



“Report: Prescribers, Patients and Pain”

Partnership for Drug-Free Kids

Released: April 29, 2015

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Background

Healthcare providers wrote more than 250 million prescriptions for pain relievers in 2012.¹ In 2013, 14 percent of the US population age 12 and older engaged in the nonmedical use of prescription (Rx) pain relievers at least once within their lifetime, and 4 percent had done so within the past year.²

In addition, findings from primary research previously conducted for the Partnership for Drug-Free Kids conclude that 55 percent of parents nationwide indicate that anyone can access their medicine cabinet at home; 17 percent do not throw away their out-of-date prescriptions; and 14 percent sometimes take larger dosages of prescription medicine than prescribed.³ These reported behaviors can lead to serious consequences, since in 2013, around 1.5 million people were dependent on prescription pain relievers within the past year⁴, and 16,235 overdose deaths involved opiate prescriptions.⁵

The Partnership for Drug-Free Kids, in collaboration with the American Cancer Society, the American Academy of Pain Management and Mallinckrodt Pharmaceuticals wanted to help mitigate these trends by gaining an understanding of the level of engagement and communication related to the appropriate use, storage and disposal of pain medications between opiate prescribing healthcare providers (prescribers) and patients.

Methodology

The opiate prescriber and patient research consists of two research components: a qualitative analysis of recorded conversations between prescribers and patients regarding pain management and opiate prescriptions; and an online survey quantifying the themes uncovered in these conversations between both constituents.

The qualitative component, conducted by the independent research firm Verilogue, included 21 dialogues, which were recorded between November 2010 and September 2014. The patient sample was evenly distributed by gender and age. The prescriber sample includes primary care physicians, pain management specialists, surgeons and oncologists.

For the quantitative survey, the Partnership for Drug-Free Kids enlisted independent researcher Whitman Insight Strategies (WINS) to field an online survey of 360 physicians who have recently prescribed opiates, and 705 adults who have recently been prescribed opiates. The details of the research methodology are as follows:

Figure 1: Survey Methodology

	Opiate Providers	Pain Patients
Field Dates	December 30 th 2014 - January 3 rd 2015	December 30 th 2014 - January 13 th 2015
Sample Size	N=360 physicians who have prescribed opiates in the past 30 days	N=705 adults (18+) who have filled an opiate prescription in the past 60 days
Sample Design	N=360 Doctors <ul style="list-style-type: none"> • N=205 Primary Care Physicians • N=51 Pain Management Specialists • N=53 Oncologists • N=51 Surgeons 	N=705 Pain Patients <ul style="list-style-type: none"> • N=401 Chronic Pain Patients • N=304 Acute Pain Patients • N=145 Cancer-Related Pain Patients (acute or chronic)
Margin of Error	Margin of error at the 95% CL: <ul style="list-style-type: none"> • ± 6.8% for Primary Care Physicians • ± 13.8% for Pain Management Specialists, Oncologists, and Surgeons 	Margin of error at the 95% CL: <ul style="list-style-type: none"> • ± 4.8% for Chronic Pain Patients • ± 5.6% for Acute Pain Patients • ± 8.1% for Cancer-Related Pain Patients

Executive Summary

These research findings strongly suggest that the prescriber-patient interaction, when it comes to prescribing opiates, is one in which the prescriber is uncertain of his/her ability to spot at-risk or drug-seeking patients, and often fails to discuss the risks of Rx misuse, abuse and diversion. On the patient's part, there is concern with the addiction potential of powerful pain relievers and an interest in alternative treatments that often goes unfulfilled because of a lack of insurance coverage.

Before prescribing opiates, prescribers should be adept in assessing the potential risk of misuse or abuse. However, many prescribers have not received proper training in assessing risk potential and often feel uncomfortable prescribing opiates and contributing to opiate addiction or dependence, especially since they believe patients often do not comply with their instructions.

Most chronic pain patients investigate alternative treatments before resorting to prescription opiates, and prescribers are increasingly promoting these treatments. Unfortunately, both patients and prescribers are facing difficulties working around insurance restrictions to access these alternative treatments.

