American Society of Addiction Medicine

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Treat Addiction ● Save Lives

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Linda Porter, PhD
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NINDS/NIH
31 Center Drive, Room 8A31
Bethesda, MD 20892

Dear Dr. Porter,

The American Society of Addiction Medicine (ASAM) is grateful for the opportunity to comment on the National Pain Strategy, developed by the Interagency Pain Research Coordinating Committee (IPRCC). Established in 1954, ASAM is a professional society representing more than 3,200 physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment; educating physicians, other medical professionals and the public; supporting research and prevention; and promoting the appropriate role of physicians in the care of patients with addiction.

ASAM recognizes that pain management is an important component of high-quality compassionate medical care, and applauds the IPRCC for setting forth a National Pain Strategy that endorses a population-based, biopsychosocial approach to pain care that is grounded in scientific evidence, integrated, multimodal, and interdisciplinary, while also being tailored to individual needs at the patient level. ASAM hopes the following comments, which address (1) Service Delivery and Reimbursement, (2) Professional Education and Training, and (3) Public Education, prove helpful.

1. Service Delivery and Reimbursement

ASAM applauds the National Pain Strategy for recognizing the public health concerns related to misuse or diversion of prescription opioid analgesics, and shares the Committee's concern that reliance on relatively ineffective and potentially high-risk treatments not only contributes to poor quality care, but also increases health care costs. While there are many pain treatment modalities available to providers, opioid analgesics are among the most popular first line treatments for chronic pain. One factor contributing to this is the current fee for service system, which shifts a large portion of the financial burden onto patients with multiple co-pays and financial caps on non-pharmacological treatments.

As the National Pain Strategy recognizes, "prescriber practices drove a steady and significant increase in the number of opioid prescriptions

dispensed, rising from 76 million in 1999 to 219 million in 2011." These dramatic increases combined with lack of coverage for comprehensive interdisciplinary pain programs, paralleled rises in opioid-related substance abuse treatment admissions and rates of opioid-involved overdose deaths. Surely this heavy reliance on one dominant treatment modality, which carries significant risk for some patients, has not comprehensively addressed the burden of pain in the U.S. While opioids can be an essential component of optimal treatment for some patients, opioids cause a spectrum of direct adverse consequences, including hyperalgesia, sedentary lifestyle and depression. In addition, it is challenging to identify those who will benefit and are at low risk for adverse effects, as addiction to opioids may occur despite appropriate opioid therapy for pain in some susceptible individuals.

To this end, ASAM applauds the National Pain Strategy's focus on enhancing the evidence base for pain care and incentivizing an integrated biopsychosocial approach to pain care. In particular, we look forward to "the use of population-based data to inform national policy for opioid use and monitoring, including comparative effectiveness of opioids versus other forms of treatment, effectiveness of state prescription drug monitoring and point-of-care interventions to prevent abuse and misuse, and the effects of regulatory and enforcement policies on abuse, misuse and access to opioid medications." We recommend including the impact of these programs and policies on addiction involving opioid use as well as abuse and misuse.

2. Professional Education and Training

Both pain and addiction receive insufficient attention in virtually all phases of medical education, and ASAM commends the National Pain Strategy for calling for demonstrated competency of pain assessment, safe and effective pain care, and the risks associated with prescription analgesics as a requirement for licensure and certification of health professionals. Indeed, ASAM believes mandatory education of physicians and all other health professionals licensed to prescribe, dispense or administer prescription medications is a key strategy in modifying the epidemic of misuse of and addiction involving controlled substance, including opioids. We would also strongly encourage the addition of addiction and pain training into the standard medical school and residency lexicon.

Because addiction is a major unintended consequence of the reliance on pharmacological pain management interventions, we recommend including an understanding of the disease of addiction, risk factors for addiction, and proper screening and referral techniques as part of the core competencies for graduate education related to pain and pain care. Additionally, we recommend including education materials related to addiction as part of the proposed pain education portal. ASAM would be very happy to work with the IPRCC and other stakeholders to develop the addiction-related components of the core competencies and provide addiction resources to the education portal.

3. Public Education and Communication

ASAM applauds the National Pain Strategy's vision for a public awareness campaign to promote safe medication use by patients. Safe use, storage and disposal of pain medications is crucial to preventing addiction among patients with pain as well as those who might otherwise inappropriately access medications prescribed to patients with pain, such as children and adolescents. We commend the National Pain Strategy for including the ability to understand and recognize addiction as one of the learning objectives of this campaign.

Thank you again for the opportunity to comment on this important and timely National Pain Strategy. We would value the opportunity to collaborate with the IPRCC and other stakeholders on the areas addressed above.

Sincerely,

R. Jeffrey Goldsmith, MD, DLFAPA, FASAM
President, American Society of Addiction Medicine