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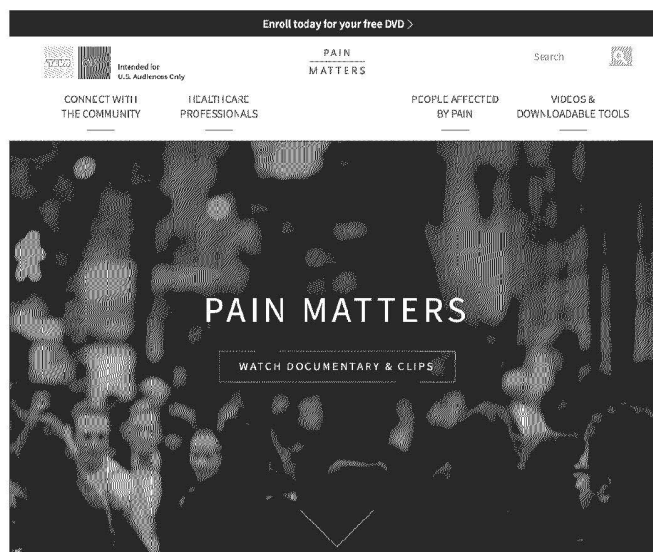


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Page URL	www.painmatters.com
Page Title Tag (Limited to 65 Characters)	Pain Matters Information & Resources for Chronic Pain
Page Description (Limited to 150 characters including spaces)	Pain Matters is a comprehensive resource dedicated to providing information and support for the management of chronic pain and opioid abuse deterrence
Page Key Words	Pain, chronic pain, support, management, opioid abuse

PLAINTIFFS TRIAL
EXHIBIT

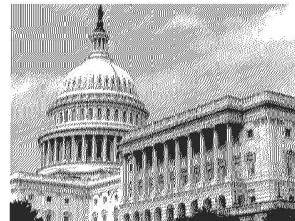
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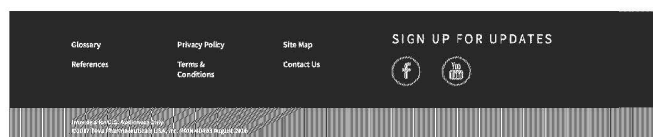
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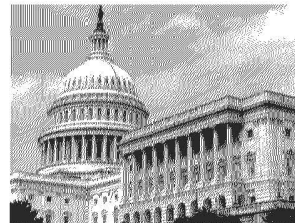




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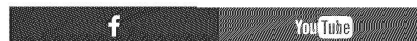
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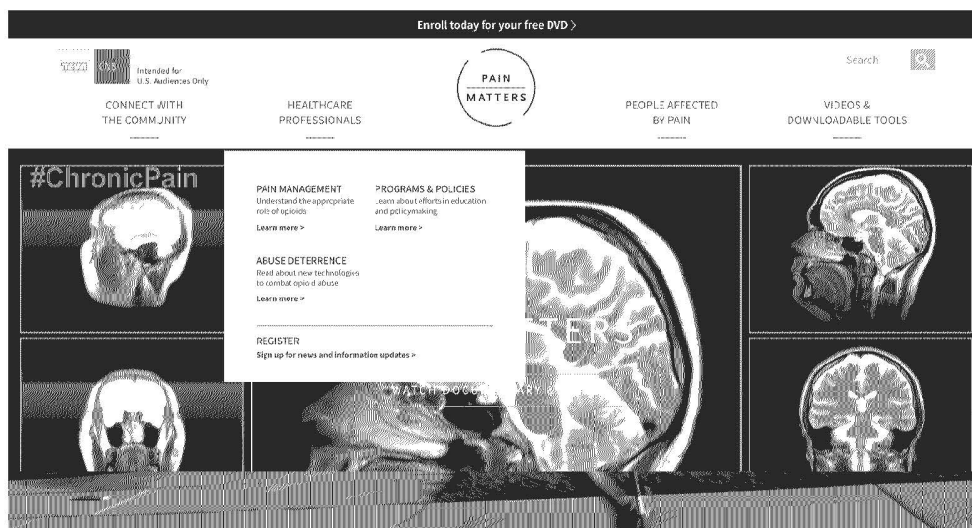


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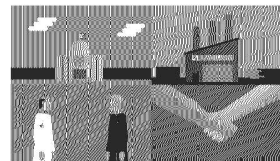
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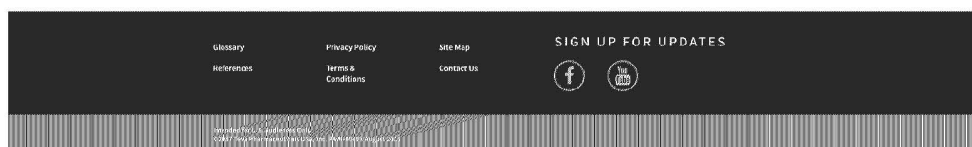
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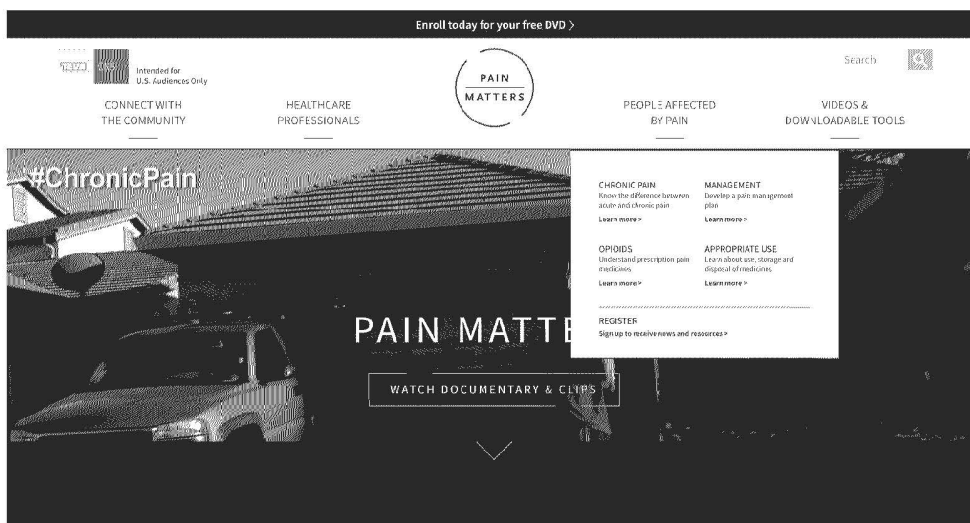


