

Pain / Addiction

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Drug and Alcohol Services of South Australia

Jean

- Aged 51, chronic neck pain with frequent headaches and intermittent radiation down right arm, ROM decreased 50%.
- MRI shows narrowed disc spaces C4-5, 5-6 and 6-7 with widespread osteophyte development.
- Treated over past five years with SR morphine, dose has increased gradually up to 100mg bd, with most increases occurring during winter.
- Never been happy to be on morphine, suffers constipation, has tried to cease her dose without success.
- Dose dispensed fortnightly from local pharmacy.

- She presents in a state of withdrawal, being delayed interstate for three days unable to access her medication.

- Is she opioid dependent?



Physical Dependence

A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist (eg naloxone).

A consensus document from the American Academy of Pain Medicine, American Pain Society,
American Society of Addiction Medicine. *Definitions related to the Use of Opioids for the Treatment of Pain.* 2001

Tolerance

- A state of adaptation in which the drug's effects become reduced over time.



Substance dependence criteria DSM IV

Three or more of:

1. Tolerance
2. Withdrawal Syndrome
3. Use of substance in larger amount or longer period than intended
4. Persistent desire or unsuccessful efforts to control substance use
5. Much time spent in obtaining, using or recovering from the substance
6. Interference with social, occupational or recreational activities
7. Continued use of the substance despite knowledge of problems associated with it

Richard

Aged 48, chronic low back pain, 15 years duration, two episodes of unsuccessful surgery. Past history of i.v. amphetamine use.

Treated initially by GP with dextromoramide, eventually up to twelve tabs daily. Switched to SR morphine after Health Department intervention. Dose increased to 500mg daily with several episodes of early prescriptions and lost prescriptions. Pain still disabling.

HIC inquiry revealed several other prescribers of opioids and benzodiazepines – averaging 150mg morphine daily.

Examination revealed fungating lesion R upper arm -? White tail spider bite – path report noted presence of cellulose (component of SR morphine)

What behaviours are of concern?



Addiction

A chronic disease, with genetic, psychosocial and environmental factors influencing its development and manifestations.

Characterised by behaviors that include: impaired control over drug use and compulsive use.

Continued use despite harm, and craving.

A consensus document from the American Academy of Pain Medicine, American Pain Society, American Society of Addiction Medicine. *Definitions related to the Use of Opioids for the Treatment of Pain.* 2001



Addiction: 5 Cs

- Chronic
- Compulsive use
- Control – impaired
- Craving
- Continued use despite harm

