

PainWeek[®]

Pain By Numbers: $A+B=Z^2$

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Disclosure

- Nothing to disclose

Learning Objectives

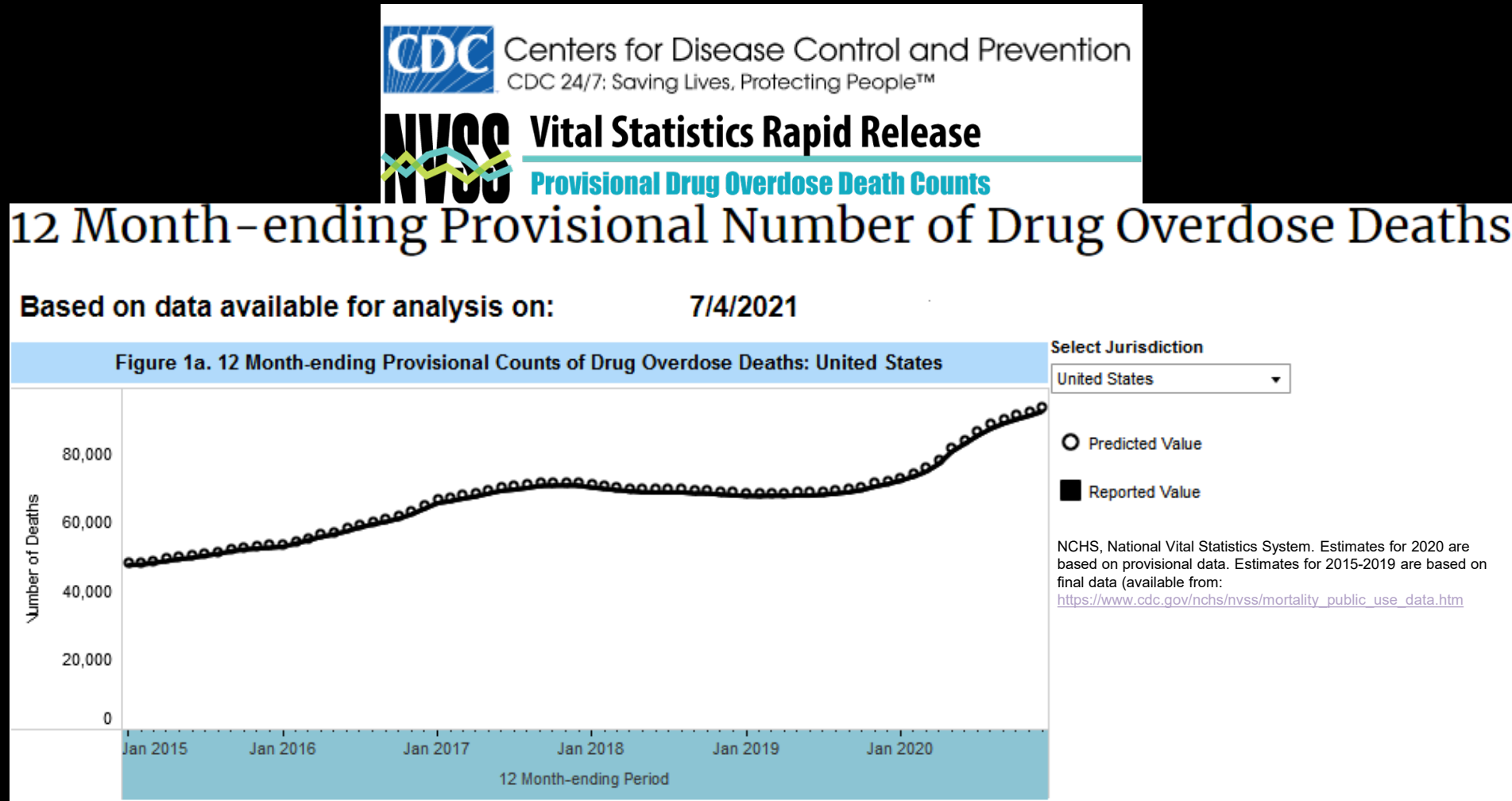
- Describe the prevalence of chronic pain and drug overdose deaths in the U.S. today
- Summarize the intersection of COVID-19 and the overdose epidemic our nation faces today
- Identify strategies for stakeholders to work together to mitigate the current trends in overdose deaths
- Describe how tragedy and government policy failures can lead to positive outcomes in healthcare
- Identify the political and data-driven challenges associated with unintentional overdose in the United States
- Describe how individual efforts, both large and small, can improve the treatment of pain now and in the future

