

# The opioid epidemic: what needs to change



DR CHRIS HAYES  
HUNTER INTEGRATED PAIN SERVICE

# Disclosures

- Earlier career, pharma sponsored teaching and consultancy: pre 2013
- Public hospital system
- Hunter Integrated Pain Service: Brainman, website
- Past Dean Faculty of Pain Medicine ANZCA
- Other organisations: Painaustralia, NSW Agency for Clinical Innovation, National Prescribing Service, Therapeutic Guidelines



## Reconsidering opioid therapy

Health Professional Resources  
Hunter Integrated Pain Service  
May 2014

### A Hunter New England Perspective

*Existing evidence does not support the long term efficacy and safety of opioid therapy for chronic non-cancer pain*

1. **Indications:** Current evidence based indications for opioid therapy are:
  - i. Acute pain
  - ii. Cancer pain
  - iii. Palliative or "comfort" care
  - iv. Opioid dependency / addiction

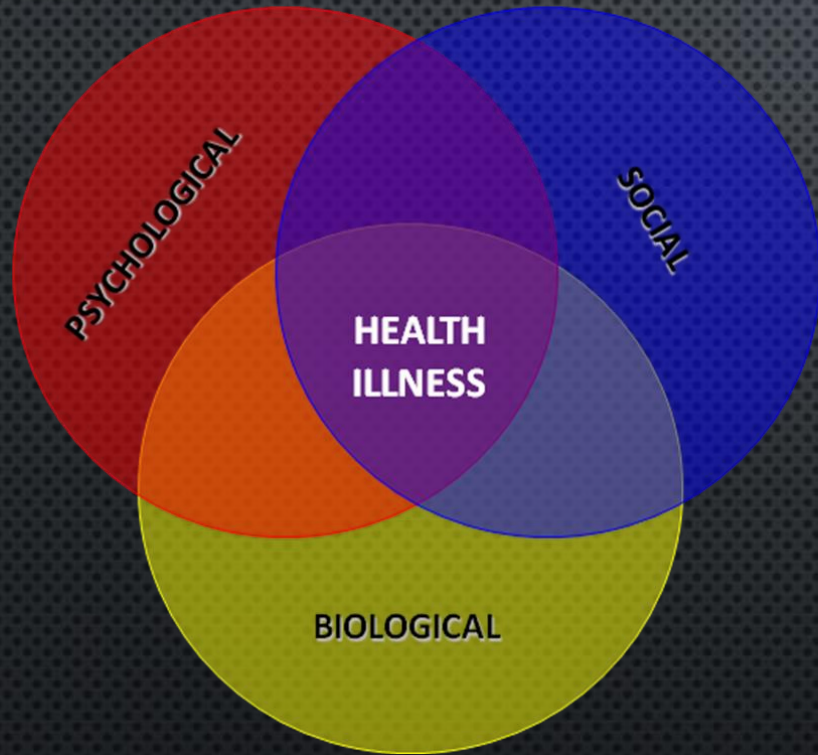
# Outline

- Models of care
- Evidence
- Guidelines
- Implementation, including indications & zones on clinical uncertainty
- Advocacy
- Regulation