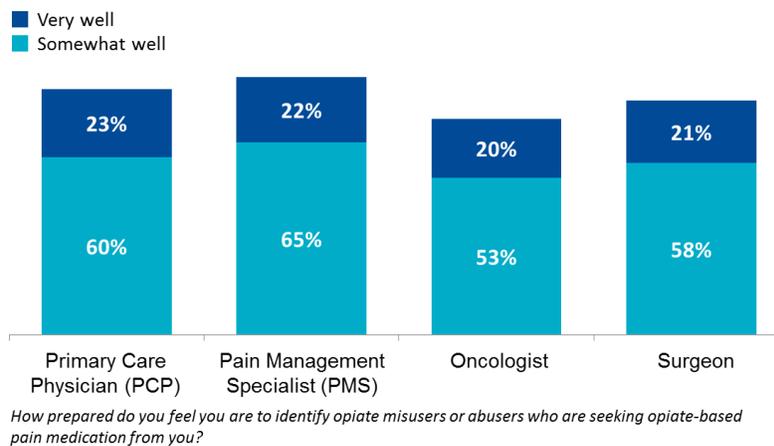
On a positive note, prescribers and patients are discussing the potential for addiction and dependence, yet these conversations should happen more often, especially since patients continue to indicate that they feel uncomfortable taking prescription opiates.

These conversations should also include the proper use and storage of prescription medications, but often do not. However, there is a lack of concern from both parties as patients seldom seek out this type of information from their healthcare providers, and their healthcare providers are unlikely to provide it. Patients and prescribers alike should be more aware of the potential repercussions of prescription drug diversion. (Other data show that when asked about the most recent time they abused, nearly two-thirds of teens (63 percent) who have misused or abused a prescription pain reliever within the past year had received the prescription medicine from a friend or family member⁶.)

Assessing Risk Potential

From our research, one of the most salient findings is that prescribers can and should become more adept in assessing the risk potential of a patient misusing or abusing prescription opiates – drugs that have high abuse potential. As shown in Figure 2, the majority of prescribers (60 percent of primary care physicians and 65 percent of pain management specialists) say they are only “somewhat” prepared to identify opiate misusers, leaving much room for improvement.

Figure 2: Able to Identify Opiate Misusers / Abusers



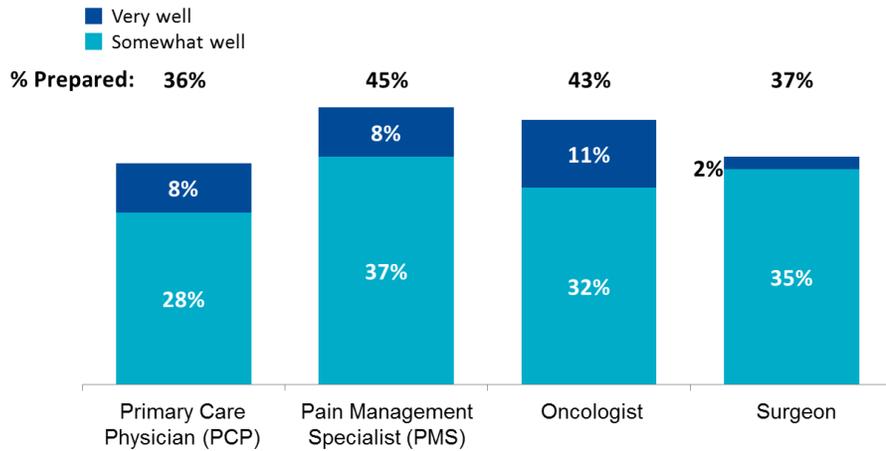
There is also a number of prescribers who do not feel comfortable prescribing opiates (20 percent of primary care physicians); doubt their ability to identify substance abusers (21 percent of primary care physicians and 16 percent of pain management specialists); and are concerned with their ability to correctly assess a patient’s risk of opiate addiction (67 percent of primary care physicians and 67 percent of pain management specialists).

Some prescribers have these reservations because they want to avoid contributing to the misuse and abuse of opiates. Two-thirds of primary care physicians (66 percent) and 73 percent of pain management specialists are concerned with causing addiction; and 78 percent of primary care physicians and 80 percent of pain management specialists are concerned with prescribing opiates to someone who already abuses substances.

In fact, primary care physicians believe that, hypothetically, if 10 substance-abusing patients were to seek prescription opiates from a physician, almost half of those patients would receive a prescription. This proportion decreases to around 2 in 10 patients when the physicians are asked to evaluate the outcome if the same scenario were to occur in their own office.

Part of this uncertainty around the prescribing of pain relievers may be influenced by the fact that only 36 percent of primary care physicians and 45 percent of pain management specialists say medical school prepared them to identify opiate misusers (as detailed by Figure 3 below); and only 69 percent of primary care physicians say they have received any type of formal training in this area. It is also evident that many prescribers may rely predominantly on personal experience and marked behaviors, such as asking for specific brands, to assess risk potential, instead of standardized tools and resources.

