC*

- * "Among the remedies which it has pleased almighty God to give to man to relieve his sufferings, none is so universal and efficacious as opium." Sir Thomas Sydenham, 1680
- "…save our people from the clutches of this hydra-headed monster which stalks the civilized world, wrecking lives and happy homes, filling our jails and lunatic asylums…" John Witherspoon to AMA, 1900
- Opium gives... and takes away. Thomas DeQuincy, Confessions of an English Opium Eater, 1932
- "The use of narcotics in the terminal cancer patient is to be condemned … due to undesirable side effects … dominant in the list of these … is addiction" *Lee, JAMA, 1941*





Three Waves of Opioid Overdose Deaths





Pain & Opioids Late 1800s-early 1900s

- Post Civil War pain treatments opioids, willow bark, cannabis, cocaine
- Early 1900's widespread prescribing & street opioid use with little regulation >1st American opioid epidemic
- Opioid maintenance in addiction common
- 1914 Harrison Act tracks & taxes opioids
- 1919 & 1920 Federal Decision–addiction outside realm of medical interest: opioids can not be used to treat
- Prescribing for pain legal, but use declined









Pain & Opioids

1920s-50s

- Opioid use declined, few alternatives
- Cancer feared, elective surgeries deferred, chronic pain tolerated

1960s

- Addiction medicine field emerges (AMSA > ASAM)
- Methadone treatment introduced
- Haight-Ashbury Free Clinic –SUD care with respect
- St Christopher's Hospice 1967 & Brompton's cocktail

1970s

- Pain medicine field emerges (IASP 1973, APS 1977)
- More aggressive treatment of cancer & acute pain
- Interdisciplinary care of chronic pain

(Bonica, Fordyce, others)



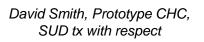
Meldrum, 2020; Bernard, 2018



Vincent Dole & Marie Nyswander, Introduced MOUD with methadone



Dame Cicely Saunders Mother of hospice care



Pain & Opioids

1980s

- Interdisciplinary care of chronic pain prominent
- Observation: cancer pts not inevitably addicted or tolerant
- Positive case series of opioids for non-cancer pain reported
 1990s
 - Long-acting opioids—Morphine ~1992, Oxycodone 1995: expectations of less reward, more consistent analgesia.
 - ♦ Pain as the 5th vital sign, state intractable pain acts
 - Opioid therapy of all pain increases
 - Pain technologies evolve: pumps, stimulators, etc.

Era of hope: pain can be vanquished!

 Medicine as business, HMOs: interdisciplinary pain care wanes, shortened visits



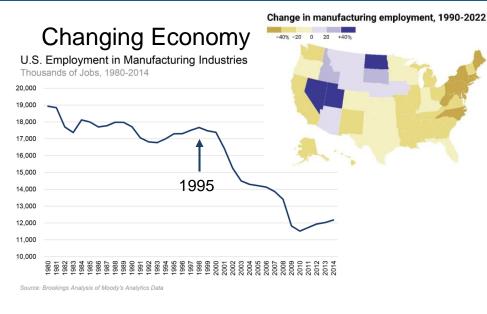




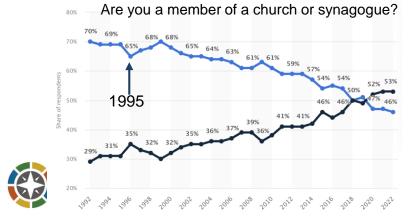
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Evolving Social Context

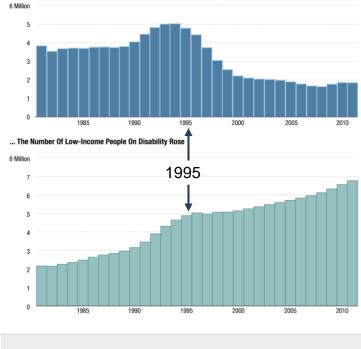


Community Engagement



Disability Trends



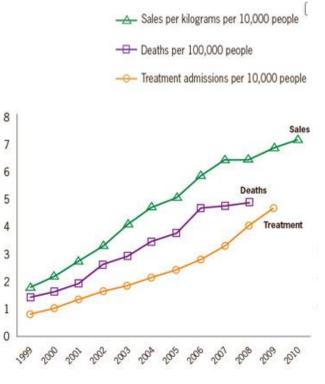


Source: Department of Health and Human Services, Social Security Administration Credit: Lam Thuy Vo / NPR

Source: Rising midlife morbidity and mortality, US whites Anne Case, Angus Deaton Proceedings of the National Academy of Sciences Dec 2015, 112 (49); https://apps.npr.org/unfit-for-work/; Coffin, P; history of the Opioids Crisis, UCTV, (UCSF) https://www.youtube.com/watch?v=W3XGddlrPew

Pain & Opioids Early 2000s

- Growing concerns re: Rx opioid use, misuse, abuse, addiction, overdoses
- Hyperalgesia research challenges long-term efficacy
- Research on misuse, risks, strategies for prevention
- Proliferation of opioid guidelines
- Efficacy, cost, duration of interventionalist tx debated
- DATA 2001 makes buprenorphine tx available



