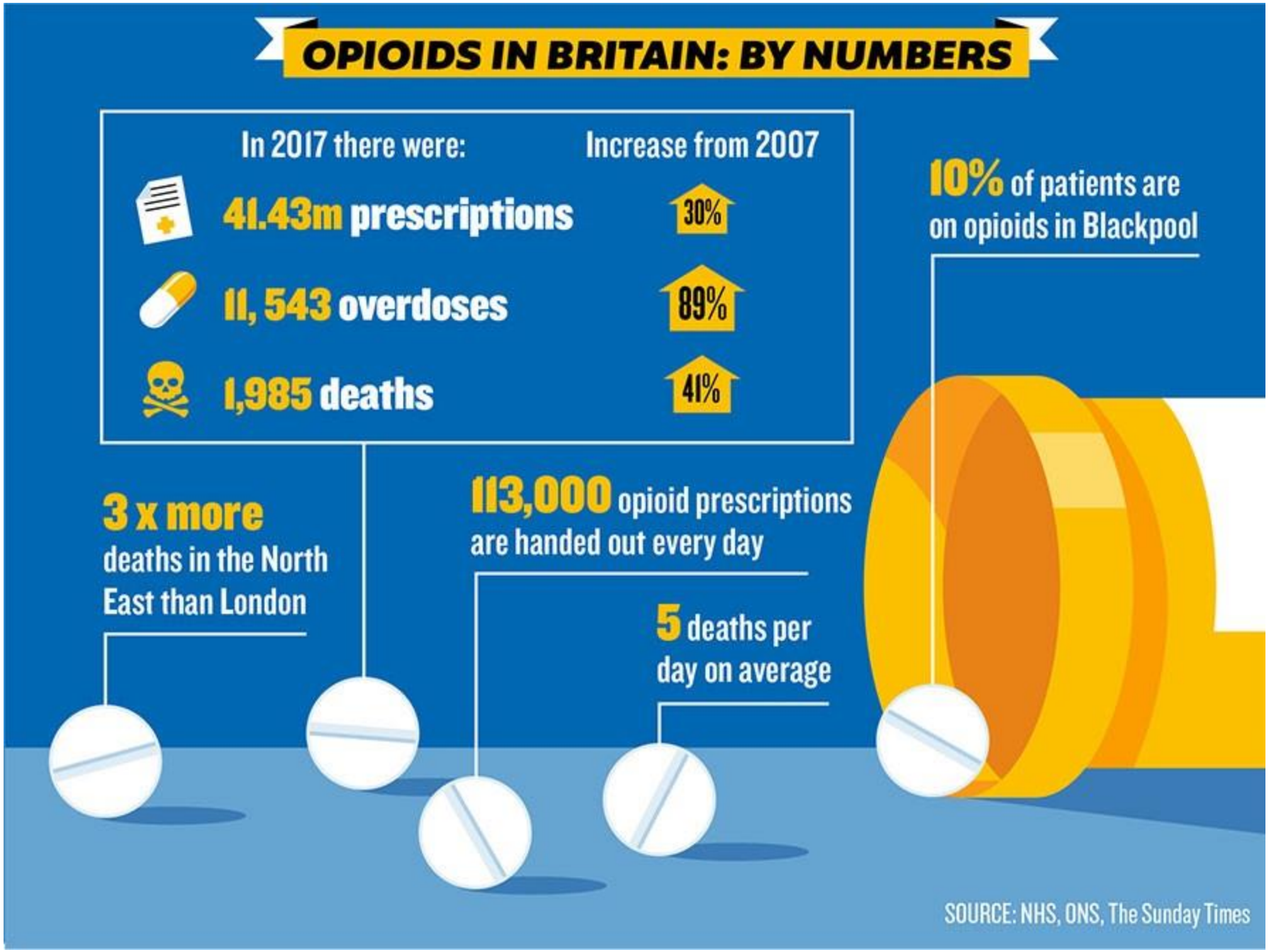
Pain and Dependency Service: Reflections after 20 years .

