PLEASE JOIN US IN USING POLL EVERYWHERE

Stigma: Addiction or undertreated pain? Stigma around patients with chronic pain

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Disclosures & Permissions

- I have no relevant financial relationships to disclose
- I do, however, have a painful chronic condition, and have worked with acute and chronic pain, and with palliative care, and hospice patients.
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Learning Objectives

After completing pharmacist & technician participants should be able to:

- Recognize common stigma associated with chronic opioid use.
- Discuss implicit bias regarding use of opioid therapy in non-malignant chronic pain

Why are we talking about this topic today?

Why this presenter?

Chronic Pain in the United States

varying stats – which to believe?

- 2016 CDC study said:
  - 20.4 % of U.S. adults have chronic pain (50 million people)
  - 8% have "high impact" pain
- 2018 study reported
  - 4.8% of U.S. adults have high impact pain

How many of those become "addicted"?

Dahlhamer J, Lucas J, Zelaya, C, et al. Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:1001–1006. DOI: http://dx.doi.org/10.15585/mmwr.mm6736a2

Pitcher MH, Von Korff M, Bushnell MC, Porter L. Prevalence and profile of high impact chronic pain in the United States. *Journal of Pain*. August 8, 2018.

Cost of Chronic Pain

- $560 - $635 billion per year in U.S.
  - Missed days of work
  - Medical expenses
- Societal costs
  - Disability
  - Unemployment
  - Family impact
  - Many more areas

Latest NIH figures from 2019 = $635 billion direct & indirect costs

Does the Data Lie?

- How do you know what data to believe?
- Why is there so much disagreement in the numbers?
- Comments from the DEA are enlightening . . .

Headline: Aug 7, 2017
DEA Proposes 20% reduction in opioid manufacturing in 2018

What is Stigma?

- A mark of shame or discredit[1]
- Criticism of being bad in some way for simply having a condition that you didn't choose to have[2]

[1]Webster Online dictionary 2020
[2] Chronic Pain Institute, 2020

Characteristics That Are Often Stigmatized

- Racial or ethnic identities
- Physical disabilities
- Obesity
- Sexual orientation
- Mental illness
- Substance abuse
- **Chronic pain**

The Stigma of Chronic Pain

- The pain, itself, isn't stigmatized
- Chronic pain patients are viewed as bad
- Stigmatized as having poor coping skills – viewed as:
  - Weak
  - Failing to progress/failing to cope
  - Emotional
  - Malingering
  - Dependent

Chronic Pain & Opioid Therapy
Check before you judge

- Other pain management approaches tried?
  - Addressing cause of the pain?
  - Non-opioid analgesics
  - Integrative therapy
- When to use opioids & for how long?
- Evaluating misuse potential – previous misuse?
- Pain thresholds vary

What does chronic non-malignant pain look like?





Or, does it look like this?

Or, this?

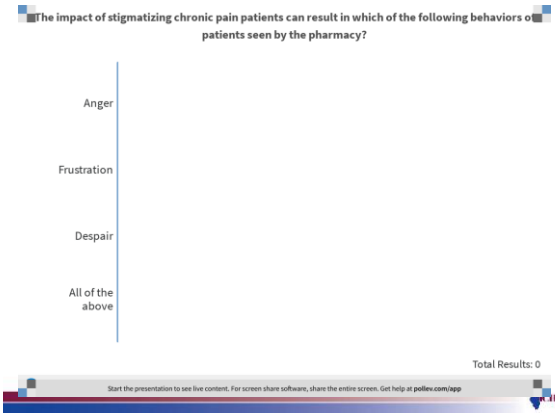
You can't always tell by looking, can you?

Overcoming Stigma of Chronic Pain

- Recognize patients are individuals
- Some cope better than others
- Good days and bad days
- Providers must be patient, understanding, empathic
- Patients should be open to help & feedback
- **Talk WITH, not TO or AT our patients.**

What is Implicit Bias?