Figure 3: Medical School Preparation



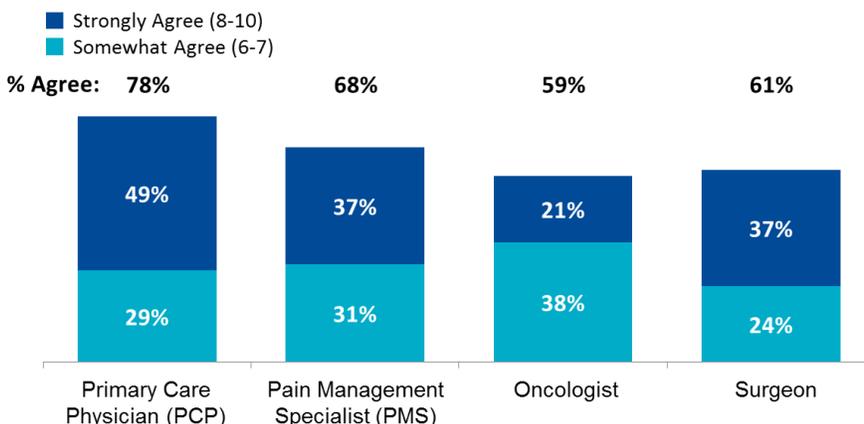
In your opinion, how well did medical school prepare you to identify opiate misusers or abusers who are seeking opiate-based pain medication from you?

Alternative Treatments

The survey found that patients afflicted with pain are seeking alternatives to treatment exclusively with opiates. The research shows that 9 in 10 chronic pain patients (90 percent) have tried using a non-opiate based treatment before relying on opiates. The most common alternatives were physical therapy (84 percent), pain relieving injections (69 percent) and massages (52 percent).

As seen from Figure 4 below, prescribers are offering these alternatives more so than they once did, as 78 percent of primary care physicians and 68 percent of pain management specialists say they are increasingly promoting alternative treatments as opposed to opiate medications to chronic pain patients. In general, prescribers provide around three different options to treat their patients’ pain – this number includes prescription opiates. The most common alternatives offered by prescribers are similar to those cited by chronic pain patients: physical therapy (98 percent of primary care physicians and 96 percent of pain management specialists), pain relieving injections (73 percent of primary care physicians; 90 percent of pain management specialists) and massages (53 percent of primary care physicians; 37 percent of pain management specialists).

Figure 4: Increasingly Promoting Alternatives



I'm increasingly promoting alternative treatments to opiate-based pain medications to patients who are in chronic pain.

However, potential barriers exist in accessing alternative medications, notably insurance restrictions, and some patients have to resort to opiates as their only viable option. Around 1 in 10 pain patients (14 percent of chronic pain patients and 9 percent of pain patients) did not seek out alternative treatment because it was not covered by their insurance. This impediment was far more common among cancer-related pain patients (with 21 percent reporting the same difficulties).

Physicians also report difficulties working around insurance restrictions as roughly half of the prescribers surveyed (54 percent of primary care physicians and 59 percent of pain management specialists) say they have had trouble prescribing alternative treatments because of insurance restrictions.

Dependence and Addiction

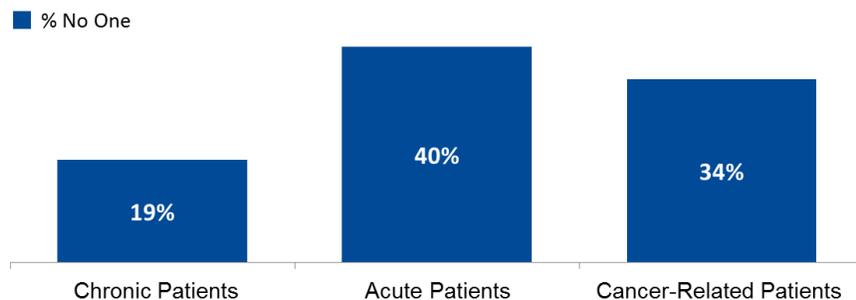
Roughly, 1 in 3 pain patients (36 percent of chronic pain patients and 30 percent of acute pain patients) have personally known someone who has been addicted to, or dependent on, opiate prescriptions. This familiarity may be reflected in the fact that almost half of pain patients surveyed (46 percent) have expressed some form of concern about taking prescription opiates, specifically: 39 percent of chronic pain patients and 30 percent of acute pain patients are concerned with becoming addicted; 38 percent of chronic pain patients and 37 percent of acute pain patients are concerned with becoming dependent; and 38 percent of chronic pain patients and 43 percent of acute pain patients just feel uncomfortable taking their opiate prescriptions.