Addiction: A Multi-factorial Disease State

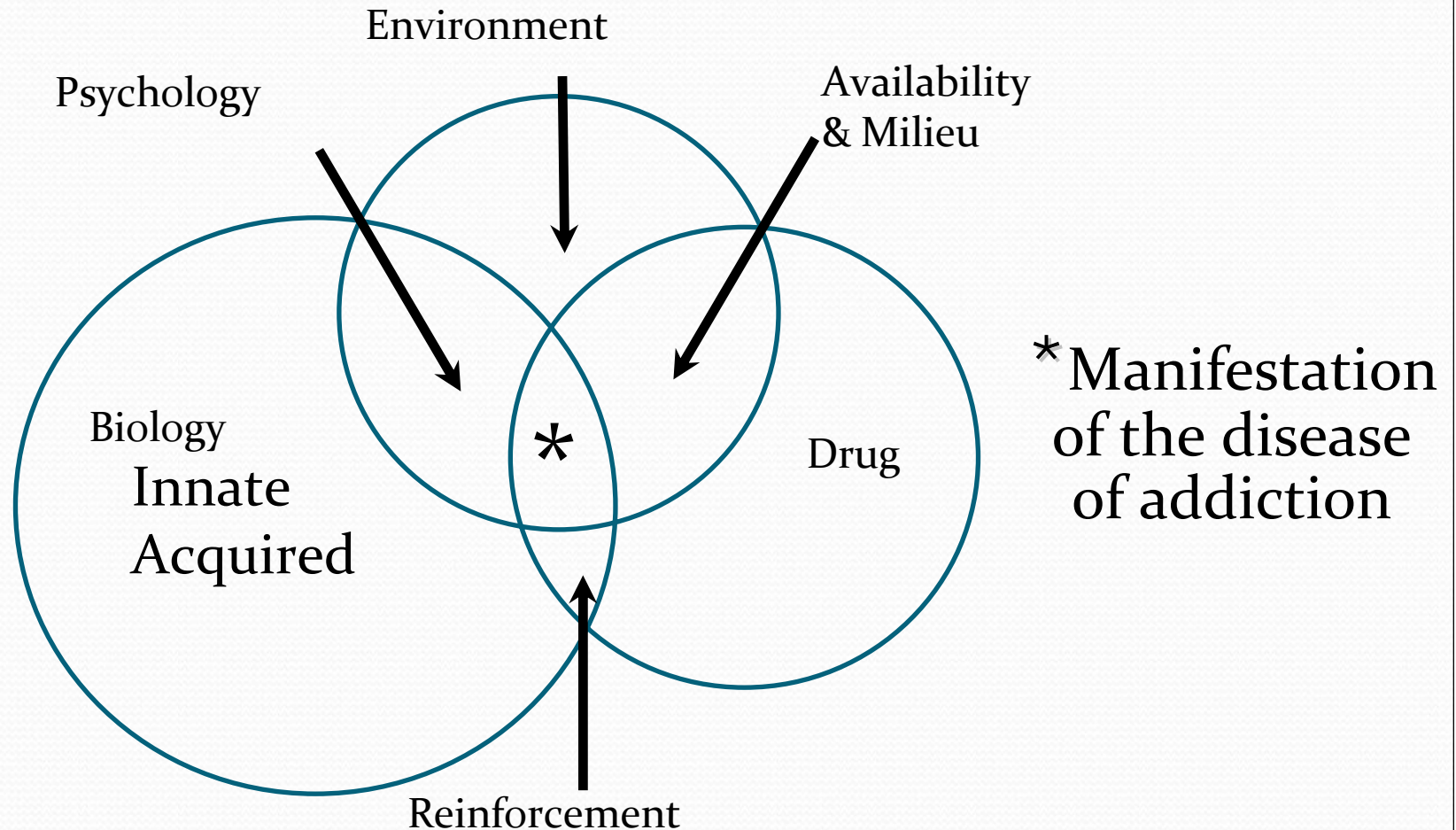
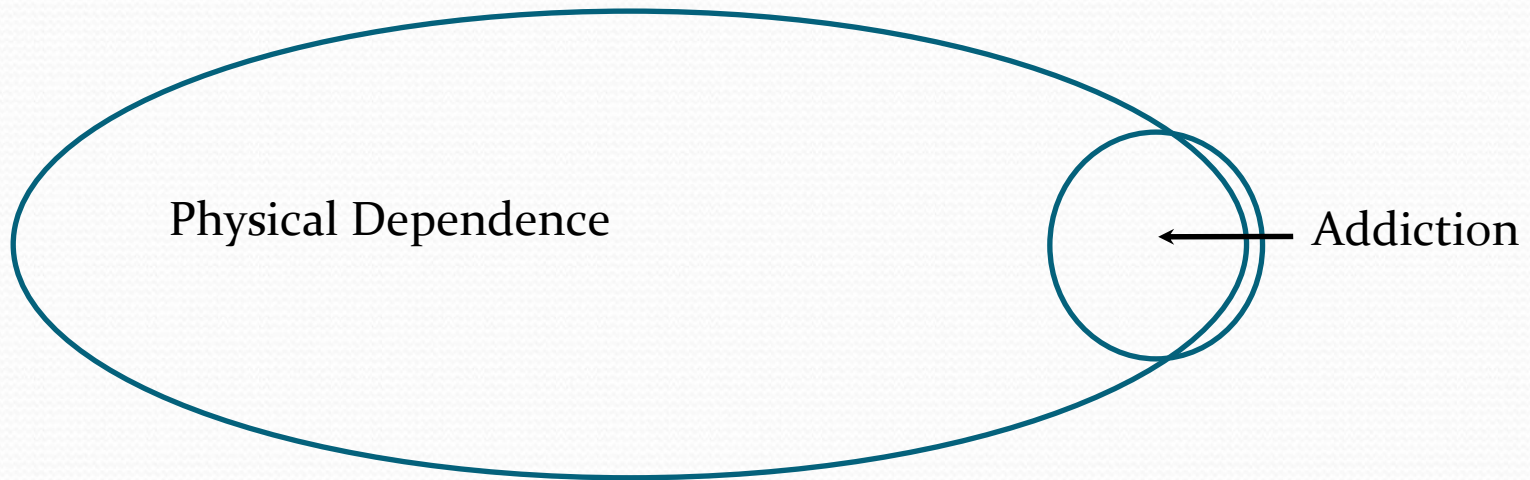


