

Pain, Addiction, policy, and Advocacy The Search for Balance

David Nagel, MD

September 29, 2023



**Opioid
Response
Network**



Disclosures

Commercial Support/Sponsorship:

There is no commercial support for this training.

Conflict of Interest:

In accordance with continuing education guidelines, speakers and planning committee members are asked to disclose relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

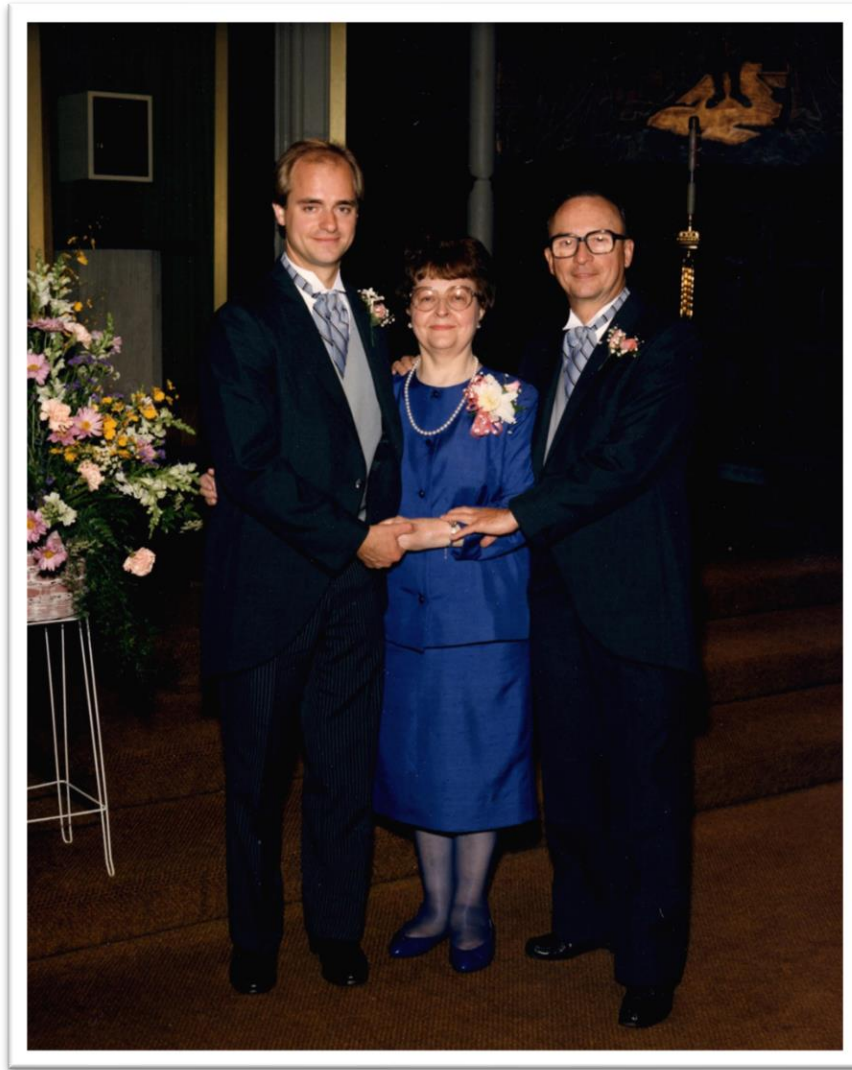
Faculty: Dr Nagel has no relevant financial relationship(s) with ineligible companies to disclose.

Planning Committee Members: Have no relevant financial relationship(s) with ineligible companies to disclose. .

Mitigation Steps Implemented:

There were no reported financial relationships to be mitigated.







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*“For every complex human
problem,
there is solution that is neat,
simple, and wrong.”*
H.L Mencken

My Priorities

- Increased access to health care by breaking down unnecessary barriers
- Controlling cost of health care
- Promotion of private medical practice
- Reducing Fragmentation in Health Care
- Re-design of the electronic medical record
- Medical prior authorization reform
- Create and promote models of integrative care
- Increased access to integrative care for those with complex mental, physical, and/or social disabilities
- Policy balance between pain, addiction, and mental health disorders
- Improved access to alternative therapies for pain care and addiction.
- Break down barriers to mental health care
- Improve access to tele-health for those with transportation barriers
- Promote diversity in the Republican party and beyond.
- Promote the integrity of the family.
- Remove the stigmatization of those who suffer from physical, mental, and psychological disabilities
- Create opportunities for those who are disabled to be able in the community and the workplace.
- Assess health care needs of local Native American Groups and improve access.
- Define and promote harm reduction for Substance Use Policy