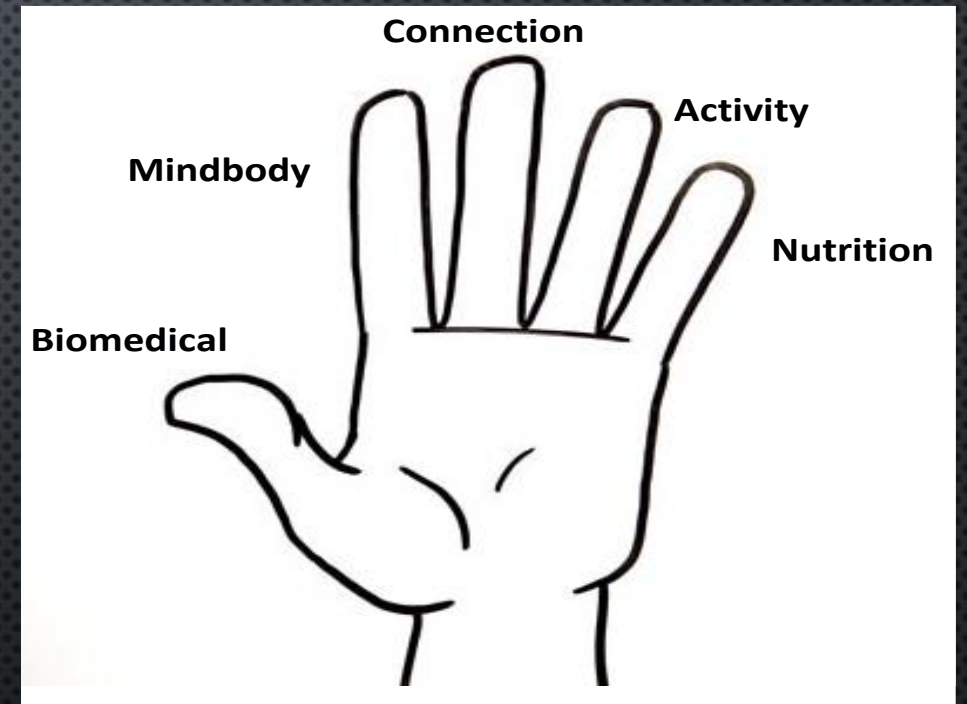
# Biopsychosocial model

G Engel 1977



“Sociopsychobiomedical”  
Inverting BPS, FPM ANZCA 2015

Whole person approach

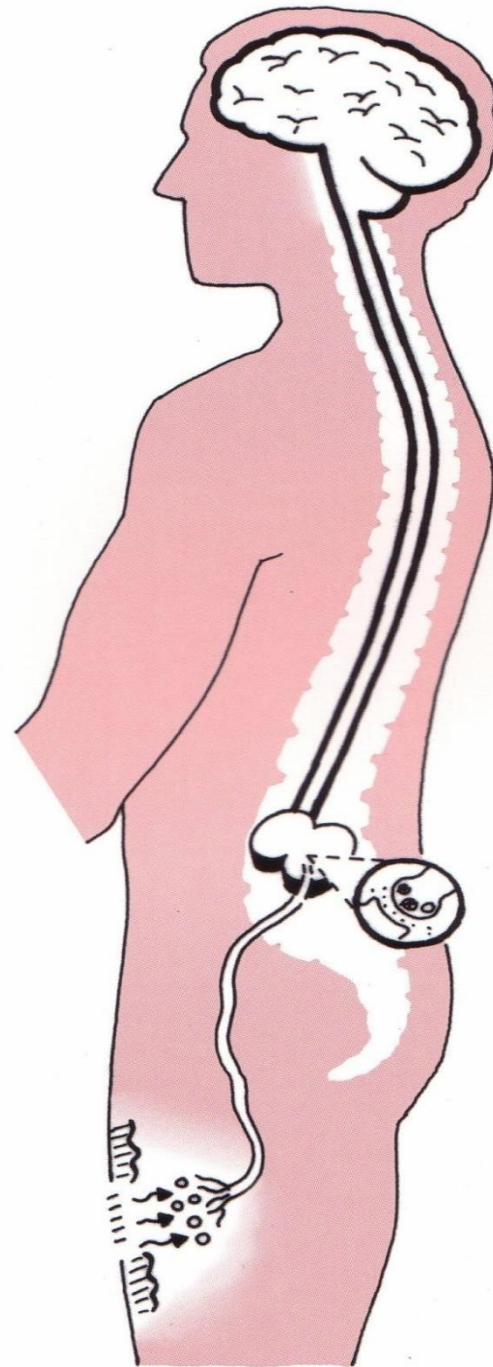