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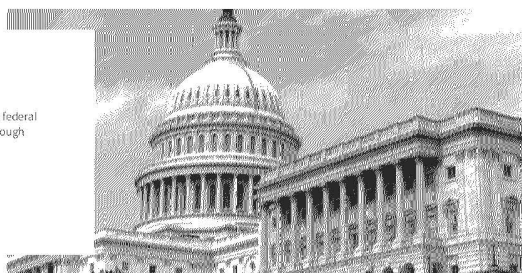




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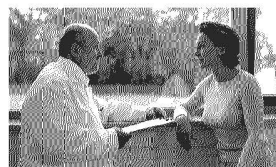
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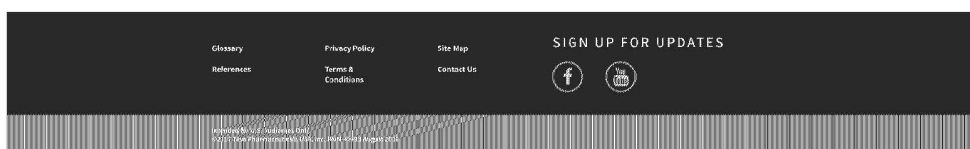
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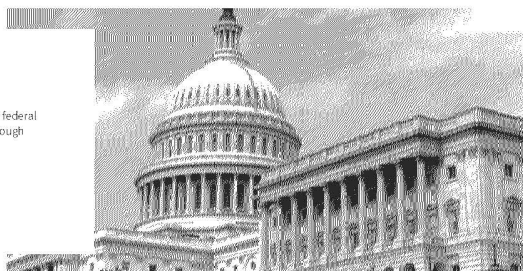
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Find professional meetings, conferences, and events to keep you up-to-date on the latest in the pain community.

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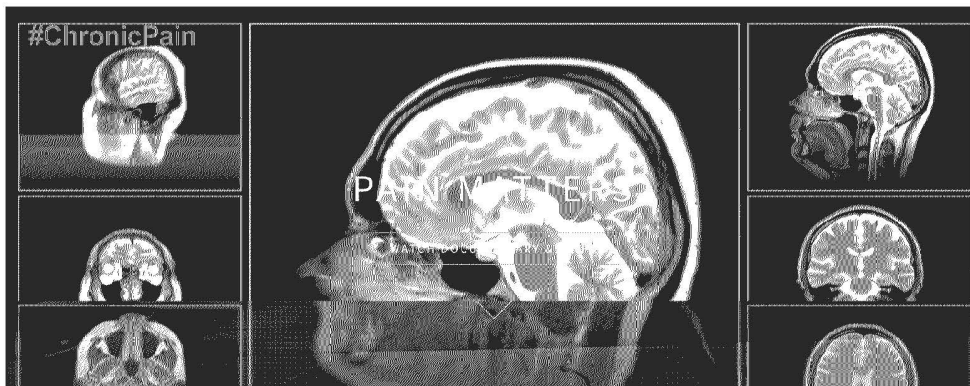
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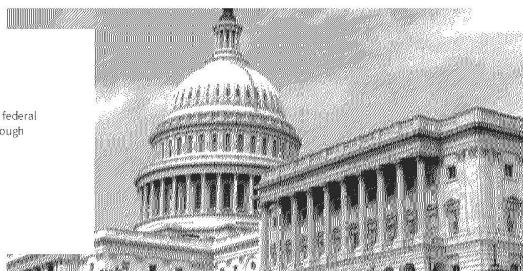
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Teva Pharmaceuticals' Commitment to Pain Care

Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain.

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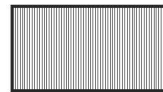
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Page Title Tag (Limited to 65 Characters)	Pain Matters About Pain Matters
Page Description (Limited to 150 characters including spaces)	Watch a prominent pain-care physician highlight the key features of PainMatters.com—a comprehensive resource dedicated to providing information and support for the management of chronic pain and opioid abuse deterrence.
Page Key Words	Pain, chronic pain, support, management, opioid abuse

Pain Matters Mission

Pain Matters brings to life Teva Pharmaceuticals' commitment to working with the pain care community to educate the public, healthcare providers, and other stakeholders about chronic pain, appropriate use of prescription pain medicines, and opioid abuse and misuse.