My Roles

- Member, House Health, Human Services and Elderly Affairs Commission
- Chairman, Integrative Pain Care Committee
- Vice Chairman, Opioid Abatement Commission
- Member Rare Disease Advisory Council
- Member, State Health Assessment and State Health Improvement Plan Advisory Council
- Member, Rare Disease Advisory Council
- Member, Problem Solver’s Caucus
- Member, Disability Caucus
- Founder, committee on insurance prior authorization (ad hoc)
- Member, Native American Health Care Committee (ad hoc)
- Physician/Partner Concord Orthopaedics, PA for 33 years
- Author, critically reviewed book *Needless Suffering; How Society Fails Those with Chronic Pain*. Sold on 4 continents, the book has been described as a blueprint for public policy pertinent to pain, addiction, and other mental health disorders.
- Co-founder, New Hampshire Prescription Abuse Task Force
- Co-founder, New Hampshire Pain Collaborative as a way of empowering those who suffer from pain
- Founder and President of the Nagel Pain Community
- Founder and President of the Over the Rainbow Project, dedicated to improving pain care, addiction care, access to health care, and teaching of Doctor-Patient Communication

HOW SOCIETY FAILS THOSE WITH CHRONIC PAIN

Needless Suffering

David Nagel, MD

WITH A FOREWORD BY MYRA CHRISTOPHER

NFLPA Gilbertson Guide for Pain Management and Performance

<https://nflpa.com/pain-management-guide>



Our Focus

- ✧ No Universal Understanding
- ✧ No Universal Solution
- ✧ Patient Centered
- ✧ Whole Person/Whole Life
- ✧ Integrative
- ✧ Empowerment
- ✧ Balance



Breaking Down Barriers through social action



Creation of the CDC Guidelines

<http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

March, 2016

- ✧ Voluntary!!!
- ✧ Not to be used to create policy
- ✧ Limited to “non-serious” chronic pain
- ✧ Limited to adults
- ✧ Targeted to primary care doctors
- ✧ Is evidence based?
 - Acknowledges that evidence base is largely poor

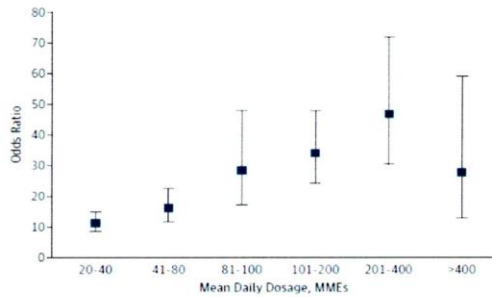


When opioids are started, clinicians should prescribe the lowest effective ***dosage...and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day n(4)***



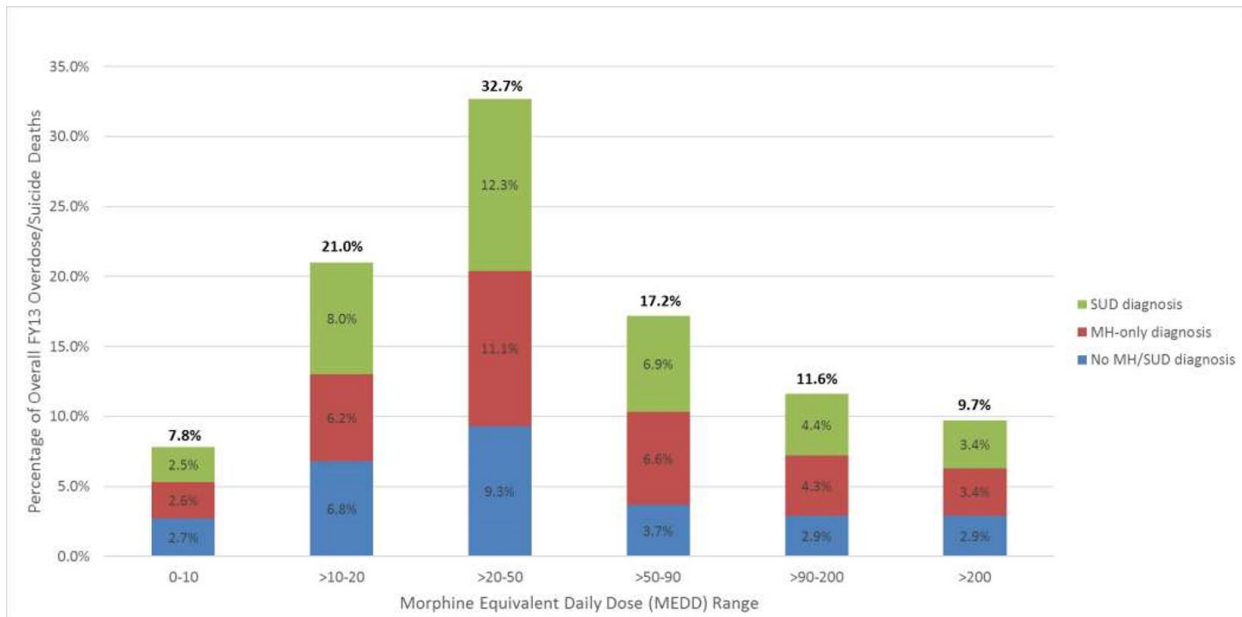
Rx Opioid Dose and Risk of Overdose Death