White R, Hayes C. “Brainman” story.  
J Pain Research 2016

# Mechanisms contributing to pain



IASP 2017 Nociceptive pain

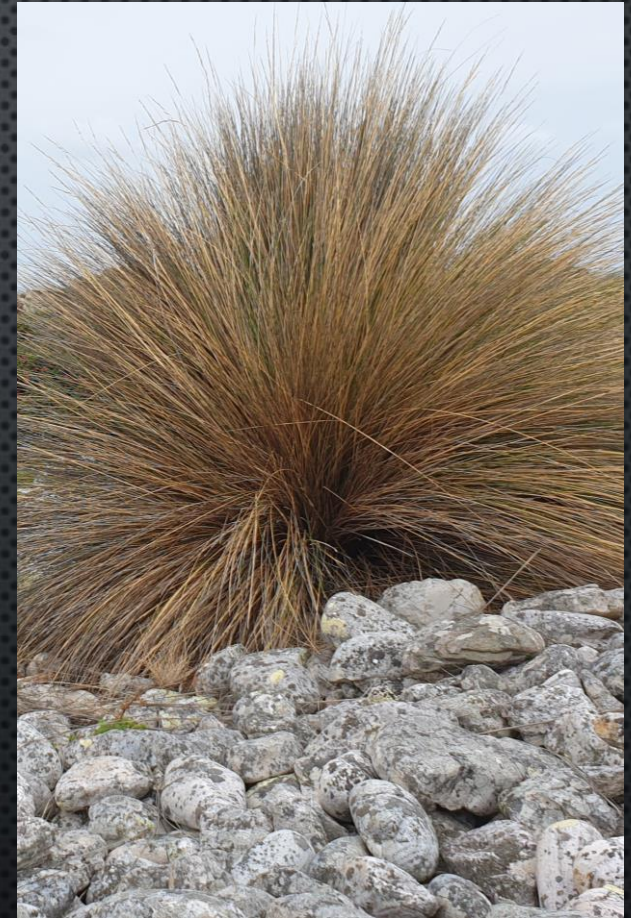
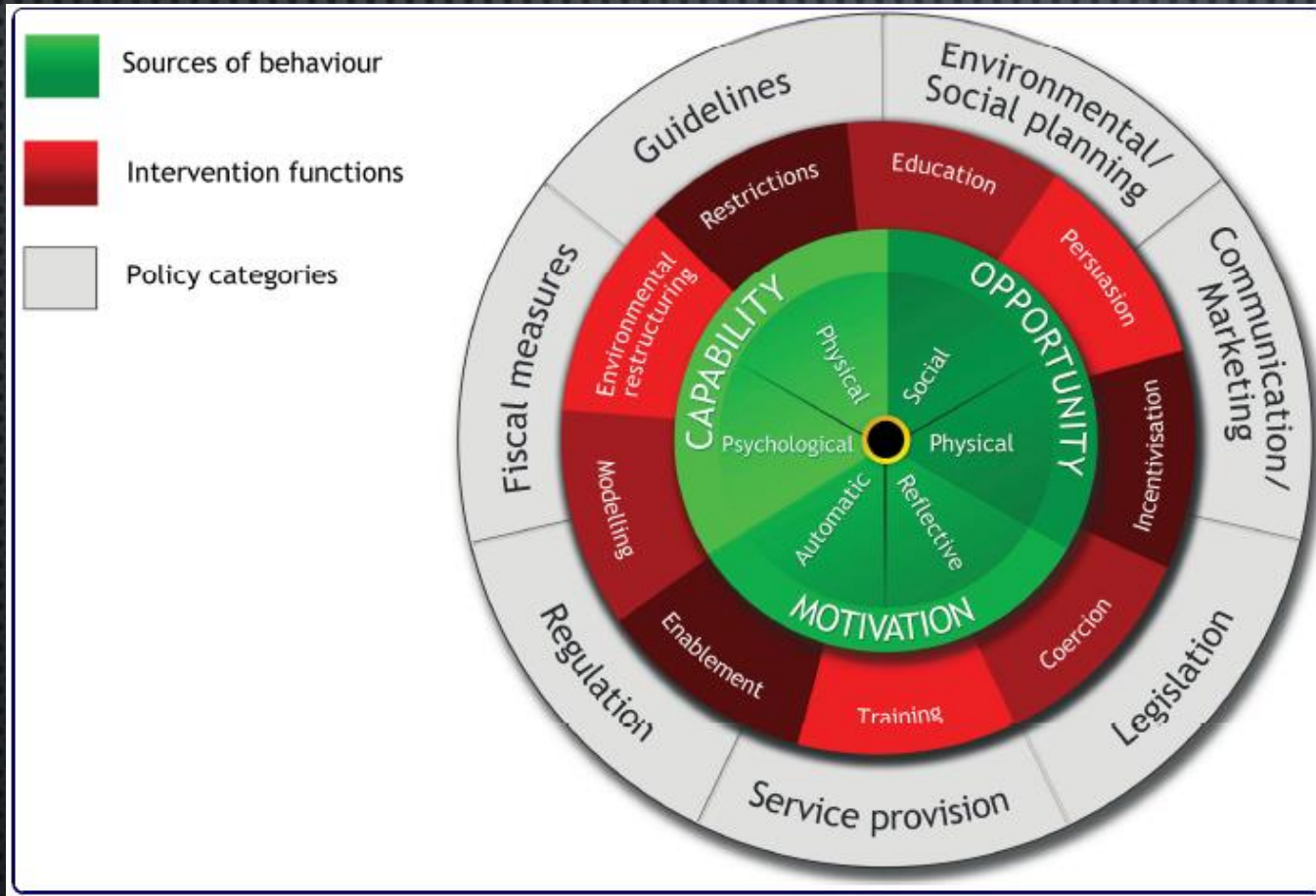


