



## U.S. PAIN FOUNDATION POSITION STATEMENT – BALANCING PAIN MANAGEMENT AND OPIOID REFORM

U.S. Pain Foundation is committed to protecting access to vital pain management options and preventing pain medication abuse. We believe it is possible to achieve both goals through balanced reform.

As an organization, we wholeheartedly support comprehensive, multidisciplinary pain management that includes a full range of pharmacologic and nonpharmacological treatment options. There is no one-size-fits all approach to pain management; therapies must be tailored to each patients' particular pain condition.

Because of the associated risks, opioid medications should not be a front-line therapeutic option. But they do have a role for certain patients, especially those with severe pain, who have tried and failed other treatments. Working closely together, health care providers and their patients must decide whether the benefits of opioids outweigh the risks.

While reducing prescribing where it is unnecessary, we must be careful not to unintentionally harm those people with chronic pain who have a legitimate need for these medications nor create a chilling effect on pain care in general. We know from the 2011 Institute of Medicine report that pain is often overlooked and undertreated. As an organization, we hear almost daily from patients who are struggling and scared because they no longer have access to their medications or are being dropped from care by their providers. This is concerning, given that untreated pain leads to lower quality of life, increased pain and disability, and even suicide. In fact, a 2018 report from the *Annals of Internal Medicine* found that more than 10 percent of all suicide cases involve chronic pain.<sup>1</sup> Meanwhile, in a 2017 *Boston Globe* survey of 3,000 physicians nationwide, more than one-third said opioid restrictions “have hurt patients with pain.”<sup>2</sup>

With all of the above in mind, we support the following reforms. Many of these measures align with the National Pain Strategy, a landmark plan to address the burden of pain in America that was developed under the auspices of the U.S. Department of Health and Human Services.

- **ACCESS TO NONPHARMACEUTICAL TREATMENTS:** Require public and private payers to cover a wide range of pain management modalities, including nonpharmaceutical options—like physical therapy, chiropractic care, massage, and acupuncture. Few insurance plans cover these options in any meaningful way, if at all, and many have strict requirements for coverage or impose limits on the number of annual visits.
- **SAFER MEDICATIONS:** Increase funding for research and development of effective and safer pain medications. Recent appropriations by Congress for the NIH, which is funding the HEAL Initiative, are an excellent start.

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<sup>1</sup> <http://annals.org/aim/fullarticle/2702061/chronic-pain-among-suicide-decedents-2003-2014-findings-from-national>

<sup>2</sup> [http://www.bostonglobe.com/metro/2017/01/02/doctors-curtail-opioids-but-many-see-harm-pain-patients/z4Ci68TePafcd9AcORs04J/story.html?s\\_campaign=email\\_BG\\_TodaysHeadline&s\\_campaign](http://www.bostonglobe.com/metro/2017/01/02/doctors-curtail-opioids-but-many-see-harm-pain-patients/z4Ci68TePafcd9AcORs04J/story.html?s_campaign=email_BG_TodaysHeadline&s_campaign)

- **MEDICAL CANNABIS:** Medical cannabis is increasingly recognized as an effective and reasonably safe alternative treatment for some individuals with pain. Encourage legal access to medical cannabis for people with pain and other chronic illnesses, and eliminate roadblocks to much-needed research on its efficacy and safety.
- **CLINICIAN TRAINING:** Provide increased training for clinicians on both pain management and substance use disorder treatment. This increased training should have special focus on the following areas: the importance of integrative pain management; the need to address the psychosocial components of chronic pain; safe prescribing of opioids and medicines that may interact; and risk factors and warning signs of substance use disorder.
- **PATIENT EDUCATION:** Fund the development of patient education programs on chronic pain, including the importance of exploring all possible pain management options, including nonpharmaceutical options, behavioral health care, and self-management techniques.
- **PUBLIC EDUCATION:** Develop a public awareness campaign about chronic pain through the media conveying that pain can become a disease that causes changes to the nervous system and brain and the detrimental effects it can have on every aspect of a person's life. Convey the importance of safe storage and disposal of all medications, as well as general medication safety (e.g. not mixing medications).
- **MENTAL HEALTH CARE:** Ensure that physicians understand how to assess, identify and refer individuals at risk for mental health and substance use disorders to behavioral health specialty care. Similarly, ensure that high-quality mental health care is well-covered by insurance. The psychosocial impact of pain is often overlooked, and mitigating the emotional effects of pain may help reduce suicidal ideation.
- **ABUSE AND OVERDOSE PREVENTION STRATEGIES:** Utilize technologies and strategies that can curb substance misuse, abuse and overdose without penalizing legitimate pain patients. Such strategies include improving statewide prescription monitoring programs, utilizing fair and reasonable patient contracts with mutual responsibilities for both patients and providers; increasing access to abuse-deterrent formulations of pain medicines; encouraging partial-fills of prescriptions when less pills are needed; and increasing availability and education about medications that can prevent overdose, like Naloxone.
- **RESEARCH:** Conduct more research in the following areas: 1) the efficacy of opioids for chronic pain to better understand who is most likely to benefit from them; 2) the efficacy of nonpharmaceutical pain management options 3) the actual incidence of substance use disorder and overdose in chronic pain 4) risk factors for substance use disorder and overdose in the population at large to help identify, treat, and stop abuse before it starts; 5) exact circumstances of and reasons for overdose deaths, e.g. whether the overdoses were accidental vs. intentional, whether they were related to medication mixing; etc., to better understand how to prevent overdose.
- **ACUTE PAIN:** Acute pain management experts should develop guidelines for prescribing opioids for acute, short-term pain, e.g. postsurgical dental pain. If opioid medications are limited in a broad way, for example by dosage or quantity limits, patients with chronic pain should be exempted.



In order to address the opioid crisis in a manner that is effective, sustainable, and fair, we must consider the needs of both those with substance use disorder and people living with pain.