

# The Centers of Excellence for Pain Education

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## The Role of Opioids in the Treatment of Chronic Pain

Deputy Director

Division of Clinical Neuroscience and Behavioral Research

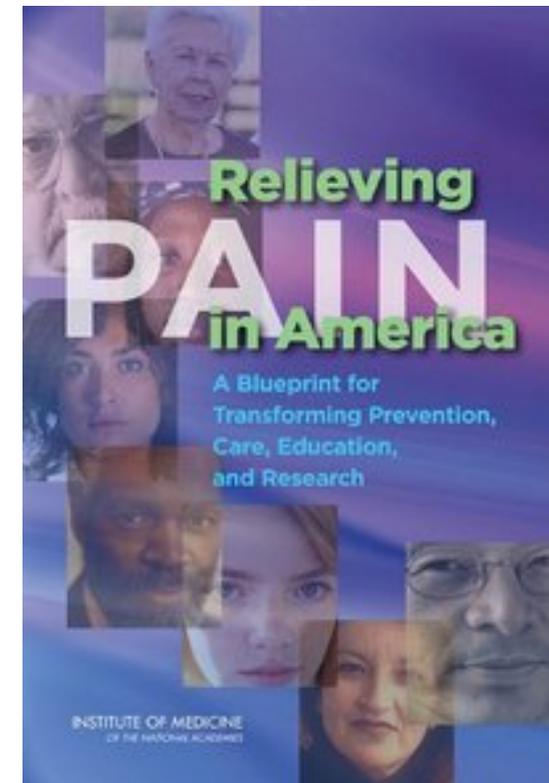
National Institute on Drug Abuse

NIH Pain Consortium



## Institute of Medicine Report

- Affects 100 Million Americans
- Indirect/direct medical expenses US \$560-\$630 Billion/year
- #1 reason people out of work