Sensitisation  
(nociplastic)

Nerve injury  
(neuropathic)

Tissue injury  
(nociceptive)

# Behaviour change wheel



# Evidence



JAMA | Original Investigation

# Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain

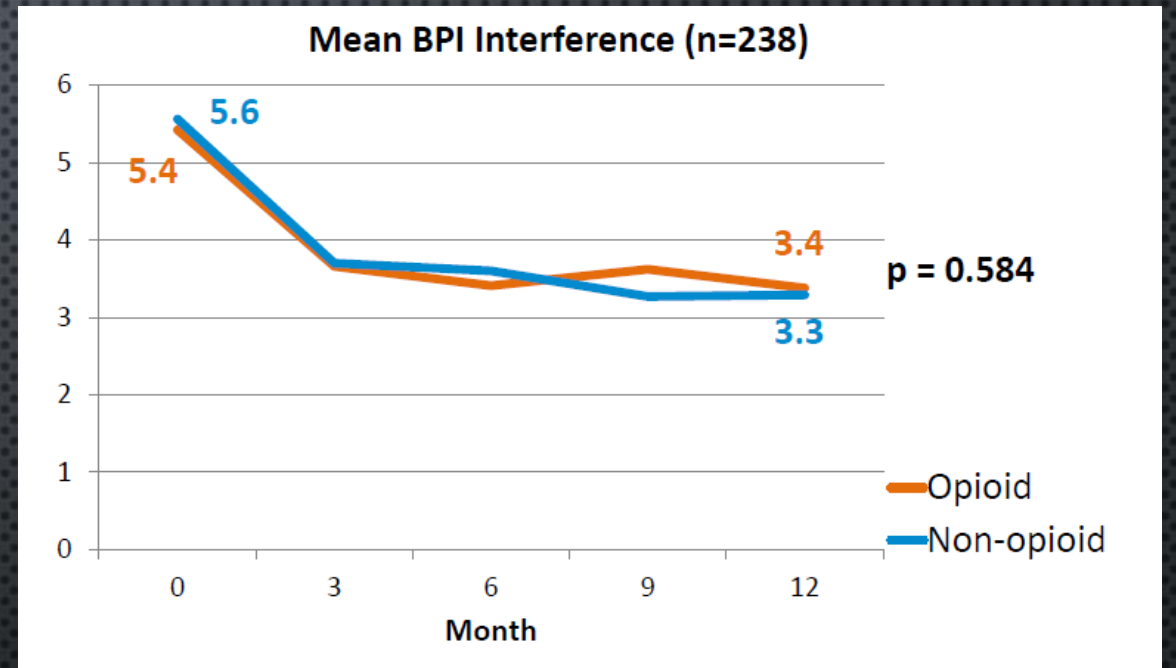
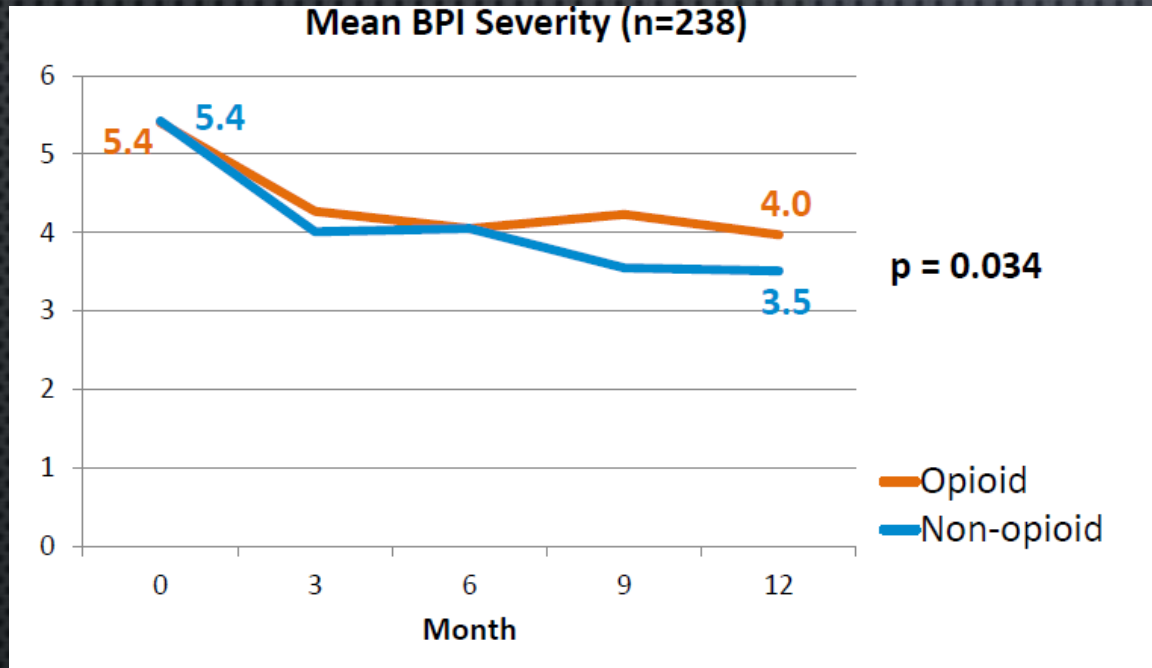
## The SPACE Randomized Clinical Trial