Professor Dr Alex Baldacchino

University of St Andrews and NHS Fife


OPIOIDS IN BRITAIN: BY NUMBERS
In 2017 there were:
Increase from 2007
41.43m prescriptions
30%
11, 543 overdoses
89%
1,985 deaths
41%
10% of patients are on opioids in Blackpool
3 x more deaths in the North East than London
113,000 opioid prescriptions are handed out every day
5 deaths per day on average
SOURCE: NHS, ONS, The Sunday Times

Overprescribing of medicines must stop, says government

7 hours ago

JOURNAL OF THE ROYAL SOCIETY OF MEDICINE Volume 97 February 2004

Chronic non-cancer pain and opioid dependence

Christopher Littlejohn BSc RMN Alex Baldacchino MPhil MRCPych Jonathan Bannister MB FRCA[1]

J R Soc Med 2004;**97**:62–65

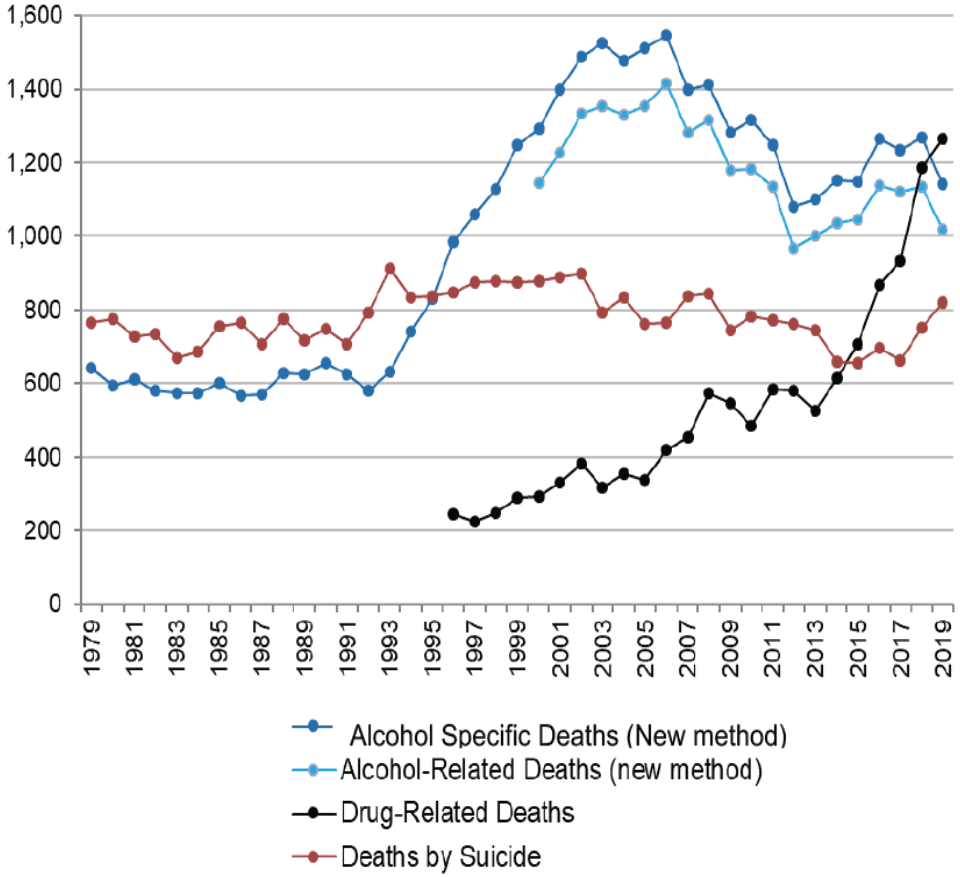
SYMPOSIUM ON CHRONIC DISEASE MANAGEMENT

Comorbid chronic non-cancer pain and opioid use disorders

Christopher Littlejohn, Jonathan Bannister, Alex Baldacchino

Global situation analysis

- About 275 million people worldwide (5.6 per cent of the global population) aged 15–64 years, used drugs at least once during **2016 (*World Drug Report 2018*).**
- Predominantly include cannabinoids, opioids, cocaine and/or amphetamine-type stimulant (ATS) groups.
- 31 million people who use drugs suffer from drug use disorders (DUDs), meaning that their drug use is harmful to the point where they may need treatment.
- ***Opioids continue to cause the most harm, accounting for 76 per cent of deaths where DUD was implicated.***
- About 10.6 million worldwide in 2016 have a recent history of intravenous drug use. This sub group endure the greatest health risks with about 5.5 million individuals living with hepatitis C, 1.3 million living with HIV and 1 million living with both these preventable conditions


