How patients can influence regulatory policy to obtain access to adequate pain relief

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Disparity in Consumption: High vs. Low- and Middle-income countries (LMIC)

2010 Population

- HIC (16%)
- LMIC (84%)

2010 Morphine Consumption (kg)

- High Income (90%)
- LMIC (10%)
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

- Low-income countries: 579kg
- Middle-income countries: 27,625kg
- High-income countries: 384,351kg

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
How does this effect me?
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
Patient-related barriers:
Education yourself. Ask for pain relief.

- Exaggerated fear of addiction
- Fatalism
- Concern about developing tolerance
- “Good patients” don’t complain about pain
- Worry about side effects
- Worry about impairing immune system
- Fear of distracting MD; “give me chemo.
- Worry about “masking” new pain
Stories.....
AVAILABILITY OF MEDICINES
FOR MODERATE TO SEVERE PAIN
Jumping into the world of social media with Palliative Medicine

Social Media? Lady Gaga? Demi Moore? Facebook? Tweets? Blogs? What do I care where Stephen Fry is having dinner tonight? What has this to do with palliative care and in particular this journal?

In June, Palliative Medicine made the jump into the world of social media with both Facebook (Palliative Medicine) and Twitter (@PalliativeMedJ) accounts. What is this thing called social media? Let us consider a number of the available definitions.

‘Social media are media for social interaction, using highly accessible and scalable communication techniques’. Critics have asked whether the telephone and email may meet this Wikipedia definition, and they were around long before ‘social media’ became fashionable. So social media perhaps needs a better definition.

Anthony Bradley in a ‘blog’ defines social media as an ‘on-line environment established for the purpose of mass collaboration’. Bradley poses a number of constructs upon which this is based.

and clinical practice in the palliative care of patients with far advanced disease. This outstanding journal features editorials, original papers, review articles, case reports, correspondence and book reviews. Essential reading for all members of the palliative care team.  

Published by Sage, it is the official research journal of the European Association of Palliative Care and the Association of Palliative Medicine of the UK and Northern Ireland. Its success in academic circles is defined by the impact factor (recent numbers show a jump to 2.515), but does this impact factor really assess the journal’s ability to improve both the knowledge and clinical practice of palliative care? We publish and hope that someone else references our paper and this is how we measure our efforts to improve knowledge and clinical practice. But despite the explosion in the medical literature, it takes 17 years to bring about full integration of research findings into clinical practice.
Data Never Sleeps 2.0

How Much Data is Generated Every Minute?

- Pinterest Users Pin 3,472 images
- YouTube Users Upload 72 HRS. of new video.
- Email Users Send 204,000,000 messages
- Google Receives Over 4,000,000 search queries
- Facebook Users Share 2,460,000 pieces of content
- Tinder Users Swipe 416,667 times
- Twitter Users Tweet 277,000 times
- Yelp Users Post 26,380 Reviews
- Apple Users Download 48,000 apps
- PANDORA Users Listen to 61,141 hours of music
- Amazon Makes $83,000 in online sales
- WhatsApp Users Share 347,222 photos
- Instagram Users Post 216,000 new photos
- Vine Users Share 8,333 videos
- Skype Users Connect for 23,300 hours

The Global Internet Population grew 14.3% from 2011-2013 and now represents 2.4 billion people.

With each click, share and like, the world’s data pool is expanding faster than we can comprehend. Businesses today are paying attention to sources of data sources to make crucial decisions about the future. The team at Domo can help your business make sense of this endless stream of data by providing executives with all their critical information in one intuitive platform. Domo delivers the insights you need to transform the way you run your business. Learn more at www.domo.com.

Sources:
- BBG
- NBC
- NYTimes.com
- Intel.com
- Apple.com
- Time.com
- DailyMail.co.uk
- Skype.com
- Statisticbrain.com
Circles
Share and receive updates from the right people

Share selectively
Circles make it easy to share the right things with the right people, just like in real life. Now you can share some things with close friends, others with your family, and almost nothing with your boss.

See every important post
Circles let you filter what people are sharing and get notified when important people in your life make a post. So you can catch up with close friends before reading what your neighbor ate for breakfast.

Simple sharing across Google and the web
From restaurant directions in Google Maps to breaking stories from your favorite news source, Circles make sharing easy from anywhere.
Who…..?

- Your Doctor (s)
- Cancer Organizations
- Patient support groups
- Media:
  - Meet regularly.
- Politicians
“During the semester of Presidency, space will be given also to the issues of pain management and palliative care: medical advances make this aspect very timely and our country intends to share its experience with the other Member States.”
Global Opioid Policy Initiative: Next Steps

Use the 10-point plan to get your health authorities to take action to reduce the excessively restrictive barriers that currently limit access to opioid analgesics.

**Taking GOPI to a political level: the 10-point plan**

1. **Education**
   - Governments will review the curricula for undergraduate and postgraduate education so that all newly-graduating healthcare professionals understand the legal requirements and have the knowledge and skills to use opioid medications in the relief of cancer pain appropriately and safely as an integral part of high quality care.

2. **Formulary restrictions**
   - The GOPI initiative endorses the standards of the WHO Essential Medicines List as a minimal standard for opioid formulary. This minimal formulary should include oral codeine, immediate-release morphine, controlled-release morphine tablets and injectable morphine.

3. **Physician prescriptions**
   - Policies in some countries allow doctors to prescribe opioids off-label for non-cancer pain.