Figure 3. Association of Mean Daily Dosage of Opioid Analgesics With Risk of Unintentional Opioid-Related Overdose Death



Reference was patients receiving a mean of less than 20 morphine milligram equivalents (MMEs) per year. Error bars indicate 95% CIs.

Source: Baumblatt et al., High-risk use by patients prescribed opioids for pain and its role in overdose deaths. JAMA IM. 2014;174:796-801.



What Happened?

- ✧ Was used to create public policy
- ✧ Those in pain, whether acute, chronic, post-surgical, or at end of life became ostracized, stigmatized, and abandoned
- ✧ Non-consensual dose reduction or detox became rampant
- ✧ Creation of a new public health crisis of opioid refugees through patient abandonment
- ✧ Needless increase in morbidity and mortality



"I must say the anger is intensifying among our readers as well...and a parallel hopelessness is setting in."

Ed Coghlan, Editor, National Pain Report



What Happens when guidelines become policy?

The Creation of the Third Public Health Crisis

<https://www.painnewsnetwork.org/2017-cdc-survey>
(3108 patients; 278 health care providers)

Answer Choices	Responses
▼ I have more pain and my quality of life is worse	84.23% 2,174
▼ I have found better and safer treatment than opioids	4.30% 111
▼ I have found that I don't really need opioids	1.28% 33
▼ I have been discharged by a doctor for failing a drug test	3.84% 99
▼ I have considered suicide because my pain is poorly treated	42.08% 1,086
▼ I am hoarding opioids because I'm not sure I'll be able to get them in the future	22.12% 571
▼ A pharmacy has refused to fill my opioid prescription	19.18% 495
▼ I have obtained opioids illegally for pain relief	11.00% 284
▼ I was given a referral for addiction treatment	4.18% 108
▼ Insurance refused to pay for a pain treatment I needed	19.84% 512

Total Respondents: 2,581



THE LETTER

Health Professionals Call on the CDC to Address Misapplication of its Guideline on Opioids for Chronic Pain through Public Clarification and Impact Evaluation

Authors: Health Professionals for Patients in Pain (HP3)

Date: September 24, 2018

✦ *Non-consensual dose reduction is dangerous and unethical*



The Response

Perspective: No Shortcuts to Safer Opioid Prescribing

Deborah Dowell, M.D., M.P.H., Tamara Haegerich, Ph.D., and Roger Chou, M.D.

June 13, 2019

N Engl J Med 2019; 380:2285-2287

DOI: 10.1056/NEJMp1904190



What did we do?

- ✧ Created the New Hampshire Pain Collaborative
- ✧ Created an ad hoc legislative group with a broad group of stakeholders
- ✧ Passed SB 546 2020 Amendments to the NH 318-B, CONTROLLED DRUG ACT, Section 318-B:41

“Ordering, prescribing, dispensing, administering, or paying for controlled substances, including opioid analgesics, shall not in any way be pre-determined by specific Morphine Milligram Equivalent (MME) guidelines”

“...treatment shall be continued if there remains no indication of misuse or diversion.”

“Make provisions for practitioners, acting in good faith, and in the course of their profession, and managing chronic pain associated with their patients' illness to use their best judgment notwithstanding any statute or rule to the contrary”

“Ensure that patients covered by this section are treated with dignity and not unduly denied the medications needed to treat their conditions.”



Increase access to integrated care



- ✧ No evidence for any single modality in pain management
- ✧ All pain management requires multiple modalities used together
- ✧ This needs to be done in a comprehensive, integrated, interdisciplinary way



What's stopping us?



What are we doing about it?

Focus on Integrated pain Care



- ✦ NH HB 66 2023
- ✦ NH HB 303 2023
- ✦ NH HB 554 2023
- ✦ Prior Authorization Reform 2024
- ✦ LSR 24-2380: EMR Reform
- ✦ LSR 24-2378: Opioid Abatement Reform



What can you do?

When asked about how best to deal with the overwhelming problem of homelessness in Washington, Mother Teresa replied:

“Help the people one by one, and start with the person nearest to you.”





THANK YOU!

