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Chronic Pain-Related Opioid Use in Atlanta, Georgia

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Chronic pain, Opioids, Prevention, Healthcare, Atlanta, Georgia, Advocacy

Chronic Pain-Related Opioid Use in Atlanta, Georgia

Goal Statement: To increase awareness of co-occurring pain and addiction and identify resources and a plan to reduce opioid addiction among chronic pain patients.

Significant Findings:

Chronic pain is recognized as one of the most common reasons for medical visits (Bertin et al., 2021). These visits frequently lead to opioid prescriptions for treatment. Since 2013, the opioid-related overdose epidemic has placed an undue burden on the healthcare system (Dahlby & Kerr, 2020). The increase in opioid prescriptions over the past two decades has increased rates of misuse and addiction in patients suffering from chronic pain (Bertin et al., 2021). From a public health perspective, these rates indicate a need for greater collaboration and coordination of care among healthcare providers (Dahlby & Kerr, 2020).

Objectives/Strategies/Interventions/Next Steps: The main objective of this project is to increase awareness of the addiction potential of opioid medications when being prescribed to chronic pain patients. The next objective is to implement strategies to help physicians and patients prevent opioid use disorders. Intervention will include identifying risk and protective factors to evaluate how they may affect one's abuse potential. Physicians treating chronic pain patients should be knowledgeable about the medications being prescribed and educate patients when writing prescriptions. Interdisciplinary teams consisting of physicians, case managers, pain pharmacists, and palliative medicine, should be utilized as standard practice to ensure the whole

person is being treated effectively. Additionally, patients should be offered alternatives to pharmacological treatments such as yoga, acupuncture, and physical therapy. Next, the implementation of an evidence-based program like the Transitional Care Model can be modified to help support chronic pain patients being discharged home from the hospital on opioids.

INTRODUCTION

Chronic Pain-Related Opioid Use in Atlanta, Georgia

Chronic pain (CP) and opioid use disorder (OUD) are often co-occurring disorders that have become challenging public health concerns (Speed et al., 2018). The treatment for CP differs from the treatment of acute pain; however, primary care providers have used opioids as first-line therapy. According to the Centers for Disease Control and Prevention opioids are not the preferred method of treatment for CP (Sokol et al., 2021). Studies have shown that 1 in 4 CP patients misuse their medications and exhibit signs of OUD, a relapsing brain disease driven by compulsions and an overwhelming desire to use despite negative consequences (Sokol et al., 2021). This portfolio will use the life cycle theory of addiction and theory of health to develop methods for the prevention of transition from treatment to abuse and addiction.

PART 1: SCOPE AND CONSEQUENCES

Chronic Pain-Related Opioid Use in Atlanta, Georgia

The country is currently facing an opioid epidemic with individual states reporting a rise in opioid abuse. Georgia has been no exception with a reported 1000% increase in opioid overdose hospital admissions in the past decade (Georgia Drug Detox, n.d.). Approximately 361,000 or 4.6% of Georgia citizens use pain-relievers for nonmedical reasons. With the

introduction of fentanyl, an opioid that is fifty times more potent than heroin per microgram, infiltrating the drug market, in 2017 dozens of individuals in southwest Georgia were hospitalized within hours of administering the drug or pronounced dead before any intervention (Georgia Drug Detox). Opioid abusers or dependents account for five times more individual medical costs paid out by insurance companies than individuals who do not abuse opioids. The cost of treatments such as buprenorphine or naloxone, methadone, Rapid Detox, Narcotics Anonymous, and rehabilitation, are an estimated 450 percent higher than those of normal patients, almost $20,000 per individual abusing opioids.

Historically, those suffering from OUDs were those in low-income suburban areas, typically minorities between the ages of eighteen and twenty-five. This trend has since shifted to middle-class, white males and females between the ages of twenty and thirty. There has also been a noted increase in abuse for senior citizens dealing with a variety of ailments that require pain medications. An unclear understanding of the relationship between CP and addiction has heightened the progression from CP to misuse to the development of OUD (Sokol et al., 2021). According to Sokol et al. 2021 pharmacological and nonpharmacological approaches are necessary to effectively treat CP; however, evidence-based practices are still needed for the assessment and development of effective treatment options for patients with CP and OUD (Speed et al., 2018).

Individuals being treated with opioid pain relievers are often not given a preference in treatment options or educated on the addiction potential of these medications (Strulick, 2021). Several policy changes as well as state and federal regulations policies have been implanted since 2015. These policies have shown a reduction in opioid prescribing; however, recent data shows a shift to heroin among users of prescription opioids (Speed et al., 2018). This data

suggests a need for increased education and prevention efforts aimed at individuals being treated for pain at risk of developing an OUD. The goal of this social change portfolio is to increase awareness of co-occurring pain and addiction and identify resources and a plan to reduce opioid addiction in chronic pain patients.