About Pain Matters

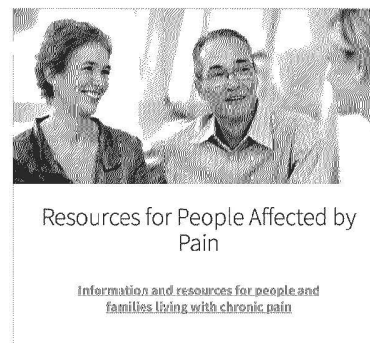
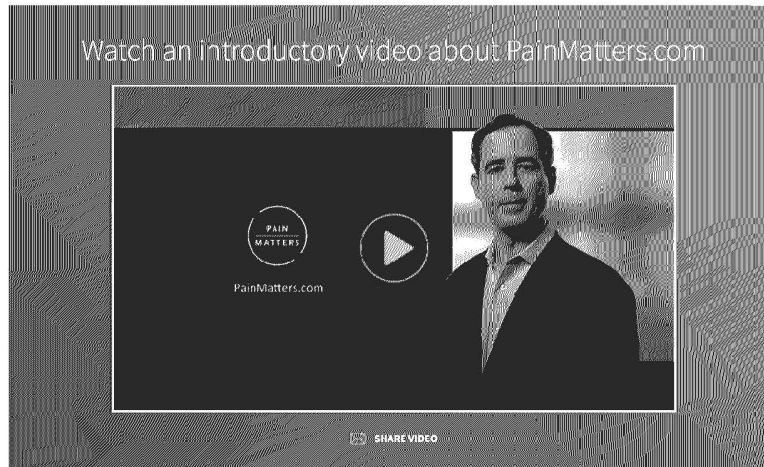
The Pain Matters program offers practical information and resources for healthcare professionals and people affected by chronic pain as they navigate the evolving and complex pain care landscape. Painmatters.com and the [Pain Matters Facebook page](#) are updated regularly with contributions from stakeholders across the pain care community. The [Pain Perspectives series](#) and the [Pain Matters documentary](#), produced by the Discovery Channel, offer first-hand insights on the impact of chronic pain from those who live with it, healthcare professionals, and community advocates.

Information for Healthcare Professionals in pain care:

- [Understanding pain management and opioid abuse](#)
- [Stakeholder programs and policies for abuse deterrence](#)
- [Advancements in abuse deterrence](#)

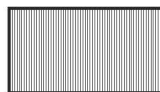
Support for people and families affected by chronic pain:

- Information to help you take an active role in finding your [pain management plan](#)
- Education around [prescription opioid medicines](#)
- Instructions for appropriate use, storage, and disposal of prescription opioids
- Downloadable tools such as ["Questions to ask your doctor"](#)
- Support to help you [connect to the larger pain community](#)





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Page Title Tag (Limited to 65 Characters)	Pain Matters Pain Perspectives Community Blog
Page Description (Limited to 150 characters including spaces)	Hear perspectives from key healthcare providers, industry thought-leaders, and people affected by chronic pain as they share their insights on various topics that impact the community.
Page Key Words	Pain, chronic pain, healthcare providers, thought leaders, blog

Pain Perspectives Community Blog

Read insights and perspectives about today's complex pain management landscape from members of the pain community.

SEPT 2016

Going from Patient to Person: How I Live Fully With Pain

SEPT 2016

You're Not Alone: Finding Support from Others Living with Pain

SEPT 2016

Advocating for Pain Policy, Responsible Opioid Use

SEPT 2015

Addressing Challenging Topics in the Exam Room

JULY 2015

2015 Survey Results

Address Rx Abuse

JULY 2015

Understanding Clinical Abuse Potential (CAP) Studies

JUNE 2015

One Woman's Inspiring Journey with Chronic Pain

APR 2015

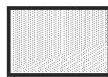
Pain Matters Documentary Clips

MAR 2015

Welcome to Pain
Perspectives Community
Blog



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Page URL	www.painmatters.com/ community-engagement/going-from-patient-to-person
Page Title Tag (Limited to 65 Characters)	Pain Matters Going From Patient to Person: How I Live Fully With Pain
Page Description (Limited to 150 characters including spaces)	Penney Cowan discusses the importance of support groups and finding a balanced approach to pain management.
Page Key Words	Pain, chronic pain, American Chronic Pain Association, pain management

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Going from Patient to Person: How I Live Fully With Pain

When you live with chronic pain, it can consume your life, making it seem like your whole existence is defined by your pain. On top of that, much of what you hear about chronic pain in the news is overwhelmingly negative, with stories about pain being associated with opioid abuse and addiction.

But there's an untold story out there that is painfully familiar to the nearly 100 million people living with pain.

At any moment, you could be walking down the street next to someone who is living with pain and not even know it. Pain is an invisible and unpredictable monster. People who live with it may have good days and bad days. So for those who don't live with pain, the question becomes, "You could do this yesterday, why can't you do it today?" and that can make people with pain feel misunderstood and put them on the defense.

I know firsthand the frustrations that accompany living with pain. I've had chronic pain since 1974, and it took me six years to find a diagnosis. I felt like a 30-year-old trapped in an 80-year-old body, and it was very discouraging. I didn't fully realize what a huge personal accomplishment it was just learning to live with my pain until after my diagnosis when I took part in a pain management program at the Cleveland Clinic. For the very first time, I knew I wasn't the only person in the world with this kind of pain. Before going there I isolated and shut myself off from my family and friends. The program taught me how to live with my pain, providing the self-management skills I needed to live a full life in spite of my pain. The validation and support of others who live with pain is a critically important step in learning to live with pain.

I founded [The American Chronic Pain Association \(ACPA\)](#) in 1980 to provide that comfort for people living with pain. When I left my pain management program, I was eager to maintain my wellness and not allow pain to rule my life again. I placed a notice in my church bulletin and quickly found others in similar situations. One support group quickly blossomed into many.

Today, the ACPA organizes several hundred support groups, as well as providing resources and tools to help people manage their pain. We offer [communication tools](#) to help people talk to their doctors about pain, [lessons](#) from more than 30 years of supporting people with pain and [information](#) about chronic pain treatment.

