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*All materials presented at the AAPM's 25<sup>th</sup> Annual Meeting are embargoed for news or other publication until the date and time of the presentation at the meeting unless AAPM grants permission for early publication in advance.*

**EMBARGOED FOR JANUARY 29, 2009**  
**3:30 PM Hawaiian Time/8:30 PM Eastern Time**

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### **Under-Treatment of Pain Exacerbated by Public Perceptions of Medicines and Safety** *Diversion of Prescription Pain Relievers Puts Legitimate Use in Jeopardy*

**January 29, 2009, Honolulu, Hawaii ...** Research presented today at the American Academy of Pain Medicine's 25<sup>th</sup> Annual Meeting point to the underlying problems with the *under-treatment* of pain: public perceptions about their safety and patient non-compliance in the form of diversion.

Several studies at this year's meeting illuminate the issues faced by physicians and their patients in need of proper pain treatments. Two studies highlight some of the most important aspects that lead to under-treatment. The first study found that consumers know the risks of sharing prescription pain medicine, but do it anyway, likely because they perceive it to be safe because it was prescribed by a doctor. The second study revealed that only when pain patients know they are being monitored electronically – not simply via urine screening – will they decrease diversion of their pain medicine and eliminate taking street drugs in combination with prescribed medicines.

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These studies demonstrate abuse and diversion problems that create more challenges for patients who need these medicines for chronic pain, than barriers for abusers and diverters. Because of anti-abuse policies, some patients with chronic pain can have a harder time getting proper pain treatment.

In one of the studies, a telephone survey of 413 adults age 18 and older in Utah was conducted. Researchers found that people think prescribed medicines are safer than street drugs, even though both are derived from the same natural sources. More than half surveyed (58 percent) thought sharing prescription pain medicine with family, friends, or loved ones was 'very dangerous' and 89 percent felt it was wrong to take a pain prescription that was not prescribed for them. Even so, the survey found that nearly one-fifth admitted to sharing their prescribed pain medicine (17 percent) and taking a pain medicine that was not prescribed for them (19 percent).

Other results revealed: pain medication was perceived as dangerous (32 percent), and the largest perceived dangers were possibility of addiction (48 percent), abuse/misuse (21 percent), and overdose (12 percent). Regarding safety, 73 percent said 'yes,' pain medicines prescribed by a doctor were safe; however, more than half (55 percent) personally knew someone who misused or abused a prescription pain medication.

Public health researchers at the Utah Department of Health conducted the research to better understand perceptions about pain medicines to help decrease abuse and increase compliance. The information was then used to create the "Use Only As Directed" public service campaign to educate the people of Utah about safe use of prescribed medicines. The campaign began in April 2008.

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“Many of these attitudes and perceptions lead to increased policing and regulations, making it harder for the patients who really need these medicines to get them,” said Erin Johnson, MPH, Utah Department of Health, and lead author of the study. “Our goal is to educate consumers to increase compliant behavior. Our education campaign *Use Only As Directed* teaches that these medications are safe and helpful, but can be dangerous if misused.”

In another study, researchers found that urine drug screens (UDS) is a helpful tool to decrease prescription pain medicine abuse and diversion, but may not be enough to increase compliance for patients on scheduled pain medicines. Instead, they saw more significant results when Indiana’s electronic database, *Inspect*, was leveraged by doctors. Without such a tool, which reveals ‘doctor-shopping,’ patients can get multiple prescriptions from different physicians to sell illegally.

“Nearly a third of the patients were not taking their medicine as prescribed. Some chose not to reveal they were already taking an analgesic prescribed by another physician, some were taking street drugs like marijuana with the medicines, which is contraindicated,” said David Miller, MD, director at the Woodland Pain Center in Michigan City, Indiana, and lead author of the study. “There’s also a possibility it was being diverted. When patients were made aware that we could monitor all the prescriptions they were being given by doctors statewide, we saw a reduction in all of this behavior. The electronic monitoring was effective.”

Dr. Miller and his colleagues at Woodland Pain Center in Indiana compared two groups of 125 consecutive patients in their interventional chronic pain practice to look at opiate compliance. Group one was evaluated before *Inspect* was available, group two after its availability. Both were given UDS to test for illicit and prescription drugs.

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Researchers saw increased compliance with the pain medicine regime (meaning they were taking the medicine and had less evidence of street drug in their screen) when the patients were aware that their doctor had access to Incident that would allow him or her to see all the prescriptions they were prescribed (Group two). Researchers saw a nearly two-thirds decrease in abnormal UDS.

In the patient population evaluated in this study, after six months of awareness they were included in the electronic database, there was a decrease in opiate abuse (unsanctioned prescriptions) and their use of street drugs in combination with their pain medicines decreased.

“This is dangerous for the obvious reasons, but it also draws more attention to the abuse of needed pain medicines rather than the success with prescribed pain medicines. As a result, patients who would be compliant, but are fearful or would rather not bother trying to get medicine based on what they hear, are not getting the treatment they deserve,” Dr. Miller concluded.

In this study, socioeconomic factors such as age, type of insurance coverage (commercial or government), and not participating church activities influenced outcomes. Gender and self reported history of prior drug abuse did not.

To date 15 states employ an electronic database monitoring system similar to Indiana’s *Inspect*.

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### **Poster Session Information (Posters 266 and 274)**

Begins: 3:30 PM (Hawaiian Time), Thursday, January 29, 2009

Ends: 10:00 AM (Hawaiian Time), Friday, January 30, 2009

Location: Coral Ballroom Foyer, Hilton Hawaiian Village

### **About Utah's *Use Only As Directed* Campaign**

The *Use Only As Directed* campaign objective is to reduce the number of unintentional prescription pain medication overdose deaths by 15% in 2009 through PSAs, tools and resources for physicians and consumers. For more information about the campaign, visit [www.useonlyasdirected.org](http://www.useonlyasdirected.org)

### **About Indiana's *Inspect***

The *Inspect* program allows physicians and pharmacists to access statewide prescription records for Schedule II and III controlled substances via computer. For more information visit <http://www.in.gov/pla/inspect.htm>.

### **About the AAPM**

For more than 25 years, the American Academy of Pain Medicine (AAPM) has been the medical specialty society representing more than 2,200 physicians practicing in the field of pain medicine. The Academy is involved in education, training, advocacy and research in the specialty of pain medicine. Information is available on the practice of pain medicine at [www.painmed.org](http://www.painmed.org).

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