

Preventing Opioid Abuse, Overdose, and Suicide in Chronic Pain Patients: Selected Resources

Research has shown that patients experiencing chronic pain may be at increased risk for opioid abuse, overdose, and death by suicide.^{1,2,3} Prevention strategies - such as educating medical providers on safe prescribing practices, conducting comprehensive and suicide risk screening and assessment and implementing non-medical strategies to address pain - exist that may mitigate these risks among patients. The information and resources presented below are intended to support medical providers in their care for patients experiencing chronic pain, as well as prevention practitioners focusing their prevention efforts on this high-risk population.

Managing Suicide Risk in Patients with Chronic Pain

Some chronic physical health conditions, such as migraines, back pain, and chronic obstructive pulmonary disorder, are linked to risk of death by suicide.⁴ The association between these conditions and suicide is frequently attributed to the fact that these conditions are often associated with chronic pain. While there is limited research on the effectiveness of strategies to prevent suicide among patients with chronic pain, there is strong evidence to support comprehensive suicide risk screening and assessment for all patients within a health care system as a means of identifying those at risk and providing appropriate care. In addition, systems designed to keep safe patients who are in acute suicidal crisis, and that facilitate their safe transition from one health system to another (e.g. from an inpatient acute care program to outpatient treatment), are all critical to effective suicide care and risk management. The resources below provide guidance on suicide care for patients in health care settings.

- **Assessing and Managing Suicide Risk (AMSR).** This one-day training for behavioral health professionals from the Suicide Prevention Resource Center (SPRC) is designed to expand the

¹ Rosenblum, A., Parrino, M., Schnoll, S. H., Fong, C., Maxwell, C., Cleland, C. M. Haddox, J. D. (2007). Prescription opioid abuse among enrollees into methadone maintenance treatment. *Drug and Alcohol Dependence*, 90(1), 64–71.

² Yarborough, B. J. H., Stumbo, S. P., Janoff, S. L., Yarborough, M. T., McCarty, D., Chilcoat, H. D., ... & Green, C. A. (2016). Understanding opioid overdose characteristics involving prescription and illicit opioids: A mixed methods analysis. *Drug and Alcohol Dependence*, 167, 49-56.

³ National Strategy for Suicide Prevention. (2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. <https://www.ncbi.nlm.nih.gov/books/NBK109909/>

⁴ Ahmedani, B K., Peterson, E. L., Hu, Y., Rossom, R. C., Lynch, F., Lu, C. Y. Simon, G. E. (2017). Major physical health conditions and risk of suicide. *American Journal of Preventive Medicine*, 53(3), 308–315.

clinical skills of providers and offers a clear and descriptive suicide risk formulation model to inform long-term treatment planning. Teaching and skills-building methods include video demonstrations, group discussion, written and paired practice, case review, and expert teaching.. Available at: <http://www.sprc.org/training/amsr/workshops>

- **Joint Commission Sentinel Event Alert 56: Detecting and Treating Suicide Ideation in All Settings.** This report is designed to help health care organizations that provide both inpatient and outpatient care better identify and treat individuals with suicide ideation. The alert suggests actions for primary, emergency, and behavioral health clinicians in non-acute or acute care settings, including: universal screening, risk assessment, safety planning, treatment, documentation, discharge, and follow-up care. Also included are suggested actions for educating staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care. Available at: https://www.jointcommission.org/sea_issue_56/
- **Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe.** The approaches in this report from the National Action Alliance for Suicide Prevention (NAASP) were developed by experts, researchers, clinicians, and consumers based on both research and experience caring for suicidal patients in health care settings. This report identifies elements of care that should be standard in identifying, supporting and keeping people at risk of suicide safe, and provides guidance for health care organizations implementing them. Available at: <https://www.sprc.org/resources-programs/recommended-standard-care-people-suicide-risk-making-health-care-suicide-safe>
- **Suicide Screening and Assessment Brief.** This publication from SPRC introduces two approaches to evaluating suicide risk and provides links to additional guidance on choosing and implementing suicide screening and assessment programs. Available at: <http://www.sprc.org/resources-programs/suicide-screening-and-assessment>
- **Zero Suicide Toolkit.** This online toolkit from Education Development Center (EDC) describes the “Zero Suicide framework”, which is an organizational approach to suicide prevention defined by a system-wide commitment to safer suicide care in health and behavioral health care systems. The toolkit offers free and publicly available tools, strategies, and resources to support organizations who implement the Zero Suicide framework. Available at: <https://zerosuicide.sprc.org/toolkit>