Prevalence of Chronic Pain in Adults in 2021- 20.5%

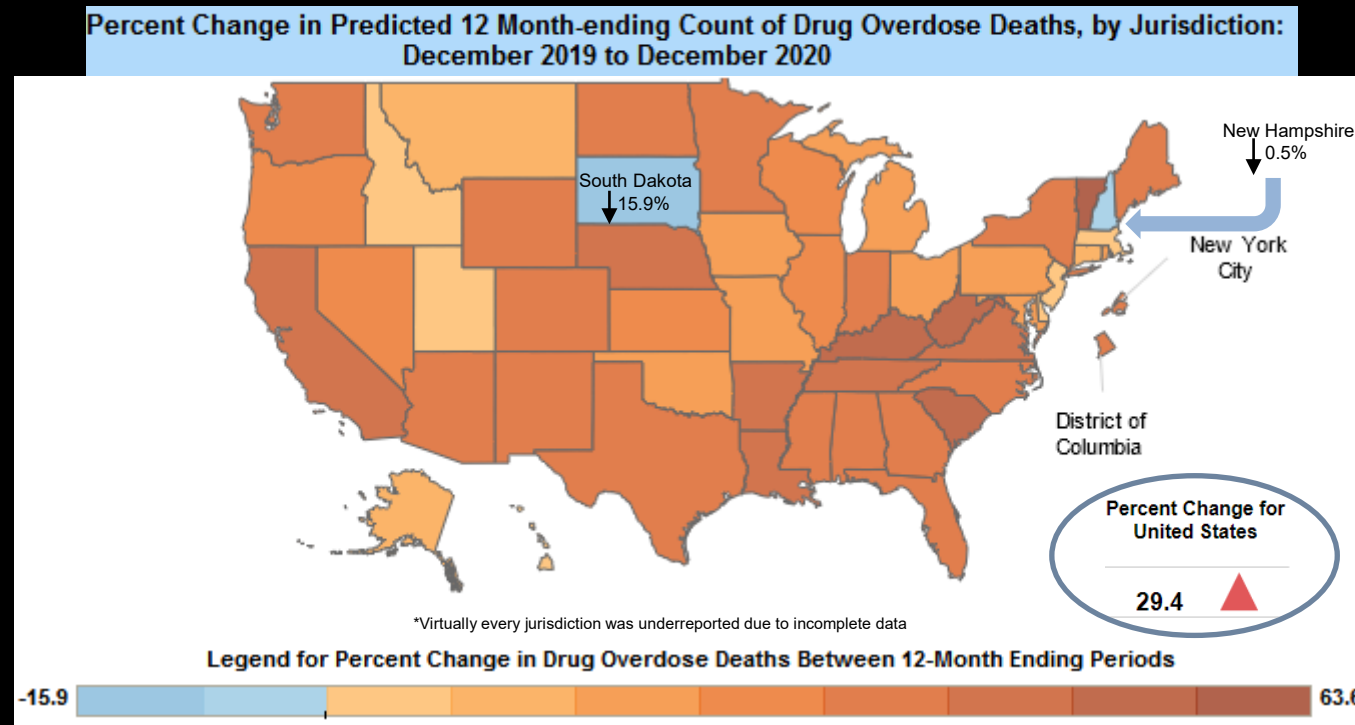
- Used a chronic pain module introduced in the 2019 edition of National Health Interview Survey
- 50.2 million adults (20.5%) reported pain on most days or every day
- 24.4 million (10% of US adults) suffer “high-impact” chronic pain with work limitations
 - ~\$79.9 billion in lost wages annually
 - Total value of lost productivity at ~\$296 billion per year



12 Month Data on Overdose Deaths



29.4% - Drug Overdose Deaths Increased Significantly Across the Country



93,000 - More Overdose Deaths Than Ever Before

Drug overdose deaths in 2020 hit highest number ever recorded, CDC data shows



By Maggie Fox, CNN

🕒 Updated 7:07 AM ET, Sat July 17, 2021

- More than 93,000 people died from drug overdoses in 2020
 - *"Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in 2020 compared to 2019. Cocaine deaths also increased in 2020, as did deaths from natural and semi-synthetic opioids (such as prescription pain medications)"*
- *"The FDA oversight of medical and clinical practice is an area the agency acknowledges it needs to improve. The question of whether a particular drug should have been approved or not is fair to ask. But now the emphasis should be on the oversight of prescribing"*
 - ~ Dr. Joshua Sharfstein, Vice Dean for public health practice at the Johns Hopkins Bloomberg School of Public Health and a former Deputy Commissioner at the Food and Drug Administration