Erin E. Krebs, MD, MPH; Amy Gravelly, MA; Sean Nugent, BA; Agnes C. Jensen, MPH; Beth DeRonne, PharmD; Elizabeth S. Goldsmith, MD, MS; Kurt Kroenke, MD; Matthew J. Bair; Siamak Noorbaloochi, PhD

- Pragmatic RCT opioid v non-opioid analgesics for 1 year in primary care
- 240 VA patients: mod - severe chronic back pain or knee/hip OA, not on opioids
- Mean pain intensity initially 5.4 in both arms
- Pain scores at 1 year worse in opioid arm (4.0) than non-opioid (3.5) (P=0.034)
- Pain interference no different, adverse effects worse in opioid group (P=0.03)



# Space results





# Changes in pain intensity after discontinuation of long-term opioid therapy for chronic noncancer pain

Sterling McPherson<sup>a,b,c</sup>, Crystal Lederhos Smith<sup>a,b</sup>, Steven K. Dobscha<sup>d,e</sup>, Benjamin J. Morasco<sup>d,e</sup>, Michael I. Demidenko<sup>d</sup>, Thomas H.A. Meath<sup>d,f</sup>, Travis I. Lovejoy<sup>d,e,g,\*</sup>

## Abstract

Little is known about changes in pain intensity that may occur after discontinuation of long-term opioid therapy (LTOT). The objective of this study was to characterize pain intensity after opioid discontinuation over 12 months. This retrospective U.S. Department of

- Surveyed 551 VA patients, long-term opioid therapy for CNCP for  $\geq$  1 year before discontinuing
- 87% musculoskeletal pain, 11% headache pain including migraines, 6% neuropathic pain