It is possible to live life beyond simply existing with pain. With a balanced approach to pain management that may include medication, but also teaches you to listen to your body, manage stress, pace activities, and understand your emotions, you can live fully. To find tools and resources or connect with others living with pain, visit www.theacpa.org.



About the Author: Penney Cowan

Penney Cowan is the founder and Chief Executive Officer of the [American Chronic Pain Association \(ACPA\)](#). She herself is a person with chronic pain and established the ACPA in 1980 to help others living with the condition. The ACPA provides peer support and education in pain management skills to people with pain and their families. The ACPA also works to build awareness about chronic pain among professionals, decision makers and the general public.

She served as Consumer Representative for the FDA/CDER Anesthetic and Analgesic Drug Products Advisory Committee (AADPAC) for 2012 and was appointed to Interagency Pain Research Coordinating Committee of the National Institute of Health from 2013 to 2015.

Penney began the [Partners for Understanding Pain](#) campaign in 2002 in an attempt to raise awareness about the need to better understand, assess, and treat pain. There are more than 80 partner organizations. The campaign, under the direction of the ACPA, successfully established September as Pain Awareness Month.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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Page URL	www.painmatters.com/ community-engagement/ finding-support-from-others-living-in-pain
Page Title Tag (Limited to 65 Characters)	Pain Matters You're Not Alone: Finding Support from Others Living with Pain
Page Description (Limited to 150 characters including spaces)	Paul Gleno shares his story of living with pain and his perspective on the pain community's role in raising awareness of the invisible illness.
Page Key Words	Pain, chronic pain, support, U.S Pain Foundation, invisible illness

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You're Not Alone: Finding Support from Others Living with Pain

Like most people who sustain an injury, I never imagined that the resulting pain would become part of my daily life.

For years, I was on my feet every day managing the gourmet food and catering business I owned and operated. In the spring of 2003, I severed my sciatic nerve in a workplace accident, leaving me with degenerative disc disease. I was later diagnosed with complex regional pain syndrome (CRPS), which can cause continuous burning or throbbing pain and sensitivity to touch. I had multiple surgeries and tried different treatments for my pain, but nothing worked.

The constant pain put a huge strain on my personal life. I got divorced, and my relationships with my six siblings suffered. Ultimately, once I accepted that the pain was chronic, I had to sell my business.

Once I realized my pain wasn't going away, I started to look for support. I knew there must be other people in similar situations, and I thought it would be helpful to talk to them about our shared experiences.

As one of the nearly 100 million people in the U.S. who are living with pain, I quickly realized that the need for resources and support was great. I started the Connecticut Pain Foundation in my home state to provide a community for people living with pain. Interest spread, and I soon helped the Connecticut Pain Foundation grow into the [U.S. Pain Foundation](#), a nonprofit dedicated to serving people who live with pain and their caregivers.

With more than 70,000 members nationwide, the U.S. Pain Foundation advocates on behalf of Americans living with pain. We track bills and engage with government officials on a regular basis to make sure the voices of people living with pain are heard when national pain policy is written. We have supported legislation in several states that encourages pharmacists to honor doctors' prescriptions for pain medication, and we are working to get similar legislation passed across the country.

In an effort to raise awareness and eliminate the stigma that surrounds people living with pain, the U.S. Pain Foundation has started projects like the "INvisible Project," a traveling display that brings to life the many faces of people living with pain through real photos. We also work to bring the pain community together through programs like Heroes of Healing, a private, online support community, and our Pain Ambassador Network, which relies on a network of volunteer advocates to be the voice of people in pain and who give hope to their communities.

While I am honored to have the privilege to lead a national pain organization, I consider myself first and foremost to be a person who lives with pain. I relate to the struggle and isolation pain brings, and I know how important it is to feel heard and understood. The U.S. Pain Foundation was created by people with pain for people with pain. Everyone involved with our organization either has pain or is a caregiver of a person with pain.

I believe that if we work together, we can reduce the suffering pain brings with it, along with the isolation, depression, stress and stigma it involves.

About the Author: Paul Gileno



Paul Gileno has become a strong force in the chronic pain awareness movement. His mission and message in life are clear — to empower and support those living with pain. He believes that by exploring new ways to cope, those with pain can find personal answers that enable them to grow and live once more with meaning and purpose.

In 2003, Paul suffered a workplace injury that severed his sciatic nerve and left him with degenerative disc disease. After multiple failed back surgeries, grueling physical therapy and various pain management therapies, he came to accept that his pain was chronic. In time, Paul discovered that he had a new calling in life — helping chronic pain survivors.

Living with degenerative disc disease, failed back syndrome and complex regional pain syndrome for over three years, Paul eventually founded the Connecticut Pain Foundation in 2006, which later grew into the U.S. Pain Foundation. U.S. Pain exists to connect, inform, empower and advocate for the pain community. In addition to his work with US Pain, Paul is on the Advisory Board for PainPathways magazine, the co-administrator of Heroes of Healing and co-director of the INvisible Project. As part of his work with U.S. Pain, he advocates for and supports legislation at the state and federal level that aims to ensure access to quality pain management. He supports various organizations that raise awareness and fund research on behalf of the chronic pain community, as all endeavors shift perceptions about pain and motivate change.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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Page Title Tag (Limited to 65 Characters)	Pain Matters Advocating for Pain Policy, Responsible Opioid Use
Page Description (Limited to 150 characters including spaces)	Amy Goldstein discusses state and federal advocacy efforts to advance pain policy that supports the needs of people living with pain.
Page Key Words	Pain, chronic pain, State Pain Policy Advocacy Network, advocacy, policy

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In addition to the physical, emotional, and spiritual challenges of living with pain, many people also feel misunderstood by others who don't share their experiences. Unfortunately, that misunderstanding can affect legislation and policy regarding development of and access to pain medication.