Numerous Questions

- *"The FDA oversight of medical and clinical practice is an area the agency acknowledges it needs to improve. The question of whether a particular drug should have been approved or not is fair to ask. But now the emphasis should be on the oversight of prescribing"*

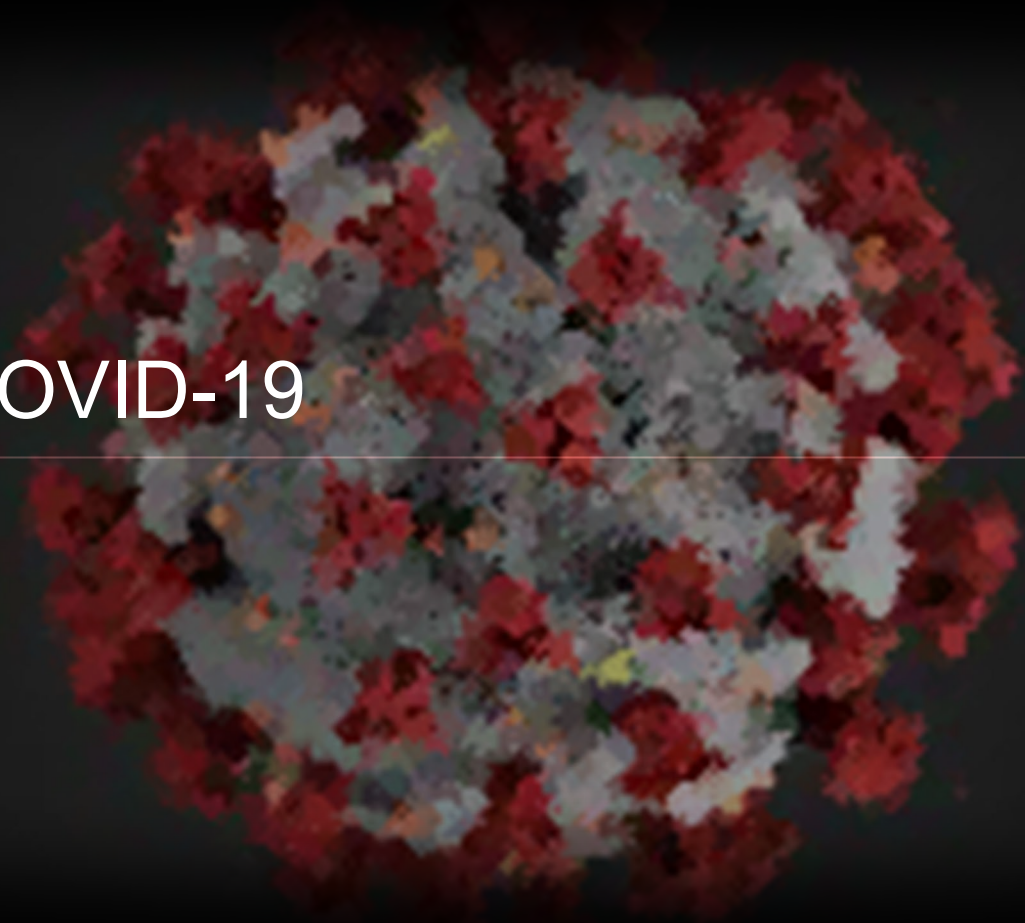
~ Dr. Joshua Sharfstein, Vice Dean for public health practice at the Johns Hopkins Bloomberg School of Public Health and a former Deputy Commissioner at the Food and Drug Administration

- *Is this just about prescribing practices and drug overdose deaths?*
- *Are healthcare professionals going to single-handedly going to solve the drug overdose epidemic?*
- *Why did this happen??*
- *Why is it happening now??*



~ 36,000,000 Cases of COVID-19

**Is COVID to Blame for
the Increase in Overdose
Deaths?**



Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019

Julie O'Donnell, PhD¹; R. Matt Gladden, PhD¹; Christine L. Mattson, PhD¹; Calli T. Hunter, MPH¹; Nicole L. Davis, PhD¹

- After decreasing from 2017 to 2018, provisional data indicate that drug overdose deaths **increased in 2019**, driven by opioid-involved and stimulant-involved overdose deaths
- **Illicitly manufactured fentanyls (IMFs), heroin, cocaine, or methamphetamine (alone or in combination) were involved in 83.8% of overdose deaths during January–June 2019**; at least one potential opportunity for intervention was identified in 62.7% of overdose deaths
- Targeting crucial opportunities for intervention with evidence-based overdose prevention programs can help reverse increases in drug overdose deaths. Interventions to reduce overdose deaths involving **illicit opioids and stimulants, particularly IMFs**, are needed and should be complemented by efforts to prevent initiation of prescription drug misuse and illicit drug use.