Figure courtesy of JD Haddox, DDS, MD. McLellan, et al. *JAMA*. 2000;284:1689-95.
Hemby SE. *Curr Psychiatry Rep*. 1999;1:159-65. Kendler KS, et al. *Arch Gen Psychiatry*. 2000;57:261-9.
Tsuang MT et al. *Arch Gen Psychiatry*. 1998;55:967-72.

Physical Dependence and Addiction

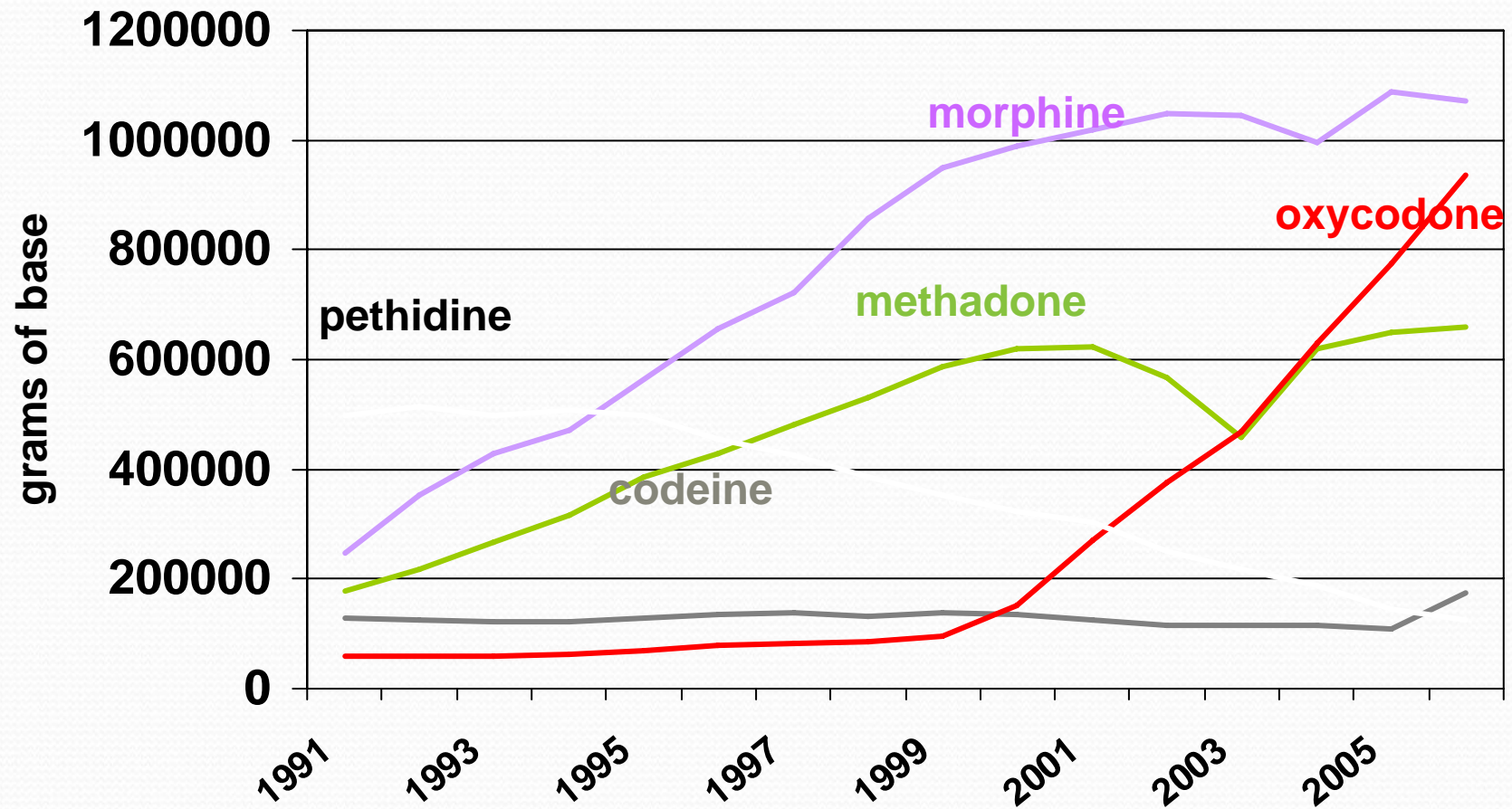




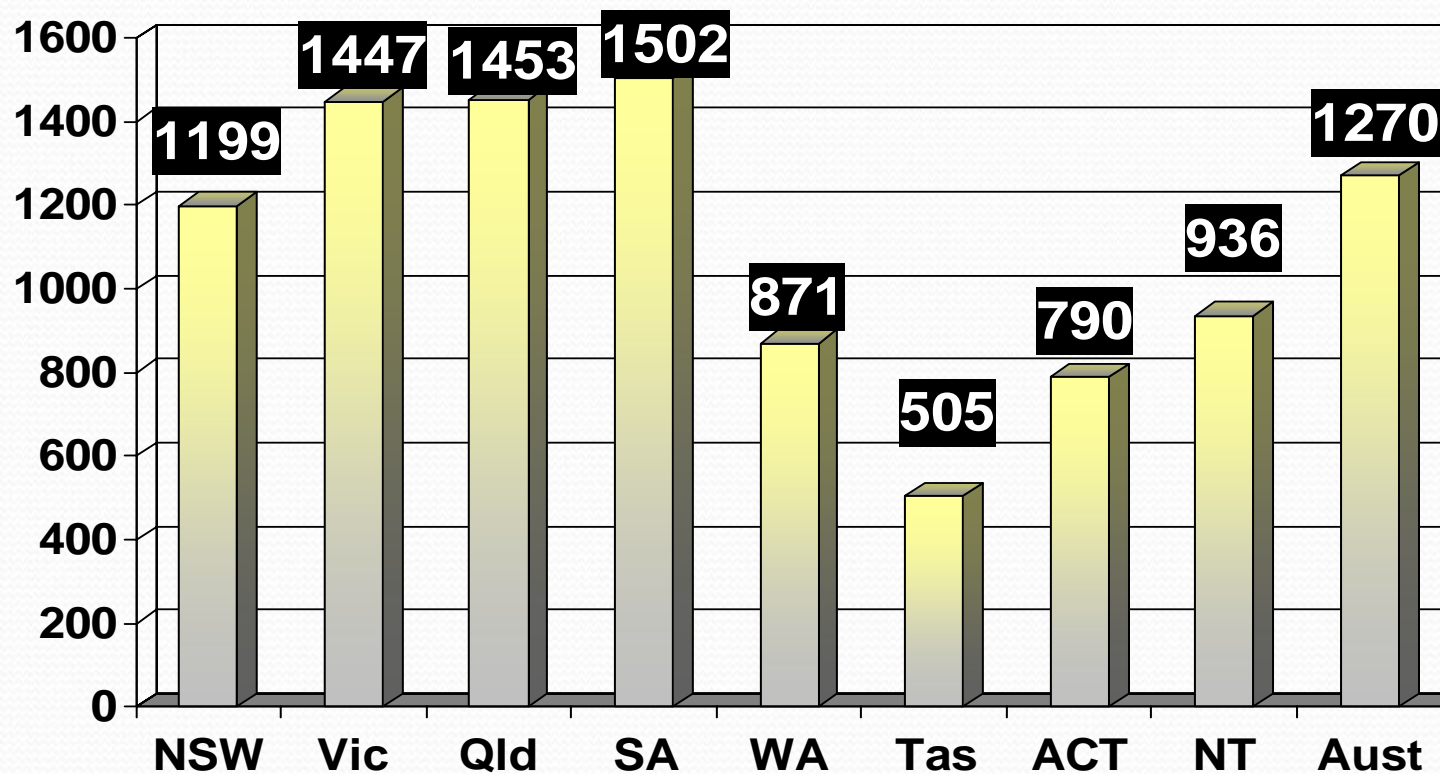
True Incidence of Iatrogenic Addiction to Opioids for People with Chronic Non-Malignant Pain