Although the majority of prescribers say they discuss the potential of dependence or addiction, many more prescribers should be having these conversations with patients. Two-thirds of primary care physicians (65 percent) and half of pain management specialists (51 percent) say they “always” give information regarding the potential for addiction and dependency. At the same time, more than 3 in 4 prescribers surveyed (77%) felt they are primarily responsible for providing information about the potential to become addicted or dependent on opiates, indicating that 1 in 4 prescribers surveyed (23%) believe they are not primarily responsible for disseminating this information.

As shown in Figure 5, when asked who, if anyone, had explained to them the potential for becoming dependent on or addicted to opiate prescriptions, 19 percent of chronic pain patients and 40 percent of acute pain patients said **no one**. Although most patients do not misuse or abuse their prescriptions,

roughly 1 in 10 pain patients (7 percent of chronic pain patients and 13 percent of acute pain patients) report misusing their opiate prescription and more than 1 in 10 (13 percent of chronic pain patients and 15 percent of acute pain patients) have taken someone else’s opiate prescription.

Figure 5: Who Provided Info on Potential for Addiction / Dependence



And what instructions did each of the following individuals provide you with about your opiate-based medication?

Compliance

The majority of prescribers (77 percent of primary care physicians and 75 percent of pain management specialists) are concerned with patients not using opiates in a way that is in accordance with their instruction. Prescribers are troubled by non-compliance with several directions, such as the duration of taking prescriptions (72 percent of primary care physicians and 80 percent of pain management specialists); taking the prescribed amount during each dose (77 percent of primary care physicians and 84 percent of pain management specialists); and taking the prescription for non-pain related reasons (80 percent of primary care physicians and 82 percent of pain management specialists). In general, prescribers believe their patients are likely to follow their directions most of the time, but not all of the time.

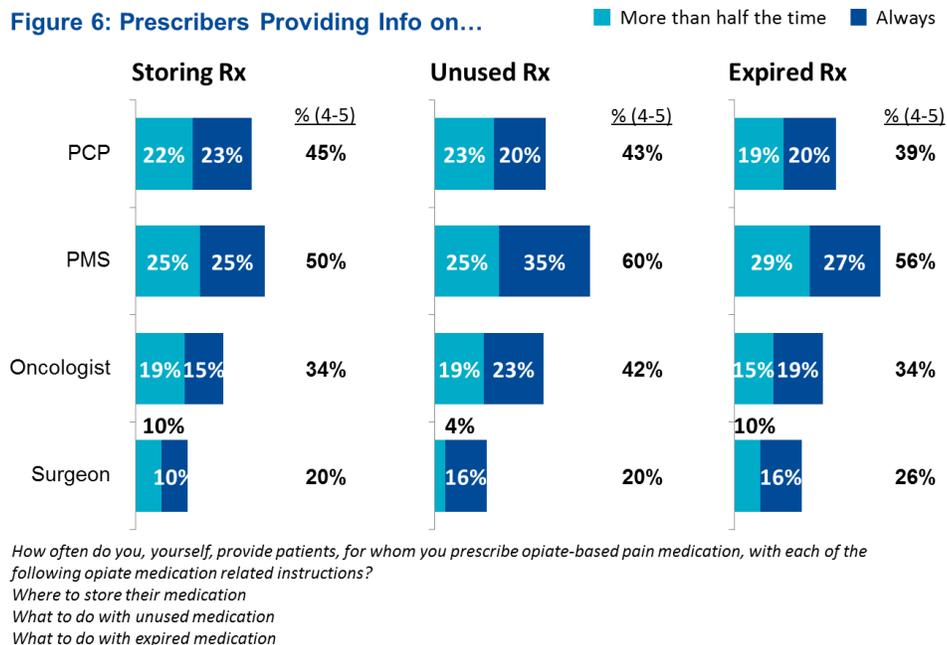
The majority of patients, on the other hand, believe it is important to comply with their physician’s instructions as more than 8 in 10 pain patients (85 percent of chronic pain patients and 82 percent of acute pain patients) say they always follow the instructions from their physicians when it comes to their opiate prescriptions.

