

The Intersection of Opioid Abuse, Overdose, and Suicide: The Role of Chronic Pain

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The views expressed in this training do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

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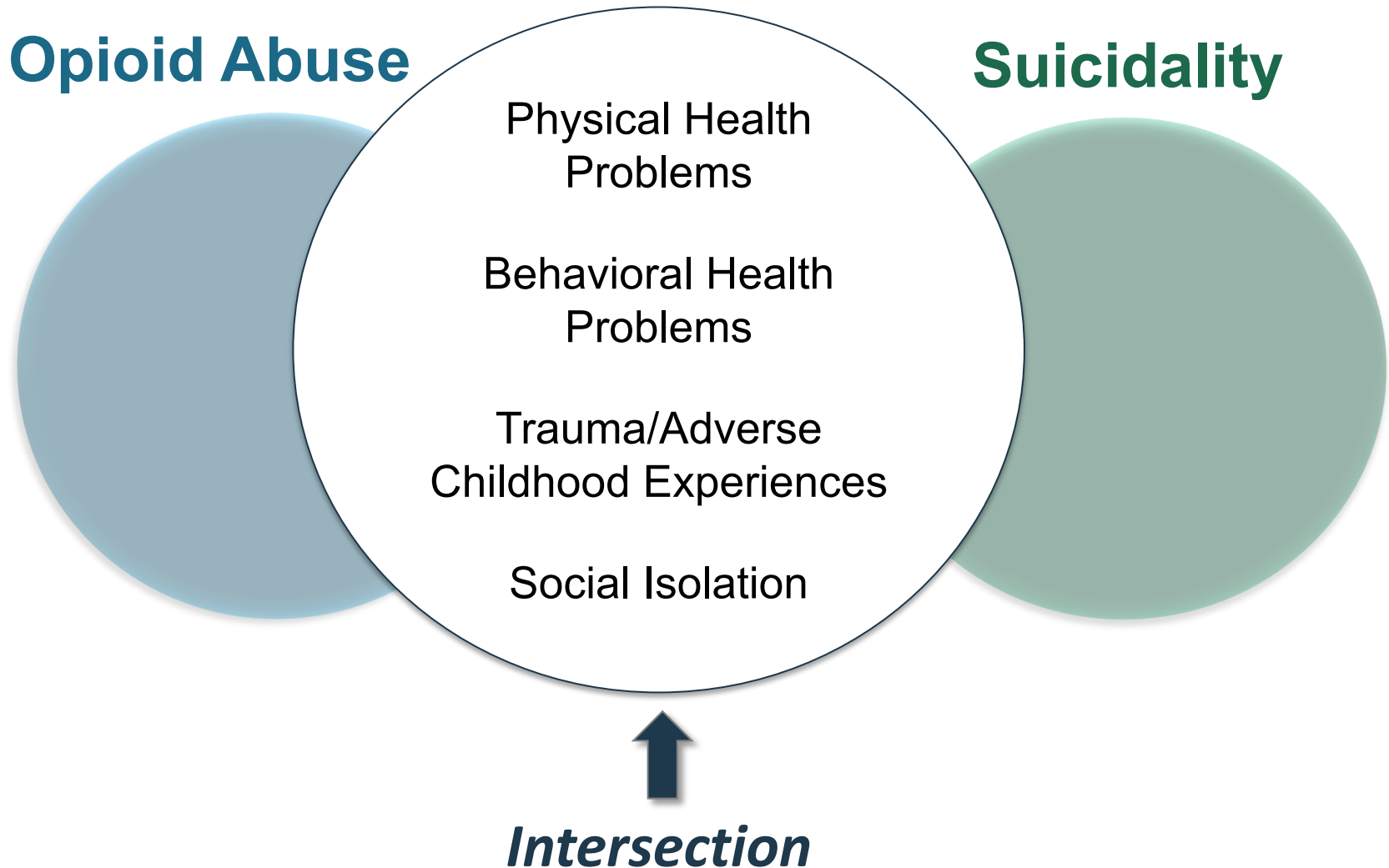
Objectives