Individual states typically take the lead in defining and regulating the practice of pain management through licensing boards, regulatory agencies and legislation. Without proper consideration, the policies they put in place can stand in the way of effective pain management for people living with pain.

The [State Pain Policy Advocacy Network \(SPPAN\)](#), a project of the Academy of Integrative Pain Management (formerly American Academy of Pain Management), works at the federal and state levels to advance pain policy that supports the needs of people living with pain. To do this, we flag thousands of bills and regulations across nearly 20 topic areas, analyzing them for their potential impact on people living with pain and providers of pain care. This allows us to give advocacy leaders information about current pain-related policy proposals in their states and share tools and resources to help them motivate other advocates.

Our organization advances integrative pain care through advocacy and education; this has been our mission since 1988. Providing quality pain care requires excellent communication between the provider and the person with pain and an individualized approach to selecting appropriate treatments. Opioid therapy is part of this armamentarium of care for some people with pain, and advocating for responsible opioid use is of utmost importance. Therefore, one area of pain policy we follow closely is the development and availability of opioid medications with abuse-deterrent technology (ADT). Opioid abuse and misuse has become a topic of national concern. Many people who abuse opioids swallow them, but others crush, cut, or melt them, bypassing the extended-release mechanism present in many opioids and delivering the full dose of the drug to the bloodstream faster. Because data have shown that most prescription opioids used improperly come from medicine cabinets of friends or family, working to ensure increased access to ADT opioids may help prevent opioid-related overdose deaths by making the medications less desirable to those who would abuse them.

Healthcare providers and people living with pain recognize the risk of abuse and misuse and are eager to find a solution while protecting access to these medications in order to keep them in the hands of those who need them. Researchers and drug manufacturers are hard at work developing abuse-deterrent options that make opioid pills more difficult to tamper with and reduce their potential to be abused. In addition to this technology, healthcare professionals can provide resources and tools to help educate people experiencing or living with pain on how to appropriately use, store and dispose of opioid medications to help prevent abuse and misuse. You can learn more about abuse deterrence technology [here](#) and find information about properly using, storing and disposing of opioids [here](#).

SPPAN is following bills in 25 states that aim to increase access to opioids with ADT by requiring insurers to cover them and/or discouraging pharmacists from substituting medicine with ADT for medicine without ADT.



About the Author: Amy Goldstein

Amy Goldstein, MSW, currently serves as the Director of State Pain Policy Advocacy Network. She has an extensive history in the policy and advocacy arena, having served as the leader of the Massachusetts Pain Initiative, and later overseeing all New England state pain initiatives for the American Cancer Society. More recently, as Sr. Director of Programs, Services & Advocacy, she was a leader in institutionalizing advocacy for the National Multiple Sclerosis Society's Mid America Chapter. These efforts demonstrate her proven ability to develop advocacy networks and lead them in producing positive results.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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Page Title Tag (Limited to 65 Characters)	Pain Matters Conversations that Matter: Addressing Challenging Topics in the Exam Room
Page Description (Limited to 150 characters including spaces)	Richard Payne, MD and Laura Cooley, PhD shed light on the impact of physical environment on discussions between clinicians and people with pain.
Page Key Words	Pain, chronic pain, psychological impact, physical environment, clinicians

Conversations that Matter: Addressing Challenging Topics in the Exam Room



DESIGN FOR DIALOGUE



Laura Cooley, PhD: As the Director of Education and Outreach at the American Academy on Communication in Healthcare, I'm very familiar with the challenges to open dialogue faced by healthcare providers and people living with pain in the exam room. I'm so pleased to be joined by Dr. Richard Payne, a practicing pain specialist at Duke University and past president of the American Pain Society, to discuss this important topic. Dr. Payne, considering the challenges that can hinder open, meaningful conversation in pain care, what would you say are clinicians' concerns?

Richard Payne, MD: As a specialist in pain care, I'm acutely familiar with the sense of apprehension I feel from my patients when discussing the impact of their pain during an office visit. Pain cannot be seen or quantified, making the patient interview a key tool for monitoring pain management. Pain, though, continually proves to be a difficult topic of discussion, and the issue of prescription opioid abuse has only compounded the difficulty.

As clinicians, we never want to imply that our patients are less than honest, upstanding, and sincere in their desire for treatment, and we never want to sound presumptuous or accusatory. Conversely, it is our understanding that many patients assume that we suspect them of abuse, and so they underreport their pain. Without an accurate picture of a patient's pain we are limited in our ability to provide them with the appropriate care.

Dr. Cooley: The American Academy on Communication in Healthcare has quite a few tools they offer to physicians and patients that focus on an ideal we refer to as "relationship-centered care." With this focus, we can better ask and listen to patient concerns, respond more empathetically to patient emotions, and share in the decision-making process.

Dr. Payne: Absolutely, Dr. Cooley. The solution to this multifaceted issue is not a simple one, but it begins by strengthening the relationships between patients and doctors. For clinicians, becoming familiar with simple communication techniques and working to put them into practice can make a big difference. For instance, turning off your cell phone, not fiddling with laptops, listening empathetically, and remembering not to interrupt can help create an environment where patients feel empowered to share their feelings.

Dr. Cooley: Those are some great insights. I particularly appreciate Dr. Payne's point of not interrupting. Interestingly, clinicians often interrupt patients during their initial monologue whereas most patients would talk for up to 90 seconds if uninterrupted. Only 23 percent of patients feel they finish sharing their concerns with their clinicians.^{1,4,30} Being mindful of allowing people affected by pain to share their full story can help clinicians and patients work together to find the right pain management plan.