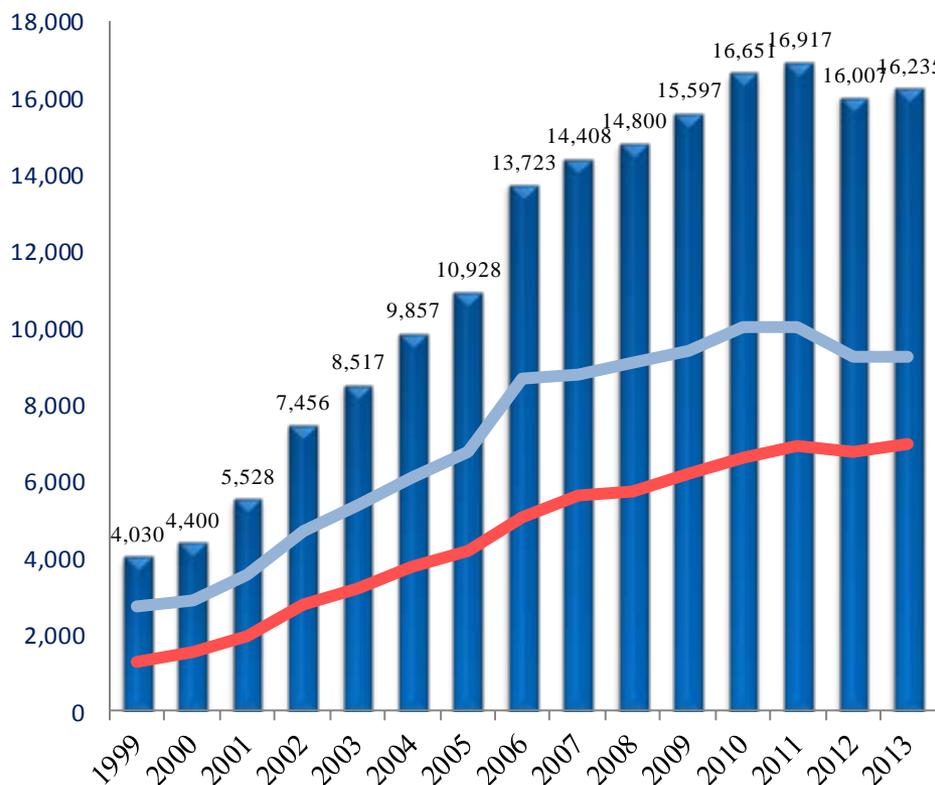


# Overdose Death Data Updates

Source: CDC

## Prescription Opioid Overdose Deaths

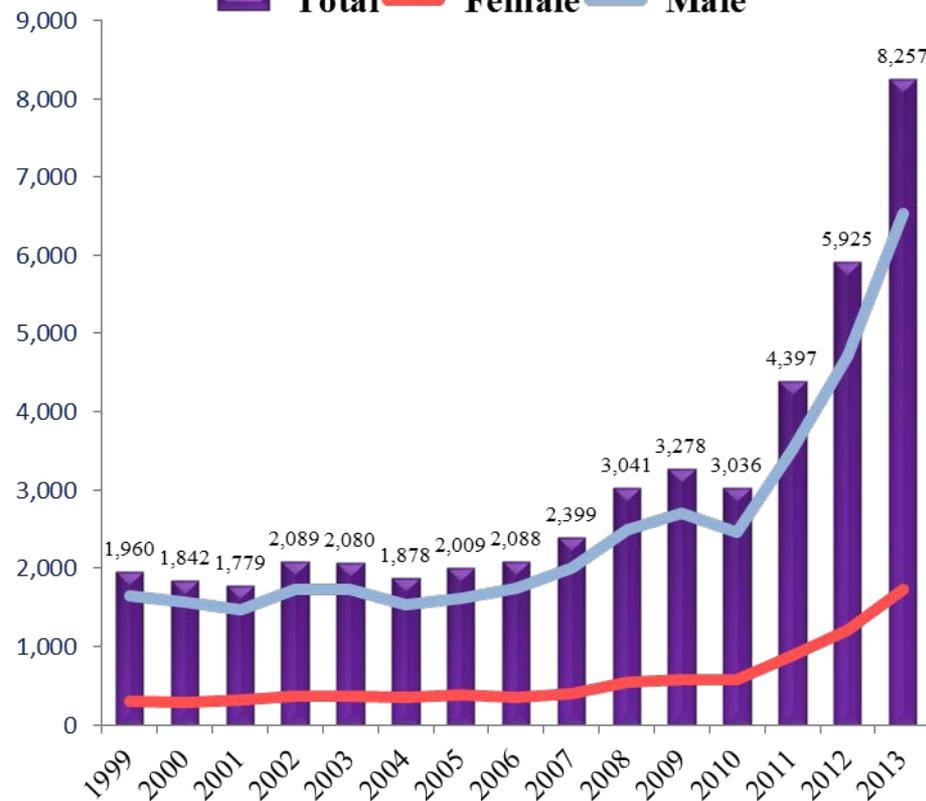
■ Total ■ Female ■ Male



Source: CDC Wonder

## Heroin Overdose Deaths

■ Total ■ Female ■ Male



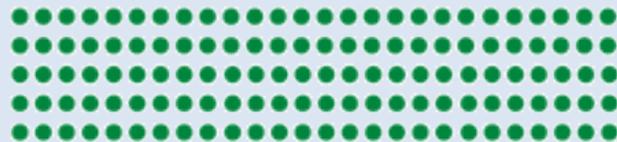
Source: CDC Wonder

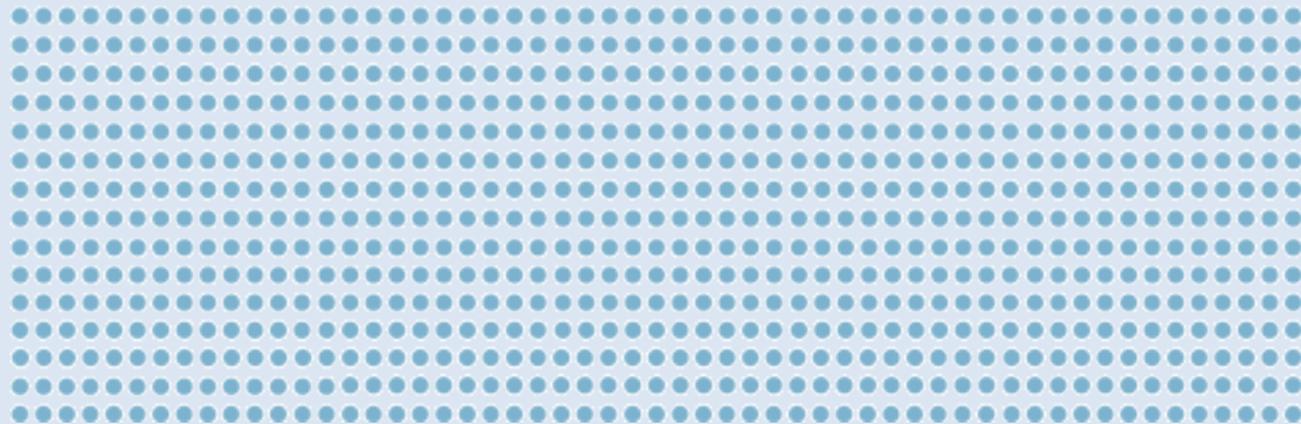
For every **1** death there are...



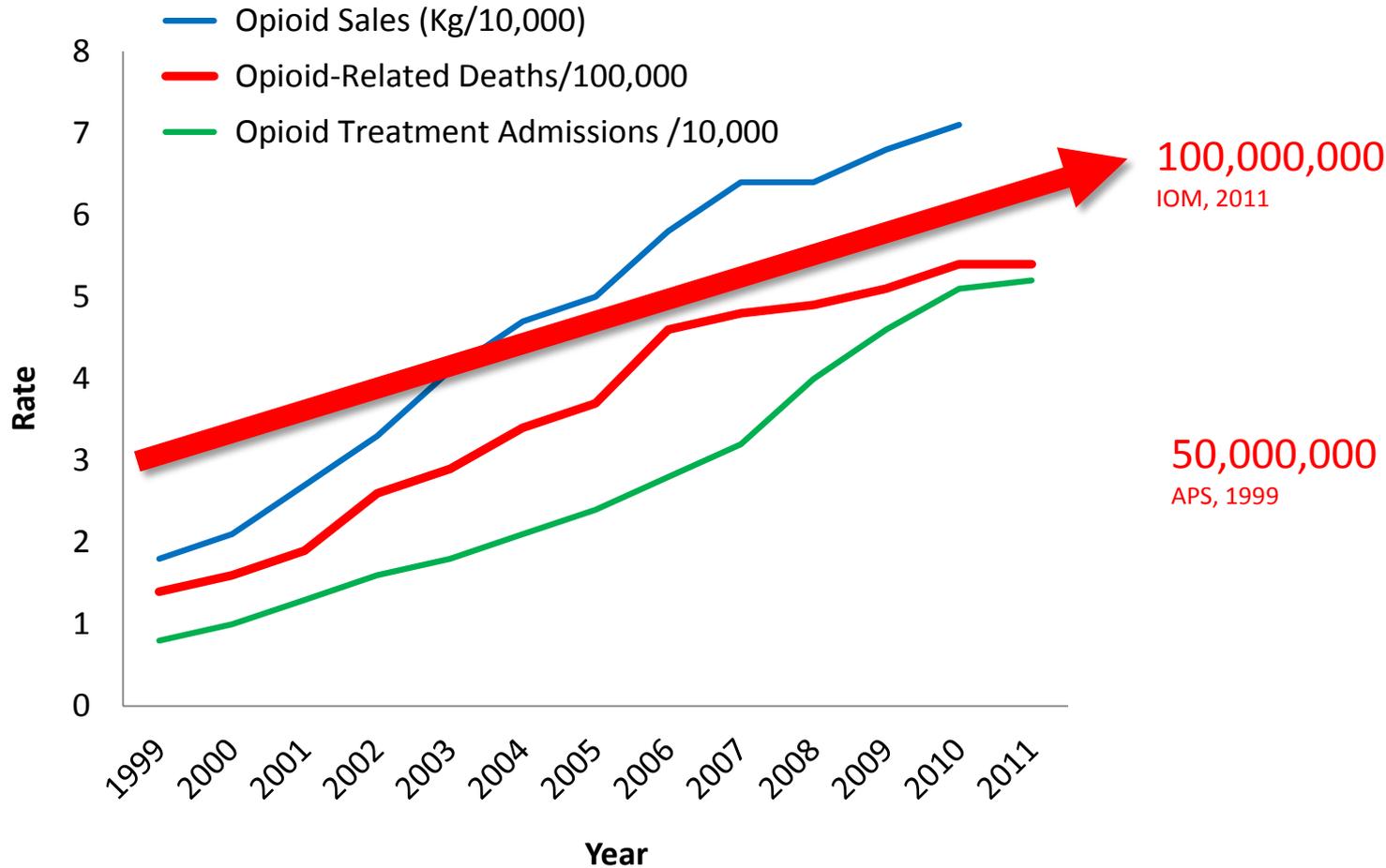
 **10** treatment admissions for abuse<sup>9</sup>

 **32** emergency dept visits for misuse or abuse<sup>6</sup>

 **130** people who abuse or are dependent<sup>7</sup>

 **825** nonmedical users<sup>7</sup>

# Americans in Chronic Pain!!



Sources: National Vital Statistics System, DEA Automation of Reports and Consolidated Orders System, SAMHSA TEDS