- True incidence is not known (estimate 10%)
- Published reports from early 1980s suggest it was low in patients with no history of drug abuse, but these studies pre-date huge increase in SR morphine and SR oxycodone.
- Bell (1997) reported 33% patients treated with opioids for CNMP were treated > five years and that dose escalation was common. Many had poorly defined medical problems with associated social and emotional problems

Opioid base supply: Australia, 1991-2005

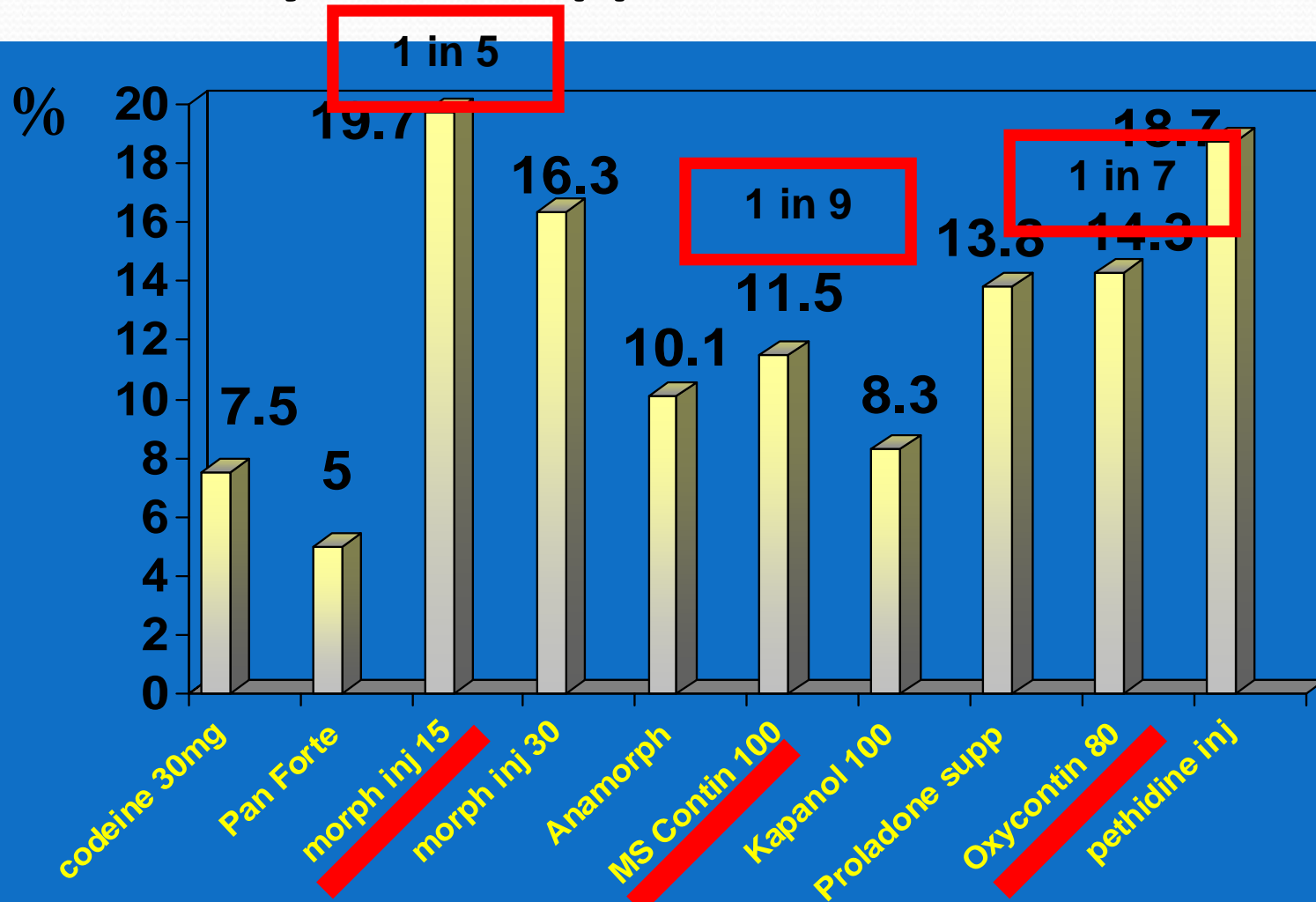


HIC 'Doctor shoppers'*/1000 GPs 1997



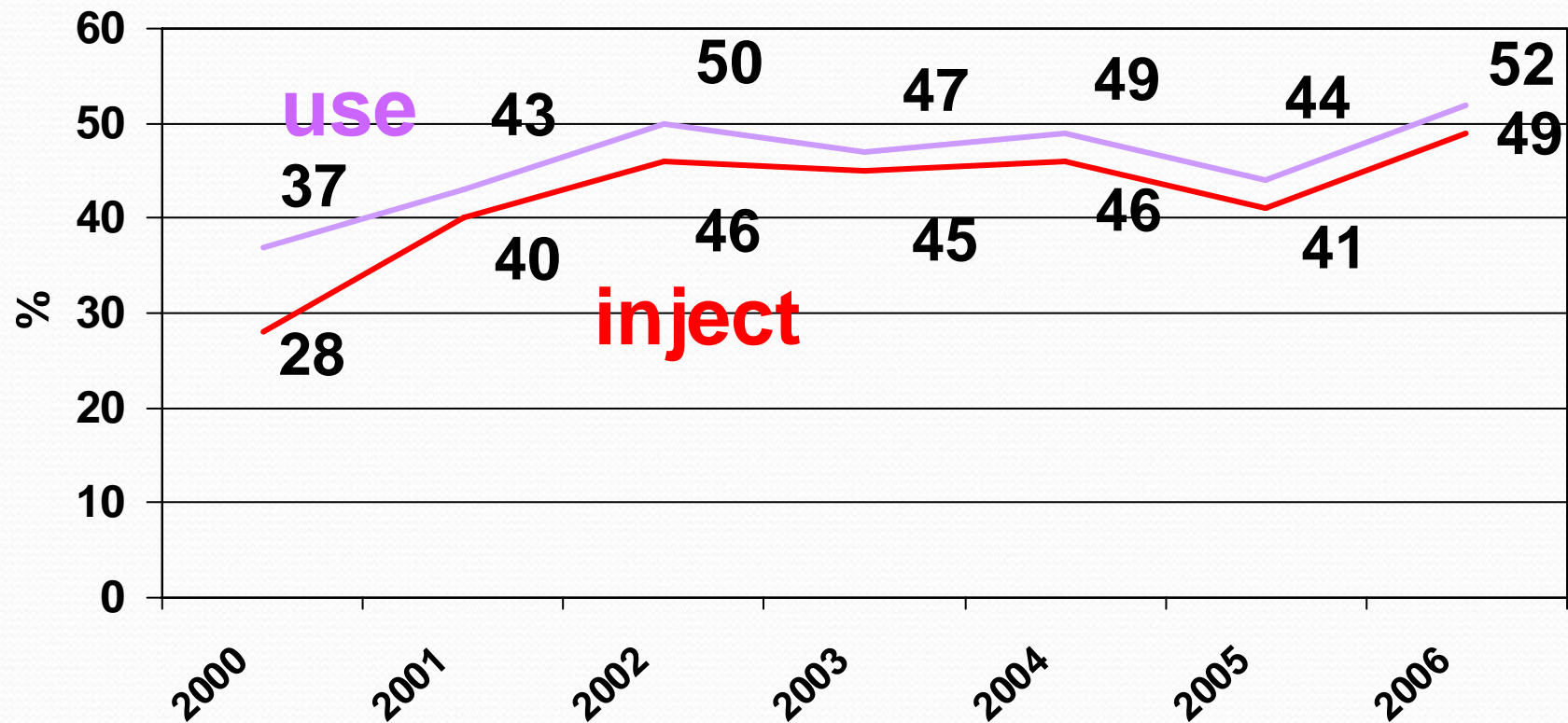
*15+ different GPs 30+ Medicare consults More PBS drugs than clinly. necessary