91,862 - Pre-COVID Drug Overdose Numbers Were Already Rising

Government Data Show

— Substance use disorder also increases risk of contracting COVID, says NIDA director

by [Joyce Frieden](#), Washington Editor, MedPage Today June 1, 2021

Data from the National Center for Health Statistics from **October 2019 to October 2020** shows that **mortality from overdoses from all types of drugs increased 30%**, from 70,669 deaths in October 2019 to **91,862 deaths in October 2020**, "and I think that that is a number that is very, very chilling," Volkow said at the forum. Among those overdose deaths in both years, more than half came from synthetic opiates - "the most notable presence is fentanyl," she said. **There was also a 46% increase in overdose deaths** from other **psychostimulants**, mainly **methamphetamine**, and a 38% increase in deaths from **cocaine** overdoses.

Epidemic² - Syndemic 2018

Clinical Reviews

Journal of Addictions Nursing • Volume 29 • Number 3, 205–210 • Copyright © 2018 International Nurses Society on Addictions

Caught in the Crossfire of the Syndemic

Gina Dobbs, DNP, MSN, FNP-BC, CRNP ○

Susanne A. Fogger, DNP, CRNP, PMHNP-BC, CARN-AP, FAANP

- The phenomenon of the synergistic collision of epidemics intensifying the load of disease constitutes a “syndemic”
- As a heroin replacement, adulterant, or an ingredient in counterfeit pain pills, **novel synthetic opioids** complicate the opioid epidemic with the challenge of identifying the substance and the possible underestimations of deaths attributed from these synthetic agents

Epidemic³ - Syndemic 2020

Annals of Internal Medicine April 2, 2020

IDEAS AND OPINIONS

Collision of the COVID-19 and Addiction Epidemics

Nora D. Volkow, MD

- Persons who are isolated and stressed—as much of the population is during a pandemic—frequently turn to substances to alleviate their negative feelings
- Those in recovery will face stresses and heightened urges to use substances and will be at greatly increased risk for relapse
- Peers, family members, and addiction treatment providers should be alert to this possibility
- Clinicians should monitor for signs of substance misuse or use disorders in their patients, given the unprecedented stresses, fears, or even grief they may be facing

Epidemic³ - Syndemic 2020

Annals of Internal Medicine April 2, 2020

IDEAS AND OPINIONS

Collision of the COVID-19 and Addiction Epidemics

Nora D. Volkow, MD

- The pandemic will also **force the health care system, policymakers, and researchers to accelerate new ways of meeting the treatment and recovery needs** of this population, through measures ranging from enhancing virtual resources to minimizing office visits via increased use of depot injections of buprenorphine
- *“But under no circumstances can we forget or marginalize persons with SUD during this new public health crisis”*

JC Marin travels more than an hour to a methadone clinic in Brooklyn from his home in Copiague, Long Island, where his basement bears the remnants of his time working as a handyman. Photographs by Ryan Christopher Jones for The New York Times

30,000 People ÷ 70 Methadone Treatment Centers = ~429 People/Clinic

Opioid Addiction Knows No Color, but Its Treatment Does

In New York, treatment is sharply segregated by income, as those with money can avoid methadone clinics and use an alternate treatment.

JC Marin travels more than an hour to a methadone clinic in Brooklyn from his home in Copiague, Long Island, where his basement bears the remnants of his time working as a handyman. Photo by Ryan Christopher Jones for the New York Times.