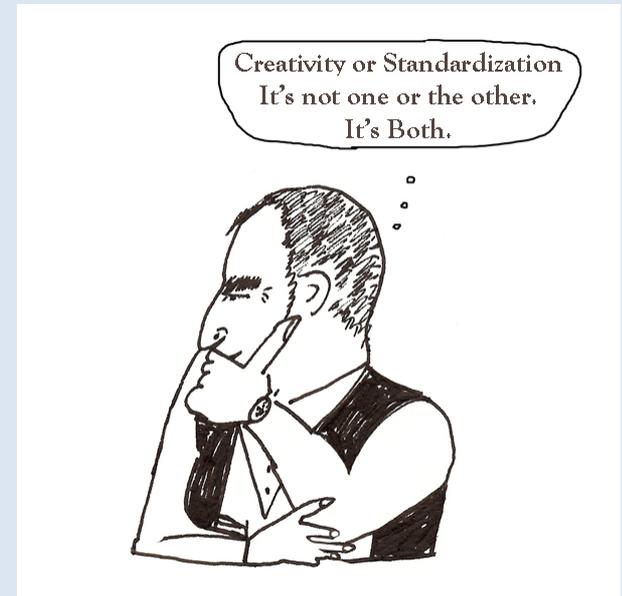
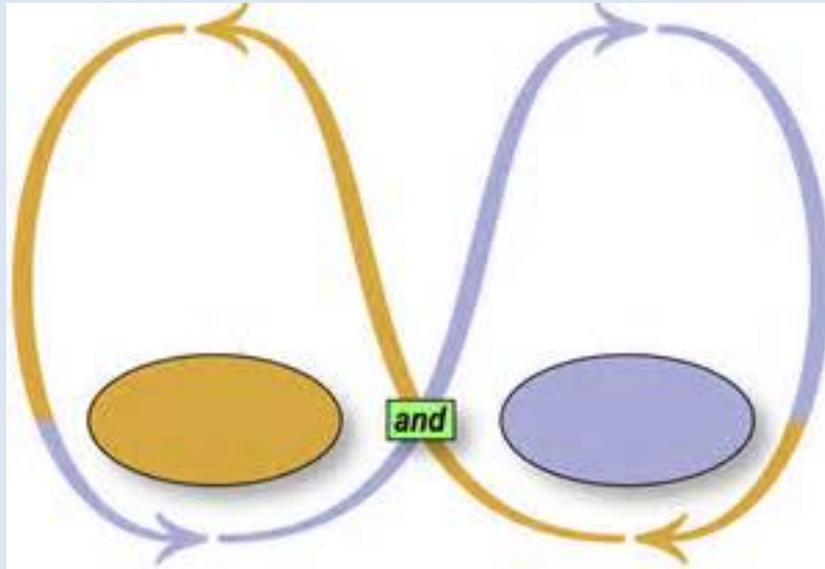
Choose between pain treatment **VERSUS** reduce prescription opioid abuse



PAIN!!!

POA!!!

# “Polarities”



Inhale  
Take Risks  
Conservative  
Big Picture  
Think  
Opioids Good

Exhale  
Use Caution  
Progressive  
Detail Focus  
Act  
Opioids Bad

# Improve Pain Treatment **AND** Reduce Prescription Opioid Abuse

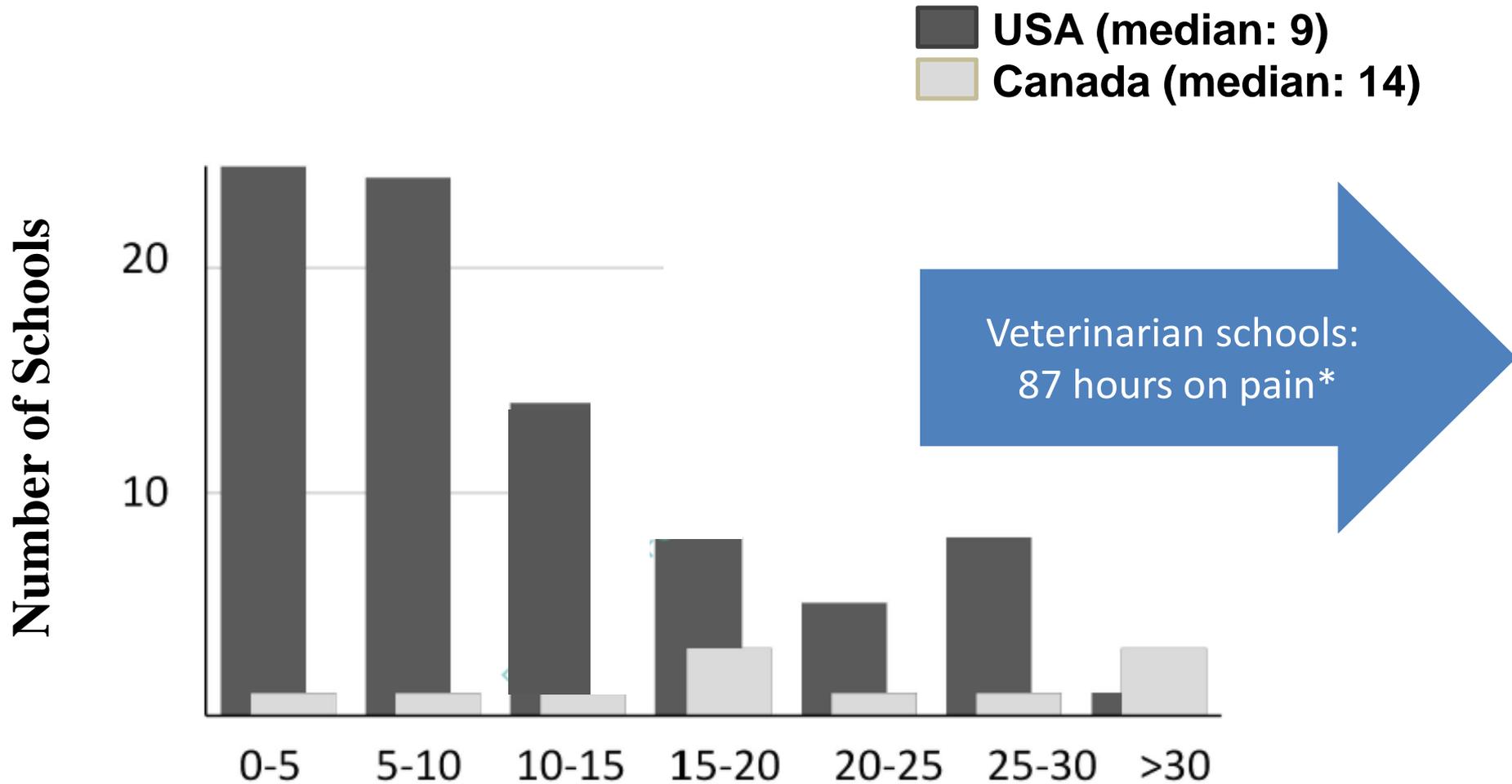
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**PAIN!!!**

