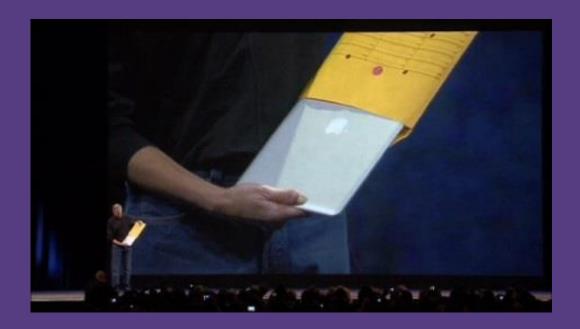
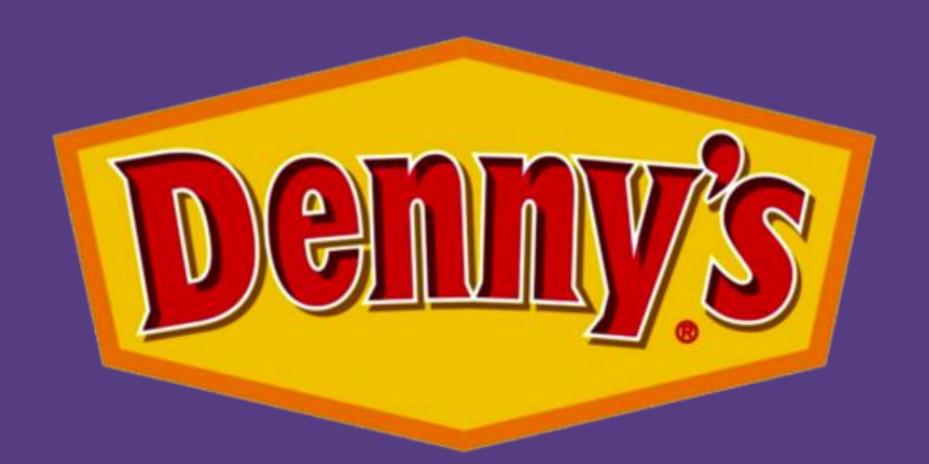
### Changing the Conversation

The Myth of the Magic Pill





What if everything you thought you knew about treating pain is wrong?



No formal pain management training

Why should I change? What's in it for me?



Time constraints

Concomitant, unrecognized PTSD

Patient satisfaction surveys tied to bonuses

Expectation of zero pain

Alternative treatments not covered by insurance

Perception that opioids are the most effective treatment for "real" pain

Expectation of zero pain



Don't question the provider

Insurance coverage or lack thereof for MAT--- the drug is the cheaper option

Already dependent/addicted

Stigma attached to seeking treatment

Lose 10 lbs in 10 days!

Look 10 years younger in 10 minutes!

### Your Magic Pill



Instantly regain your "male stamina"!

#### The "Dirty Little Secret"



Little to no evidence from high quality clinical trials that opioids work well for pain



SPACE<sup>1</sup> and Bronx EDs<sup>2</sup> studies: Opioids are NOT AS GOOD (and at least no better) as non-opioids for treatment of chronic OR acute pain.

Veteran Affairs Portland Healthcare System: Patients on chronic opioids for non-cancer pain found that pain did <u>not</u> get worse, but rather, remained either similar <u>or slightly improved</u> after stopping opioids.

<sup>&</sup>quot;Opioids not better than non-opioid medication," Strategies for Prescribing Analgesics Comparative Effectiveness Trial (SPACE), U.S. Department of Veterans Affairs, 16 May 2017 

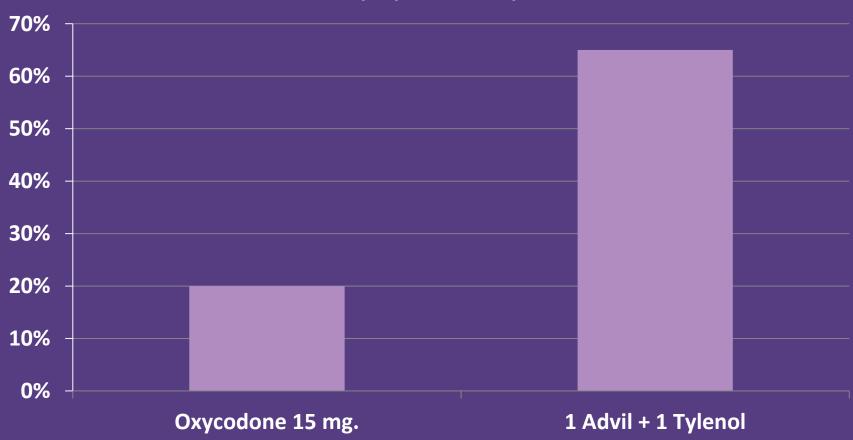
Chang A, Bijur P, Esses D, Barnaby D, Baer J, "Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department," JAMA 2017;318 

(17): 1661-1667.