1,600
1,400
1,200
1,000
800
600
400
200
0
1979
1981
1983
1985
1987
1989
1991
1993
1995
1997
1999
2001
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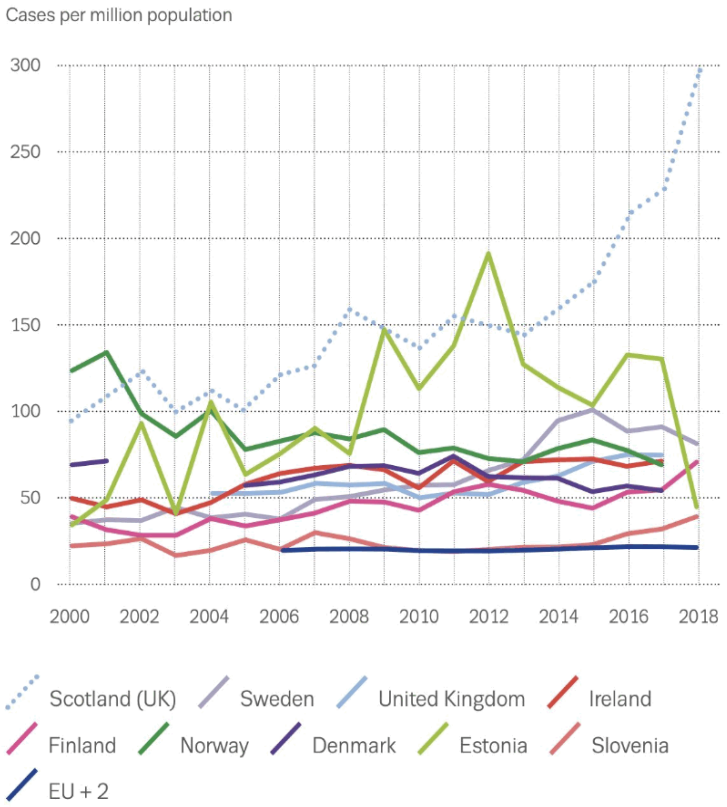
2011
2013
2015
2017
2019
Alcohol Specific Deaths (New method)
Alcohol-Related Deaths (new method)
Drug-Related Deaths
Deaths by Suicide


Cases per million population
300
250
200
150
100
50
0
2000
2002
2004
2006
2008
2010
2012
2014
2016
2018
Scotland (UK)
Sweden
United Kingdom
Ireland
Finland
Norway
Denmark
Estonia
Slovenia
EU + 2

BJA

British Journal of Anaesthesia, ■ (■): 1–11 (2018)

doi: 10.1016/j.bja.2018.02.022
Advance Access Publication Date: xxx
Clinical Investigation

CLINICAL INVESTIGATION

Association of opioid prescribing practices with chronic pain and benzodiazepine co-prescription: a primary care data linkage study

N. Torrance[1], R. Mansoor[2], H. Wang[1], S. Gilbert[3], G. J. Macfarlane[4], M. Serpell[5], A. Baldacchino[6], T. G. Hales[7], P. Donnan[1], G. Wyper[8], B. H. Smith[1,*,#] and L. Colvin[9,#]

Schofield *et al. BMC Public Health* (2021) 21:1174
https://doi.org/10.1186/s12889-021-11162-4

BMC Public Health

RESEARCH Open Access

Quantifying prescribed high dose opioids in the community and risk of overdose

Joe Schofield[1*], Deborah Steven[2], Rebecca Foster[1], Catriona Matheson[1], Alexander Baldacchino[3,4], Andrew McAuley[5,6] and Tessa Parkes[1]

