

Fact Sheet

## Protecting Access to Pain Treatment

### About

Despite the large number of people who experience pain, treating it remains a challenge. Prescription drug abuse, particularly abuse of pain medication, is a major public health concern in the United States. National and local policymakers, health care professionals, law enforcement agencies, families of those who have overdosed on prescription medication and people with pain have struggled to create solutions that address abuse while protecting access to important and effective medication for those who rely on it to lead productive lives.

“Addressing prescription drug abuse while ensuring that those who have a right to pain medication can receive it remains a major challenge...”

In April 2011, the Obama Administration announced the creation of a comprehensive action plan to address the national prescription drug abuse epidemic and announced new Federal requirements aimed at educating the medical community about proper pain management. The Administration’s “Epidemic: Responding to America’s Prescription Drug

Abuse Crisis” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs, recommending more convenient and environmentally responsible disposal methods to remove unused medications from the home, supporting education for patients and healthcare providers, and reducing the prevalence of pill mills and doctor shopping through enforcement efforts. The plan is the culmination of six months of collaboration across the Federal government, with agencies including the Departments of Justice, Health and Human Services, Veterans Affairs, the Department of Defense, and others.<sup>1</sup>

People who are prescribed pain medication can also take an active role in the safe storage and disposal of unused medication, so that it remains accessible only to the people for whom it was intended. In September 2010, the U.S. Drug Enforcement Administration (DEA) coordinated its first-ever medication take-back day, where Americans turned in over 242,000 pounds—121 tons—of prescription drugs at nearly 4,100 sites operated by more than 3,000 of the DEA’s state and local law enforcement partners.<sup>2</sup>

Pain care is an area where best medical practices and policy are at odds, particularly at the state level. Some states that have policies that do not conform to, or conflict with, current standards of professional practice can interfere with pain management by:<sup>3</sup>

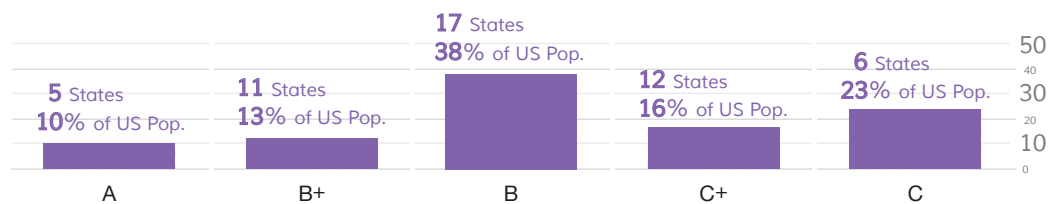
- Unduly restricting the amounts that can be prescribed and dispensed,
- Unduly restricting the period for which prescriptions are valid,
- Restricting access to patients with pain who also have a history of substance abuse,
- Requiring special government-issued prescription forms only for the medications that are capable of relieving pain that is severe,
- Using outdated definitions that confuse pain management with addiction.

Addressing prescription drug abuse while ensuring that those who have a right to pain medication can receive it remains a major challenge for which there are no easy solutions. And, while the voice of people with pain should always be considered when laws, regulations and policies related to pain care are made, it is often missing. It is important for people with pain, their loved ones, family and friends to speak up for their rights and make sure that their interests are represented. Pain advocates can also help educate their policymakers and communities about proper terminology surrounding pain, addiction and tolerance. Education and awareness can help people with pain overcome stigma surrounding being labeled unfairly as a drug addict, drug-seeker or malingerer. Helping to overcome these stereotypes can break down barriers and protect access to effective and timely pain care.

## Facts

In 2008, the University of Wisconsin Pain & Policy Studies Group report “Achieving Balance in State Pain Policy: A Progress Report” graded states on quality of its policies affecting pain treatment, based on the Central Principle of Balance, and calculated from the total number of provisions in a state fulfilling the evaluation criteria; higher grades mean more balanced state policies.

The grades were distributed as follows:<sup>3</sup>



No state received below a C grade.