% of PBS opioid scripts obtained by 'Dr. shoppers'



Australia, 2000

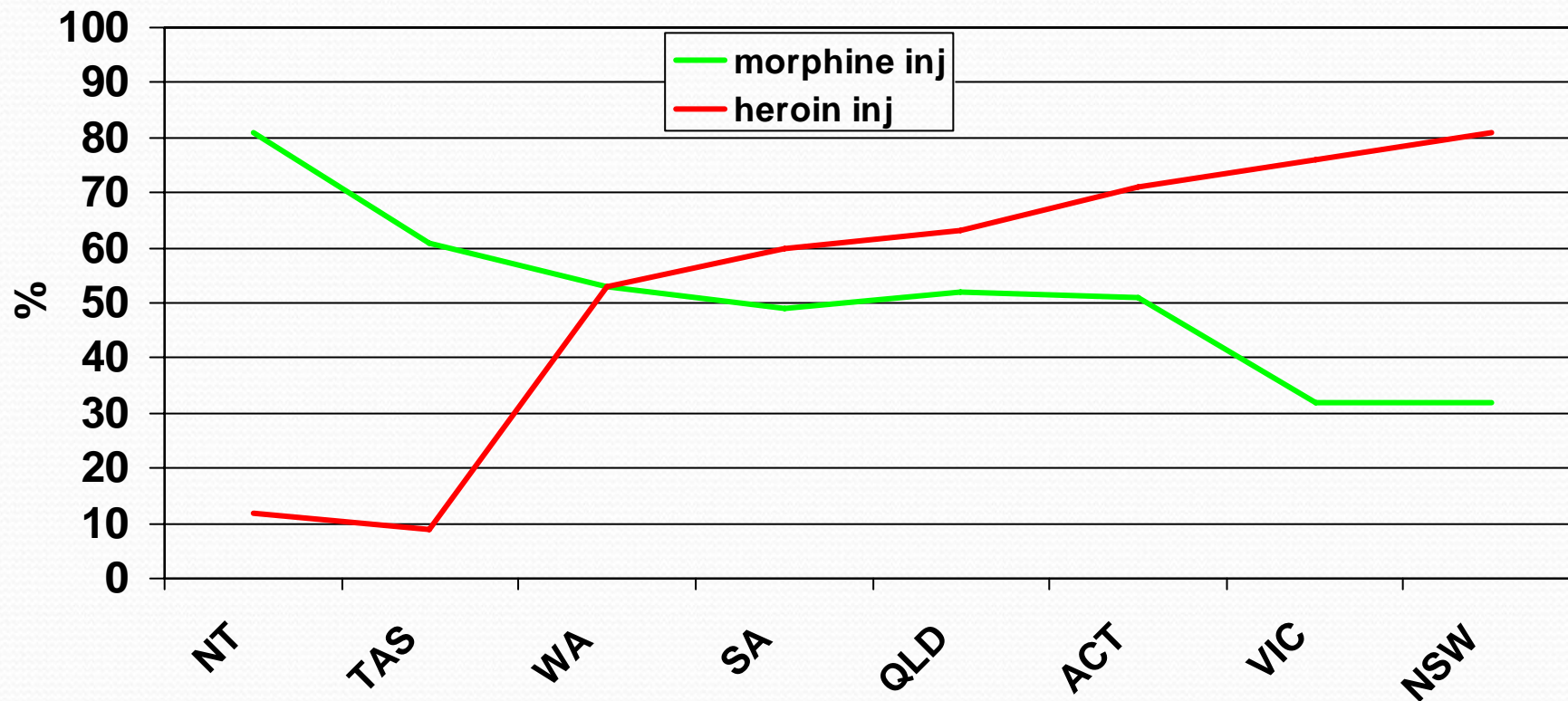
Recent* IDU use and injection of morphine: Australia, 2000-2006