# Discontinuation results

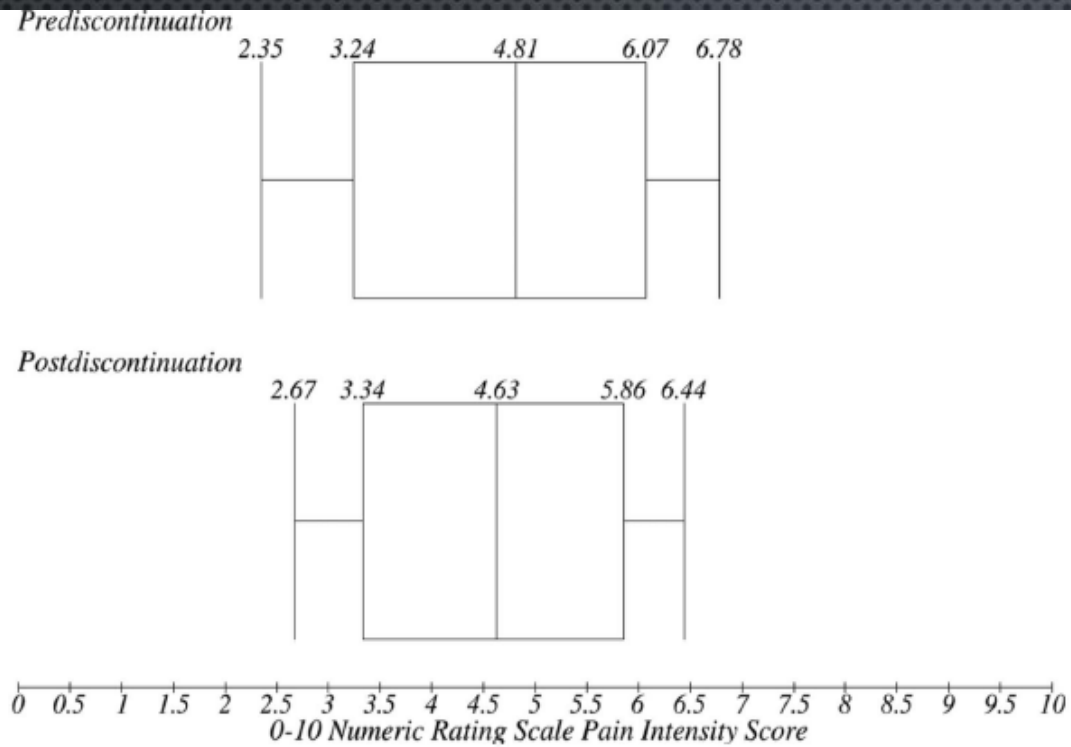
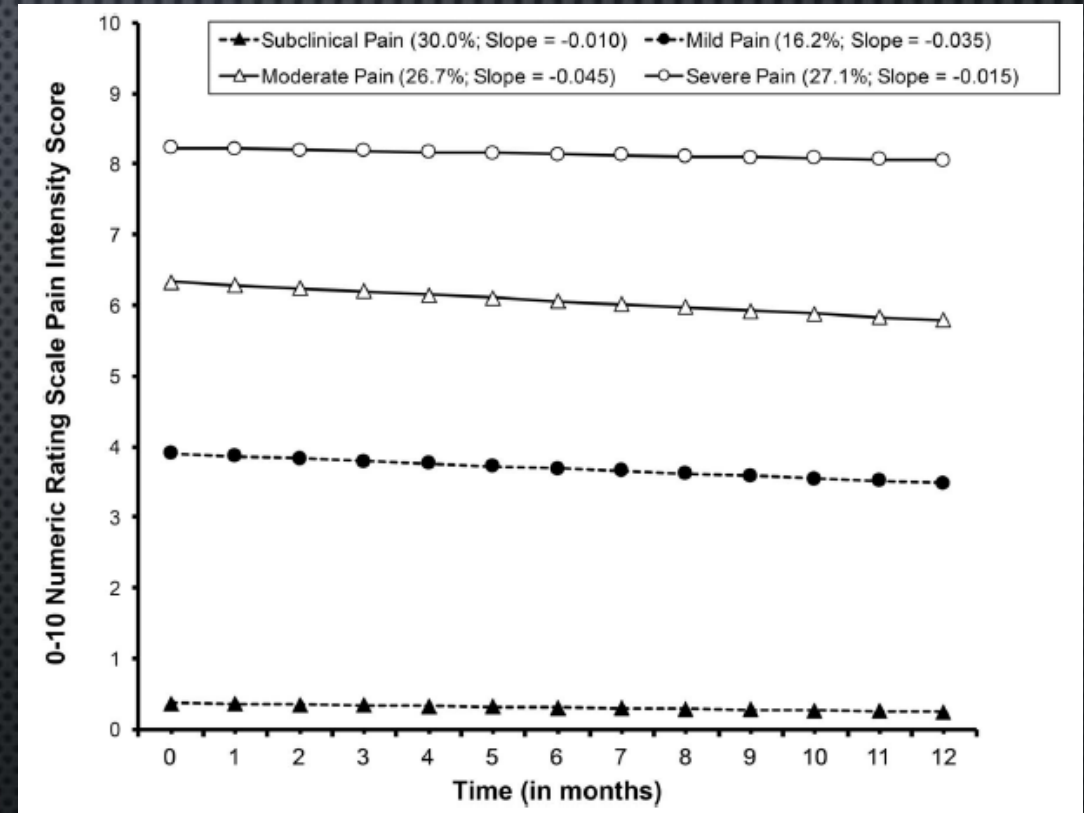


Figure 1. Average within-individual pain intensity numeric rating scale score medians, minimums, maximums, and interquartile ranges prediscontinuation and postdiscontinuation periods.