The total cost of prescription pain medication abuse in 2001 was estimated at \$8.6 billion, including workplace, health care, and criminal justice expenditures. One study of commercially insured beneficiaries in the United States found that mean per-capita annual direct health care costs from 1998 to 2002 were nearly \$16,000 for abusers of prescription and nonprescription pain medication compared with approximately \$1,800 for non-abusers who had at least one prescription insurance claim.<sup>4</sup>

According to the U.S. Substance Abuse & Mental Health Services Administration's (SAMHSA) Drug Abuse Warning Network (DAWN), in 2009, there were nearly 4.6 million drug-related emergency department (ED) visits, of which about one half (49.8 percent, or 2.3 million) were attributed to adverse reactions to pharmaceuticals and almost one half (45.1 percent, or 2.1 million) were attributed to drug misuse or abuse.<sup>5</sup>

The misuse of prescription drugs decreased significantly between 2007 and 2008 among those aged 12 and older, including among adolescents, according to the 2008 National Survey on Drug Use and Health (NSDUH).<sup>6</sup>

- Psychotherapeutics include the nonmedical use of any prescription-type pain relievers, tranquilizers, stimulants, or sedatives. Over-the-counter substances are not included.
- In 2008, there were 2.5 million persons aged 12 or older who used psychotherapeutics nonmedically for the first time within the past year, which averages out to around 7,000 initiates per day. This annual estimate of the initiates of psychotherapeutics was significantly lower than the 2004 estimate (2.8 million). In 2008, the numbers of new users of specific classes of psychotherapeutics were 2.2 million for pain relievers, 1.1 million for tranquilizers, 599,000 for stimulants, and 181,000 for sedatives. There was a significant decrease in the number of past year initiates of stimulants from 2006 (845,000) to 2008 (599,000), but there were no significant changes in the estimates for the remaining psychotherapeutics between these years.

## Definitions of commonly-used terminology from the Federation of State Medical Boards

*“Model Policy for the Use of Controlled Substances for the Treatment of Pain”<sup>7</sup>*

### Acute Pain

Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

## Addiction

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

## Chronic Pain

Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

## Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

## Physical Dependence

Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

## Substance Abuse

Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

## Tolerance

Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during treatment with controlled substances and does not equate with addiction.

## What is "Diversion"?<sup>8</sup>

Diversion is defined as the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use. [Section 309, Diversion Prevention and Control Uniform Controlled Substances Act National Conference of Commissioners on Uniform State Laws, 1994].

Diversion can occur at the wholesale, retail or end-user level. Examples of diversion include:

- Theft from manufacturers and distributors
- Theft in transit
- Theft from hospitals, pharmacies or employee/customer pilferage
- Internet sales without a prescription
- International smuggling
- Theft of prescriptions or forging a prescription
- Inappropriate prescribing by physicians or “doctor shopping” by consumers
- When a patient sells or gives prescription medicine away
- When prescription medicine is stolen from a home or patient
- improper disposal

## Additional Resources

### **American Academy of Pain Medicine**

4700 W. Lake Avenue  
Glenview, IL 60025  
Phone: (847) 375-4731  
Fax: (847) 375-6429  
[www.painmed.org](http://www.painmed.org)

### **American Pain Society**

4700 W. Lake Avenue  
Glenview, IL 60025  
Phone: (847) 375-4715  
Fax: (866) 574-2654  
E-mail: [info@ampainsoc.org](mailto:info@ampainsoc.org)  
[www.ampainsoc.org](http://www.ampainsoc.org)

### **Community Anti-Drug Coalitions of America**

625 Slaters Lane, Suite 300  
Alexandria, VA 22314  
Phone: (800) 54-CADCA  
Fax: (703) 706-0565  
[www.cadca.org](http://www.cadca.org)

### **American College of Preventive Medicine**

455 Massachusetts Avenue, N.W., Suite 200  
Washington, DC 20001  
Tel: (202) 466-2044  
Fax: (202) 466-2662  
Email: [info@acpm.org](mailto:info@acpm.org)

### **American Society of Addiction Medicine**

4601 N. Park Avenue, Upper Arcade #101  
Chevy Chase, MD 20815  
Phone: (301) 656-3920  
Fax: (301) 656-3815  
E-mail: [email@asam.org](mailto:email@asam.org)  
[www.asam.org](http://www.asam.org)

### **Federation of State Medical Boards of the United States, Inc.**

400 Fuller Wiser Road, Suite 300  
Euleless, TX 76039  
Phone: (817) 868-4000  
Fax: (817) 868-4099  
[www.fsmb.org](http://www.fsmb.org)

