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Responsible Pain Management: Managing State Risks and Rewards
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Innovations in Pain Management

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CLAAD Center for Lawful Access
and Abuse Deterrence

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- CLAAD's funders include pharmaceutical companies, treatment centers, and laboratories, and are disclosed on its website, www.claad.org.
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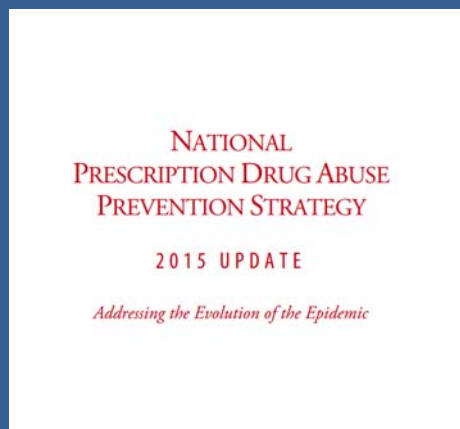


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Introduction to CLAAD

- Access: High-quality treatment for pain, addiction, anxiety, ADHD, hepatitis C, HIV, and other conditions
- Abuse deterrence: Reducing fraud, diversion, misuse, and abuse



Preview

- Introduction
- Non-opioid and opioid-sparing treatments
- Novel delivery systems
- Prescription monitoring programs
- Other innovations
- Conclusion



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Non-Opioid Treatment Options

- Integrated care
 - Nutrition and fitness, including yoga
 - Massage
 - Acupuncture
- Biologics
 - Created by biological processes, *e.g.*, vaccines and gene therapy
 - See *A Call for Differential Diagnosis of Non-Specific Low Back Pain to Reduce Opioid Abuse*, 101 J. OF MED. REG. 39 (2015).



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Opioid-Sparing Treatment Options

- Long-acting anesthetics
 - Administered into the surgical site to produce postsurgical analgesia in a variety of surgeries
 - Reduces postsurgical opioid exposure
- Low-dose buprenorphine
 - “Ceiling effect” prevents additional biological responses, including euphoria, intoxication, and respiratory depression after a certain dose is reached
 - Reduces the possibilities for both abuse and overdose
 - Schedule III
 - Could meet medical need of individuals who can no longer access hydrocodone products after federal re-scheduling



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Novel Delivery Systems

- Subcutaneous injectables
 - Buprenorphine for pain (monthly, anticipated 2018)
 - Buprenorphine for opioid dependence (weekly and monthly, anticipated 2018)
- Implants
 - Birth control (successful in Colorado)
 - Buprenorphine for opioid dependence (anticipated May 27)
 - HIV prevention and treatment (under development)
- Administered directly to patients by health care providers
 - Not dispensed to patients for self-administration
 - No medications available in medicine cabinets, purses, and nightstands for diversion, misuse, abuse, & accidental exposure
 - Improve medication adherence



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Prescription Monitoring Program Recommendations (1/2)

- Interstate operability and data sharing
- Immediate reporting of dispensing
- Real-time data access
- Mandatory education, including PMP use and data interpretation
- Mandatory data checks (before prescribing and periodically thereafter)
- Red flag reports (with safeguards for real patients)
- ID verification at pick-up



Prescription Monitoring Program Recommendations (2/2)

- Secure and limited access
 - Prescribers, pharmacists
 - Professional licensing entities
 - Investigators
 - Law enforcement
 - Medicaid
 - Medical examiners
 - Insurers excluded
- Protect privacy of patients and providers



Prescription Monitoring Programs

- Employing best practices and collaboration, is there a need to access patient-specific data for investigative purposes?
 - Prescribers are obligated to check PMP data
 - Red flags alert PMP staff to abnormal patterns (patient or prescriber)
 - Patients with substance-related disorders are referred to treatment
 - Negligent prescribers who enable consumer misuse, abuse, or diversion are referred to the medical board
 - Intentional bad actors (dirty docs) are referred to law enforcement
- Shouldn't referrals from PMP staff to the medical board and then (if necessary) to law enforcement be adequate?



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Other Innovations

- Therapeutic, non-punitive urine drug testing
 - Verify medication adherence
 - Identify substance use
- Pharmacogenetic testing for medication appropriateness
- Digital medicine to show adherence and response
- Naloxone -- supplement with Overdose Death Prevention Act
 - Notify the patient's physician or prescriber of the non-fatal overdose
 - Notify the patient's emergency contact or next of kin of the overdose
- Abuse-deterrent medications, including prodrugs
 - See *Abuse-Deterrent Formulations: Transitioning the Pharmaceutical Market to Improve Public Health and Safety*, 6 THERAPEUTIC ADVANCES IN DRUG SAFETY 67 (2015).



Conclusion

- Questions and discussion
- Contact
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- Thank you



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