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Responsible Pain Management: Managing State Risks and Rewards  
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# Realities of Chronic Pain

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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](http://www.claad.org).
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# Preview

- Introduction
- Comprehensive Approach
  - Supply and demand
  - All commonly abused medications
- Protect core American values
  - Compassion
  - Privacy
  - Role of government
- Conclusion

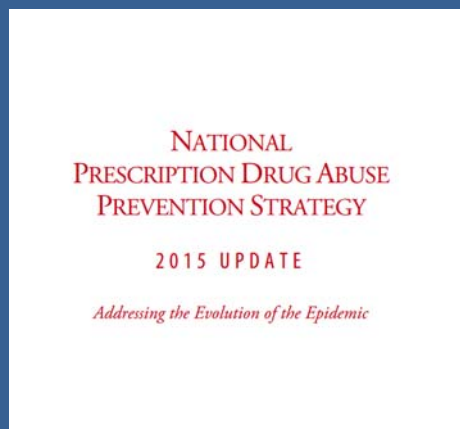


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# Introduction to CLAAD

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



# Comprehensive Approach to Prescription Drug Abuse and Other Substance Use



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# Address Both Supply and Demand

- Shortsightedness of preliminary approaches exposed
  - Focused solely on opioids for pain
  - Supply reduction w/o corresponding demand reduction
  - Shifting supply
- Buprenorphine diversion, misuse, and abuse
- Illicit substance use and overdoses, driven by price, purity, and availability
  - Heroin
  - Non-pharmaceutical fentanyl
  - Other counterfeits and analogs



# Address Other Controlled Rx Medications

- Stimulants
  - 17% of college students abuse Rx ADHD medications
  - 20% of middle & high school students with Rx are asked by friends for medications; 50% give medications to friends; bullying a factor
- Benzodiazepines
  - Overdose deaths quadrupled between 2001 and 2013
  - PA: Present in 50% of drug-related overdose deaths (40% involved alprazolam)
  - GA: Misuse of alprazolam leading cause of drug-related death (35%, 231 out of 644)
- Sedatives
  - Violence
    - “Ambien defense” to murder
    - Zolpidem sleep medication is most common date rape drug (DEA)
  - Impaired driving (“sleep-driving”)



Core American Values:  
Compassion, Transparency, Privacy, and the  
Role of Government



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# Compassion vs. Stigma

- Coordinated campaign against treatment for pain (insurers, plaintiff's firm, and activists)
  - Reduce prescribing of opioids for pain
    - Measures success in such terms
    - Fails to discern between appropriate and inappropriate practice
  - Impose strict limits on pain reliever dose and duration
- Theories, investigations, and lawsuits propagate notion that persistent pain is an industry fabrication, not a legitimate human condition
- Stigma and inability to access medications are worsening



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# Lack of Transparency: CDC Guidelines

- Lack of transparency and inclusion
- Affiliation with anti-opioid activists
- Do not reflect current best practices
- Applicable to primary care yet CMS and insurer adoption across the board is likely
- State legislatures and medical boards should see guidelines as a starting point
- House-passed legislation creates transparent, inclusive guidelines development process



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# Privacy of Patients and Prescribers

- Oregon PMP litigation: 4<sup>th</sup> Amendment privacy rights
  - “It is more than reasonable for patients to believe that law enforcement agencies will not have unfettered access” to their prescription records
  - Prescribers also have an expectation of privacy in their prescribing decisions
  - 4<sup>th</sup> Amendment requires that law enforcement obtain a search warrant to access PMP data
- Cases initiated in 5th and 9th circuits against DEA for convincing physicians to hand over patient files w/o warrant



# Federal and State Roles

- States regulate the practice of medicine
- Federal gov't regulates foreign and interstate commerce
- State hydrocodone bans proved unnecessary
  - Data on ER hydrocodone diversion and abuse show product poses risks no greater than other hydrocodone products



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# Conclusion

- Questions and discussion
- Contact
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- Thank you



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