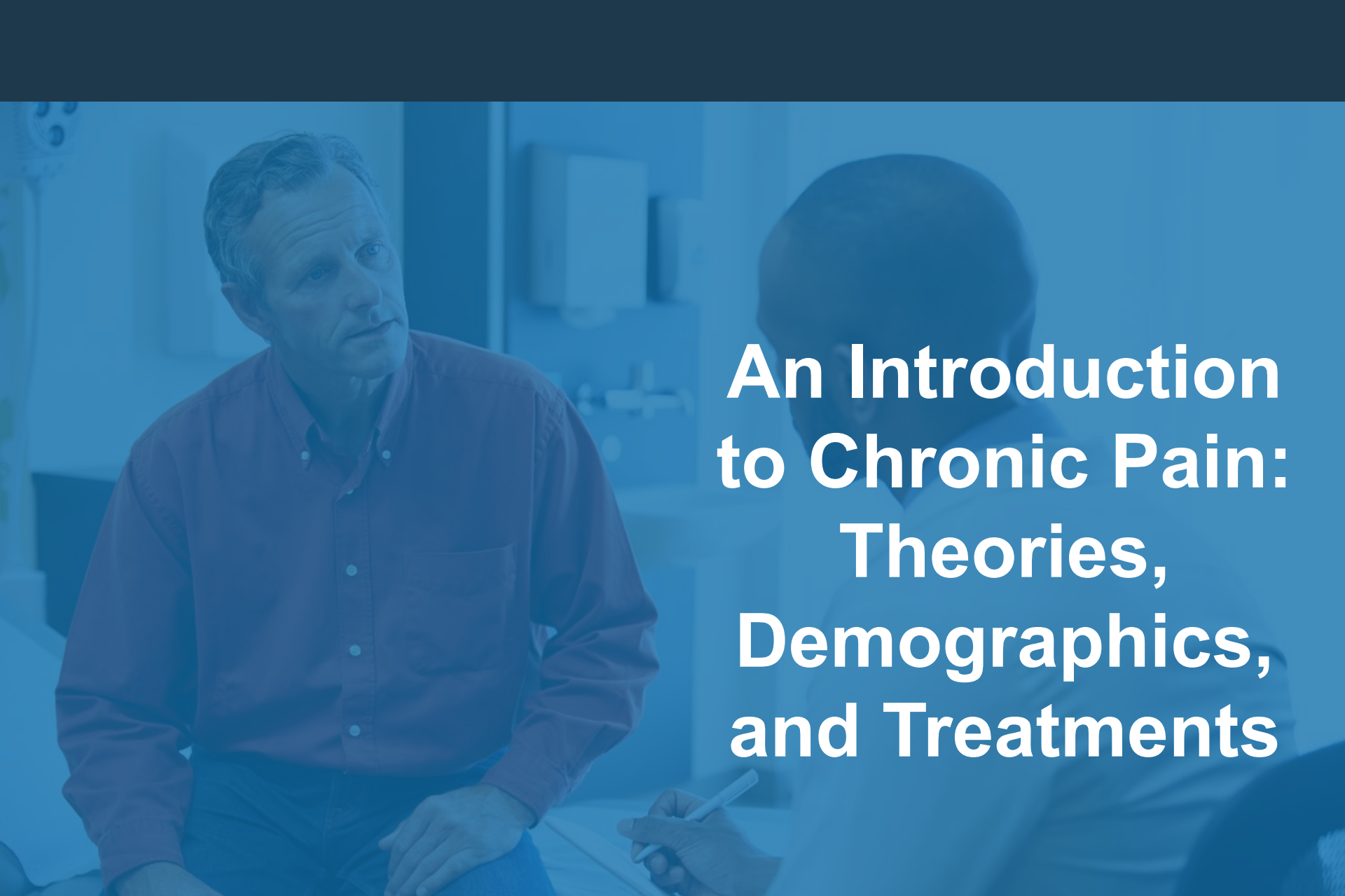
- Describe shared characteristics among people with chronic pain
- Present factors that place people with chronic pain at increased risk for opioid abuse, overdose, and suicide
- Identify strategies that can mitigate the risk of opioid abuse, overdose, and suicide for people with chronic pain
- Describe how prevention practitioners can improve coordination of efforts to prevent suicide and opioid overdose among people with chronic pain

Setting the Stage

What questions would you like to have answered today?

Shared Factors for Opioid Abuse and Suicidality





An Introduction to Chronic Pain: Theories, Demographics, and Treatments

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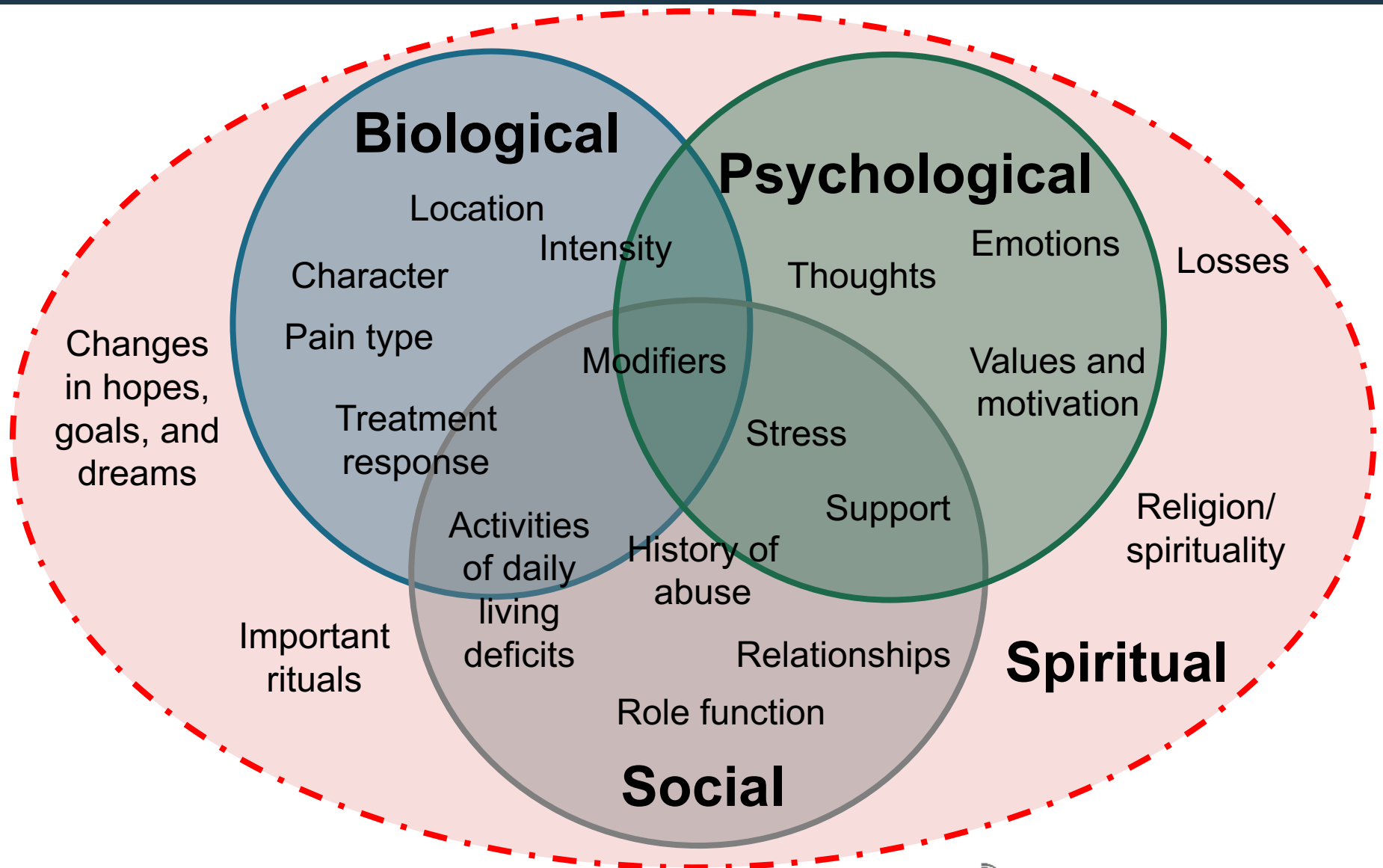
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Pain Affects the Whole Person

Severe or persistent pain sends ripples through the nervous system, invading a person's whole life, personality, and relationship with the world.



