

THE RISE AND FALL OF OPIOIDS

THE OXFORD ADVANCED PAIN AND SYMPTOM MANAGEMENT COURSE
5TH JULY 2018

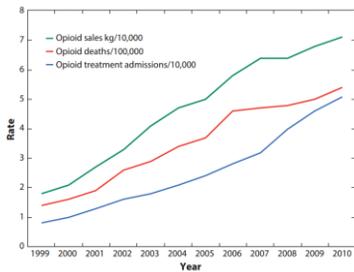
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Overview



- Why we are where we are
- Prescribing trends
- Opioid effectiveness for long-term pain
- Opioid harms
 - Psychiatric comorbidities
 - Misuse
 - Addiction
 - Mortality

Impact of opioid prescribing

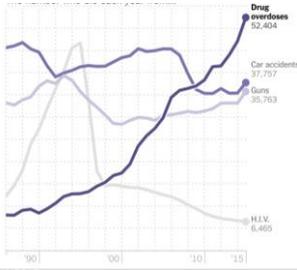


Rates of opioid pain reliever overdose death, treatment admissions and kilograms sold - United States, 1999-2010. Morbidity and mortality weekly report (MMWR). Centers for disease control and prevention.

Mortality in the US

4

Since 1990, the number of Americans who have died every year from:



New York Times. 14 April 2017

A public health emergency

5



History: the rise...

6

- Mid 1980's: cancer patients dying in pain
- Concerns over addiction restricted opioid availability
- Work by Cicely Saunders and Robert Twycross shows the effectiveness of, and lack of addiction to, opioids in palliative pain
- 1985 WHO pain ladder
- Transfer of these messages to the chronic non-cancer pain population
 - "opioids may provide the only hope of relief to many sufferers of chronic pain" 1991

... and rise...



- Late 1990's: pain relief as a universal human right
 - ▣ role of pharma and patient advocacy groups
- Under-treatment of pain seen as malpractice
- 2000 - Pain as the 5th vital sign – supported by APA and JCAHO
- Small trials showing efficacy of opioids in non-cancer pain

... and fall



- Early 2000's escalation of opioid prescribing paralleled by misuse, diversion and deaths
- Recognition of limitations of trial data
- Systematic reviews of efficacy
- Recognition of dose related harms

Sackler brothers



- Arthur, Mortimer and Raymond, all doctors, but with advertising and publishing enterprises
- Bought Purdue Pharma and developed OxyContin
- OxyContin approved by the FDA in 1995, with a package insert claiming that it was safer than other painkillers as the delayed absorption mechanism reduced abuse liability

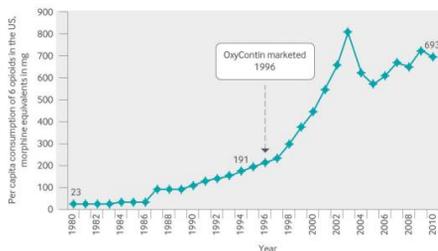
Sackler family benefactions



OxyContin marketing

- Sales grew from \$48 million in 1996 to \$1.1 billion in 2000
- In 2001: \$200 million spent on marketing OxyContin, with \$40 million spent on bonuses for sales representatives
 - all-expenses-paid conferences for physicians, nurses and pharmacists
 - marketing data targeted physicians with high opioid prescribing
 - "starter coupons" giving patients a free time-limited OxyContin prescription for 7-30 days
 - use of opioids for use in the "non-malignant pain market" which made up 86% of the total opioid market in 1999
- On May 10, 2007, Purdue Pharma, along with 3 company executives, pleaded guilty to criminal charges of misbranding OxyContin by claiming that it was less addictive than other opioids, and paid \$634 million in fines.

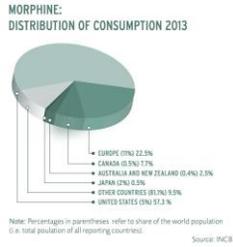
Increase in opioid use in USA - per capita consumption



Balancing undersupply and overconsumption



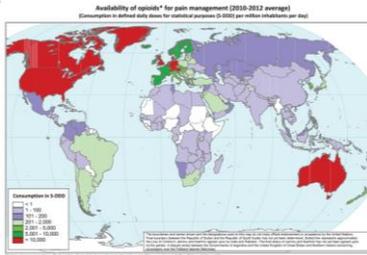
- Over 75% of the world's population (over 5.5 billion) have poor-to-nonexistent access to adequate analgesics, in particular morphine
- Just 17% of the entire population, mostly in northern countries, consume 92% of the global supply



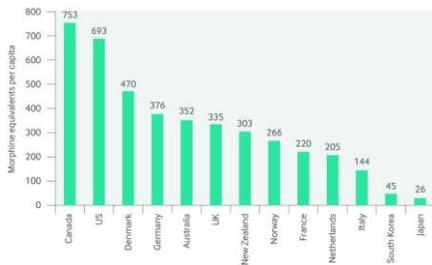
Global Commission on Drug Policy. The negative impact of drug control on public health: The global crisis of avoidable pain. 2015.



Global opioid availability



National variations in opioid prescribing



International use of six powerful opioids—fentanyl, hydromorphone, methadone, morphine, oxycodone, and pethidine during 2010 (www.painpolicy.wisc.edu)