Reducing opioid abuse and overdose risk in patients with chronic pain

Prescribing opioid pain relievers can be an effective element of a pain management strategy for some patients with chronic pain. However, with prescription opioid use comes increased risk of

abuse and overdose. Health care providers can implement strategies to reduce this risk among patients, including educating prescribers and patients about safe practices for opioid use, screening for opioid abuse/overdose risk, and helping patients regulate the impact opioids have on their bodies. Increasing public awareness of non-medication strategies to address pain may also reduce opioid overdose risk among patients. The resources below provide information on reducing opioid-related risks in patients with chronic pain.

Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain. These guidelines provide recommendations on best practices for the prescribing of opioid pain medication for patients 18 and older in primary care settings, and focus on the appropriate use of opioids for treating chronic pain. To learn more, see:

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

National Center for Complementary and Integrative Health (NCCIH). Complementary and integrated health practices use approaches outside of mainstream medical interventions to address patients' physical and mental health problems. NCCIH conducts scientific research on diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine, including an in-depth look at complementary health approaches to addressing chronic pain. NCCIH offers information and resources to both medical providers and patients interested in complementary health practices. To learn more, see: <https://nccih.nih.gov>

National Resource Center for Academic Detailing (NaRCAD). Academic detailing is an evidence-informed method of prescriber education where educators—often clinicians themselves—provide one-on-one outreach to providers (including pharmacists) on best practices in evidence-based care. NaRCAD provides training to educators on effective techniques for conducting academic detailing on a variety of topics, including opioid safety and chronic pain management. To learn more, see: <https://www.narcad.org/>

Stanford University Chronic Disease Self-Management Program. This program help patients use non-pharmacological strategies to meet the daily challenges that accompany chronic pain. To learn more, see: <https://www.selfmanagementresource.com/>

U.S. Department of Veteran's Affairs Stratification Tool for Opioid Risk Management (STORM) Program. STORM is a dashboard that compiles all relevant risk information for individual patients and generates an overdose risk score based upon that information for medical providers to use in making clinical decisions. It pools details on diagnoses, previous relevant treatments that have been used, last urine drug screen, and what opioids and other relevant medications have been prescribed. It will tell providers the rationale for patients' scores, including factors that may contribute to a higher scores (e.g., multiple prescriptions,

untreated sleep apnea, etc.), as well as which nonpharmacological treatments have been tried and when. To learn more, see:

<https://www.hsrd.research.va.gov/publications/inprogress/jul16/default.cfm?InProgressMenu=jul16-2>

Resources from the CAPT

Opioid Overdose and the Role of Prescriber Education. This at-a-glance resource describes the relationship between opioid overdose and overprescribing, and makes the case for prescriber education as a prevention strategy. Available at:

<https://captcollaboration.edc.org/tool/opioid-overdose-role-prescriber-education>

Opportunities for Collaborating with Medical Professionals to Prevent Opioid Misuse. This tool presents examples of state- and local-level opportunities for collaborating with medical professionals across settings to plan and support prescriber education programming.

Available at: <https://captcollaboration.edc.org/tool/opportunities-collaborating-medical-professionals-prevent-opioid-misuse>

Preparing for Prescriber Education: Getting the Lay of the Land. This practice-support tool identifies the different agencies responsible for prescribing and distributing prescription

opioids in a community. Available at: <https://captcollaboration.edc.org/tool/preparing-prescriber-education>