

# Mitigating Program Risk in Opiate Pain Management

David Sprenger, M.D.

Chief Medical Officer

IHS/Chief Medical Officer

# Clinician's Dilemma

- Pressure from patients, state medical board, accrediting bodies, and sometimes health board to treat the pain
- Pressure from training to “do no harm” (exposing patients to risk of addiction), DEA, California DOJ, other law enforcement to avoid over-prescribing

# Pain control

- Field of medicine has increasingly advocated the aggressive treatment of pain:
  - Increased understanding of neural pain mechanisms (pain without obvious physical defects)
  - Increased awareness of the negative effects of chronic pain on overall health
  - Enhanced expertise in the field of pain management , with safer methods
  - California physicians recently were required to take 12 hours of pain medicine/ palliative medicine
  - Pain the “Fifth Vital Sign” (VA initiative)

# Opiate Abuse

- Prescription drug abuse second most common illegal drug abuse in teens (after MJ)
- DEA has been focusing attention on diversion of opioids in Indian country

# History of issue in California Area

- Numerous programs throughout California have struggled with issue
- Had workgroup at one time, which resulted in implementation of pain management protocols
- Some push back by communities

# Pain Contracts

- Can be an important tool of a pain management program (which should include careful history, physical, tests and possibly consult)
- Especially useful in patients with history of drug abuse
- Can help to clarify expectations and provide structure to the pain management program for both patient and provider

# Difficulties with pain contract use

- For some patients who self-limit their use, simply not necessary
- If worded too punitively, can be offensive and create adversarial relationship and undermine trust on both sides

# Use of pain contracts

- Use of pain contracts is endorsed by Federation of State Medical Boards for *some* patients
- One example at:  
[http://www.painmed.org/pdf/controlled\\_substances\\_sample\\_agrmt.pdf](http://www.painmed.org/pdf/controlled_substances_sample_agrmt.pdf)
  - Structured more like a consent, but with many of the elements of a “contract”