Pain, Substance Misuse & Treatment
Science, Practice, and Prescribing Guidelines

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Our Collaborators

- UNIVERSITY OF ARIZONA HEALTH SCIENCES
  Comprehensive Pain & Addiction Center
- Arizona Alliance for Community Health Centers
  Primary Healthcare for All
- Graham County Substance Abuse Coalition
- Canyonlands Healthcare
- North Country HealthCare
- Gila County Health & Emergency Management
  Prevent, Promote, Protect
- MATFORCE
  Building Healthier Communities
- Yavapai County Community Health Services
- CAHEC
  Central Arizona Area Health Education Center
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Presenter Disclosures: Add any disclosures

Webinar Evaluations. There are two. One for CMEs & the other for the grant.

Slides. The slides will be available on the CPAC website cpac.arizona.edu/23-c within a week or so following the webinar.
The Goal & Learning Outcomes

Goal:
• To increase capacity in Arizona to identify, treat, and support people with substance use disorders (SUDs) and more specifically opioid use disorders (OUDs).

Learning outcomes:
1. Identify and treat pain and substance use disorder/opioid use disorder (SUD/OUD) using Arizona Department Health Services 2018 guidelines.
2. Recognize issues associated with pain and SUD/OUD.
Culturally Responsiveness Statement

Addressing challenges faced by Arizonans with substance use disorders including those who are Black, Latiné, Indigenous, Immigrant and People of Color are crucial components of research, policy, and clinical strategies that improve health equity.

We connect diverse partners across Arizona, provide reliable and useful data to inform policies and programs, and assist in finding resources to support rural and underserved populations historically exploited and ignored.

We pledge to expand our efforts to address race-based injustices.

We also recognize and celebrate differences within and between cultural groups and strive to create inclusive environments for all people for whom we interact.

1Adapted from: Arizona Center for Rural Health’s Statement on Health Equity. https://crh.arizona.edu/
Land Acknowledgement Statement

The University of Arizona sits on the original homelands of Indigenous Peoples who have stewarded this Land since time immemorial. The University of Arizona resides on ancestral lands of the Tohono O'odham and Pascua Yaqui nations, where many today continuously reside in their ancestral land.

Aligning with the university’s core value of a diverse and inclusive community, it is an institutional responsibility to recognize and acknowledge the People, culture, and history that make up the Wildcat community. At the institutional level, it is important to be proactive in broadening awareness throughout campus to ensure our students feel represented and valued.

For more information about Native lands which UArizona resides on, see https://nasa.arizona.edu/
Scope of the Problem: Real Time Data

Arizona Department of Health Services (ADHS):
Opioid Epidemic Dashboard:

Addiction Defined

“...a chronically relapsing disorder, characterized by compulsion to seek and take the drug, loss of control in limiting intake, and emergence of a negative emotional state (e.g., dysphoria, anxiety, irritability) when access to the drug is prevented.”

Reasons for Pain


Improving Health Equity in Care

• Syndemic Framework\textsuperscript{1}
• Dissimilarities and disparities in healthcare access and quality exist based on cultural context (e.g., race/ethnicity, language, gender, gender identity, geography, sexual orientation, disability).

Recommended solutions include\textsuperscript{2}:
Adequate pain assessment and management
Evidence-based treatments that are culturally sensitive
Cultural leverage (brokers)

2018 Prescribing Guidelines Updates

New concepts:
- High impact chronic pain
- Complex persistent opioid dependence
- Opioid exit strategies

Shift in pain care:
- Avoid **unnecessary exposure** to opioids
- Emphasize **non-stigmatizing language**
- Increase **focus on prevention, recognition, and treatment**
- **Integration** into practice workflow (Recovery Support Specialists/Community Health Workers/Case Management)

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Case Study

**Situation:** Amy recently turned 18 years old. She had her wisdom teeth extracted and was prescribed pain medication.

**History:** Amy had behavioral difficulties in childhood and began using substances during adolescence. Amy’s family sought professional help from medical and psychiatric physicians and social and behavioral health specialists.

What are some important screening and treatment considerations before, during, and after prescribing pain medication?

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1Weiksnar M. *Heroin’s Puppet – Amy (and her disease)*. Amelibro Press. 2012
Key Points from Prescribing Guidelines Case Study (1 of 2)

1. **Consent/release**: Include family in treatment
2. **Comprehensive assessment**: other medical records, medical pain history, potential for non-pharmacological treatments, setting functional goals/pain contracts, co-occurring mental health/suicidality, trauma, sleep issues, pregnancy/plans for pregnancy, and potential for drug interactions (UDS).
3. **Differentiate** between acute and chronic pain, and develop mitigation strategies
Key Points from Prescribing Guidelines Case Study (2 of 2)

4. Types of non-pharmacological treatments (behavioral/mindfulness, NSAID, topical, referral to pain specialist)

5. Check Controlled Substances Prescription Monitoring Program (CSPMP)

6. Seek guidance from Opioid Assistance and Referral (OAR) Line

7. What’s the exit strategy?
Medications for Addiction Treatment (MAT)

- Considered the gold standard for treating OUD.
- Safe and effective for pregnant women.

Image Source: National Alliance of Advocates for Buprenorphine Treatment
Taper vs Ongoing Treatment

Deaths: Taper – 4/20  Buprenorphine – 0/20

Behavioral Treatments for SUD/OUD

Role¹:

• Improve adherence to medications;
• Address issues related to the disorder that medications do not

Types of evidence-based behavioral treatments²:
Motivational Enhancement Therapy (MET)
Cognitive Behavioral Therapy (CBT)
Contingency Management (CM)
Family-Based


Need a DATA Waiver?

Provider Clinical Support System at
http://pcssnow.org/medications-for-addiction-treatment/

Arizona State University Medication-Assisted Treatment for Opioid Use Disorder at
https://cabhp.asu.edu/medication-assisted-treatment
Interested in Provider to Provider Collaboration?

The Arizona Center for Rural Health has developed a **collaborative consultation model** to pair experienced MAT providers with new or less experienced MAT providers for the purpose of increasing capacity for providing evidence-based treatments.

Check out the **website** and **interest form**:

[https://crh.arizona.edu/mentor](https://crh.arizona.edu/mentor)
Community Resources in Arizona

1. Arizona Opioid Assistance & Referral Line (OAR) at 1-888-688-4222 or 211arizona.org (call Arizona 2-1-1)

2. Find local Rx Drug Drop-Off Locations: Dumpthedrugsaz.org

3. Find Local treatment Services: findtreatment.samhsa.gov

4. Find Naloxone: spwaz.org/arizonanaloxone/
What questions do you have?
Summary

Pain and addiction are linked.
The vast majority of patients who use or misuse substances do not progress to addiction.

Patients that progress to addiction have a treatable, manageable chronic condition that reoccurs at rates no higher than other chronic conditions.

Before prescribing opioid treatments it's important to:
1. Conduct screening/assessment,
2. Identify other possible treatments, &
3. Check Controlled Substances Prescription Monitoring Program (CSPMP)

After prescribing it's important to:
1. Offer ongoing reassessment of risk and benefits of opioid therapy,
2. Check the CSPMP and conduct urinalysis drug screening to celebrate the patients successes and identify when other treatments may be necessary, &
3. Collaborate with behavioral health
Thank You!

There are two surveys we are inviting you to complete. The first is for grant purposes and the second is for you to receive CMEs. Please complete the one below for our grant purposes.

https://redcap.uahs.arizona.edu/surveys/?s=W4JF8TMAEF

You will receive an email for the second evaluation from CAAHEC, which is tied to your CMEs.