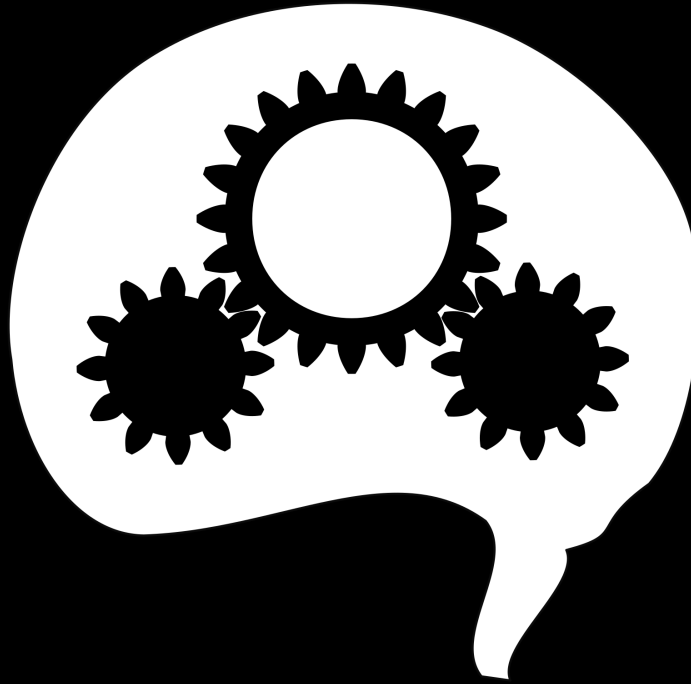
PainWEEK®

The New York Times

By Jose A. Del Real

Jan. 12, 2018

What Are We Supposed to Do?



PainWeek®



“Cure sometimes, treat often, comfort always.”
— Hippocrates

Excerpts from the “Modern” Hippocratic Oath

(Louis Lasagna, Academic Dean of the School of Medicine at Tufts University)

- I will apply, for the benefit of the sick, all measures that are required
- I will remember that there is art to medicine as well as science, and that warmth, sympathy and understanding may outweigh the surgeon's knife or the chemist's drug
- I will remember that I do not treat a fever chart or a cancerous growth, but a sick human being whose illness may affect the person's family and economic stability
- I will remember that I remain a member of society, with special obligations to all fellow human beings



Syndemic 2021 and Beyond?

JAMA | Original Investigation

Association of Dose Tapering With Overdose or Mental Health Crisis Among Patients Prescribed Long-term Opioids

Alicia Agnoli, MD, MPH, MHS; Guibo Xing, PhD; Daniel J. Tancredi, PhD; Elizabeth Magnan, MD, PhD;
Anthony Jerant, MD; Joshua J. Fenton, MD, MPH JAMA August 3, 2021 Volume 326, Number 5

- 113,618 patients prescribed stable, long-term, higher-dose opioid therapy (≥ 50 morphine milligram equivalents)
- Tapering events were significantly associated with increased risk of overdose and mental health crisis

It is up to Us to Find a Way Forward

EDITORIAL

JAMA August 3, 2021 Volume 326, Number 5

Opioid Tapering Practices—Time for Reconsideration?

Marc Larochelle, MD; Pooja A. Lagisetty, MD; Amy S. B. Bohnert, PhD

“Achieving the goals of minimizing risk yet also improving pain and function will require individualizing care and evidence-based approaches with more nuanced strategies that embrace the clinical complexity of the population of patients with chronic pain”

- Patients treated with long-term opioid therapy find it increasingly difficult to find a new primary care clinician
- Clinicians cite opioid guidelines, policies, and concerns regarding liability as reasons for avoiding opioid prescribing
- Guidelines and policies should expressly allow clinicians to continue long-term opioid therapy for established patients when benefits outweigh risks

Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder

- *“Many people with opioid use disorder are at risk of devastating impacts from this new crisis: people with substance use disorders often have medical comorbidities that can put them at high risk of poor outcomes with respiratory infections, and those with multiple structural vulnerabilities such as poverty and housing insecurity may be unable to take steps to protect themselves from infection”*
- *Even though evidence-based treatment for opioid use disorders (OUD) is effective, almost four in five Americans with OUD do not receive any form of treatment*

DISCUSSION PAPER

Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers within the Treatment System

Bertha K. Madras, PhD, McLean Hospital and Harvard Medical School; N. Jia Ahmad, MPH, Johns Hopkins Bloomberg School of Public Health; Jenny Wen, MPH, Johns Hopkins University School of Medicine; Joshua Sharfstein, MD, Johns Hopkins Bloomberg School of Public Health; and the **Prevention, Treatment, and Recovery Working Group** of the Action Collaborative on Countering the U.S. Opioid Epidemic

April 27, 2020

Disclaimer: The views expressed in this paper are those of the authors and not necessarily of the authors' organizations, the National Academy of Medicine (NAM), or the National Academies of Sciences, Engineering, and Medicine (the National Academies). This paper is intended to inform and stimulate discussion. It is not a report of the NAM or the National Academies.