PART 2: SOCIAL-ECOLOGICAL MODEL

Chronic Pain Related Opioid Use in Atlanta, Georgia

When working to develop effective interventions for substance use disorders, it is important to evaluate and understand factors that may increase abuse potential as well as factors that may discourage abuse (Substance Abuse and Mental Health Services Administration). Those factors or characteristics that may increase the likelihood of negative outcomes are known as risk factors. Whereas, protective factors are characteristics that may reduce the impact of risk factors (Substance Abuse and Mental Health Services Administration). The social-ecological models uses four-levels – individual, relational, community, and societal to better understand the factors that either put people at risk or protect them (CDC, n.d.).

Risk Factors

Researchers have analyzed potential risk factors for personal problems with substance use. Individual-level risk factors consist of the presence of early mental and behavioral health problems, gender, poor self-esteem, isolation, and genectic predisposition to addiction (Pestka & Evans, 2019; Nawi et al., 2021). Relationship-level risk factors consists of peer pressure, poor parental supervision and relationships, a poor family structure, and family history of substance use disorders. to drugs Community-level risk factors consists of poorly equipped schools, a lack of opportunities, poverty or poor neighborhoods and accessibility to drugs in the community. Societal-level risk factors consists of drug laws that criminalize rather than treat SUDs, systemic

racism, andlack of economic opportunity (Substance Abuse and Mental Health Services Administration).

Protective Factors

Individual protective factors are those biological and personal characteristics such as high self-esteem, academic competence or ability, intrinsic motivations, and self-control. Relational protective factors are religiosity, peer factors, parental monitoring, and healthy social supports (Pestka & Evans, 2019; Nawi et al., 2021). Community-level protective factors are strong neighborhood attachments, community involvement, access to quality education and opportunities. Societal-level protective factors are anti-drug use policies and policies that promote equal access to employment, education, and financial opportunities (CDC, n.d.).

PART 3: THEORIES OF PREVENTION

Chronic Pain Related Opioid Use in Atlanta, Georgia

Theories use the relationships between variable to predict events and situations. When developing effective plans theories help planners see the full scope of problems and apply relevant solutions (National Cancer Institute, 2005). Theories provide a framework for program planning and development. This framework is used to guide the program by identifying the target audience, methods for change, and evaluation of expected outcomes (National Cancer Institute, 2005). The use of theory is consistent with evidence-based practices being utilized in behavioral and public health sectors.

The Theory of Planned Behavior (TPB) will guide this program aimed at preventing opioid use disorder among chronic pain patients. This theory is appropriate because it explores the relationship between one's behaviors and beliefs about whether those behaviors can be

controlled. TPB examines concepts such as behavioral intention, attitude, subjective norm, and perceived behavioral control. Behavioral intention is the perceived likelihood of performing the behavior. Attitude refers to the individual's assessment of the behavior. Subjective norm is how the behavior is perceived as socially acceptable and motivation to act accordingly. Perceived behavioral control is the belief that one can control performing the behavior (National Cancer Institute, 2005). When considering the addictive factor of opioids, chronic pain patients should receive education on alternate ways to manage pain as well as methods to control prescription drug intake to reduce the chance of substance misuse and abuse.

The Transitional Care Model is an evidence-based program designed to prevent health complications and rehospitalizations for chronically-ill older adults. The nurse-led program uses comprehensive discharge planning to assess a patient's health status, behaviors, level of social supports and goals to develop an individualized plan of care. Transition of care nurses conduct home visits or phone contacts to follow up with patients to identify potential care needs and coordinate services with the patient's physicians. This program can be adapted and applied to chronic pain patients post-hospital discharge. Using the same methods, patients discharged home with a prescription for opiates would be followed by a nurse case manager or social worker for an identified period of time. The focus would be on education about pain management, medication monitoring, and signs of abuse.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Chronic Pain-Related Opioid Use in Atlanta, Georgia

Culturally competent treatment and services have been the subject of recent debates among social science professions (Reese & Vera, 2007). The idea is that professionals working

with culturally diverse populations should have a level of competence to effectively work with these populations. The disproportionate rates of ethnic minority youth, specifically, African Americans and Hispanics, currently incarcerated serve as motivating factors for some prevention initiatives (Reese & Vera, 2007). Illicit drug use in the United States is an increasing and costly public health concern (Nuno et al., 2019). The high number of adolescents and young adults represent the majority of users thus magnifying the concern. Drug abuse violations account for a third of the most common offenses among youth arrests in 2016. National surveys have indicated that Hispanic youth report significantly higher substance abuse rates compared to other races and ethnicities (Nuno et al., 2019). While this data is not directly related to chronic pain-related opioid use, I believe it is important to discuss as a prevention program due to the prevalence of abuse among this population.

