The Opioid Misuse Crisis and Non-Pharmacological Pain Management

Collaboration with SPTAs, Divisions and Schools
Learning Objectives

Participants will be able to describe the role of non-pharmacological pain management in addressing the Opioid epidemic

Participants will be able to compare policies which promote the biopsychosocial approach from those that promote the biomedical approach and to explain why the former is preferable in addressing addiction and pain management
Facts about the Opioid Misuse Crisis

Which Leave Me Speechless
174 Americans die each day
66,817 people died from overdose June 2016-June 2017
$504 Billion cost (2015)
2.8% of GDP
20% reduction in workforce
300,000 people were using heroin last year
2,000,000 people had SUD involving prescription pain relievers (2015)
26,500 overdoses reversed by laypeople using naloxone (1996-2014)
Every 15 minutes a baby is born suffering from opioid withdrawal.
92,100 children placed in foster care due to parental drug abuse
1 in 3 Medicare Part D beneficiaries received a prescription opioid in 2016

- 500,000 of those received high amounts of opioids
Age-adjusted drug overdose death rates by state: All persons

Percent change in age-adjusted drug overdose death rates between 2006 and 2016

Total (U.S.): 72.2% increase

Percent increase
- No statistically significant change
- 6.3%–49.3%
- 49.4%–99.9%
- 100.0%–180.6%
- 180.7%–248.2%
- Not reliable

SOURCE: NCHS, Health, United States, 2017, Figure 27. Data from the National Vital Statistics System (NVSS), Mortality.
America Has The Highest Drug-Death Rate in the World
Estimated number of drug-related deaths and mortality rate 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Per million people*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>245.8</td>
<td>52,400</td>
</tr>
<tr>
<td>North America</td>
<td>172.2</td>
<td>55,300</td>
</tr>
<tr>
<td>Oceania</td>
<td>102.3</td>
<td>2,600</td>
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<tr>
<td>Asia</td>
<td>61.9</td>
<td>66,100</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>55.6</td>
<td>5,000</td>
</tr>
<tr>
<td>World average</td>
<td>39.6</td>
<td>190,900</td>
</tr>
<tr>
<td>Western and Central Europe</td>
<td>26.4</td>
<td>8,400</td>
</tr>
<tr>
<td>Eastern and South-Eastern Europe</td>
<td>22.5</td>
<td>12,600</td>
</tr>
<tr>
<td>Africa</td>
<td>14.9</td>
<td>40,800</td>
</tr>
</tbody>
</table>

* mortality rate per million persons aged 15–64
Best estimates according to source
Source: UNODC
3 Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths
Wave 3: Rise in Synthetic Opioid Overdose Deaths

There appear to be two clusters of items related to opioid risk.

- History of ACE, Trauma and Suicidality
- Impulsivity & Lack of Social Achievement
- Substance-Related Criminal Hx
- Anger & Self Destructive Behavior

**Presumed Precipitating Event**

Two distinct item clusters with low intercorrelation (.33) indicating they share only 10% of their variance.

- Painful Illness or Injury
- Craving & Conflicted Dependence
- Pain Patient Items
- Unrealistic Expectation of Easy Cure
- Highly Distressed Patient

Bruns and Disorbio, 2016

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Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
The Sad Story -2016

42,000 people died of overdose
Approximately 11.5 million people misused prescription opioid painkillers
Almost 90,000 used Heroin
2.1 million people suffered from opioid use disorder
Sharp rise in use of synthetic opioids
- Fentanyl – 50-100 times more potent than morphine
- Carfentanil 10,000 times more potent than morphine
History and Etiology

Pain as 5\textsuperscript{th} vital sign
Overprescribing of pain medication
Lack of access/awareness/communication of alternatives to medication
Pain as Fifth Vital Sign

PAIN ASSESSMENT TOOL

0 1 2 3 4 5 6 7 8 9 10
No Pain  Mild  Moderate  Severe  Very Severe  Worst Pain Possible

0 1-3 4-6 7-9 10
3.3 Billion unused pills from surgery-related overprescribing

In 2016 enough opioids were prescribed to give every American 36 pills
Prescription Levels Vary by Procedure

Hysterectomy 45
Hernia 63
Colectomy 65
Rotator Cuff 93
Hip Replacement 119
Knee Replacement 130
Sleeve Gastrectomy 194
Unused Pills are Available for Misuse

20% of surgical patients admit to refilling prescriptions even though they no longer needed the drug to manage their pain.