Theories on Pain: Biopsychosocial Model



Theories on Pain: Gain Control Model¹

Dampeners



Turn down the pain signal intensity to facilitate activity, boost healing, and enhance quality of life

Dampeners include:

- Tissue level (e.g., icing)
- Mind level (e.g., self efficacy)
- Social/spiritual level (e.g., work)



Amplifiers



Turn up the pain signal intensity to inhibit activity, prevent healing, and decrease quality of life

Amplifiers include:

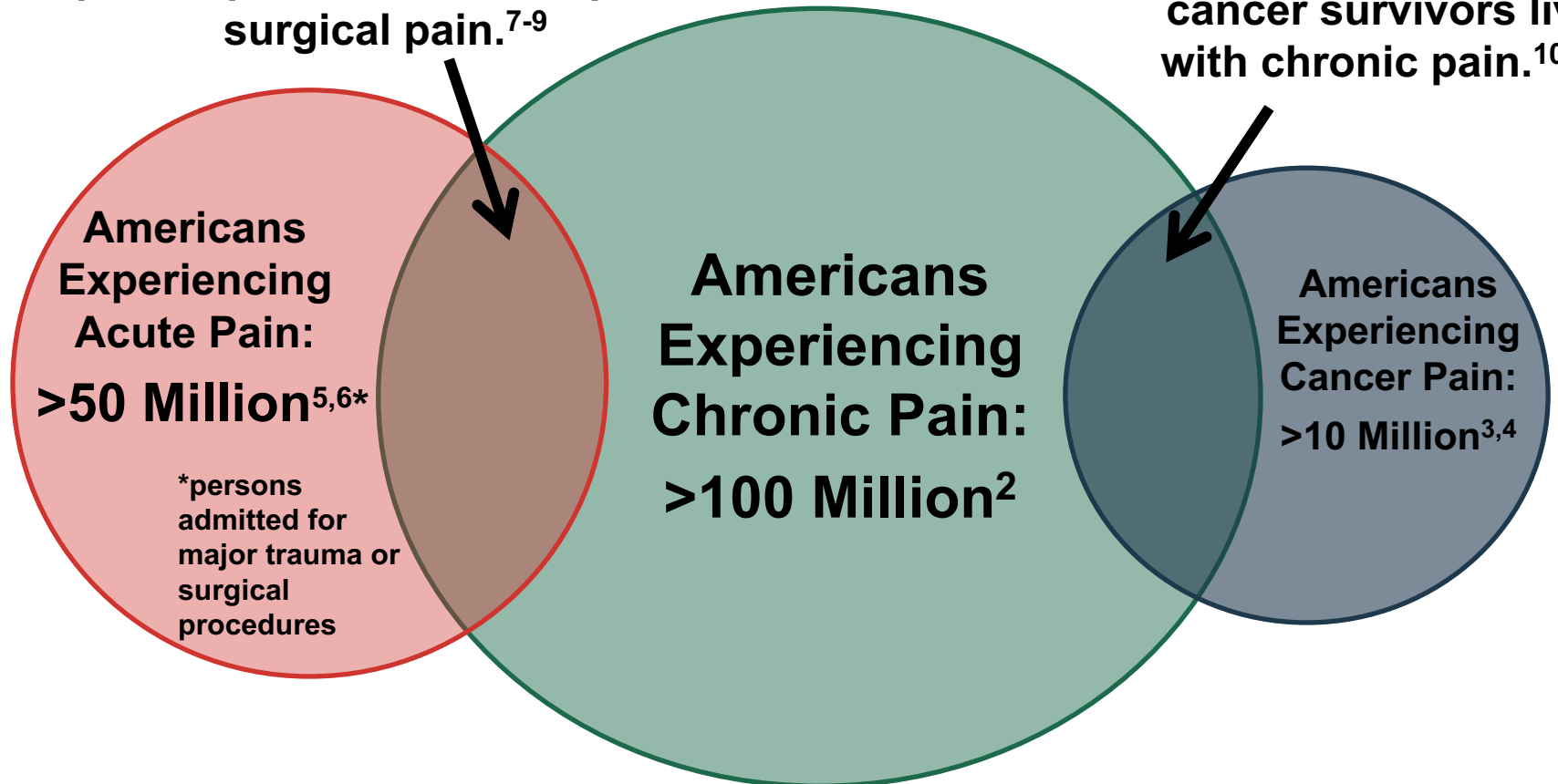
- Tissue level (e.g., inflammation)
- Mind level (e.g., distress)
- Social/spiritual level (e.g., isolation)

¹Arnstein, 2010

Pain in the United States

30%-50% of patients with acute pain experience chronic post-surgical pain.⁷⁻⁹

As many as 40% of cancer survivors live with chronic pain.¹⁰⁻¹²



² National Academies Press, 2011; ³ Haumann et al., 2017; ⁴ Fujii et al., 2017; ⁵ DiMaggio et al., 2016 ; ⁶ Hall et al., 2017 ⁷ Simanski et al., 2014; ⁸ Bayman et al., 2017; ⁹ Fuzier et al., 2015; ¹⁰ Paice et al., 2016 ; ¹¹ Jensen et al., 2010 ; ¹² van den Beuken-van Everdingen et al., 2016

