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

June 28, 2018

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This training was developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T.

The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, under Grant No. 5U79SM062297.

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

Opioid Abuse

- Physical Health Problems
- Behavioral Health Problems
- Trauma/Adverse Childhood Experiences
- Social Isolation

Suicidality

Intersection

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

- Biological:
  - Location
  - Character
  - Pain type
  - Treatment response
  - Activities of daily living deficits
- Psychological:
  - Intensity
  - Emotions
  - Values and motivation
  - Support
  - Relationships
- Social:
  - Values and motivation
  - Role function
- Spiritual:
  - Religion/spirituality
  - Important rituals
  - Changes in hopes, goals, and dreams

Modifiers:
- Stress
- History of abuse
Theories on Pain: Gain Control Model

**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)

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**Pain in the United States**

30%-50% of patients with acute pain experience chronic postsurgical pain.2,9

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

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1 Arnstein, 2010

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**

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### Demographics

- Over age 45\(^2,13\)
- Female\(^2,13\)
- Experience low back,\(^{14-15}\) joint,\(^{16}\) neck,\(^{17}\) head,\(^{18}\) and facial pain\(^{19-23}\)
- Work in jobs that require frequent exertion and standing, specifically agriculture, forestry, fishing, hunting and construction\(^{24}\)

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\(^2\) 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., 2016; \(^19\) 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

- 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

Department of Health and Human Services, 2016

Pain and Stigma

Many people with chronic pain experience stigma, such as:

- 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

Alford, 2016; Katz et al., 2015; De Ruedere et al., 2016
## Preventing Chronic Pain

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
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<tbody>
<tr>
<td>• Prevent painful illness and injury</td>
<td>• Evaluate substance use disorder risk before prescribing opioids (or refilling prescription)</td>
<td>• Recognize and treat chronic pain as a chronic disease that requires specialty services, social support, and use of self-management strategies</td>
</tr>
</tbody>
</table>
| • Screen for past exposure to pain, suicide risk, mental and substance use disorders, and treatment response | • If signs/symptoms of chronic pain emerge:  
  o Refine treatment plan to adapt to patient  
  o Prescribe non-opioid analgesic and/or adjuvant therapy plus nondrug therapies  
  o Refer to specialist | • Provide education and counseling to lower risks of pain-related disability and depression |
| • Prevent needless exposure to pain | | |
| • Resolve acute pain quickly and effectively using multimodal methods | | |

## Stepped Care Model for Pain Management\(^\text{25}\)

<table>
<thead>
<tr>
<th>Step 1: Self-care</th>
<th>Step 2: Patient Centered Medical Home in Primary Care</th>
<th>Step 3: Secondary Consultation</th>
<th>Step 4: Tertiary, Interdisciplinary Pain Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, weight management, exercise, sufficient sleep, relaxation techniques, engaging in meaningful activities, support, safe environments</td>
<td>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</td>
<td>Multidisciplinary pain medicine specialty teams, rehabilitation medicine, behavioral pain management, mental health/substance use disorder programs</td>
<td>Advanced pain medicine diagnostics and interventions, accredited pain rehabilitation</td>
</tr>
</tbody>
</table>

\(^\text{25}\) Department of Health and Human Services, 2016
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

Adverse Health Outcomes Associated with Pain

- Chronic Pain
  - Mental Disorder
  - Suicide
  - Unintentional Overdose

  - Risk Factor

- Anxiety Disorders
- Substance Abuse
- Depression
- Suicide by Other Means
- Non-Opioid Overdose
- Opioid Overdose

Select Adverse Health Outcomes
“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 suicide.

• Factors that increase suicide risk among chronic pain patients include:
  - Pain severity
  - Pain diagnoses
  - Pain catastrophizing
  - Perceived burdensomeness

Additional factors that increase suicide risk among chronic pain patients include:

- Insomnia
- Desire to escape from pain
- Passive coping strategies
- Prescription opioid use

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

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

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<thead>
<tr>
<th>Barrier</th>
<th>Possible Solutions</th>
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<tbody>
<tr>
<td>Under-utilization of potentially effective nonpharmacological treatments</td>
<td>• Educate providers about effective nonpharmacological treatments for chronic pain</td>
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<tr>
<td></td>
<td>• Implement brief interventions (e.g., Motivational Interviewing) to engage people in nonpharmacological approaches</td>
</tr>
<tr>
<td>Poor access to care</td>
<td>• Promote telehealth opportunities and web/mobile applications</td>
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<tr>
<td></td>
<td>• Recommend self-management strategies</td>
</tr>
<tr>
<td></td>
<td>• Educate policymakers on the need to increase insurance coverage for nonpharmacological approaches</td>
</tr>
</tbody>
</table>

## 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
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**

Available at: [https://www.samhsa.gov/capt/](https://www.samhsa.gov/capt/)
Relevant Resources from SPRC

Examples include:

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


Other Relevant Resources

- Behavioral Health Treatment Services Locator. Available at: [https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)
- CDC Guideline for Prescribing Opioids for Chronic Pain. Available at: [https://www.cdc.gov/drugoverdose/prescribing/guideline.html](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

References

References