Identifying risk and protective factors of illicit drug use are essential to prevention and intervention efforts for Hispanic youth. Research has shown the role of the family in shaping child and adolescent development is critical to drug use. Protective factors such as parental monitoring and parent-child connectedness can significantly decrease the likelihood of substance use (Nuno et al., 2019). Alternatively, lack of parental involvement and parental substance use can increase the likelihood of substance use. The role of peer influence has also been researched as a risk and protective factor for adolescent substance use.

Theories that attempt to explain and predict behavioral problems among youth have primarily been tested with White samples. Some have argued that these theories may not be generalized to minority samples because they fail to capture the cultural uniqueness and vulnerabilities that are specific to ethnic groups (Spencer, Swanson, & Cunningham, 1991; Wallace & Muroff, 2002 as cited in Nuno et al., 2019). According to the Health Rankings

Model, health behaviors account for 30% of the health factors that influence how well and how long we live (County Health Rankings & Roadmaps, 2018). Alcohol and drug use can significantly decrease one's life expectancy. The County Health Rankings and Roadmaps (2018) states "it is important to consider that not everyone has the means and opportunity to make healthy decisions." Current policies and programs have kept marginalized populations from accessing the support and resources needed to thrive.

The NASW Code of Ethics states social workers have an ethical responsibility to promote the well-being of clients. This commitment to clients means the client's interest is primary, except in cases where the social worker's responsibility to society as a whole must take precedence. In these cases, clients should then be adequately advised (NASW). Additionally, social workers have an ethical responsibility to demonstrate cultural competence "recognizing that strengths exist in all cultures." Part of cultural competence means acknowledging clients as experts of their own culture. One mechanism to increase cultural relevance is involving Hispanics in the development of prevention programs that affect them. Being more attuned to Hispanic culture and engaging families as a central role of the Hispanic culture can be instrumental to the deterrence of adolescent substance abuse. Another mechanism to increase cultural relevance is to advocate for more studies that examine the effects of culturally adapted interventions and prevention methods. Future programs can modify current interventions to include culturally relevant materials, processes, and practice behaviors to deliver culturally appropriate services (Robles et al., 2018).

PART 5: ADVOCACY

Chronic Pain-Related Opioid Use in Atlanta, Georgia

As change agents, social workers often take on the role of advocate to promote the well-being of their clients (Toporek et al., 2009). The Multicultural and Social Justice Counseling Competencies (MSJCC) state that “Privileged and marginalized counselors intervene with, and on behalf, of clients at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels.” This means taking action to connect and collaborate with clients to bring about social change (Multicultural and Social Justice Counseling Competencies (2015). Institutional interventions include institutions such as schools, churches, and community organizations. Community interventions address the norms, values, and regulations within a community. Public policy interventions are the local, state, and federal laws and policies that impact human growth and development (Multicultural and Social Justice Counseling Competencies (2015).

Barriers

At the institutional level, a barrier to addressing chronic pain-related opioid use is the concern for the treatment of one condition that can support or conflict with the treatment of the other (Substance Abuse and Mental Health Administration). For instance, treatment for chronic pain may not be appropriate for the treatment of patients with opioid use disorder or history and unrelieved pain can be a trigger for substance use. At the community level, held beliefs and values regarding substance use disorders can hinder prevention efforts and make it difficult for chronic pain patients to receive effective treatment. Public policy that limits physicians' prescribing rights without providing alternative treatments is a barrier. Physicians are left unequipped to care for their patients when knowledge and access to alternatives such as physical therapy, cognitive behavioral therapy, and alternative medicines are not available (Substance Abuse and Mental Health Administration).

Advocacy Action

At the institutional level, it is important for healthcare providers working with chronic pain patients to have open and honest conversations about any substance use history as well as provide education about the potential risk of addiction when being treated with opioids (Substance Abuse and Mental Health Administration). At the community level, advocating for providers to taper or discontinue opioids when they are no longer effective or manageable is one action to be taken to deter opioid addiction or abuse. Public policies that include health care benefits for alternative treatments for chronic pain are an advocacy action that could prevent opioid use disorder.

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