The Burden of Chronic Pain

Physical



Social/Cognitive



Financial



Demographics

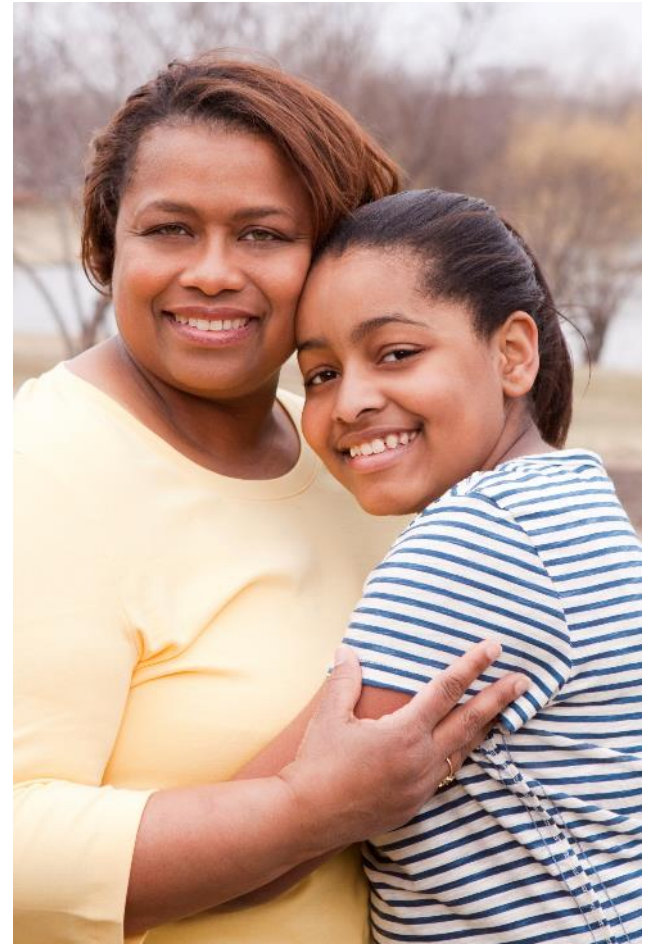
- Over age 45^{2,13}
- Female^{2,13}
- Experience low back,¹⁴⁻¹⁵ joint,¹⁶ neck,¹⁷ head,¹⁸ and facial pain¹⁹⁻²³
- Work in jobs that require frequent exertion and standing, specifically agriculture, forestry, fishing, hunting and construction²⁴



² National Academies Press, 2011; ¹³ National Center for Health Statistics, 2006; ¹⁴ Foundation for Health Care Quality, 2013; ¹⁵ Manchikanti et al., 2014; ¹⁶ CDC, 2016; ¹⁷ Hoy et al., 2010; ¹⁸ Hagen et al., 2018; ¹⁹ Østensjø et al., 2017; ²⁰ Scrivani et al., 2008; ²¹ Gillborg et al., 2017; ²² Baad-Hansen et al., 2017; ²³ Zakrzewska et al., 2017; ²⁴ Shockey et al., 2015

Factors that Increase Health Disparities ²⁵

- Limited access to health care services
- Race/ethnicity
- Low income and/or education
- Age (children and older adults)
- Geographic location (both residential and work)
- Communication skills



²⁵ Department of Health and Human Services, 2016

Pain and Stigma

Many people with chronic pain experience stigma, such as:²⁶⁻²⁸

- Being labeled a “drug seeker”
- Being characterized as a “bad” or “difficult” patient
- Being blamed for his/her condition
- Being accused of seeking secondary gain (e.g., missing work) from his/her symptoms
- Being called a hypochondriac or mentally ill

²⁶ Alford, 2016; ²⁷ Katz et al., 2015; ²⁸ De Ruddere et al., 2016

Preventing Chronic Pain

Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none">• Prevent painful illness and injury• Screen for past exposure to pain, suicide risk, mental and substance use disorders, and treatment response• Prevent needless exposure to pain• Resolve acute pain quickly and effectively using multimodal methods	<ul style="list-style-type: none">• Evaluate substance use disorder risk before prescribing opioids (or refilling prescription)• If signs/symptoms of chronic pain emerge:<ul style="list-style-type: none">○ Refine treatment plan to adapt to patient○ Prescribe non-opioid analgesic and/or adjuvant therapy plus nondrug therapies○ Refer to specialist	<ul style="list-style-type: none">• Recognize and treat chronic pain as a chronic disease that requires specialty services, social support and use of self-management strategies• Provide education and counseling to lower risks of pain-related disability and depression

Stepped Care Model for Pain Management²⁵

Step 4: Tertiary, Interdisciplinary Pain Centers

Advanced pain medicine diagnostics and interventions, accredited pain rehabilitation

Step 3: Secondary Consultation

Multidisciplinary pain medicine specialty teams, rehabilitation medicine, behavioral pain management, mental health/substance use disorder programs

Step 2: Patient Centered Medical Home in Primary Care

Routine screening for presence and severity of pain, assessment and management of pain conditions, support from primary care-mental health integration; expanded care management, pain schools

Step 1: Self-care

Nutrition, weight management, exercise, sufficient sleep, relaxation techniques, engaging in meaningful activities, support, safe environments