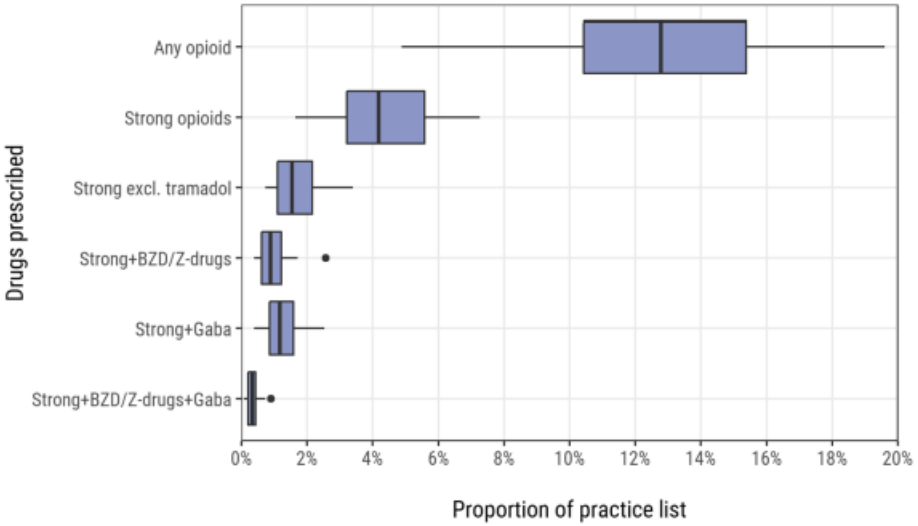


Fig. 1 Opioid prescribing in the previous six months (per practice). BZD = benzodiazepines; Gaba = gabapentinoids

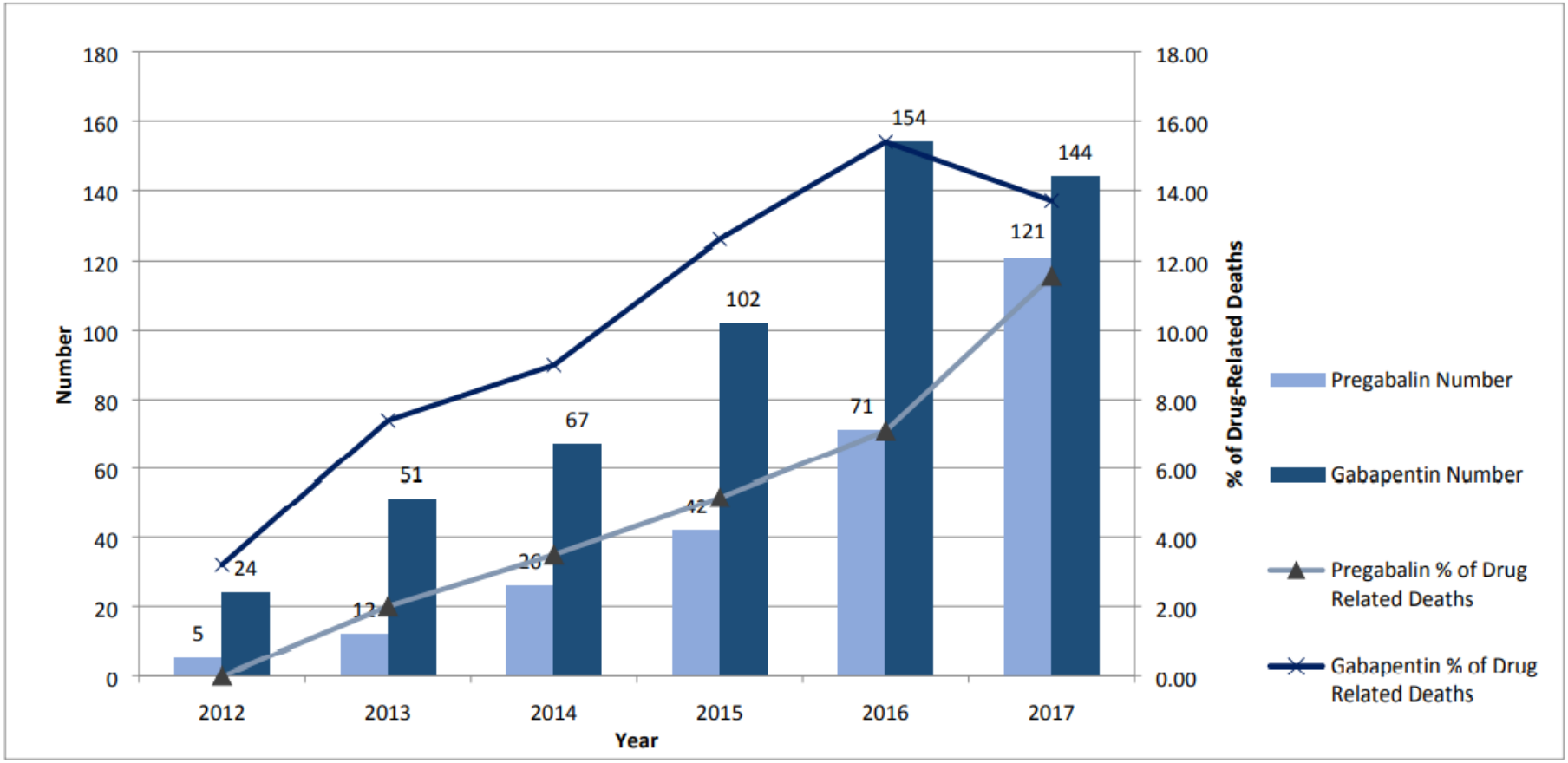
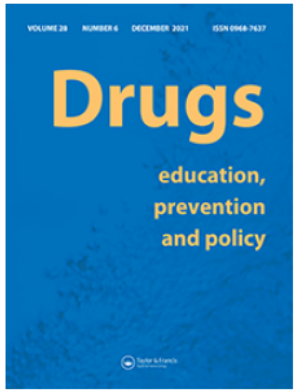


