

On April 8, 2013, leaders from science, medicine, government, and the advocacy community gathered in Washington, D.C. to discuss the growing public health issues of chronic pain and prescription drug abuse. The event began with an introduction from Mary Woolley, President and CEO of Research!America, who released the results of a new public opinion poll on pain and spoke about the critical role for research in addressing this epidemic.

A few highlights from the Research!America poll:

- Only 18% of respondents believe chronic pain is a major health problem, even though a majority of Americans (63%) say they know someone who experienced pain so severe that they sought prescription medicines to treat it. About a third of respondents believe that policymakers, researchers, and the media don't pay enough attention to the issue of chronic pain.
- Most Americans are concerned about the misuse of pain medication to treat chronic pain. A high percentage (82%) believes that taking prescription painkillers for long-term, chronic pain could result in addiction, and 85% are very concerned or somewhat concerned that prescription pain medication can be abused or misused.
- More than half (54%) say doctors are not discussing the possibility of developing dependence or addiction to pain medication enough with their patients.

This presentation was followed by a panel moderated by Health Affairs Editor-in-Chief Susan Dentzer, in which the speakers drew on a wide range of backgrounds and experiences to present an in-depth look at issues in pain and addiction and discuss potential solutions.

Asa Hutchinson, former Congressman and DEA Administrator, noted that prescription drug abuse is currently the #1 problem at the DEA, and discussed the role of law enforcement in controlling the volume of restricted drugs. He also pointed out that drug diversion occurs at the street level, but also the distribution/manufacturing and prescriber level, creating multiple areas where regulation and monitoring are needed.

Dr. Douglas Throckmorton, Deputy Director for Regulatory Programs at the FDA's Center for Drug Evaluation and Research, presented another perspective from the federal government. He described advances in prescriber and patient education through the REMS (Risk Evaluation and Mitigation Strategy) for opioid analgesics. However, he also stated that the science is not where it needs to be, and that the FDA would benefit from a greater understanding of how best to identify patients at risk for abuse, improve labeling, and assess the impact of opioid use. Without studies on these issues, he noted that the FDA will be forced to make policy and regulatory decisions using insufficient data.

Dr. Story Landis, Director of the National Institute of Neurological Disorders and Stroke at the NIH, reviewed collaborative groups for pain research within the government, including the NIH Pain Consortium and Interagency Pain Research Coordinating Committee (IPRCC). These structures should help maximize research opportunities in a limited funding environment. Dr. Landis mentioned several research gaps, including the lack of a validated assay for pain assessment (e.g. a diagnostic test or biomarker), a more detailed understanding of opioid dosing and treatment regimens, and studying the ways to separate pain relief from dopamine release in opioids. She also

noted that a “state of the science” report will be released by the NIH from an upcoming consensus development conference focused on the efficacy of opioids for chronic non-malignant pain. Some other issues to be addressed include the lack of a comprehensive, prioritized list of research needs, and better training on opioid use.

Dr. Carmen Green, Associate Vice President for Health Equity and Professor at the University of Michigan, spoke about her experiences with pain management as a physician and researcher. She described pain as a silent epidemic—one that affects over 100 million people annually, is the most common reason people see a doctor, and is also one of the top causes of work disability. More than addiction, she is concerned with the possibility of dependence and other side effects that result from prolonged pain medication use. Dr. Green also discussed some current research findings on pain: people of lower socioeconomic status are more likely to suffer from pain conditions, and racial and ethnic minorities tend to be undertreated for pain. She noted that patient experiences can be translated into research with testable hypotheses to improve our understanding of pain-related issues.

Paul Gileno, a pain patient advocate who is President and Founder of the U.S. Pain Foundation, spoke of the need to view pain as a disease. He emphasized that pain patients are seeking help and relief, not opioids, and that the media doesn’t present this accurately. There is a stigma that being in chronic pain means you will become an addict, but this is not the case. Mr. Gileno also stressed the need for patient education on comprehensive pain management strategies beyond medication, and noted that pain is the ultimate problem, as it is a component of many diseases, and doctors may be able to treat the disease but not always alleviate the pain.

Rebecca Kirch, Director of Quality of Life and Survivorship at the American Cancer Society, focused on the need for improving patient comfort and overall palliative care, and stated that we have lost sight of these goals with our focus on disease-specific research. She also discussed the need for increased awareness about steps patients can take to avoid addiction and safely store and dispose of medication. Ms. Kirch suggested that we move pain away from being primarily associated with opioids, and reframe the public policy debate based on a quality of life discussion. While the debate over prescription drugs has pitted two communities against each other—addiction and chronic pain—they share a common denomination of suffering.

A major theme addressed by the panelists was the need for non-addictive medicines for pain and non-medication pain management strategies. Dr. Green noted that the use of psychological and physical therapy and other management techniques early in an acute pain or pre-chronic pain condition might lead to prevention of chronic pain development. She also stressed the importance of educating MDs and RNs on multidisciplinary pain management strategies. Mr. Gileno pointed out that insurance coverage can be hard to obtain, particularly for alternative therapies, and that pain patients would benefit from evidence-based research to prove that these treatment modalities are effective ways of managing pain, and that they often allow pain patients to return to work, improving productivity and saving money in the long run.

The discussion concluded with a question on how best to address gaps in public education and awareness on pain and prescription drug use. Panelists raised a number of strategies, from pain patients sharing their stories through social media, to public health awareness campaigns by celebrities and political leaders, targeted focus groups, and increased collaboration between doctors, patients, manufacturers, and regulators. The hope is that a renewed focus on research and education will promote the development of new solutions to address these incredibly complex and challenging health issues.