So What? Implications for Prevention

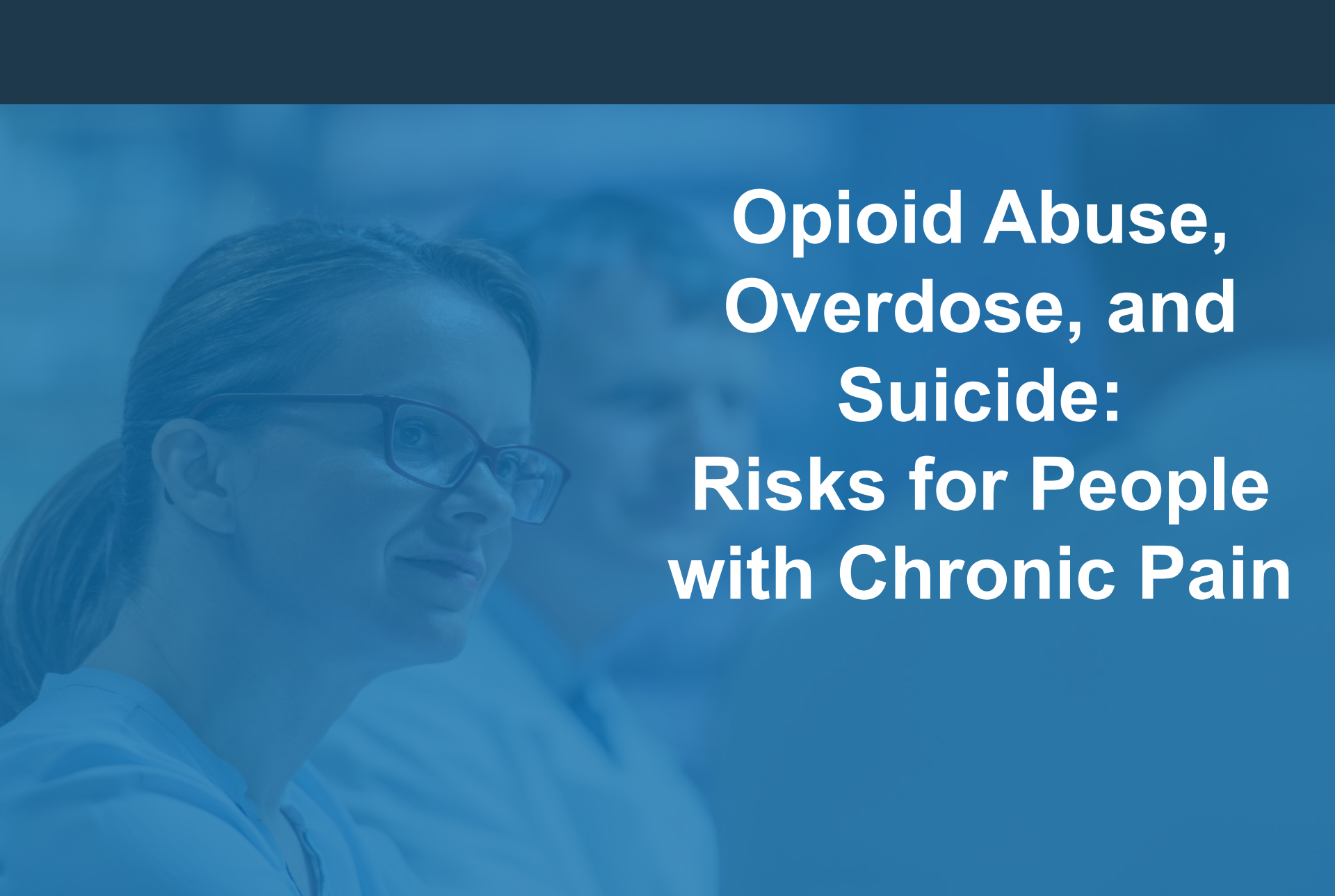
- Conduct a community readiness assessment to better understand the resources and opportunities for addressing the needs of chronic pain patients
- Identify professional groups or unions that support professions that may be at increased risk for acute and chronic pain
- Conduct stakeholder interviews to discover how current prevention efforts might unintentionally increase stigma
- Identify local barriers to effective chronic pain treatment

MassMen and Mystic Valley Public Health Coalition

Key features:

- Examined death certificate data to determine demographic groups (by age, sex, and occupation) at increased risk for overdose and suicide
- Planning upstream prevention approaches to reduce suicide and opioid overdose risk in men in trades (e.g., roofers, construction workers)





Opioid Abuse, Overdose, and Suicide: Risks for People with Chronic Pain

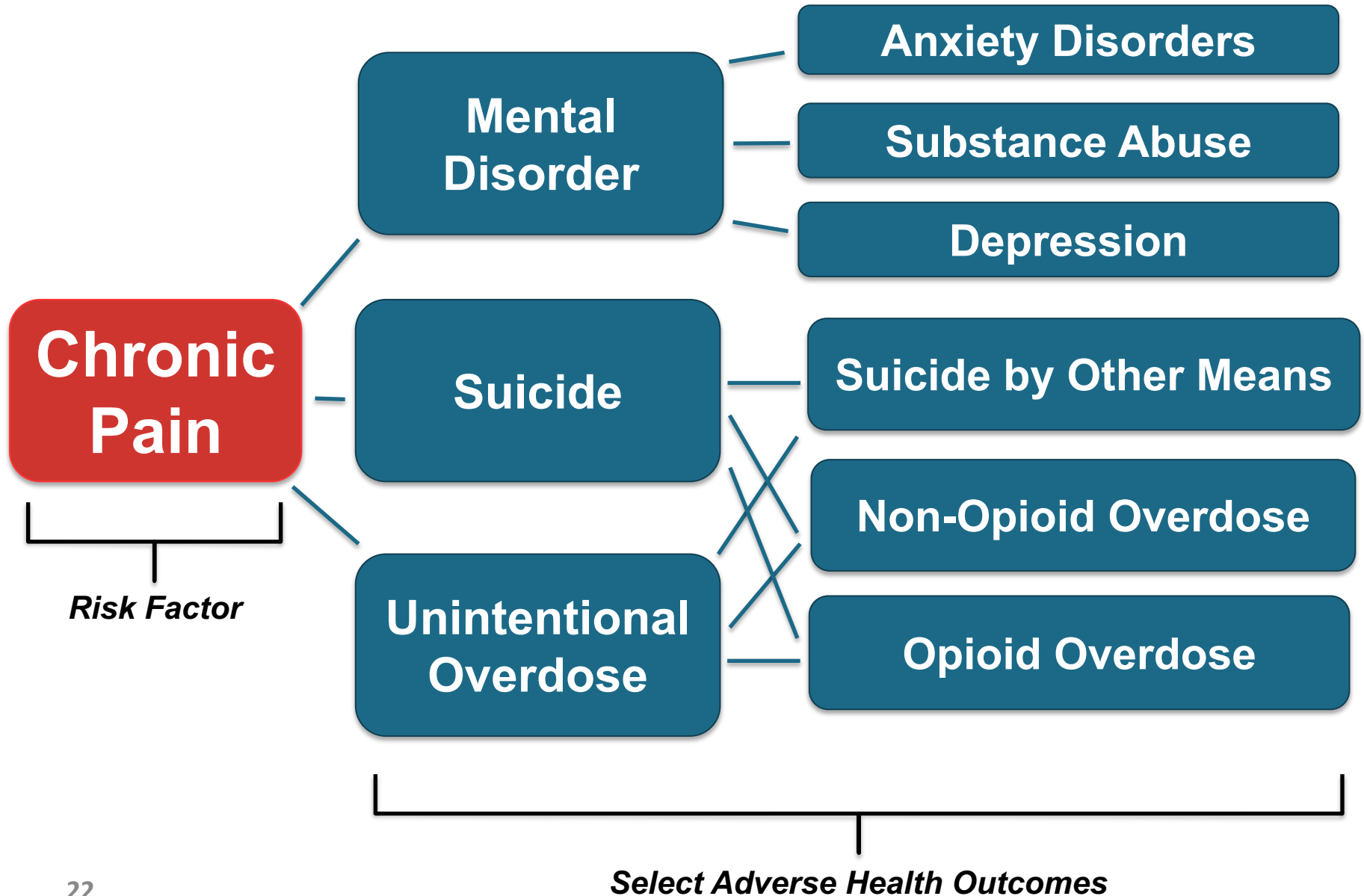
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Adverse Health Outcomes Associated with Pain