**POA!!!**

# Education on Pain in Medical Schools

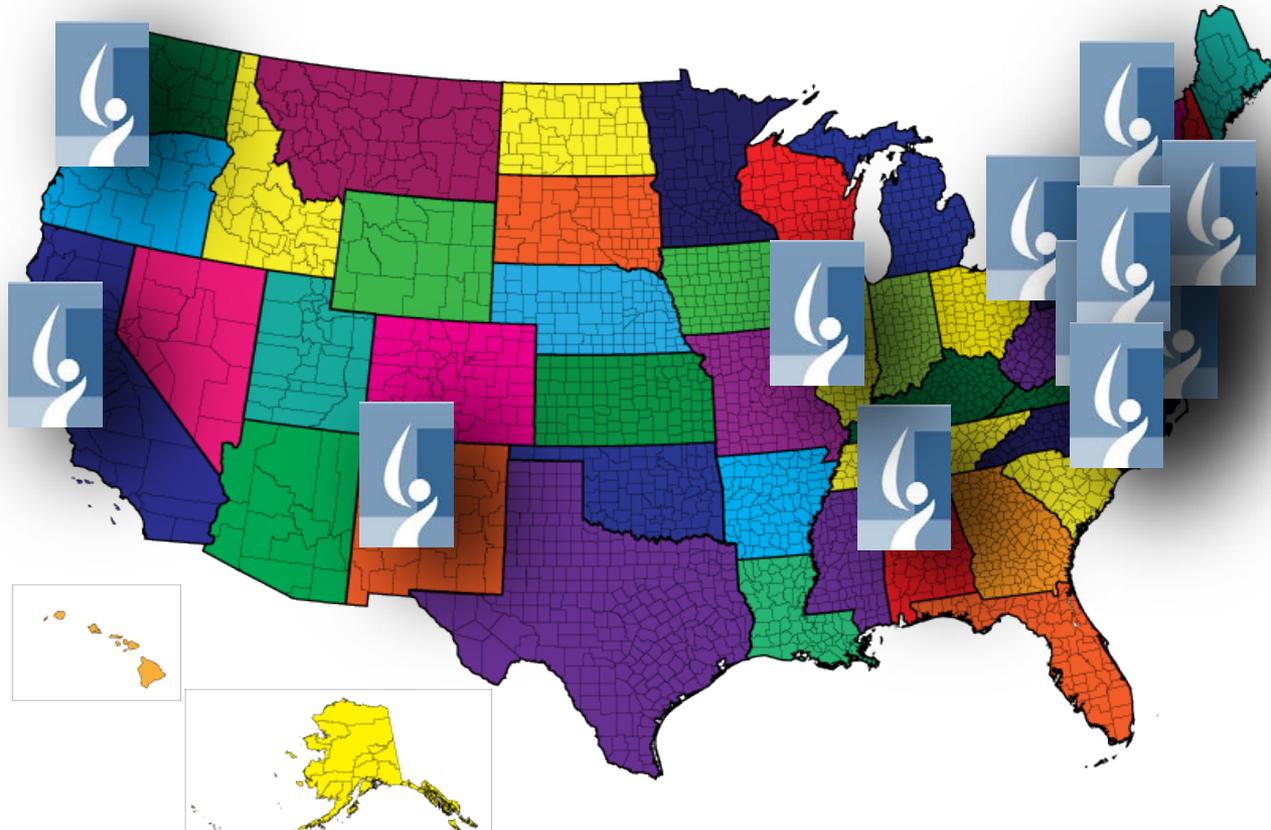


*Lina Mezei, B.S., and Beth Brianna Murinson, M.S., M.D., Ph.D. 2011*

*\*Watt-Watson J. et al., Pain Res Manag. 2009*

# NIH Pain Consortium Centers of Excellence in Pain Education

John D. Loeser Center of Excellence in Pain Education at the University of Washington  
The University of Pennsylvania Center of Excellence in Pain Education  
Southern Illinois University Edwardsville/St. Louis University Center of Excellence in Pain Education  
Rochester Area Collaborative Center of Excellence in Pain Education  
University of New Mexico Center of Excellence in Pain Education  
Harvard School of Dental Medicine Center of Excellence in Pain Education  
University of Alabama at Birmingham Center of Excellence in Pain Education  
University of California, San Francisco, Center of Excellence in Pain Education  
Thomas Jefferson School of Medicine Headache Collaborative Center of Excellence in Pain Education  
University of Pittsburgh Center of Excellence in Pain Education: Pain Challenges in Primary Care  
University of Maryland Baltimore Center of Excellence in Pain Education  
Johns Hopkins University Center of Excellence in Pain Education



NIH ICs Involved:

ORWH	NIA
OBSSR	NINR
NIDA	NICHD
NIDCR	NIAMS
NINDS	NCCAM

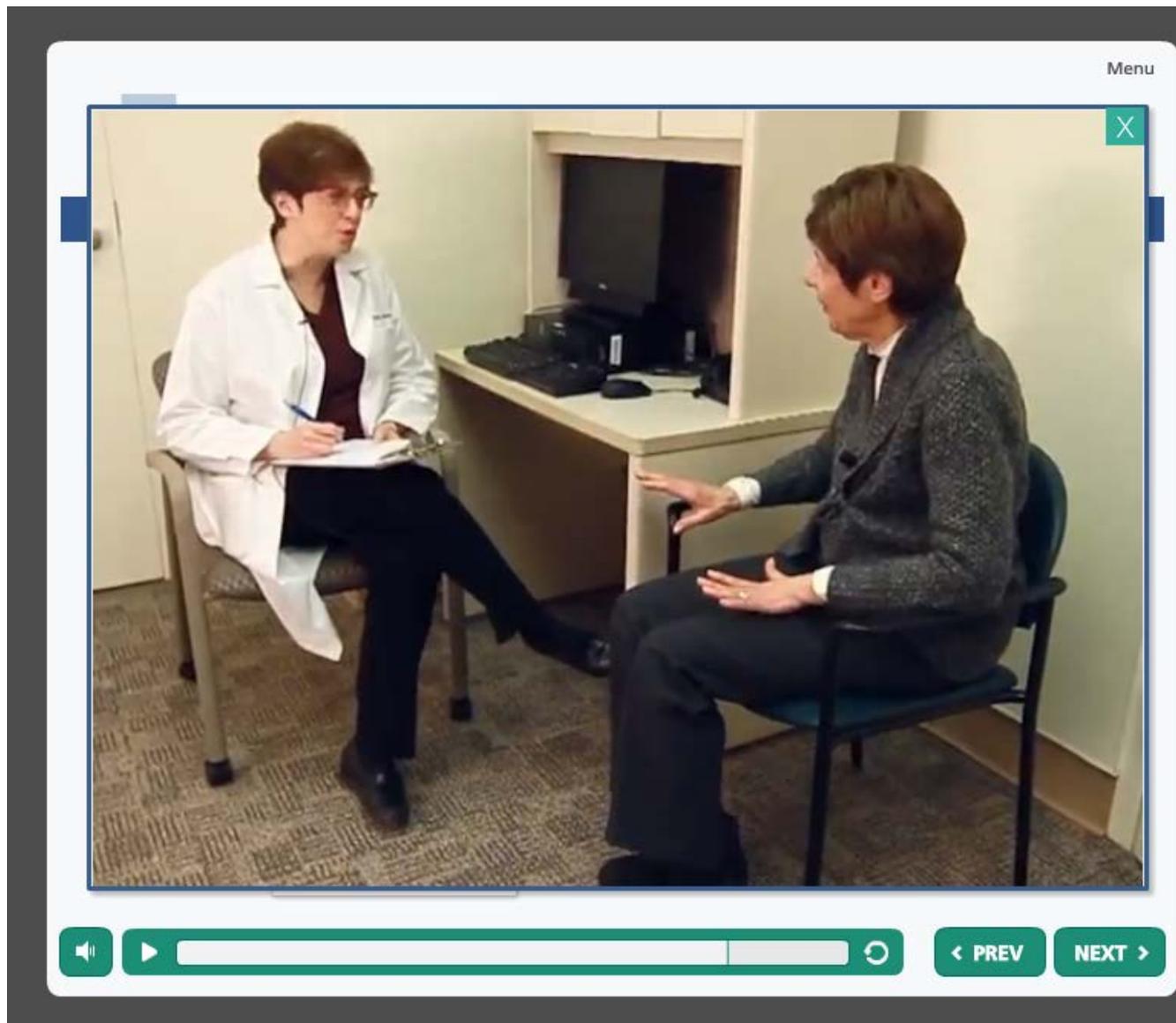
## **Overall Goal:**

Improve pain treatment through education

- 1) Develop and include pain education in the CoEPEs curriculum
- 2) Develop online pain education resource on the Pain Consortium website (and others)
- 3) Dissemination/Evaluation

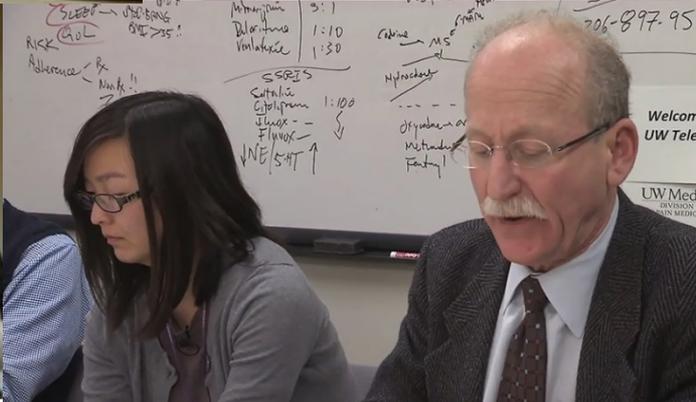
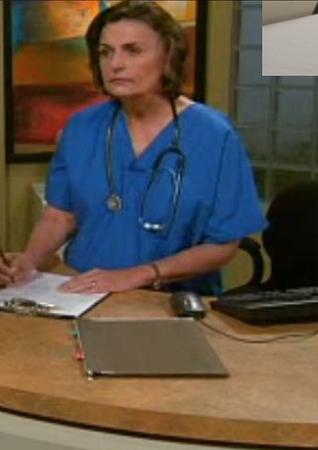


# “Edna”

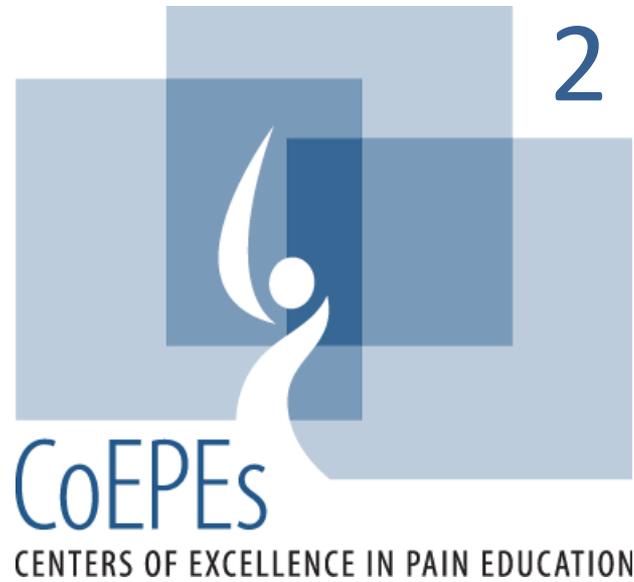


*Objective Structured Clinical Examination (OSCE)*. Standardized patients were consistent across groups and they were masked to whether students had been exposed to the module.

	Group 1 (n 28) (not exposed to CLBP module)	Group 2 (n 27) (exposed to CLBP module)	P value
CLBP OSCE score (mean, s.d.)	62 ± 8.65	79.5 ± 10.43	< .001
Non CLBP OSCE score (mean, s.d.)	71 ± 4.72	70 ± 4.44	0.23
Palpitations	84.5 ± 13.1	86 ± 14.9	0.68
Pediatric ear exam	76.8 ± 13.9	73.3 ± 12.8	0.22
ACE inhibitor	90 ± 10.9	91.8 ± 8.3	0.48
Sinus infection	90.2 ± 9.4	93.5 ± 8.7	0.18
Anticipatory guidance	61.7 ± 20.5	66 ± 17.2	0.40
Adult abdominal pain	85 ± 15.3	84.8 ± 10.1	0.96
Pediatric abdominal pain	78.9 ± 12.9	69.8 ± 13.8	0.01
Hypertension treatment	59.3 ± 10.7	58.2 ± 11.0	0.71
Pediatric prescription writing	83 ± 12.6	76.8 ± 15.7	0.34