Dr. Payne: Yes, and from this foundation we can start to have more open conversation about how patients can reduce the risks of abuse, misuse, and diversion associated with prescription opioid medications. It's important to help patients understand that our motivation for having these difficult discussions is to protect not only them, but their families, friends, and communities who may be at risk for intentional or unintentional abuse. It's important to provide patients with guidelines for appropriate use, storage, and disposal and to discuss the benefits of opioid medications with abuse deterrent properties whenever available. These medications help keep prescriptions in the hands of those who need them.

Dr. Cooley: PainMatters.com provides information and resources for physicians and people affected by pain to help mitigate the risk of abuse and misuse and support ongoing dialogue. Practical discussion guides and a variety of downloadable resources are available for [healthcare professionals](#) in addition to a resource section specifically designed to support [people affected by pain](#).



About the Authors: Laura Cooley, PhD

Laura Cooley, PhD, is the Director of Education and Outreach at the American Academy on Communication in Healthcare (AACH), a non-profit organization with a mission of improving healthcare through education, research, and practice that focuses on communication and relationships with patients, families, and healthcare teams. Additionally, Dr. Cooley guides marketing and development for DocCom, an online communication skills curriculum resource developed by AACH and The Drexel University College of Medicine.



About the Authors: Richard Payne, MD

Richard Payne, MD is the Esther Colliflower Professor of Medicine and Divinity at Duke Divinity School at Duke University, the Medical Director for the Pain Action Alliance, and John B. Francis Chair in Bioethics at the Center for Practical Bioethics. Dr. Payne has directed programs in pain management and palliative care at Memorial Sloan-Kettering Cancer Center and M.D. Anderson Cancer Center, and is a past president of the American Pain Society.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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Page Title Tag (Limited to 65 Characters)	Pain Matters 2015 Rx Abuse Survey Results
Page Description (Limited to 150 characters including spaces)	Bob Twillman, PhD addresses the results of a new survey exploring complex issues impacting the pain care landscape.
Page Key Words	Pain, chronic pain, pain care, pain landscape, survey

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2015 Rx Abuse Survey Results

Physicians and People Affected by Chronic Pain Open Up About Rx Abuse

Prescription drug abuse is a serious public health problem that is having a significant impact on our society and more directly, on the relationships between people affected by pain and their physicians. 2015 Survey Results shed light on the challenges that exist in this evolving pain care landscape. How do clinicians and people with pain balance the need to talk about the impact of pain on everyday life and the risks of abuse and misuse associated with prescription opioid medications? These survey results reveal that both clinicians and people affected by chronic pain recognize their important role in helping to reduce the risk of abuse, but feel that discussing the topic can be uncomfortable. Clinicians and people with chronic pain agree that information and practical resources that help address this complex problem are greatly needed. Dig deeper into the perspectives of clinicians and people affected by pain through the survey-results infographic below.

[VIEW SURVEY-RESULTS
INFOGRAPHIC](#)

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July 2015

[Understanding Clinical Abuse Potential \(CAP\) Studies](#)

Michael J. Brennan, MD answers commonly asked questions and provides insight into the purpose and rationale for CAP studies.

Clinicians and people affected by pain open up about Rx abuse



PainMatters.com provides information and resources for physicians and people affected by pain to help mitigate the risk of abuse and misuse and support ongoing dialogue. Practical discussion guides and a variety of downloadable resources are available for [healthcare professionals](#) in addition to a resource section specifically designed to support [people affected by pain](#).

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About the Survey

A survey conducted on behalf of Teva in partnership with the U.S. Pain Foundation and the American Academy of Pain Management explores issues impacting the pain care landscape. The survey included 1,106 prescribing healthcare professionals and 1,044 adults with chronic pain taking medications to manage their pain. The survey was conducted from January 21 to February 10, 2015.

**About the Author:** Bob Twillman, PhD

Bob Twillman, Ph.D., is the Executive Director for the American Academy of Pain Management. In that capacity, Dr. Twillman is responsible for overseeing federal and state pain policy developments and advocating for those supporting an integrative approach to managing pain. He also serves as Chair of the Prescription Monitoring Program Advisory Committee for the Kansas Board of Pharmacy. Dr. Twillman received his Ph.D. in Clinical Psychology at the University of California in Los Angeles, and maintains a volunteer faculty appointment as Clinical Associate Professor of Psychiatry and Behavioral Sciences at the University of Kansas School of Medicine in Kansas City, KS. Prior to taking his current position, Dr. Twillman was a full-time faculty member at the University of Kansas Medical Center, where he founded and directed the inpatient pain management program and was a co-founder of the hospital's Palliative Care Team. He has been actively involved in pain policy through his work with the Alliance of State Pain Initiatives and the American Pain Society for many years.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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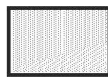
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Page Title Tag (Limited to 65 Characters)	Pain Matters The Importance of Clinical Abuse Potential (CAP) Studies
Page Description (Limited to 150 characters including spaces)	Michael J. Brennan, MD answers commonly asked questions and provides insight into the purpose and rationale for CAP studies.
Page Key Words	Pain, chronic pain, CAP, questions, insight

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The Importance of Clinical Abuse Potential (CAP) Studies

Perspectives from Michael Brennan, MD

As a practicing pain clinician, I am committed to supporting my patients and working to create treatment plans that meet their unique clinical needs. For some patients living with chronic pain, prescription opioid medications are an important component of a multidisciplinary pain management plan. However, in all interactions with patients where opioids are being considered, one must always be aware of the possibility of prescription drug misuse, abuse, addiction, and diversion.

As such, it's important for physicians to implement comprehensive strategies to help reduce the risk of abuse and misuse. Moreover, each stakeholder such as patients, pharmaceutical companies, insurers and the patient's family plays an important role in this aspect of pain management.