Figure 2a. Drug-related deaths where pregabalin and gabapentin were implicated in or potentially contributed to cause of death by number and percentage: Scotland 2012-2017[¥]



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Drugs: Education, Prevention and Policy

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Chronic pain, prescribed opioids and overdose risk: a qualitative exploration of the views of affected individuals and family members

Tessa Parkes, Rebecca Foster, Andrew McAuley, Deborah Steven, Catriona Matheson & Alex Baldacchino

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DOI: 10.1111/dar.13554

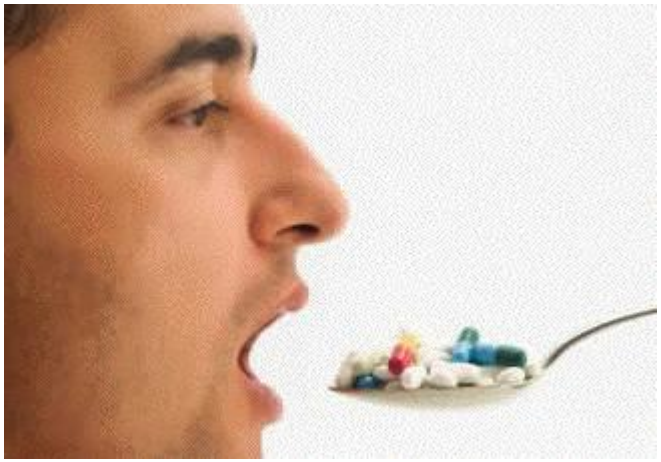
ORIGINAL PAPER

Drug and Alcohol REVIEW APSAD WILEY

Patient, family members and community pharmacists' views of a proposed overdose prevention intervention delivered in community pharmacies for patients prescribed high-strength opioids for chronic non-cancer pain: An explorative intervention development study

Fiona Mercer[1] | Tessa Parkes[1] | Rebecca Foster[1] | Deborah Steven[2] | Andrew McAuley[3] | Alexander Baldacchino[2,4] | Wez Steele[5] | Joe Schofield[1] | Catriona Matheson[1]

Patient groups: Epidemiology



Up to 20% report dependence

50% report chronic pain

Concerns: patients

- Fear of withdrawal
- Fear of pain not being taken seriously
- Fear of relapse
- Fear of discrimination and stigma

Contents lists available at ScienceDirect

Addictive Behaviors

Short Communication

Guilty until proven innocent: A qualitative study of the management of chronic non-cancer pain among patients with a history of substance abuse

Alex Baldacchino [a], Gail Gilchrist [a,b,*], Rod Fleming [c], Jonathan Bannister [d]

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[b] Substance Use Disorders Research Group, Institut Municipal d'Investigació Mèdica (IMIM)-Hospital del Mar, Parc de Recerca Biomèdica de Barcelona, C/ Dr. Aiguader 88, 08003 Barcelona, Spain
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[d] Tayside Pain Services, Ninewells Hospital & Medical School, Dundee, DD1 9SY, Scotland

Concerns: clinician

- Mistrust of those with addiction
- Overtreatment of pain with unintentional risk of overdose
- Pain may be fabricated
- Diversion
- Fear that patients may leave against medical advice and not completing essential medical care

Treatment outcomes: relevance from my side of the universe…

- Less likely to be abstinent
- Increasing use of illicit substances
- Higher doses of methadone
- Poorer psychosocial functioning
- Faster relapse
- Polypharmacy
- Non-compliance and discharge

Pain & Dependency (PAD) Clinic – the Fife/Tayside experience:

- Development of combined Pain & Dependency (PAD) Clinic – 2001
- Patients should not be denied adequate pain relief and/or treatment of their addiction
- Access to specialised services with experience in managing this patient group is essential

- **The flying painologist or addictionologists*:***

  ‘Expert guidance’ within an addiction/pain setting

- **Interdisciplinary clinic:**

  – Pain Medicine and Addiction Psychiatrists and/or
  – other experts/competencies within the 2 service settings
  – Contributing to cases within a tertiary clinic setting….a source of support to all involved including the patient

Liaison,facilitation,advice……

- **Second opinions**:
  E-mail
  Telephone

- **Pain, Psychiatry or Addiction clinics**

- **Pain, Psychiatry and Addiction non-medical prescribing and facilitation**

Desiderata for pain and other clinicians Part 1

- Avoid making value judgements or assumptions
- Be as objective as possible including adequate holistic assessment
- Be familiar with screening tests for pain and substance misuse related problems
- Ask about polydrug misuse and if need be do a urine analysis
- Know your dependence syndrome
- Take a biopsychosocial perspectives
- Get to know your internal and regional networks of professionals who can help

Desiderata for pain and other clinicians Part 2

- Agree parameters and boundaries
- Agree expected and realistic goals and agree on duration of analgesic treatment
- Be confident with the diagnosis and review it regularly
- Consistency, communication and consensus
- Single prescriber, limited professionals, ‘single hymn sheet’, stop prescribing
- Foster ability to identify danger signs and ask for help
- Listen to the patient….

Forget et al. BMC Health Services Research (2022) 22:329
https://doi.org/10.1186/s12913-022-07696-x

BMC Health Services Research

RESEARCH Open Access

System-level policies on appropriate opioid use, a multi-stakeholder consensus

Patrice Forget[1,2*], Champika Patullo[3], Duncan Hill[4], Atul Ambekar[5], Alex Baldacchino[6,7,8], Juan Cata[9], Sean Chetty[10], Felicia J. Cox[11], Hans D. de Boer[12], Kieran Dinwoodie[13,14], Geert Dom[15,16], Christopher Eccleston[17], Brona Fullen[18], Liisa Jutila[19], Roger D. Knaggs[20], Patricia Lavand'homme[21], Nicholas Levy[22], Dileep N. Lobo[23], Esther Pogatzki-Zahn[24], Norbert Scherbaum[25], Blair H. Smith[26], Joop van Griensven[19] and Steve Gilbert[27]

PRACTICE RESEARCH REPORT

Current state of opioid stewardship

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Julie M. Waldfogel, PharmD, BCGP, CPE, Department of Pharmacy, The Johns Hopkins Hospital, Baltimore, MD

Purpose. The opioid epidemic continues to result in significant morbidity and mortality even within hospitals where opioids are the second most common cause of adverse events. Opioid stewardship represents one model for hospitals to promote safe and rational prescribing of opioids to mitigate preventable adverse events in alliance with new Joint Commission standards. The purpose of this study was to identify the prevalence of

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http://dx.doi.org/10.1136/bmj.m4901
Published: 05 January 2021

UK recommendations on opioid stewardship

A wider and more coordinated approach is necessary

Nicholas Levy,[1] Linda J Lord,[2] Dileep N Lobo[3]

The effect of the prescription opioid crisis in North America is well documented.[1] In 2018 some 68 500 Americans died from opioid overdoses, and in 2015 the cost of opioid misuse to the US economy was estimated at $150bn (£110bn; €120bn).[1] The EU now has an estimated 1.3 million high-risk opioid users,[1] and 110 000 people worldwide died from opioid use disorders in 2017—77% more than in 2007.[2]

Opioids were prescribed to roughly 5% of the UK population in 2015.[3] Between 1998 and 2016, opioid prescriptions increased by 34% in England, and the total oral morphine equivalence dose increased by concurrent medicines such as benzodiazepines. Repeat-refill prescriptions have been identified as one of the main drivers for persistent opioid use,[10] and have been raised as an area for action to prevent future deaths in a recent regulation 28 report.[11] Coroners issue regulation 28 reports only in exceptional circumstances,[12] and this report was published after the death from overdose of an old man supplied with 100 tramadol capsules every month on repeat prescription with no review.[11]

The MHRA also highlights the issues of opioid tolerance, dependence, and addiction and

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