# Guidelines : Opioids & CNCP



- FPM ANZCA 2015
  - Opioids cannot be considered a core component of CNCP management
  - Traffic lights 40 & 100mg
  - Given widespread prescription the following principles are offered ...
- US Centres for Disease Control & Prevention 2016
  - Non-pharmacological & non-opioid treatments preferred
  - Traffic lights 50 and 90mg oMEDD
  - Consider opioids only if expected benefits outweigh risks
- UK National Institute for Health & Care Excellence: Guideline for LBP and sciatica 2016
  - Do not offer opioids for chronic low back pain

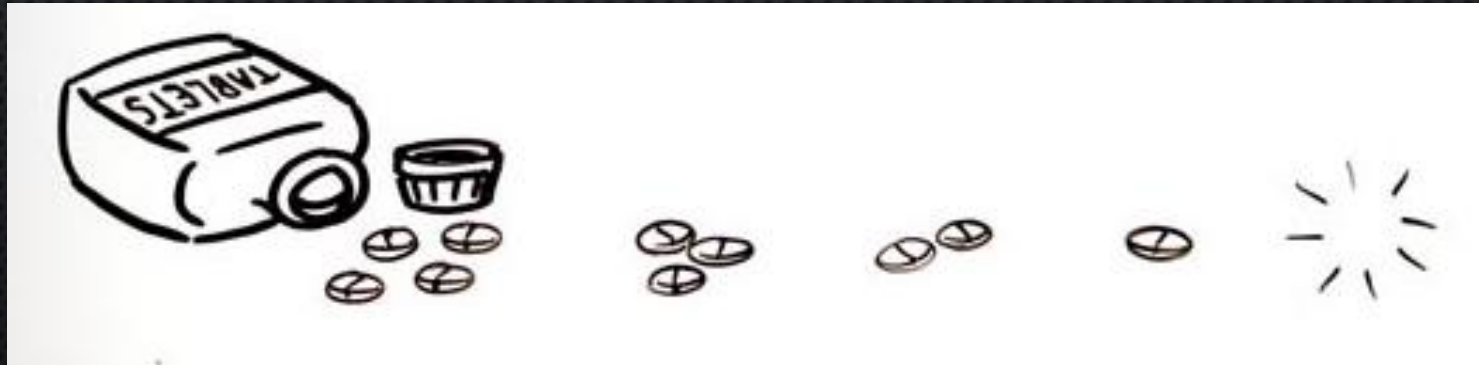


# Implementation



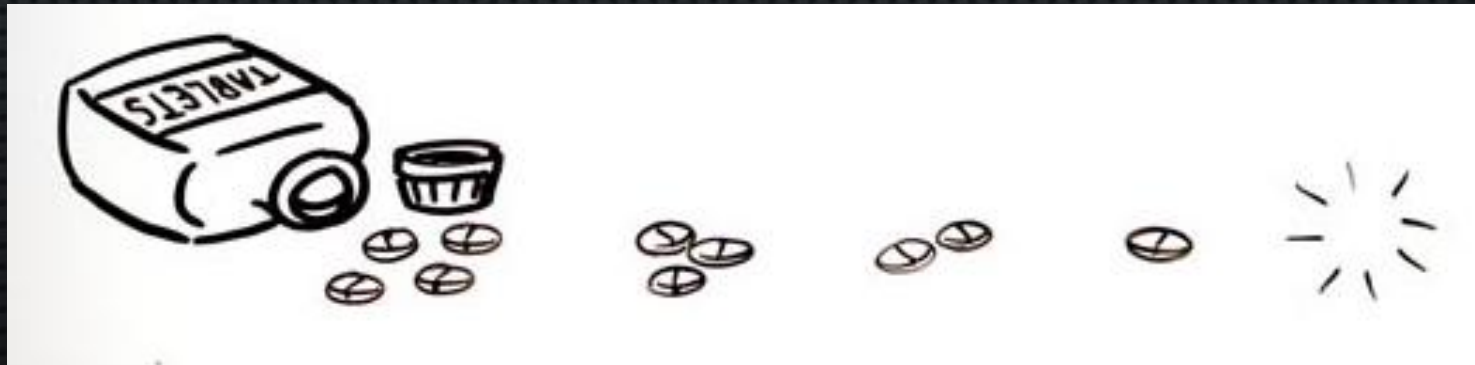
# Opioid indications (HIPS)