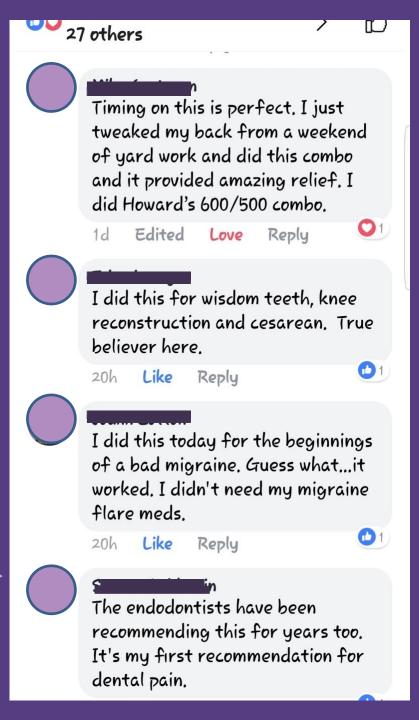
<sup>&</sup>lt;sup>3</sup>Sterling McPherson, Crystal Lederhos Smith, Steven K. Dobscha, Benjamin J. Morasco, Michael I. Demidenko, Thomas H. A. Meath, Travis I. Lovejoy. Changes In Pain Intensity Following Discontinuation of Long-Term Opioid Therapy for Chronic Non-Cancer Pain. *PAIN*, 2018; 1 DOI:

### Non-narcotics work BETTER for acute pain Shhh...

#### Percent of people with 50% pain relief



#### If You Don't Believe Studies...



My dentist!

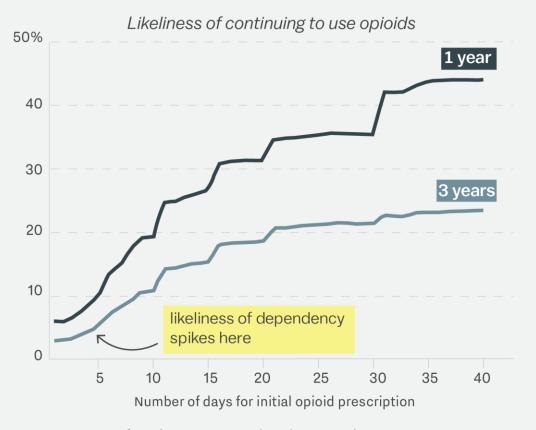
#### **Testify!**

"They kept giving me 10 mg of Vicodin every four hours, because (they said) that's what the doctor authorized. I asked. At one point, they asked if I wanted morphine, and I said I would like 800 mg of ibuprofen. I knew that worked well because that's what (I was given) when I broke my arm (and) it was the only thing that relieved the pain.

They would <u>not</u> give it to me. Vicodin and morphine were the only things they would give..."

#### **First Fill Limits**

## Risk of continued opioid use increases at 4-5 days



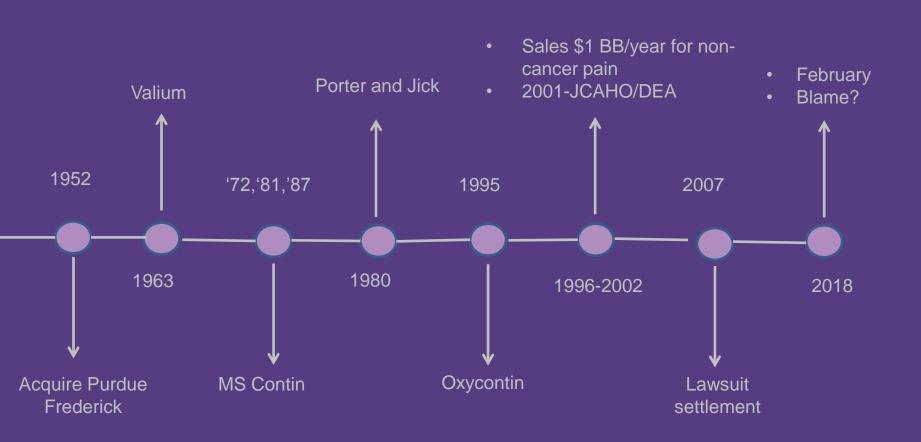
Source: Centers for Disease Control and Prevention

Credit: Sarah Frostenson

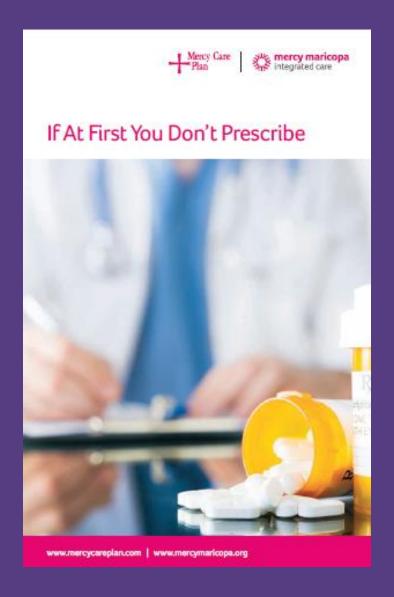


- ✓ 5 days=20 pills!
- ✓ It may only take one

# Arthur, Mortimer, & Raymond Sackler Whose fault is it anyway?



## Academic Detailing: The "Product" is Information



#### The public doesn't read medical journals...and shouldn't have to...





Scare tactics/ "not me"



Pain News Network Article, June, 2016: "...at a time when people are under siege, AMA has made it clear they are hard-hearted toward suffering..."



ASSIST providers /video campaign saturation



#### **Putting the CARE back in Healthcare**

C Collaboration/coordination

A Access

Respect

**E** Empowerment



The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.

— Malcolm Gladwell —

#changingtheconversation #tellyourfriends #letsendthis

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