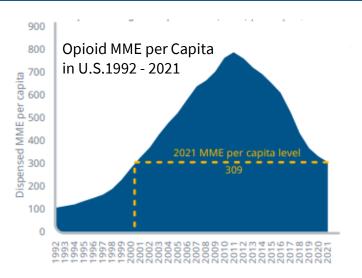
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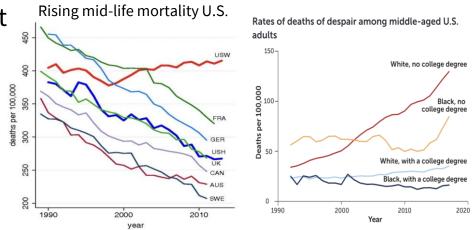
CDC, 11/4/11, Morbidity & Mortality Weekly



Pain & Opioids 2010 to present

- Opioid prescribing decreases
- Increased state rules/regs on prescribing
- Guidelines used with mixed consequences
- Jurisdictions seek reparations: money moves from pharma to states
- Reappraisal of comparative effectiveness, relative risk/benefit profiles of different analgesics
- Renewed interest in interdisciplinary pain care, support challenging
- Discussion of deaths of despair







Volkow, 2021; Meldrum 2020

Source: Rising midlife morbidity and mortality, US whites Anne Case, Angus Deaton Proceedings of the National Academy of Sciences Dec 2015, 112 (49): https://www.sciencenews.org/article/deaths-ofdespair-depression-mental-health-covid-19-pandemic

Framing a narrative to move forward

Opioid are powerful drugs

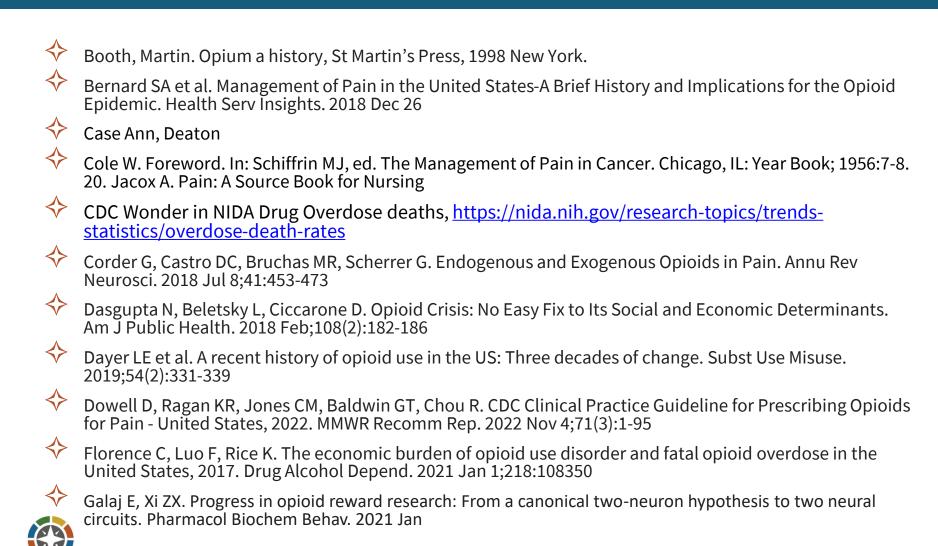
- Powerful in healing when used well
- Powerful in harm when misused
- Deserving of vigilance, caution & respect



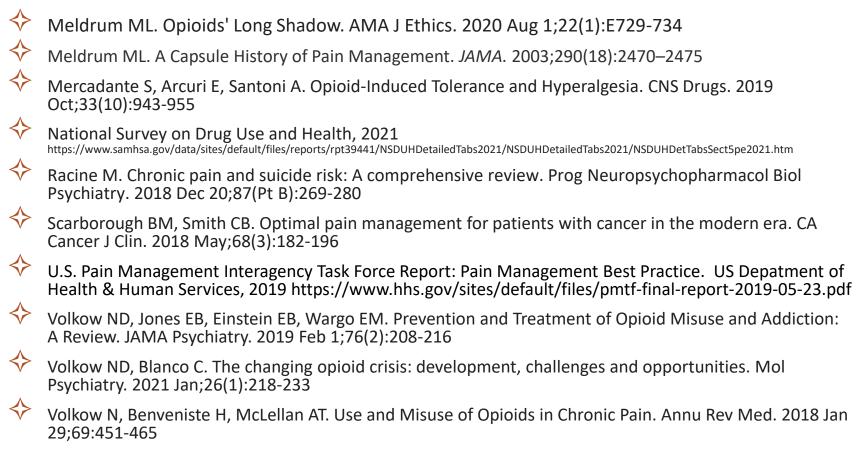
- Both pain and substance use disorders are complex, heterogenous experiences
 - With important biopsychosocial contributors
 - Requiring individualized solutions
- Safe and effective clinical practice must be informed by science
 - Anecdote can mislead
 - Letting clinical practice get ahead of science can be dangerous



Bibliography



Bibliography (continued)





Thank you!