***“I am not living a life now.
There are worse things than
death.”***

-Patient with chronic pain
*Pain and Suicide: The Other Side of
the Opioid Story*

Opioid Abuse and Overdose Risk in Patients with Chronic Pain

- Chronic pain is associated with an **increased risk** of opioid abuse and overdose.^{29, 30}
- Factors that increase opioid overdose risk among patients with chronic pain include:
 - **Higher opioid doses** (more than 50 mg/d)³¹⁻³³
 - **Concurrent prescriptions** (opioids and benzodiazepines)³⁴⁻³⁵



²⁹ Rosenblum et al, 2007; ³⁰ Yarborough et al., 2016; ³¹ Dunn et al., 2010; ³² Liang et al., 2015; ³³ Bohnert et al., 2011, ³⁴ Park et al., 2015; ³⁵ Dasgupta et al., 2016

Suicide Risk in Patients with Chronic Pain

- Chronic pain is associated with an **increased risk** of suicide³⁶
- Factors that increase suicide risk among chronic pain patients include:
 - **Pain severity**³⁷
 - **Pain diagnoses**³⁸⁻³⁹
 - **Pain catastrophizing**⁴⁰⁻⁴¹
 - **Perceived burdensomeness**⁴¹⁻⁴²



³⁶ National Strategy for Suicide Prevention, 2012; ³⁷ Ilgen et al., 2010; ³⁸ Hooley et al., 2013; ³⁹ Ilgen et al., 2013; ⁴⁰ Legarreta et al., 2018; ⁴¹ Racine, 2017; ⁴² Shim E-, Song; 2017;

Suicide Risk in Patients with Chronic Pain (cont.)

- Additional factors that increase suicide risk among chronic pain patients include:
 - **Insomnia**⁴³
 - **Desire to escape from pain**⁴⁴
 - **Passive coping strategies**⁴⁵
 - **Prescription opioid use**⁴⁶⁻⁴⁷



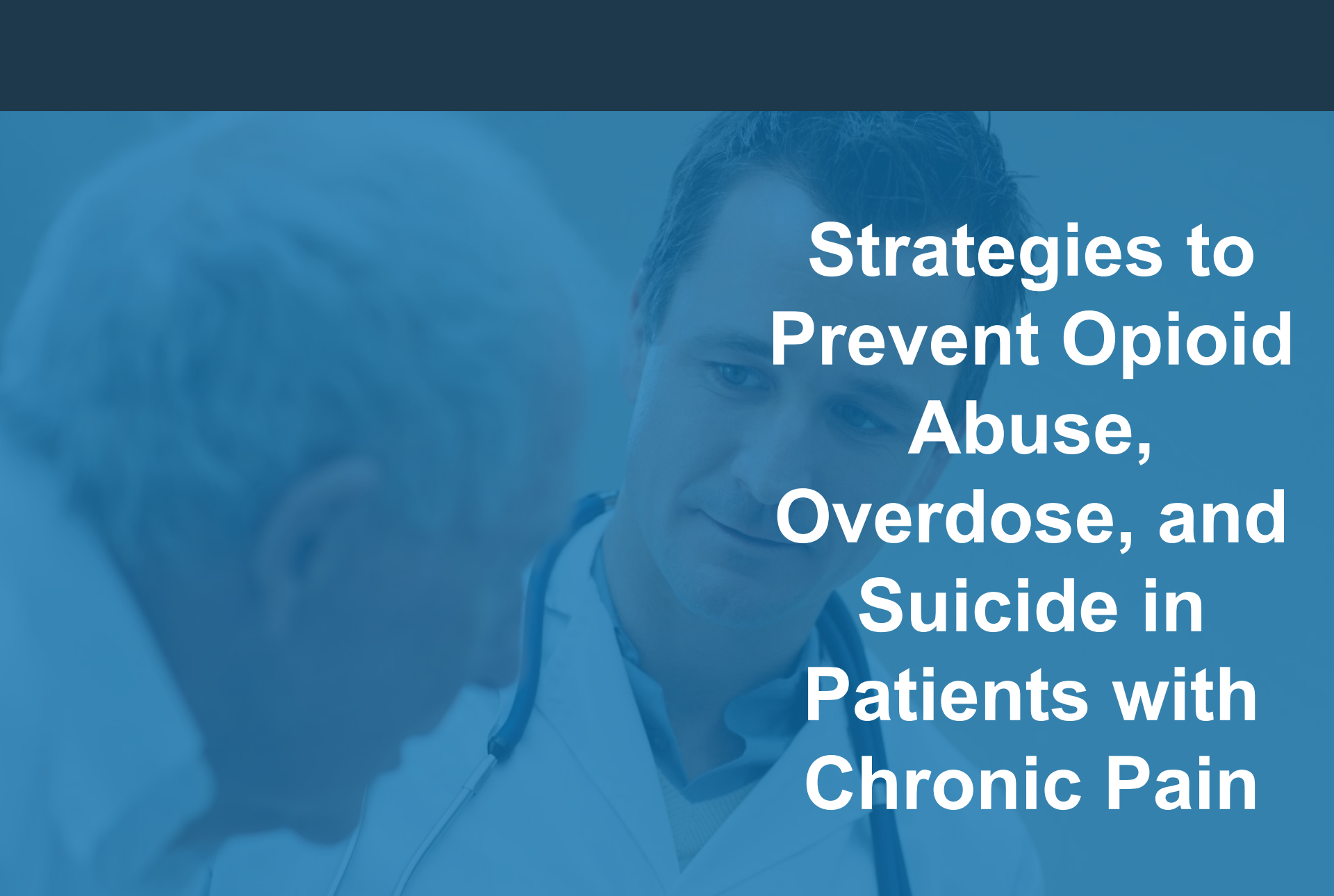
Handout #1: *Risk Factors for Suicide among People with Chronic Pain*