Does it affect how you view people with chronic pain?



Implicit Bias

Positive or negative attitudes or stereotypes at a **subconscious level** that affect our understanding, actions, or decisions toward another person, thing, or group

Kirwin Institute 2016

Characteristics of Implicit Bias

- Develop over time
- Pervasive
- May not align with conscious bias/prejudice
- Tend to favor own group
- Malleable – **can be unlearned over time**

Examples of Implicit Bias in Chronic Pain Management

- Reports of pain not equally believed for some groups
  - Black patients prescribed fewer analgesics
  - Hispanic patients viewed as emotional
  - Assuming that long-term opioid use = diversion or misuse
  - Pharmacists & techs may view chronic pain patients with skepticism – "the look"

Do you give your patients "The Look"?

- **That's the "*you don't look like you hurt*" look**
- **Or, the "*you are probably drug seeking*" look**

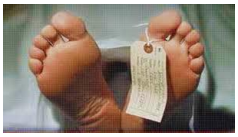
Discover your own unconscious biases, then strive to do something about them

What is Drug Seeking Behavior?

- Do you know it when you see it?
- What makes you suspicious?
  - Patient from out of town or across the city?
  - Pays cash?
  - Looks anxious?

NOTE: There may be good reasons for these behaviors (sometimes)

Looking at the numbers



- 69,029 deaths in U.S. associated with opioid overdose in 2019
- That's bad and DOES need attention, but . . .
- What percentage of total opioid use does that represent?
- What portion of overdoses are from prescription drugs?
- If 69,029 deaths = numerator, what is the denominator?

Opioid-related overdose deaths peaked in 2017 and declined in 2018 & 2019

2019 Mortality figures fromhttps://www.cdc.gov/nchs/pressroom/podcasts/20190911/20190911.htm

Pseudoaddiction vs. Addiction

- What is pseudoaddiction?
- How does it differ from true addiction?
- How can we differentiate the two in our patients?

Understanding pseudoaddiction: Let's talk about breathing

Case of JW

- JW is a 48 yo male who was injured in a motorcycle accident over the weekend. He sustained multiple fractures, lacerations, and a penetrating puncture wound to his abdomen. He is NPO while his abdominal wound heals.
- The admitting physician ordered morphine 4mg IM q6-8h prn pain. JW describes his pain as a 4 on a 10-point scale for a couple of hours after each dose, but within 4 hours, he is "on his call button" requesting pain meds and says his pain is an 8.
- You are the pharmacist for the surgery floor. On Monday morning when you arrive for work, the nurses on the floor are talking about JW and saying that he is clearly an addict because he is "always" on his call button requesting pain meds.
- **Is he an "addict" or is something else going on?**

Is patient JW an "addict" or is something else going on?

Total Results: 0

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Drug-seeking behavior caused by inadequate treatment of a patient's pain is called which of the following?

- Addiction A
- Dependence B
- Pseudoaddiction C
- Tolerance D

Total Results: 0

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

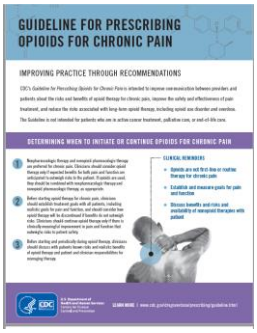
So, how can (should) a pharmacist balance the two important needs?

How do we **prevent diversion** while, at the same time, **maintaining access** to pain medications for the majority of patients who use their medications responsibly as a part of a comprehensive treatment plan for the painful disease or condition?

How do we **identify drug abuse behavior while treating the patients with legitimate need for pain therapy as patients, not criminals**, when they come to the pharmacy and the physician's office?

