The global crisis of unrelieved cancer pain?

UICC
Melbourne Australia, December 5th, 2014

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PPSG releases new Progress Report Card and Evaluation Guide

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The PPSG is pleased to announce the release of Achieving Balance in State Pain Policy: A Progress Report Card (CY 2012). This report contains a grade for each state and the District of Columbia, which represents the extent that state policies can support access to quality pain relief.
Noncommunicable Diseases (NCDs)

- Responsible for up to 60% of all deaths,
- 80% are in low- and middle-income countries

- Major non-communicable diseases:
  - Cardiovascular disease
  - Cancer
  - Chronic Respiratory disease
  - Diabetes

- Shared preventable risk factors:
  - Tobacco use
  - Unhealthy diet
  - Physical inactivity
  - Harmful use of alcohol
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
FREEDOM FROM PAIN
International Reporting Program,
University of B
Opioids

• Laudanum (opium in alcohol base)
• 1811: Morphine
  – Serturner, Morpheus.
  – 1827: Merck manufactures
  – Hypodermic syringe
The First Home for the Dying: Lyon 1842

1842: Jeanne Garnier, a widow
Founder of the Women of Calvary

“I started my hospice with 50 Francs;
..............providence did the rest.”

A house for patients at the end of the lifetime
An image, too often unhoped-for, which bring comfort,
a start of happiness in the medium of the suffering.
A house where one speaks again of the life,
even if is also there to die.

1875: Paris

1899: Calvary Hospice, New York
New Opioids

• Laudanum (opium in alcohol base)

• 1811: Morphine
  – Serturner, Morpheus: Civil War veterans.

• 1874: Heroin
  – Wright (Bayer. 1898)

• 1916: Oxycodone
Addiction History: USA

• 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
    • Heroin usage increase post war
    • Addiction: immigrant young adults in poor areas.
New Opioids

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

• Laudanum (opium in alcohol base)
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• 1916: Oxycodone
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• 1932: Pethidine (Demerol)
  – Germany: Anti-spasmodic and analgesic
• 1938: Methadone
  – 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)
Cicely Saunders

1850

Nurse
Social Worker
Physician

1957: St Joseph’s Hospice
Documented use of regular morphine at St Luke’s
St Christopher’s Hospice
Balfour Mount MD  
Uro-oncologist: visited St Christopher’s  
1975: Palliative Care Service  
Royal Victoria Hospital, Montreal  

“Hospice” in French means “poor house”

“Although these are the sickest people in our health care system, when medical technology doesn't know what to do, the quality and quantity of care falls away. How can we justify that?”
Oral Morphine vs Bromptom Cocktail

Bromptom Cocktail:
Morphine
Cocaine
Ether
Alcohol

Snow, 1893
1977: WHO Essential Medicines List

“to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality & adequate information, & at a price the individual & the community can afford.”

Morphine and Codeine
"Do what good we can to those around us... There are still so many we cannot reach except by prayer; Let us then pray for the dying today, those for whom tomorrow will be too late."

-Venerable Mary Potter
Founder, Little Company of Mary Sisters
Wisconsin Cancer Pain Initiative

- Dahl, PhD (Professor of Pharmacology)
- Joranson, MSW (WI Controlled Substances Board)
  - 1970s: “Heroin for pain relief?"

1985: CSB initiated WCPI
- US Assistant Surgeon General
- PHS' Interagency Committee on Pain & Analgesia
  - support from NIDA Director, Charles Shuster.

1988: NIDA --> funded WCPI
- analyze drug use & diversion following campaign to improve treatment of severe cancer pain.
- No increase in Morphine related crime:
  - with increased morphine use
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.

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 predominately 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.


42% undertreated
Older, minority, women
1996: Pain and Policy Study Group
WHO CC for Pain Policy in Palliative Care
  – Cancer Control
  – Access to Controlled Medications Program
Close Ties with INCB
  – Opioid Consumption Data
Alivio del dolor en el cáncer
SEGUNDA EDICIÓN
Con una guía sobre la disponibilidad de opioides

Organización Mundial de la Salud
Ginebra
1996

United States of America, 1964
Australia, 1964
Germany, 1964

Morphine Equivalence (mg/capita)
Morphine Equivalence (mg/capita)

United States of America, 1964
Australia, 1964
Germany, 1964

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.
WHO guidelines on the pharmacological treatment of persisting pain in children with medical illnesses.
Analgesics in Children

• WHO guideline: Persistent Pain
• Correct use of analgesic medicines will relieve pain in most children with persisting pain due to medical illness and relies on the following key concepts:
  – using a two-step strategy
  – dosing at regular intervals
  – using the appropriate route of administration
  – adapting treatment to the individual child
Disparity in Consumption:
High vs. Low- and Middle-income countries (LMIC)

- **2010 Population**
  - LMIC (84%)
  - HIC (16%)

- **2010 Morphine Consumption (kg)**
  - High Income (90%)
  - LMIC (10%)
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
Access to Morphine Around the World

The World Health Organization considers morphine an essential medicine for the treatment of pain, but access to the drug depends largely on where you live.

Country size is adjusted to reflect opioid medication use per death from cancer or HIV/AIDS.

Amount of morphine consumed
- High-income countries: 364,351 kg
- Middle-income countries: 27,625 kg
- Low-income countries: 579 kg

93%

High-income countries consume 93% of the world’s morphine supply, yet 70% of deaths from cancer occur in low- and middle-income nations.

Source: GAPRI 2008-2010

Find out more about access to pain medication at theworld.org/cancer
Consumption of Morphine 1980 - 2003
East vs. West Europe (mg/capita/yr)
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. Cherny¹,²,³, J. Baselga⁴,⁵, F. de Conno⁶ & L. Radbruch⁶,⁷

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## Opioid availability and cost: West Europe

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Color codes:
- **Free**
- **<25% Cost**
- **25-50% Cost**
- **50-75% Cost**
- **100% cost**
## Opioid availability and cost: Eastern Europe

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**Legend:**
- **Free**
- **<25% Cost**
- **25-50% Cost**
- **50-75% Cost**
- **100% Cost**
AVAILABILITY OF MEDICINES FOR MODERATE TO SEVERE PAIN
Rear Admiral's Suicide Highlights Medical Crisis

By Vladislav Shvayman | Mar. 06 2014 00:00 | Last edited 17:29

Rear Admiral Vyacheslav Apanasenko, the 66-year-old former head of the rocket artillery unit of Russia's naval forces, was terminally ill from Stage 4 cancer. On Feb. 7, he shot himself in the head with his award gun, fell into a coma and died a few days later in a Moscow hospital.

Apanasenko's suicide note read as follows: "I ask you not to blame anyone except the Health Ministry and the government. I am ready to suffer myself, but witnessing the suffering of my relatives and loved ones is unbearable."

The tragic death shed new light on an acute problem with palliative medicine in Russia, a field of medical care that seeks to relieve and prevent the suffering of patients who have no chance of surviving. Painkillers, strictly regulated in Russia under a state-led campaign against drug trafficking, are a major tool in relieving suffering.
WHO Regional Office for Southeast Asia (SEARO)
2010 Morphine Consumption

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2012
Main factors affecting the availability of opioids for medical needs

- Concerns about addiction: 67
- Reluctance to prescribe or stock: 43
- Insufficient training for professionals: 42
- Law restricting activities: 37
- Administrative burden: 25
- Cost: 19
- Difficulties in distribution: 13
- Insufficient supply: 12
- Absence of policy: 9