The Pain/Addiction Interface: Community and Physician Health Perspectives

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Two Settings: I’ve Worn Both Hats. Pain vs. Addiction Worlds

• Commonalities
• Differences
• Complexity of Co-Occurring Disorders


**Apples to Apples: The Morphine Equivalence Metric**

http://www.painpolicy.wisc.edu

- Developed by the Pain & Policy Studies Group (PPSG), a global research program at the University of Wisconsin (Carbone Cancer Center of the School of Medicine and Public Health).

- Population adjusted use of 6 principal opioids used to treat moderate to severe pain: Fentanyl; Hydromorphone; Methadone; Morphine; Oxycodone; Pethidine or meperidine

- The ME allows for equianalgesic comparisons between countries of the aggregate consumption of these principal opioids (total ME), thereby providing a more complete picture of a country's capability to treat moderate to severe pain.

United States of America

Opioid Consumption in Morphine Equivalence (ME) minus Methadone, mg per person

http://www.painpolicy.wisc.edu
Apples to Apples: Morphine Equivalence
mg per capita 2012

- 871: Canada
- 743: USA
- 620: Denmark
- 513: Austria
- 400-500: Australia, Belgium
- 300-400: Ireland, Netherlands, Switzerland
- 200-300: France, Germany, Portugal, Norway, Spain, Sweden
- 100-200: Greece, Israel, Italy, New Zealand
- 38: Iran
- 26: Japan
- 8: Brazil, China
- 4: Mexico
- 2: Russia
- 0.2: India
- 0.006: Nigeria

The Adelman Coefficient = (Canadian ME)/(Nigerian ME) = 145,000

Barriers to Ideal Practice

- Subjectivity vs. Science
- Specialty Silos
- Culture of Rugged Individualism
- Practice Variation (PPMPM)
- Time Bankruptcy
Viewpoints

• A Typical Pain/Addiction Patient in the Community

• A Typical Pain/Addiction Client at PHS

• An Addiction Psychiatrist’s View of Medication Assisted Treatment

• Oxycodone Following Surgery: Up Close & Personal