# Coming soon!





# National Pain Strategy

A Comprehensive Population Health Level Strategy for Pain



**Public Education**

**Professional Education**

**Population Research**

**Prevention, Care and Disparities**

**Services and Reimbursement**



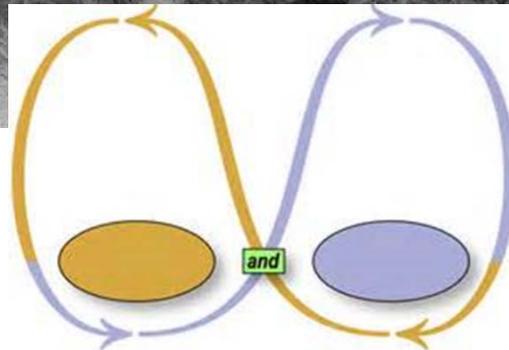
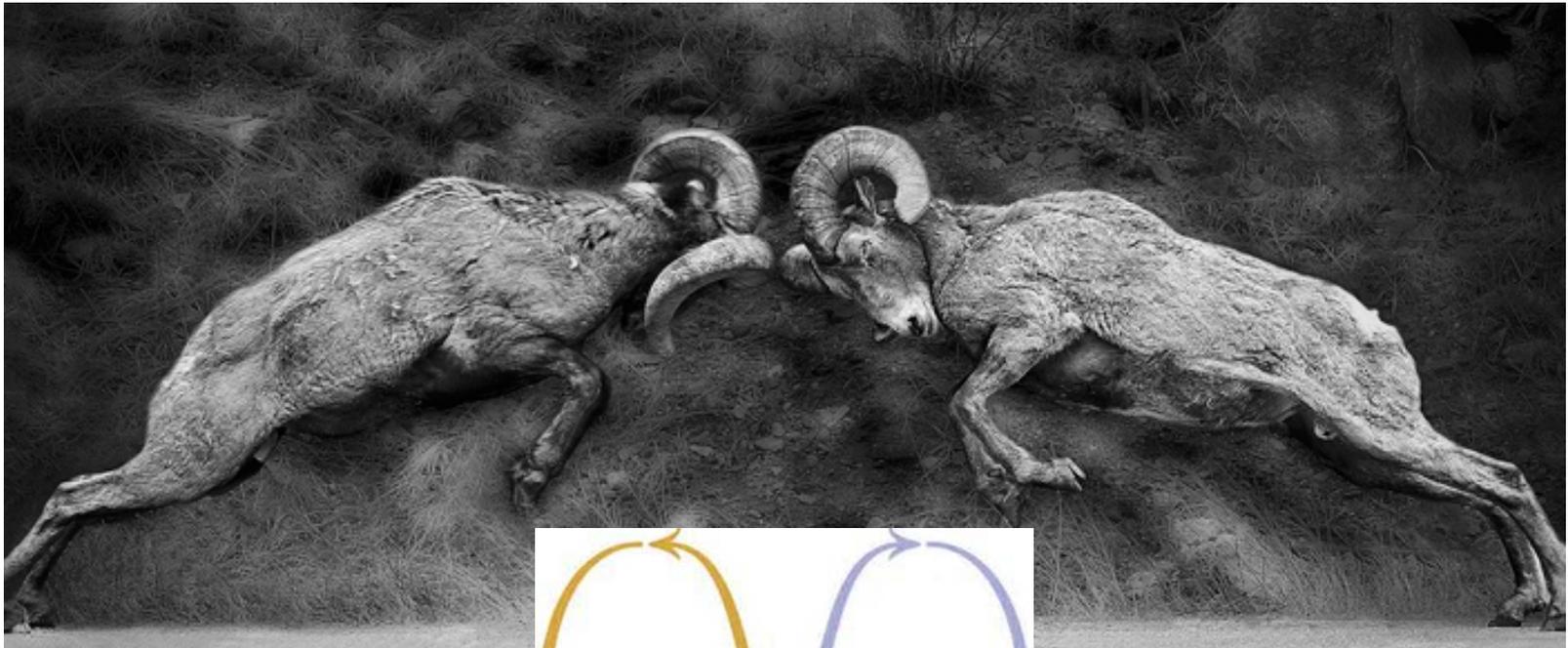


**Pathways to Prevention:**  
**The Role of Opioids in the Treatment of Chronic Pain**

September 29—30, 2014

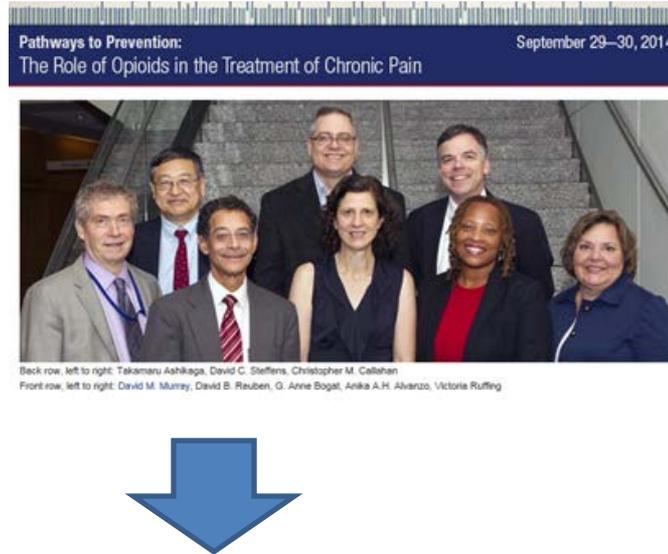
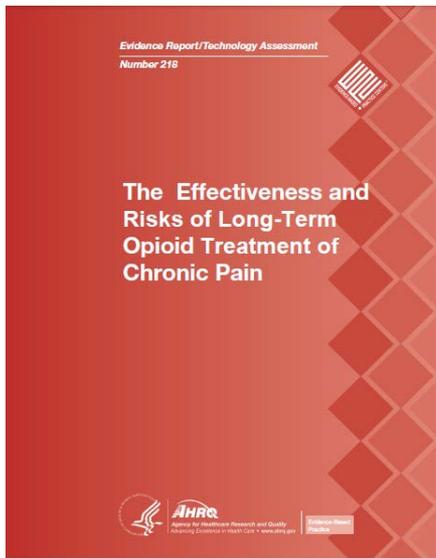


# Debate about opioids!!



Or not....





Federal and nonfederal agencies should sponsor research to identify which **types of pain, specific diseases, and patients are most likely to benefit** and incur harm from opioids. Such studies could use a range of approaches and could include demographic, psychological, sociocultural, ecological, and biological characterizations of patients in combinations with clear and accepted definitions of chronic pain and well-characterized records for opioids and other pain medications.

Federal and nonfederal agencies should sponsor the development and evaluation of **multidisciplinary pain interventions**, including cost-benefit analyses and identification of barriers to dissemination.

Federal and nonfederal agencies should sponsor research to develop and validate research **measurement tools for identification of patient risk and outcomes** (including benefit and harm) related to long-term opioid use that can be adapted to clinical settings.

**Electronic health record** vendors and health systems should incorporate decision support for pain management and facilitate export of clinical data to be combined with data from other health systems to better identify patients who benefit from or are harmed by opioid use.

Federal and nonfederal agencies should sponsor research on **risk identification and mitigation strategies**, including drug monitoring, before widespread integration of these into clinical care. This research should also assess how policy initiatives affect patient/public health outcomes.

