



Administration for Community Living:

Responding to the Opioid / Pain Management Crisis for Survivors of TBI

September 25, 2018

ACL's Approach

- Recognizing the urgency of the crisis
- Decreasing the number of prescriptions
- Treating dependency
- Gathering better data on the impact to people with disabilities and older adults
- Providing better pain management options

Nature of the Crisis

- 20.4% of US adults (approx. 50M) had chronic pain with 8.0% had “high-impact” chronic pain (CDC, 2016)
- Individuals who have sustained a TBI often experience a high prevalence of persistent pain and need for prescription drug relief
- Between 70-80% of patients who have sustained a TBI are discharged with a prescription for an opioid

Access to Treatment

For people with disabilities:

- Physical, programmatic, and/or financial barriers to chronic pain treatment
- Chronic pain neglected due to prioritization of other disabilities or symptoms
- Pain may be dismissed or disbelieved, particularly with individuals with mental health diagnoses or intellectual disabilities

Challenges

- Lack of alternatives
- Inaccessibility of chronic pain and substance use disorder treatment options
- General lack of understanding and/or misunderstanding of chronic pain

Unintended Consequences

Restrictions meant to reduce access to opioids can negatively impact those suffering from chronic pain

- Pharmacies implementing dosage limits
- Patients flagged as “high-risk”
- Doctors threatened with sanctions or suspensions

ACL's Vital Role

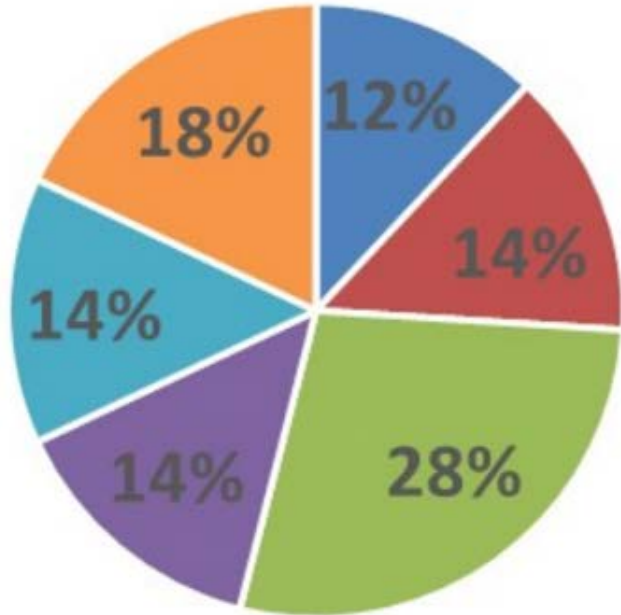
- Make sure that pain management is considered as a central issue in the debate
- Give voice to the perspective of people with disabilities (including those with chronic pain)
- Facilitate additional research around chronic pain, opioid use and misuse, and people with disabilities

A Request for Information

In January 2018, NIDILRR issued a request for information regarding the incidence of opioid use disorder for people with disabilities and also the adequacy and adaptability of treatment strategies

- Chronic pain is more prevalent and under-treated among people with disabilities
- Do people with disabilities gain access when needed?
- Are people with disabilities underserved for chronic pain?

Respondents



- Clinicians
- Community Organizations
- Consumers
- Federal Partners
- National Organizations
- Research Teams

Key Takeaways

People with disabilities:

- More likely to misuse opioids and develop an opioid use disorder
- Less likely to receive treatment

Key Takeaways

Barriers to treatment:

- Physical accessibility of treatment centers
- Limited insurance coverage
- Policies restricting opioid prescriptions without offering viable pain management alternatives

Key Takeaways

People with a traumatic injury (e.g., TBI or SCI):

- At a greater risk of opioid misuse and unintentional death due to opioid poisoning

Key Takeaways

Common thread:

- “There are many unanswered questions at the nexus of chronic pain, opioid misuse, and people with disabilities.”

New Grants

- American Institutes for Research: “Improving Assessment of Opioid Use Disorder in People with Disabilities Related to Chronic Musculoskeletal Pain”
- Brandeis University: “Intersecting Research on Opioid Misuse, Addiction, and Disability Services”
- Craig Hospital: “Characterization and Treatment of Chronic Pain after Moderate to Severe TBI” (TBI Model Systems Collaborative Project)

TBI State Partnership Program

- Many grantees are addressing the opioid crisis as part of their grant. Efforts described in their workplans surround research, prevention, service provision, and developing education and training materials.
- One of the 9 collaborative issue workgroups is focused on “Opioid Use and Mental Health Needs.”



TBI SPP

Traumatic Brain Injury
State Partnership Program

Question & Answer