NOTE FROM AUTHORS: The World Health Organization declared COVID-19 a global pandemic on March 11, 2020, while this manuscript was undergoing peer review and copyediting. Many people with opioid use disorder are at risk of devastating impacts from this new crisis: people with substance use disorders often have medical comorbidities that can put them at high risk of poor outcomes with respiratory infections, and those with multiple structural vulnerabilities such as poverty and housing insecurity may be unable to take steps to protect themselves from infection. As access to nonprescribed drugs is reduced, more people who use nonprescribed opioids will seek treatment. At the same time, substance use treatment capacity is shifting rapidly as providers reduce in-person visits and are recruited to the care of COVID-19 patients.

The need to address barriers to evidence-based treatment is more urgent now than ever. Recent regulatory changes have taken steps to facilitate care for patients with opioid use disorder, demonstrating some flexibility during this moment of unprecedented crisis. But more significant, long-term action is necessary to address the treatment system's historic deficiencies. We hope the strategies outlined in this paper are a useful guide to transforming the current treatment system into the system that people with opioid use disorder need – both in the midst of the COVID-19 crisis and in its wake, hopefully soon to come.

ABSTRACT | *Even though evidence-based treatment for opioid use disorders (OUD) is effective, almost four in five Americans with OUD do not receive any form of treatment. The gap in access to evidence-based care, including treatment with medications for OUD, stems in part from barriers to change within the health care system. This paper includes nine key barriers that prevent access to evidence-based care, including stigma; inadequate clinical training; a dearth of addiction specialists; lack of integration of MOUD provision in practice; regulatory, statutory, and data sharing restrictions; and financial barriers. Action from a number of actors is urgently needed to address this crisis.*

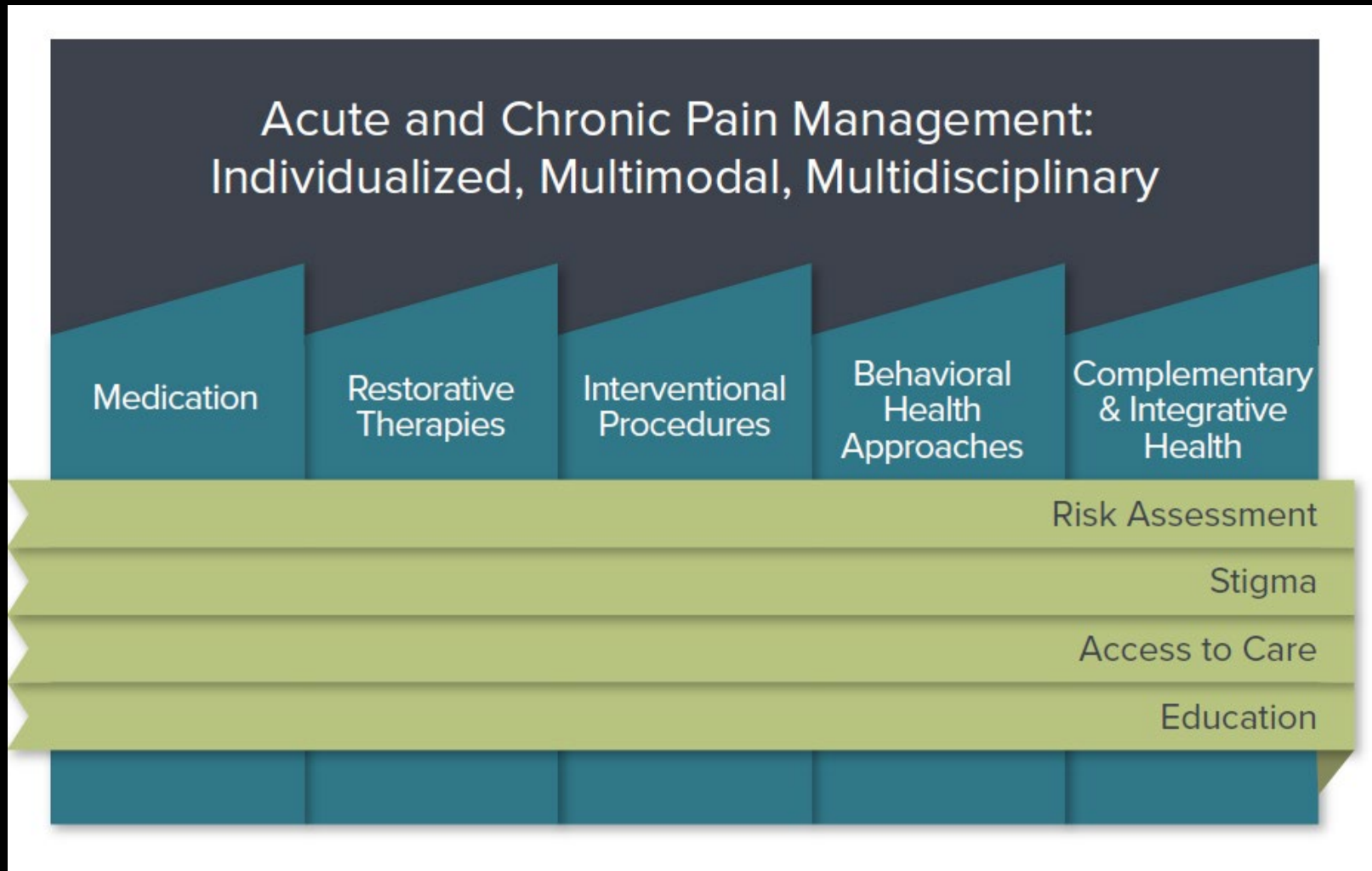
Pain Management Best Practices Inter-Agency Task Force