**International Association of Pain  
and Chemical Dependency**

(Contact via website)

[www.iapcd.org](http://www.iapcd.org)

**National Association of  
Drug Diversion Investigators**

1810 York Road #435  
Lutherville, MD 21093  
Phone: (410) 321-4600

[www.NADDI.org](http://www.NADDI.org)

**National Association of State Controlled  
Substances Authorities**

72 Brook Street  
Quincy, MA 02170  
Phone: (617) 472-0520  
Fax: (617) 472-0521

[www.nascsa.org](http://www.nascsa.org)

**National Consumer League**

1701 K Street, NW  
Suite 1200  
Washington, DC 20006  
Phone: (202) 835-3323  
Fax: (202) 835-0747

[www.nclnet.org](http://www.nclnet.org)

**National Institute on Drug Abuse**

6001 Executive Boulevard, Room 5213  
Bethesda, MD 20892-9561  
Phone: (301) 443-1124

E-mail: [information@nida.nih.gov](mailto:information@nida.nih.gov)

[www.nida.nih.gov](http://www.nida.nih.gov)

**Office of National Drug Control Policy  
Drug Policy Information Clearinghouse**

P.O. Box 6000  
Rockville, MD 20849-6000  
Phone: (800) 666-3332

Fax: (301) 519-5212

[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

**Pain & Policy Studies Group**

6152 Medical Sciences Center  
1300 University Avenue  
Madison, WI 53706

Phone: (608) 263-7662

Fax: (608) 263-0259

E-mail: [ppsg@uwcarbone.wisc.edu](mailto:ppsg@uwcarbone.wisc.edu)

[www.painpolicy.wisc.edu](http://www.painpolicy.wisc.edu)

**Partnership at DrugFree.org  
(Formerly Partnership for a Drug-Free  
America)**

352 Park Avenue South, 9th Floor  
New York, NY 10010

Phone: (212) 922-1560

Fax: (212) 922-1570

E-mail: [webmail@drugfree.org](mailto:webmail@drugfree.org)

[www.drugfreeamerica.com](http://www.drugfreeamerica.com)

**Substance Abuse and Mental Health  
Services Administration**

P.O. Box 2345  
Rockville, MD 20847-2345

Phone: (877) 726-4727

Fax: (240) 221-4292

E-mail: [SAMHSAInfo@samhsa.hhs.gov](mailto:SAMHSAInfo@samhsa.hhs.gov)

[www.samhsa.gov](http://www.samhsa.gov)

**U.S. Drug Enforcement Administration  
Office of Diversion Control**

8701 Morrisette Drive  
Springfield, VA 22152

Phone: (800) 882-9539

[www.dea.gov](http://www.dea.gov)

**U.S. Food and Drug Administration**

10903 New Hampshire Ave  
Silver Spring, MD 20993

Phone: (888) 463-6332

[www.fda.gov](http://www.fda.gov)

Resources verified July 2011.

# References

1. Department of Justice. <http://www.justice.gov/dea/pubs/pressrel/pr041911.html>. Accessed June 9, 2011.
2. Drug Enforcement Administration. <http://www.justice.gov/dea/pubs/pressrel/pr030811.html> Accessed June 9, 2011.
3. Pain & Policy Studies Group. Achieving Balance in State Pain Policy: A Progress Report Card (Fourth edition). University of Wisconsin. Paul P. Carbone Comprehensive Cancer Center. Madison, Wisconsin, 2008.
4. Strassels SA. Economic burden of prescription opioid misuse and abuse. J Manag Care Pharm. 2009 Sep;15(7):556-62.
5. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (December 28, 2010). The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Rockville, MD. <http://oas.samhsa.gov/2k10/DAWN034/EDHighlights.htm>
6. Substance Abuse and Mental Health Services Administration. (2009). Results from the 2008 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.
7. Federation of State Medical Boards "Model Policy for the Use of Controlled Substances for the Treatment of Pain." Adopted May 2004.
8. "Diversion of Prescription Opioids." David E. Joranson. Pain & Policy Studies Group. 2007. [http://www.painpolicy.wisc.edu/domestic/Diversion\\_slides.pdf](http://www.painpolicy.wisc.edu/domestic/Diversion_slides.pdf). Accessed May 23, 2011.