The National Institutes of Health or other federal agencies should sponsor conferences to promote **harmonization of guidelines** of professional organizations to facilitate



SHAUN RYAN BRALA



4/90 - 1/24/12

SHAUN BRALA



WE ARE ...  
TALKING  
ABOUT  
NOW

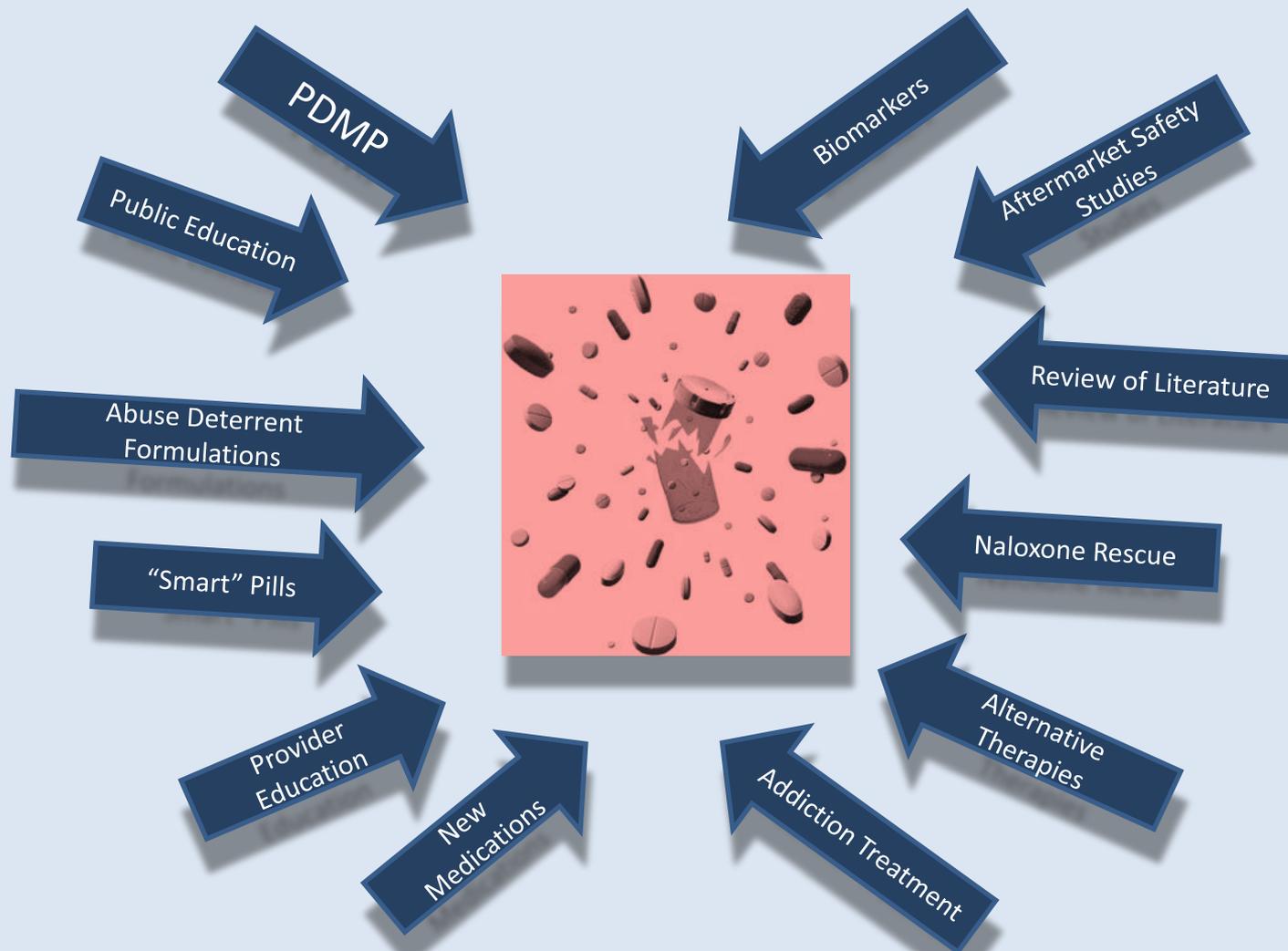
FED UP!  
CALL FOR A FEDERAL RESPONSE TO THE OPIOID CRISIS

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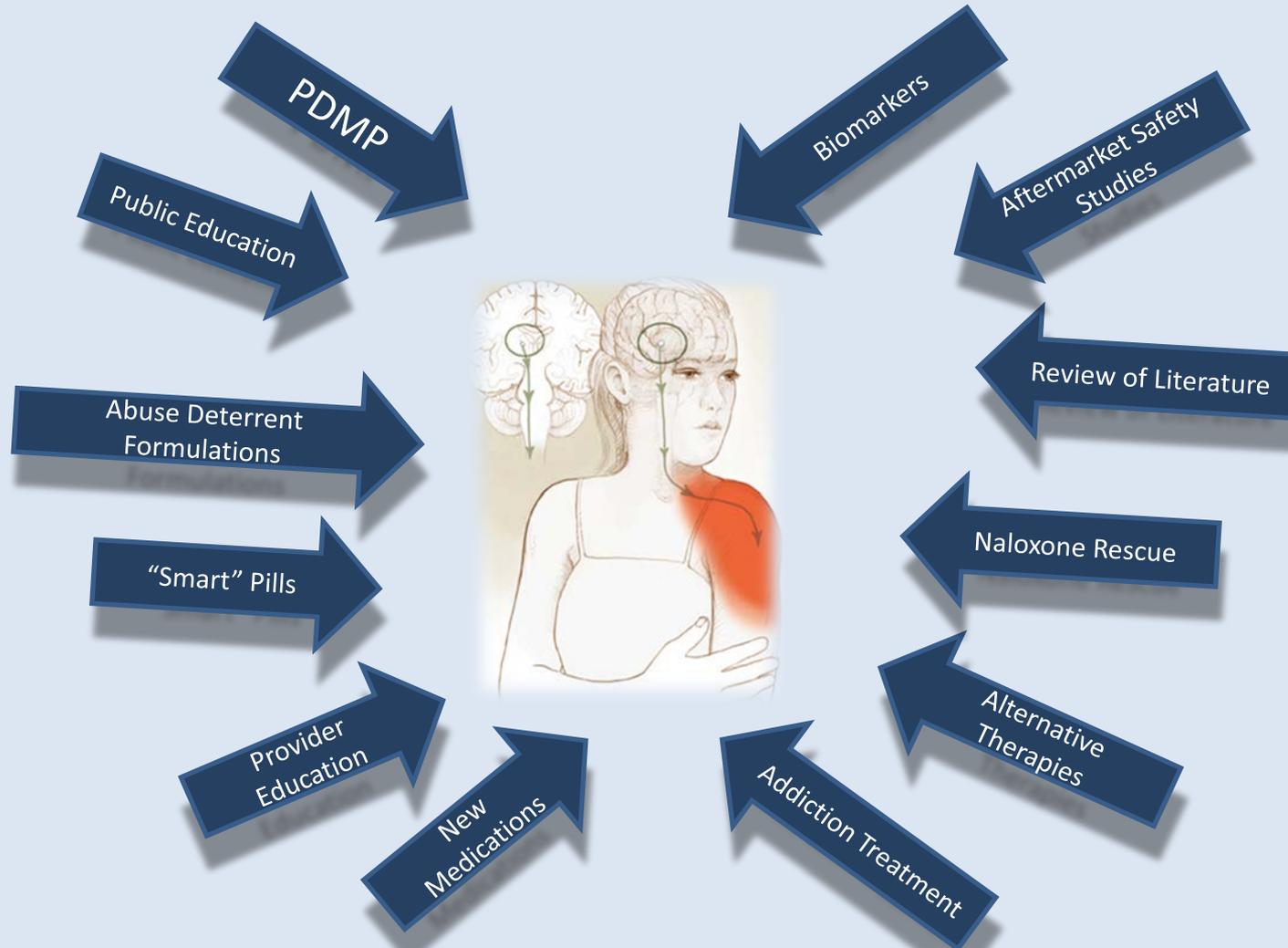
FED UP!  
CALL FOR A FEDERAL RESPONSE TO THE OPIOID CRISIS