- Acute pain (RCTs)
- Cancer pain (SR)
- Palliative care (SR)
- Opioid dependency (SR)



# Zones of clinical uncertainty (HIPS)

- Acute pain: duration of opioid treatment in complex cases
- Cancer pain: long term survivors
- Palliative care: when does older person become palliative?
- Opioid dependency: overlap with chronic pain





# Opioid recommendations (HIPS)



Time  
limited

- Opioids are no longer indicated for CNCP
- Have a conversation about opioid weaning
- Negotiate rate of reduction with patient; “would you like a faster or slower wean?”
- Standard approach: monthly step down by 10 -25% of starting dose

# HIPS 2018 annual report

**Table 13 Medication use — Change from referral to episode end**

Medication use (v1 and v2 data)	HIPS		All Services	
	Referral	Episode end	Referral	Episode end
Percent using opioids >2 days/week (n=61, 2318)*	55.7	42.6	52.7	43.7
Ave oMEDD (mg) ^ (n=36, 1162)*	43.8	21.4	57.0	41.7
Ave number of major drug groups (n=61, 2524)*	2.9	2.2	2.4	2.2

# HIPS 2018 annual report

## Patients making **clinically significant improvements** from referral to episode end

HIPS	Domain	All services
27.0% (17 patients)	Average pain rating	33.4% (1365 patients)
60.9% (42 patients)	Pain interference	64.6% (2945 patients)
62.2% (28 patients)	Depression	61.6% (1820 patients)
42.1% (16 patients)	Anxiety	46.8% (1209 patients)
55.3% (21 patients)	Stress	62.6% (1609 patients)
56.1% (32 patients)	Pain catastrophising	58.1% (1879 patients)
63.6% (35 patients)	Pain self-efficacy	52.5% (2069 patients)

Note: reported for patients experiencing at least moderate symptoms at referral. See Section 2.1.2 for more information.

# Prescribing wellness: comprehensive pain management outside specialist services



**Simon Holliday**

Staff specialist<sup>1</sup>

General practitioner<sup>2</sup>

**Chris Hayes**

Specialist pain medicine  
physician<sup>3</sup>

**Lester Jones**

Pain educator and PhD  
candidate<sup>4</sup>

**Jill Gordon**

Associate professor in  
medical education (retired)<sup>5</sup>

General practitioner<sup>6</sup>

**Newman Harris**

Consultant psychiatrist and  
Specialist pain medicine

## SUMMARY

Opioids have important roles in the time-limited treatment of acute and cancer pain, end-of-life pain or dyspnoea, and in opioid dependency.

Maintaining focus on biomedical treatments, including drugs, has limited success in chronic pain.

Active self-management and healthy lifestyle choices are fundamental to addressing multisystem complexity and harnessing neuroplasticity in chronic pain.

Addressing psychosocial maladaptations and physical deconditioning requires a variety of approaches, frequently involving multiple care providers.

In practice, most pain care is delivered outside specialist centres by GPs and other non-pain specialists. Although they are well placed to provide multimodal care, they often lack training and confidence in delivering this care.

# Advocacy



# AUSTRALIAN NATIONAL PAIN STRATEGY 2010

- Goal 1: People in pain as national health priority
- Goal 2: Empowered & knowledgeable consumers
- Goal 3: Informed & supported health professionals
- Goal 4: Timely access to best practice care
- Goal 5: Outcomes evaluated
- Goal 6: National pain research strategy
- Goal 7: Focus on prevention & work participation



# Painaustralia

- Cost of Pain Report launched
  - Deloitte Access Economics
  - Funded by Seqirus
  - 2018 3.24 million Australians with CNCP; 68.3% working age
  - Cost of \$73.2 billion per annum
  - Call for GP education, multidisc care
- National Strategic Action Plan
  - Endorsed by Federal govt & opposition
  - \$2.5M for pain education



National Advisory  
Council on Pain  
\$1M

# Regulation

Subsidised medication

Item number review:  
consultation &  
multidisciplinary  
care

MEDICARE BENEFITS  
SCHEDULE

PHARMACEUTICAL  
BENEFITS SCHEME



THERAPEUTIC GOODS  
ADMINISTRATION

STATE HEALTH  
DEPARTMENTS

Commonwealth approval, indications (eg. fentanyl patches for CNCP), PI, CMI, recommendations to sponsors about pack size

Authority for individual cases  
Real time monitoring





Thank you