⁴³ Racine et al., 2017; ⁴⁴ Tang et al., 2006; ⁴⁵ Edwards et al., 2006; ⁴⁶ Garland et al., 2017; ⁴⁷ Ilgen et al., 2016

So What? Implications for Prevention

- Consider prevention strategies that address risk factors among the general population *and* people with chronic pain
- Engage partners within health systems in prevention efforts to ensure that pain specialists and primary care providers screen for suicide and opioid overdose risk





Strategies to Prevent Opioid Abuse, Overdose, and Suicide in Patients with Chronic Pain

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Overlaps Between Opioid Overdose and Suicide



Strategies to Reduce Suicide Risk

Identify and assist patients at risk through:

- **Comprehensive suicide risk screening and assessment** across various settings, including:
 - Validated screening and assessment tools
 - Electronic medical record tools
- **Established systems to keep a patient in acute suicidal crisis safe**, such as:
 - Evidence-based treatments that target suicidality directly
 - Brief interventions



Handout #2: Preventing Opioid Abuse, Overdose, and Suicide in Chronic Pain Patients: Related Resources

Strategies to Reduce Suicide Risk (cont.)

Facilitate **safe care transitions** through:

- Linkages to outpatient behavioral health providers
- National Suicide Prevention Lifeline
1-800-273-TALK (8255)
- Safety plan or crisis response plan
- Reduced access to lethal means



Strategies to Reduce Opioid Overdose Risk

Educate prescribers and patients through:

- Opioid safety review committees
- Patient-provider treatment agreements
- Academic detailing to pharmacists

Assess and mitigate abuse and overdose risk through:

- Risk mitigation tools (e.g., VA's Stratification Tool for Opioid Risk Management)
- Urine drug screens



Strategies to Reduce Opioid Overdose Risk (cont.)

Help patients **regulate the impact of opioids on their bodies** through:

- Co-prescribing naloxone
- Medication-assisted treatment
- Safe tapering plans



Non-Medication Strategies to Address Pain



Nonpharmacological Interventions via Telehealth

EXAMPLE:

- Cognitive behavioral therapy for chronic pain via telehealth



Complementary and Integrative Approaches

EXAMPLE:

- Acupuncture
- Tai Chi
- Yoga



Self-management Programs

EXAMPLE:

- Stanford Chronic Pain Self Management program

Barriers to Care for People with Chronic Pain

Barrier	Possible Solutions
Under-utilization of potentially effective nonpharmacological treatments	<ul style="list-style-type: none">• Educate providers about effective nonpharmacological treatments for chronic pain• Implement brief interventions (e.g., Motivational Interviewing) to engage people in nonpharmacological approaches
Poor access to care	<ul style="list-style-type: none">• Promote telehealth opportunities and web/mobile applications• Recommend self-management strategies• Educate policymakers on the need to increase insurance coverage for nonpharmacological approaches

So What? Implications for Prevention

- Identify strategies and resources being used in your community to address the needs of patients with chronic pain
- Engage partners (e.g., employers, faith communities) in prevention efforts to get their help in increasing awareness about non-medication strategies among people who experience pain
- Partner with the medical community to implement or support strategies to reduce the risk of opioid abuse, overdose, and suicide among people with chronic pain



Example: Project Lazarus (North Carolina)

Key features:

- Led a Chronic Pain Initiative (CPI) to educate primary care physicians about:
 - Managing chronic pain in outpatient settings
 - Safely prescribe opioid medications for chronic pain



Spectrum of Intervention Points

**Information
Sharing**



Coordination



Collaboration



Questions?



Relevant Resources from the CAPT

Examples include:

- *Partnering with the Medical Community: The Value of Listening*
- *Opportunities for Collaborating with Medical Professionals to Prevent Opioid Misuse*
- *Preparing for Prescriber Education: Getting the Lay of the Land*

PREVENTION COLLABORATION IN ACTION
Collaborating to Address the Opioid Crisis

Opportunities for Collaborating with Medical Professionals to Prevent Opioid Misuse

Prescriber education is a term used to describe efforts to change prescriber behavior. Prescribers are healthcare practitioners with the authority to issue prescriptions for controlled substances, including opioids. This group includes physicians, registered nurses, nurse practitioners, physician assistants, dentists, and even veterinarians.

Prescribers are important partners in efforts to prevent prescription drug misuse and overdose. Uniquely positioned to moderate the supply and demand for prescription opioids, prescribers can play a key role as experts in communicating the risks of opioid misuse, identifying patients at risk for opioid overdose, and promoting safe opioid use.