The Food and Drug Administration (FDA) recognizes this and is encouraging the development of opioid medications with technologies intended to make prescription drug abuse more difficult. These formulations are referred to as abuse deterrent technologies. The goal of these formulations is to help mitigate the risk of abuse by one of several strategies. Evaluation of the effectiveness of any abuse deterrent opioid formulation, will in part be through a new type of testing many are not familiar with: clinical abuse potential studies, or CAP studies.

What is a Clinical Abuse Potential (CAP) Study?

First, it is important to recognize that many classes of pain medications have the potential to be abused. For example, opiates-mainstays of pain management-have a long history of abuse, and in fact are a major concern now in the United States as a cause of serious health consequences. Clinical Abuse Potential studies, also known as human abuse potential studies, human abuse liability (HAL) studies, or "drug-liking" studies, attempt to evaluate and quantify the abuse liability or abuse potential for certain prescription drugs.¹

Why are CAP studies conducted?

These studies provide information on the relative abuse potential of medications in classes considered abuseable.² Companies developing new opioid-based pain medications with abuse-deterrent formulations may conduct these studies as part of product development. For abuse deterrent formulations, these studies are conducted to obtain an understanding of the impact of the specific abuse deterrent technology on the product's abuse potential.³

How are CAP studies conducted?

These studies are usually conducted among experienced, recreational drug users who have a recent or current history of using a drug in the pharmaceutical class of the test drug. These studies are typically double-blind, double-dummy, placebo-controlled, and positive-comparator controlled, utilizing a crossover design.⁴

How are study participants chosen?

For the study to be interpretable, the subjects should be able to reliably report "drug-liking" of the test drug and rate the effects of the test drug compared with placebo and with the positive control, such as an immediate-release formulation.⁵

How is "drug-liking" measured?

Several instruments have been used to measure the potential for abuse including overall drug-liking, abuse, and likelihood of using the drug again.⁶ Key instruments include⁶:

- Visual Analogue Scales (VAS) – a 100-point bipolar scale that measures drug liking, good effects or euphoria, bad effects or adverse events, and likelihood of repeated use



- Profile of Mood States

How do CAP studies impact product labeling?

When abuse deterrence is proven or expected to lead to a substantial reduction in abuse potential, the data are included in the product labeling. The FDA has designated categories of labeling that correspond to premarket studies, including CAP studies, required to assess abuse potential, and postmarket studies that assess clinical outcomes.⁹

Not all abuse deterrence technologies are created equal, and no one technology can eliminate the risk of abuse and misuse.¹⁰ However, these evolving technologies are a step in the right direction as part of a larger effort to address the prescription drug abuse epidemic and its impact on our society. Whether one is a physician, a person affected by chronic pain, an advocate for pain care, or a supply chain partner, all stakeholders have a role to play in mitigating the risk of abuse and misuse and promoting responsible pain management.

Watch a short video to learn more about abuse deterrence technologies or read more about advancements in abuse deterrence.



About the Author: Michael Brennan, MD

Michael J. Brennan, MD, is Senior Attending Physician at Bridgeport Hospital and Assistant Clinical Attending Physician at St. Vincent's Hospital in Bridgeport, CT. In addition, he has a private practice in physical medicine and rehabilitation that specializes in the diagnosis and management of acute and chronic pain syndromes, electrodiagnosis, and cancer-related disabilities.

Michael J. Brennan, MD, serves as a paid consultant for Teva Pharmaceuticals.

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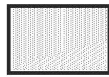
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Page Description (Limited to 150 characters including spaces)	Cynthia Toussaint, founder of For Grace, shares her inspiring journey moving beyond the suffering of chronic pain and battling for grace.
Page Key Words	Pain, chronic pain, grace, journey, inspiring

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Beyond the Suffering, My Battle for Grace



One Woman's Inspiring Journey with Chronic Pain

As a woman who has lived with the devastating effects of chronic pain for nearly 33 years, I feel blessed to share my experiences and encourage others facing a similar struggle. My journey with chronic pain began with a minor ballet injury in my right hamstring when I was 21 years old, but that was only the beginning. My injury had triggered the onset of a chronic pain disease, Complex Regional Pain Syndrome.

Over the next 13 years, I fought to find a diagnosis as doctors, one after another, told me it was all in my head. I was left bedridden for a decade and unable to speak for five years while the pain spread throughout my body and attacked my vocal cords. I felt utterly alone. This lack of belief in me, and the terrible pain I was experiencing, led to feelings of anger, depression, and eventually thoughts of suicide. I felt doubted and dismissed because I was a woman. I never imagined I might someday turn my suffering into something of value.

Through the love and support of my life partner, John, I was able to let go of the negative and began to reinvent myself. Finally, and most importantly, I accepted suffering as an intimate part of me and, indeed, my new normal. I found a voice as a healthcare reform advocate and launched [For Grace](#) to help other women with pain. Helping women heal and make positive choices has brought blessings into my life – a physical remission and emotional healing beyond anything I could have imagined. I know how precious each moment is and on a daily basis, I experience the great reward of helping people. I wouldn't change my life for anything.

Watch Her Story

It is my privilege to be able to share my story as part of the [Pain Matters Documentary](#), produced by the Discovery Channel. Watch the full documentary to hear more about my life and the experiences of others with chronic pain. You can also [watch a preview of my story](#).