- The Pain Management Best Practices Inter-Agency Task Force (Task Force) was convened by the U.S. Department of Health and Human Services in conjunction with the U.S. Department of Defense and the U.S. Department of Veterans Affairs with the Office of National Drug Control Policy to address acute and chronic pain in light of the ongoing opioid crisis
- *“Patients with acute and chronic pain in the United States face a crisis because of significant challenges in obtaining adequate care, resulting in profound physical, emotional, and societal costs”*
- *“At the same time, our nation is facing an opioid crisis that, over the past two decades, has resulted in an unprecedented wave of overdose deaths associated with prescription opioids, heroin, and synthetic opioids”*

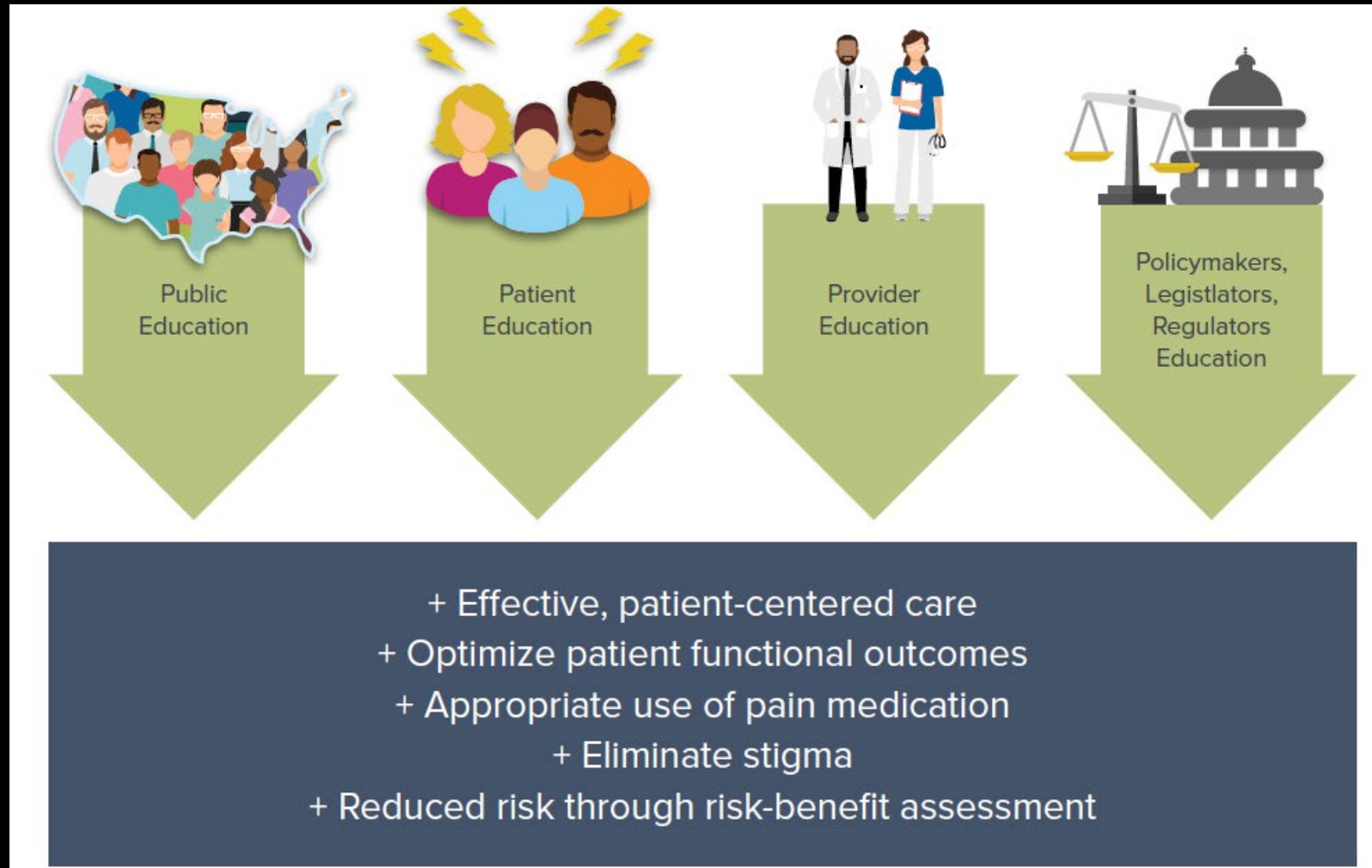


May 9, 2019

Treatment Approaches Informed by Four Critical Topics



There *is* Strength in Numbers



Numerous Choices to Make



A Way Forward



Just Not This Way



Avoiding Harm...By Our Own Hands



The NEW ENGLAND JOURNAL *of* MEDICINE

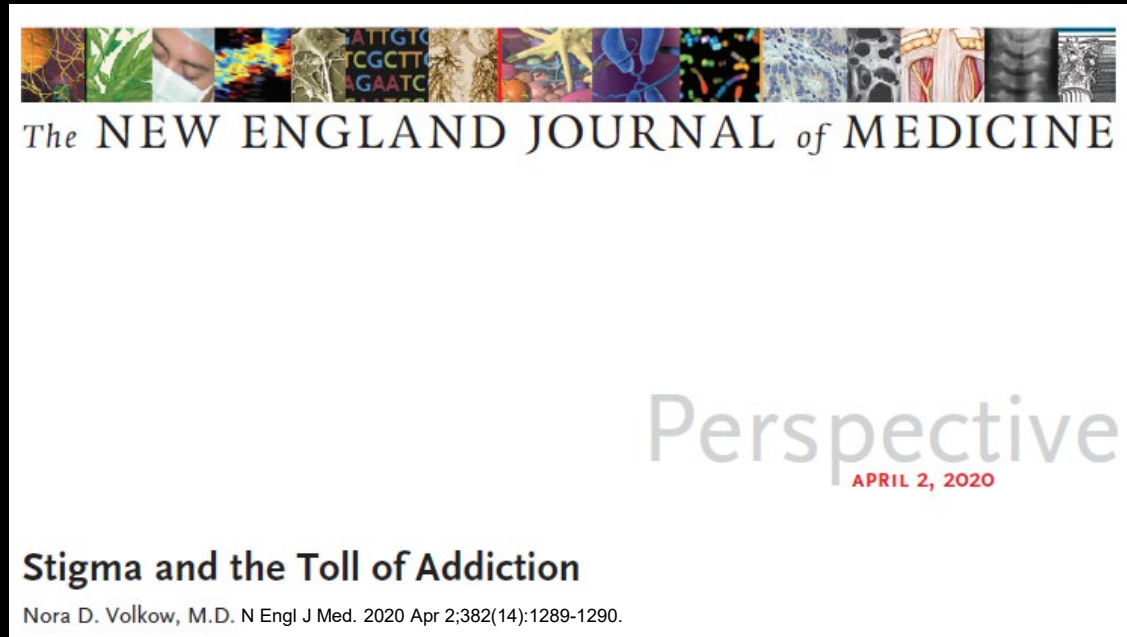
Perspective
FEBRUARY 21, 2019

CASE STUDIES IN SOCIAL MEDICINE

Structural Iatrogenesis — A 43-Year-Old Man with “Opioid Misuse”

Scott Stonington, M.D., Ph.D., and Diana Coffa, M.D. NEJM 2019; 380:701-704

Reflection



- *“Given the gravity of the current overdose crisis, it is urgent that we conduct research aimed at overcoming stigma toward people with addiction”*
- *“Common sense can guide us – **respect and compassion** are essential”*
- *Stigmatizing people who are addicted to opioids or other drugs inflicts social pain that not only impedes the practice of medicine but also further entrenches the disorder*

Death Due to Drug Overdoses is Our Concern

- It is *not* about blame
- It *is* about our collective mission
- It is *not* about avoidance
- It *is* our responsibility
- We owe it to our patients
- We owe it to our communities
- We owe it to society:
 - To work together
 - To educate each other
 - To implement policies and procedures
 - That do not stigmatize
 - That do not do harm
 - That ease pain and suffering
 - That save lives



Thank You!



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