Almost 90% of patients with leftover opioid pills didn’t properly dispose of them.

Many unused pills are kept in the house or shared with friends and family.

www.PlanAgainstPain.com
Addiction and Suicide

According to the National Violent Death Reporting System between 2003-2014

• 8.8% (10,789 people) of suicides had chronic pain
  • Of those 53.6% died from firearm related injuries
  • 16.2% died by opioid overdose
  • Suicide rate increased with age among those with chronic pain—rates highest for those over 80
Psychology’s Role in Addressing the Opioid Misuse Crisis
JOURNEY TO ADDICTION
HOW PSYCHOLOGISTS INTERVENE

INITIAL APPOINTMENT
Diagnosis of disease or injury

FOLLOW UP
Ongoing treatment or intervention

Addiction services including MAT

Recovery

TRADITIONAL MENTAL HEALTH, DEPRESSION, ANXIETY, PTSD

PAIN MANAGEMENT HEALTH PSYCHOLOGY FAMILY

ADDITION SPECIALIST

REHAB

Systems level

Community

Workplace

SOCIAL DETERMINANTS HEALTH DISPARITIES MILITARY, PUBLIC SAFETY, AND VA

COMMUNITY AND SOCIAL PSYCHOLOGY

INDUSTRIAL/ORGANIZATIONAL AND CONSULTING
Pain Management
What is pain?

**Biological factors**

- Pain

**Psychological factors**

- Worry
- Depression and anxiety
- Pain catastrophizing
- Helplessness
- Hyper-focus

**Social factors**

- Lack of support
- Job dissatisfaction
- Trauma history
- Dissatisfaction with medical care
Pain Management

Non-pharmacological alternatives for chronic and acute pain
- Behavioral- CBT, acceptance and commitment, exposure to feared movements,
- Exercise, PT, rehab
- Mindfulness, yoga, biofeedback, tai chi, acupuncture, spinal manipulations, massage
- Heat and cold
- TENS, relaxation and distraction

Non-opioid pharmacological alternatives for acute pain
- Nonsteroidal anti-inflammatory meds
- Low-dose ketamine, nitrous oxide, lidocaine, etc.
Addiction Services and Integrated Medication Assisted Treatment
Issues in addiction treatment or integrated medication assisted treatment

Many people cannot stop completely
Withdrawal is needed for some treatments
Drugs used include methadone, buprenorphine, naltrexone
naloxone
Behavioral and psychological interventions enhance the success of these treatments
Family involvement is important to consider
Access to Narcan
Psychology Answers the Opioid Misuse Crisis Call by Training a workforce in Non-Pharmacological Pain Management

A plan to engage SPTAs, divisions and schools in rapid workforce development
Why Non-pharmacological Pain Management Workforce Development? External

• Psychology is absent from those discussed when addressing the opioid misuse crisis
• “Addictions work” seen as masters level role- not at top of psychology scope of practice where our psychologists work
• Pain management is the “sweet spot” for psychology
• It identifies a role uniquely suited for psychology
• Many organizations and regulatory agencies are focused on this need
• It persists beyond the national focus on opioids
• Positions us to promote the other ways psychology addresses SUD
• JCAHO now mandates NPPM for their health systems
Value Proposition- Internal

- It closely matches what members, even traditional practitioners, see as relevant services and outcomes
- It is scalable to different levels and types of practice
- It unites one psychology as we lead with our science, include public interest issues (disparities and social determinants)
- It connects APA with SPTAs, Divisions, and schools
- It matches all 4 of the proposed strategic plan categories
- It can be greatly done on-line
- It keeps practitioners connected to the larger healthcare community
- It creates a model for rapid workforce development of new skills which might be needed in the future
Key Activities

• Creation of curriculum
• Offer training to 60,000 psychologists in non-pharmacological Pain Management
• A 101+ course and specialty courses online
• Develop rapid workforce training network though collaboration with SPTAs, Divisions and schools and clinics
• Development of an on-going consultation model deepening training
• Communicate Psychology’s many contributions to addressing the crisis
• Hold inter-professional meeting with pain specialists
• Collaborate to develop payment bundles with other Pain specialists
• Evaluate training model cost savings on disability and workers comp through collaboration with ACOEM
• Addition to graduate training
• Include questions in NPPM on licensing and Board Exams
Thank you!
We need you all
For more information:

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