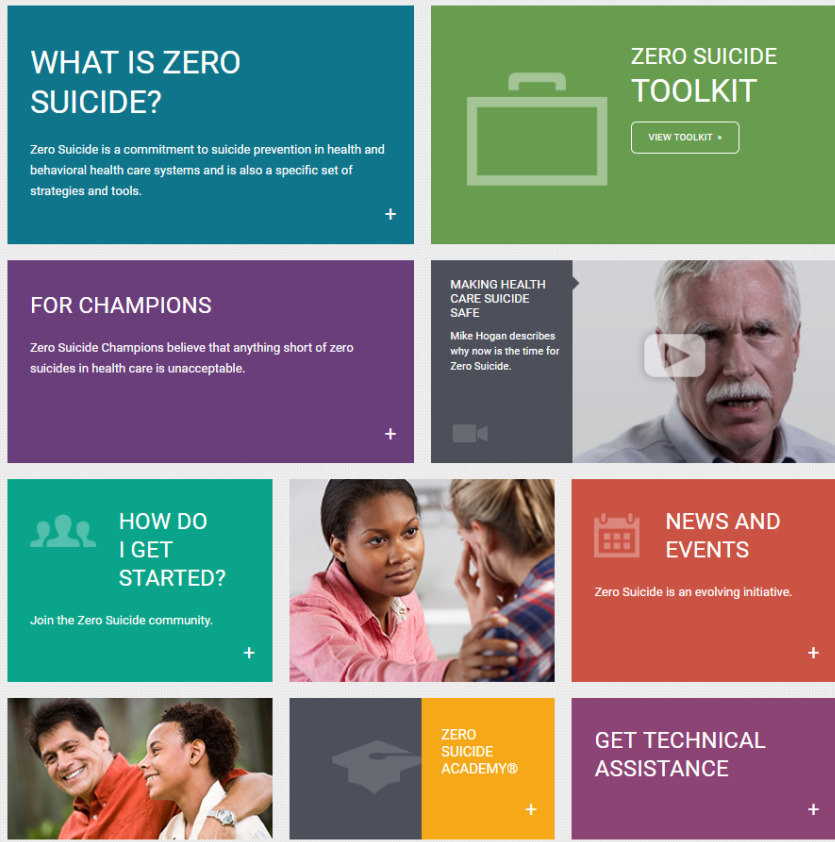
This tool presents examples of state- and local-level opportunities for collaborating with medical professionals in a variety of sectors to plan and support prescriber education programming. The list is not comprehensive, but can be used as a starting point for thinking about ways to connect.

Opportunities at the State Level

Partner	Opportunities for Collaboration
Medical Boards	<input checked="" type="checkbox"/> Engage medical and nursing boards to create and institute prescriber guidelines that align with the CDC Guidelines for Prescribing Opioids for Chronic Pain , providing technical assistance as needed.
	<input checked="" type="checkbox"/> Offer assistance coordinating academic detailing ¹ opportunities for prescribers within the state system.

Available at: <https://www.samhsa.gov/capt/>

Relevant Resources from SPRC

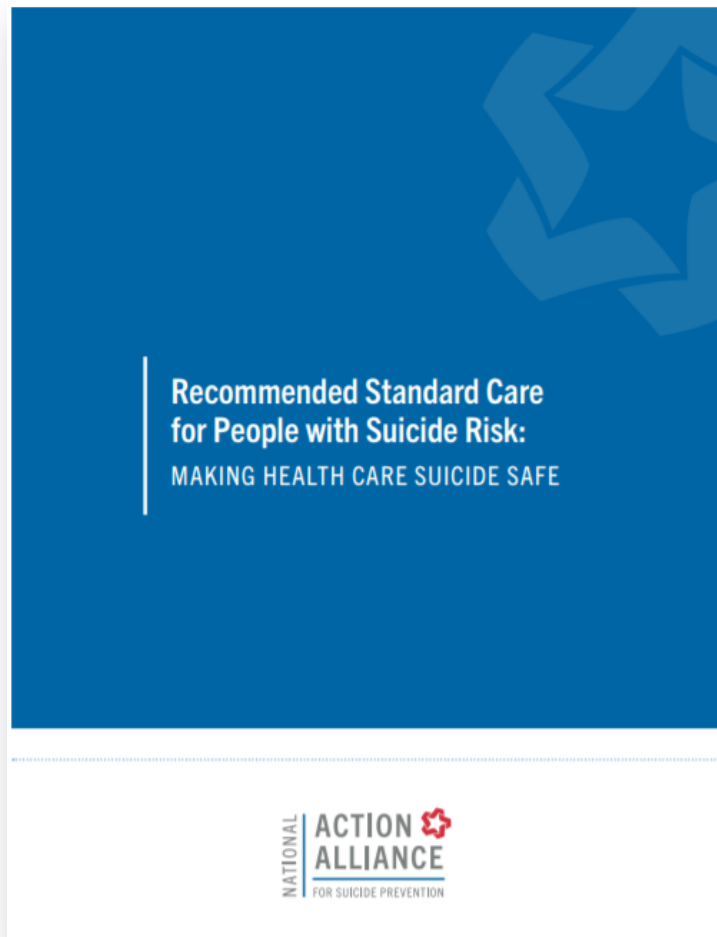


Examples include:

- *Suicide Screening and Assessment*
- *Safety Planning Intervention for Suicide Prevention*
- *Zero Suicide Toolkit*

Available at: <http://zerosuicide.sprc.org/> and <http://www.sprc.org/>

Other Relevant Resources



- *Behavioral Health Treatment Services Locator.* Available at: <https://findtreatment.samhsa.gov/>
- *Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe.* Available at: <https://www.sprc.org/resources-programs/recommended-standard-care-people-suicide-risk-making-health-care-suicide-safe>
- *CDC Guideline for Prescribing Opioids for Chronic Pain.* Available at: <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Post Webinar Follow-up

Within two weeks, all webinar participants will receive an email with a link to the following materials:

- PowerPoint slides (with complete list of references)
- Webinar recording
- Two handouts:
 - *Risk Factors for Suicide Among People with Chronic Pain*
 - *Preventing Opioid Abuse, Overdose, and Suicide in Chronic Pain Patients: Related Resources*
- Certificate of participation



Please don't hesitate to contact Rachel Pascale with questions and comments:

rpascale@edc.org

Evaluation

Your feedback is very important to us!
Please click on the link below to provide
feedback on this event:

<https://www.surveymonkey.com/r/feedback-SP-54261>



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