* Last 6 months

Illicit Drug Reporting System (IDRS)

Recent heroin & morphine injection: Australia 2006



Source: Australia Drug Trends 2006. IDRS

Drug Diversion

- Drug may be used in an unsanctioned manner, eg. injected, may be sold on the black market or may be given to others.
- Associated with increased risk of death and other adverse effects of injection.
- The characteristics of diverted prescribed opioids may be more attractive than those of morphine
- 40% patients at Warinilla have used significant amounts of illicit prescribed opioids in the month prior to starting pharmacotherapy

Cost and Street Value of Prescribed Opioids

Drug	Pack	PBS Cost	Street Value
MS Contin 100mg	20	\$30.70 / \$4.90	\$400-1600
Kapanol 100mg	20	\$30.70 / \$4.90	\$400-1200
Oxycontin 80mg	20	\$30.70 / \$4.90	\$450-1200
Methadone 10mg	20	\$13.39 / 4.90	\$100-300

YELLOW FLAGS

- ⌘ Dose escalation; persistent seeking of higher doses
- ⌘ Using the morphine to treat symptoms other than pain.
“I’d just had a hell of a day”.
- ⌘ Obtaining opiates from different prescribers.
- ⌘ Requesting specific drugs. “Pethidine is the only one that works. I’m allergic to all the others.”
- ⌘ Hoarding then binging
- ⌘ Losing prescriptions, losing the drugs, “the dog ate it”, “my friends ripped me off”.
- ⌘ Loss of function
- ⌘ Non compliance with non-medication oriented treatments

RED FLAGS

- Concurrent abuse of other drugs “*The Strongbow is just the thing to get rid of the taste of the valium.*” [client on methadone]
- Injecting of opioids
- Selling their drugs
- Stealing or borrowing another patient’s drugs
- Prescription forgery
- Obtaining street drugs

How might we help if this were happening?

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- Contracting
- Observed dosing
- Limited pick-ups/supply.
- Script security: fax and then post
- Specified pharmacy
- Registration/authority
- PBS authority to release information
- Multidisciplinary pain management team:
 - Physician, physiotherapist/OT, psychologist, anaesthetist, interventional radiologist