Yet their actions belie their beliefs. Only 6 in 10 chronic pain patients (59 percent) and 1 in 3 acute pain patients (35 percent) have taken the prescription as directed within the allotted time; and fifteen percent of chronic pain patients and 10 percent of acute pain patients have taken their entire opiate prescription before the intended time period – usually taking more doses than prescribed. In addition, more than 4 in 10 chronic pain patients (43 percent) took longer to finish their prescription than directed and 50 percent of acute pain patients did not finish their pain medication – usually as an effort to prolong their prescription or save it for another time.

Diversion

According to our data, behaviors that lead to diversion highlight the largest disconnect between prescribers and their patients; these behaviors include the proper storage and disposal of prescriptions. As shown in Figure 6, around 1 in 5 prescribers “always” give their patients information on how to store and dispose of their medications, including information on where to store medication (23 percent of primary care physicians and 25 percent of pain management specialists); what to do with unused

medications (20 percent of primary care physicians and 35 percent of pain management specialists); and what to do with expired medication (20 percent of primary care physicians and 27 percent of pain management specialists). Notably, these figures are dramatically lower when prescribers are asked to rate how often their peers provide the same types of information.



One of the most concerning findings is that some of the surveyed prescribers believe that “no one” should provide this type of information to patients, whether it relates to where to store medication (19 percent); what to do with unused medication (21 percent); or what to do with expired medication (23 percent).

Patients are also not concerned with the proper use and storage of medications. Only 11 percent of chronic pain patients and 13 percent of acute pain patients say they are concerned with someone else in their household accessing their medications; and only 42 percent of chronic and 52 of acute pain patients, who have children in the household, say they store their medication somewhere their children cannot reach.

One factor influencing the lack of concern around proper storage and disposal may be that most patients never received information on where to store medication (51 percent of chronic pain patients and 58 percent of acute pain patients); what to do with unused medication (60 percent of chronic pain patients and 59 percent of acute pain patients); or what to do with expired medication (57 percent of chronic pain patients and 60 percent of acute pain patients).

Implications

There are many prescribers who have not received formal training in identifying opiate misusers and abusers, and therefore may not be trained in the use of tools to objectively assess risk and drug-seeking behavior. Prescriber education efforts, emphasizing the use of tools such as Prescription Drug Monitoring Programs (PDMP’s), evidence-based screeners and risk evaluation mitigation strategies

(REMS) should be more widely implemented to address these knowledge gaps, while both addiction science and pain management should be more routinely included in medical education.

Prescribers should feel that these objective tools are recommended as a means of improving quality of treatment, not as a punitive measure. Additional discussion guides and checklists, such as those developed by C.A.R.E.S. Alliance can also be used in discussing potential misuse and abuse behaviors.⁷

Prescribers and patients should also be more aware of the dangers of improper storage and disposal of pain medications. Campaigns such as “Mind Your Meds” by The Medicine Abuse Project, have been created to help inform parents and the general population of the risks of diversion, especially when adolescents have access to any prescriptions.⁸ Prescribers and their staff must more consistently take on the responsibility of informing patients of the importance of properly storing and disposing of opiate medications.

Lastly, barriers to more widespread use of alternative treatments for pain should be lowered, in view of the interest expressed by both prescribers and patients. Insurance companies should adopt standards of care that incorporate scientifically proven sources of alternative therapies, particularly in the treatment of chronic pain.

¹ Opioid Painkiller Prescribing. (2014, July 1). Retrieved April 20, 2015, from <http://www.cdc.gov/vitalsigns/opioid-prescribing/>

² Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2013/NSDUH-DetTabs2013.htm#tab1.1b>

³ The 2013 Partnership Attitude Tracking Study. (2014, July 22). Retrieved April 20, 2015, from

<http://www.drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>

⁴ Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2013/NSDUH-DetTabs2013.htm#tab5.14a>

⁵ Prescription Drug Overdose Data. (2015, April 3). Retrieved April 20, 2015, from

<http://www.cdc.gov/drugoverdose/data/overdose.html>

⁶ Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2013/NSDUH-DetTabs2013.htm#tab6.47b>

⁷ C.A.R.E.S. Alliance | Improving Patient Safety in Pain Management. (n.d.). Retrieved April 20, 2015, from

<http://www.caresalliance.org/index.aspx>

⁸ The Medicine Abuse Project | The Medicine Abuse Project. (n.d.). Retrieved April 20, 2015, from

<http://medicineabuseproject.org/>