A lovely view of heaven

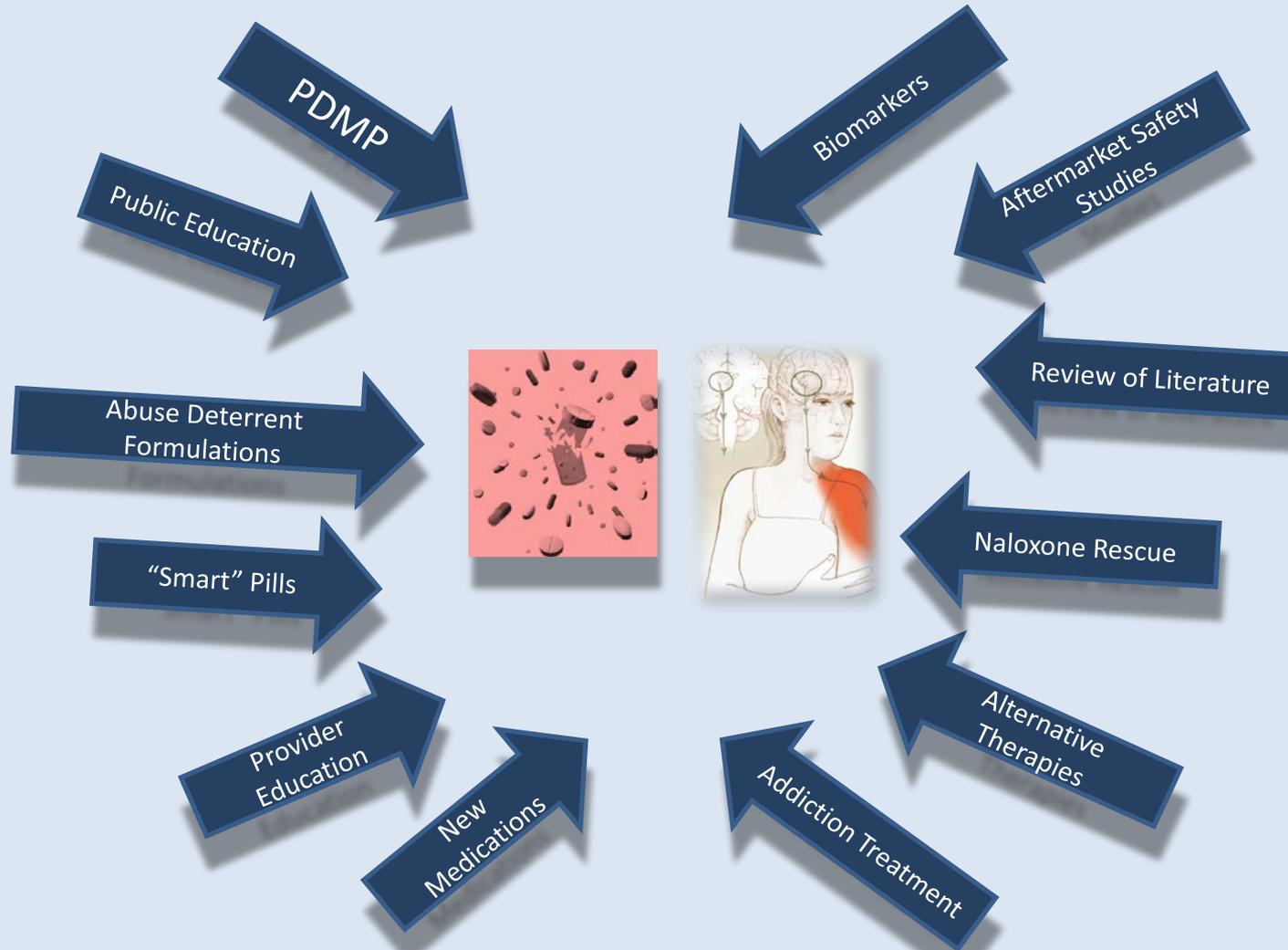
# Fighting prescription opioid abuse



# Fighting pain



# Fighting both!

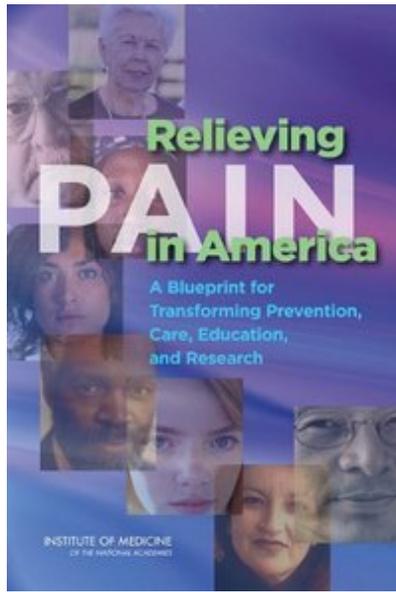
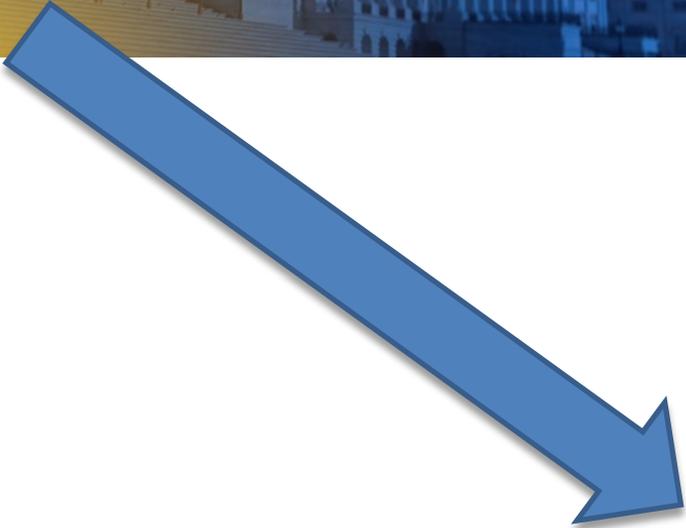


# Reflections on the role of opioids in the treatment of chronic pain: a shared solution for prescription opioid abuse and pain

D. Thomas, J. Frascella, T. Hall, W. Smith, W. Compton, W. Koroshetz, J. Briggs, P. Grady, M. Somerman, & N. Volkow



**Inadequate Pain Treatment**



*"The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources."*



# National Pain Strategy

A Comprehensive Population Health Level Strategy for Pain



**Public Education**

**Professional Education**

**Population Research**

**Prevention, Care and Disparities**

**Services and Reimbursement**