Knowing when to prescribe (or dispense)

- ✓ 11% of adults have daily pain
- ✓ 11.5 million Americans (age ≥ 12) misused Rx opioids in 2017
  - ✓ Down from 12.5 million in 2016
- ✓ CDC prescribing guidelines for opioids focus on 3 areas
  1. When to start or continue tx
  2. Drug, dose, duration, f/u, discontinuation
  3. Assessing risk of misuse and addressing harm



https://www.cdc.gov/drugoverdose/prescribing/guideline.html downloaded 2/10/20

Know the score, Report the score, Improve the score – What is the score???

- Do we know what percentage of opioid use results in morbidity and mortality?
- Whose data do you trust?
- How do we evaluate the widely different reports?
- Let's quickly look at some tools that may help

How can we determine (estimate) an individual's risk of diversion or abuse?

What is Best Practice?

1. Use validated tools
2. Use the right tool for the job
3. Follow up regularly
4. TALK TO THE PATIENT

https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

Tools to Assess Risk of Future Abuse

- Measure factors that may impact patient's overall risk of developing abuse or addiction in the future.
- Biggest risks factors for substance abuse:
  - Personal or family hx of alcohol or drug abuse behavior
  - History or physical or sexual abuse
  - History of psychiatric conditions
- Available Screening Tools – what do they screen?
  - **ORT** – risk of misuse of opioids in chronic pain
  - **DIRE** – risk of abuse of opioids in long-term opioid therapy
  - **SOAPP and SOAPP-8** – predicts risk opioid abuse in chronic pain

SOAPP, SOAPP-R, and SOAPP-8

(Screener & Opioid Assessment for Patients with Pain)

- **Screens for:** risk of deviant medication-use behavior in chronic pain patients – determines how much monitoring a patient may need
  - SOAPP = 5 questions, SOAPP-8 (8 questions) for opioid naïve patients
  - SOAPP-R = 24 questions – for after 6 month of opioid Tx
- **Administered by** self-report AND observation or toxicology reports
- **Setting of use**: primary care patients
- **Advantages**: **validated tool**, easily understood by patients, developed specifically for pain patients; quick to administer and score
- **Limitations**: self administered – Is NOT a Lie Detector

Form available at http://painedu.org

Tools to Ongoing Assessment

- **Dependence and Tolerance Do NOT equal drug misuse**
- These tools help screen for addiction in patients receiving chronic opioid therapy
- Can be used for ongoing periodic monitoring
- Help the prescriber identify patients who need help
- Tools for ongoing assessment – all designed for adults
  - **COMM-9** – validated in pain patients
  - **ABC** – (addiction behavior checklist) tracks past and present behaviors with opioids
  - **PMQ** – useful in assessing patients already on opioids, identifies patients who may benefit from a pain mgmt program

COMM form available at http://painedu.org

COMM & COMM-9 Current Opioid Misuse Measure

- Length: COMM = 17 questions; COMM-9 = 9 questions
- Estimate time to administer and score COMM-9: 5 minutes
- Method of administration: Web-based electronic self-report form
- Intended setting: Primary Care
- Identifies aberrant behavior over course of Tx
- Helps decide level of monitoring a patient may need
- Advantages:
  - Efficient
  - Cost-effective
  - Reliable

COMM-9 has mostly replaced COMM-17

Mental Health Screening Tools

- Tools that screen for co-morbid psych disorders (dual diagnoses):
  - Depression
  - Anxiety
  - Substance abuse disorders
  - Personality disorders
  - Somatoform disorders
- Many mental health screening tools exist – beyond scope of today's session

Choosing a Screening Tool – questions to ask

- **What length** – how many questions?
- **What format** – self-report, lab tests, pill counts?
- **What substances** are being assessed?
- **Medication history** – is patient already on opioids?
- Is there any **substance abuse history?**
- **Is this tool validated** for patients in pain?

Summary

- Pharmacists' view of chronic pain patients may hamper pain management
- Most chronic pain patients use meds responsibly
- Preventing opioid misuse while treating patients with respect IS POSSIBLE
- Try to recognize implicit bias and change them to reduce stigma of chronic pain
- We MUST get to know our patients – treat them with understanding, respect, and empathy

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