About the Author: Cynthia Toussaint

Cynthia Toussaint is the founder and spokesperson of [For Grace](#), an organization that promotes better care and wellness for women in pain. Toussaint championed and gave key testimony at two California Senate hearings – one was dedicated to CRPS awareness, the second explored the gender bias and chronic under-treatment of women in pain. Her current Step Therapy bill, a six-year effort at this stage, will reform an unethical prescription practice used by the health insurance industry to save money in a way that increases the suffering of California pain patients. She is the author of [Battle for Grace: A Memoir of Pain, Redemption and Impossible Love](#). For more about the author and dealing with chronic pain please visit [ForGrace.org](#).

Cynthia Toussaint serves as a paid consultant for Teva Pharmaceuticals.

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Page Key Words	Pain, chronic pain, loved ones, video, stories

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Living with Pain Perspectives

The *Pain Matters* documentary, produced by the Discovery Channel, chronicles the lives of people affected by chronic pain and their loved ones. Throughout the documentary film, participants shared personal details on how living with chronic pain has affected their ability to take part in activities and even its impact on their relationships.

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 Melanie Rosenblatt, MD, provides an introduction to Pain Perspectives

Watch short clips from the documentary to understand first-hand what it is like to live with chronic pain.

Derek



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Financial support, clinical input and other expertise for Pain Matters were provided by Teva Pharmaceuticals, LLC, as produced by the Discovery Channel in collaboration with several advocacy organizations, including: American Academy of Pain Management, American Academy of Pain Medicine, American Chronic Pain Association, American Pain Society, American Society for Pain Management Nursing, U.S. Pain Foundation and For Grace.

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Page Key Words	Pain, chronic pain, pain community, pain management, pain perspectives

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Welcome to Pain Perspectives

Pain Perspectives will feature various points of view from the pain community. Comprised of pain specialists, general practitioners, nurses, social workers, advocacy organizations, people living with pain, and their loved ones, these individuals understand the complexities of treating pain and the daily burden of living with chronic pain.



By Melanie Rosenblatt, MD

As someone who has dedicated my career to what I consider to be both a human and economic crisis in America, I have witnessed first-hand the impact chronic pain can have on the lives of people living with pain and their families. I was privileged to be a part of the *Pain Matters* documentary film, produced by the Discovery Channel. The film provides real stories and inspiration through the lives of people and families affected by pain. I am pleased to be among the industry thought leaders who will provide insights related to the evolving pain care landscape and potential implications for people who live with chronic pain and those who care for them.

Pain Perspectives provides a platform for the pain community to contribute opinions about key moments, including federal and state-level regulatory changes, professional medical conferences, developments in the science of abuse deterrence technology to address the challenges of opioid abuse, and advocacy activities. This rotating series of presentations will be available in multiple formats, such as articles, Q&As, and videos. The many voices of Pain Perspectives will come together to raise awareness and deepen understanding of treating this often misunderstood condition.

Welcome to the first edition of Pain Perspectives.

— Melanie Rosenblatt, MD

Melanie Rosenblatt, MD, serves as a paid consultant for Teva Pharmaceuticals.

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Short video stories from people affected by chronic pain and their loved ones.

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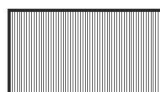
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Page Key Words	Pain, chronic pain, Teva Pharmaceuticals, pain management, healthcare professionals

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Teva Pharmaceuticals and Pain Management

At Teva Pharmaceuticals, we understand that chronic pain affects more than 100 million Americans.¹ It can greatly affect people, touching many aspects of their lives, including their physical health and ability to participate in daily tasks.¹

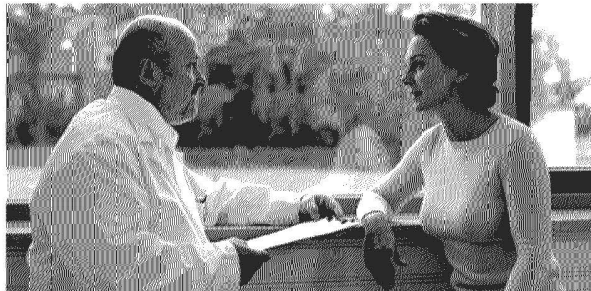


Our Commitment to Pain Care

Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain. With a diverse portfolio and pipeline, we are working to help advance treatments in pain management. Prescription opioid medications are an important part of a treatment plan for many people living with chronic pain, but we know that they carry a serious risk of abuse and misuse.² Teva is equally committed to addressing the serious problems of chronic pain and prescription drug abuse.

As part of our ongoing commitment to support healthcare professionals and patients dealing with chronic pain, we are developing an innovative abuse deterrence technology platform to address the challenges of opioid abuse and misuse.

To learn more about Teva and our commitment, visit us online at TevaUSA.com.



Community Collaboration

As a company, Teva takes this commitment beyond its products, leading education and abuse-mitigation efforts. We're also working to develop educational resources and partner with a variety of stakeholders. In this complex pain care environment, Teva is focused on keeping patient needs at the center of all we do.

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Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Tools & Resources
Use these tools and downloads to learn more about responsible opioid use



Abuse Deterrence Technology Guidance
Recent FDA guidance on evolving abuse deterrence technology

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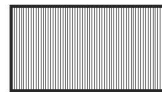
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Page Key Words	Pain, chronic pain, design for dialogue, exam room, design

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According to recent research, both people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

Design for Dialogue is an initiative intended to allow the pain community to rethink the exam room experience and design a space to help address the uncomfortable nature of these complex issues. What would the ideal doctor's office exam room look like to make you feel most comfortable?

Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

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[Resources](#)

1. Customize your ideal exam room by selecting:
 - Wall color
 - Lighting
 - Furniture
 - Flooring
 - And resources you see most valuable
2. Share your insights into how to have a more open conversation around pain and responsible pain management under the "Resources" tab.

Don't forget to Save and Submit your expert perspective!

Your experience may be showcased to highlight the community's perspective.

[Let's Start with Wall Color](#)

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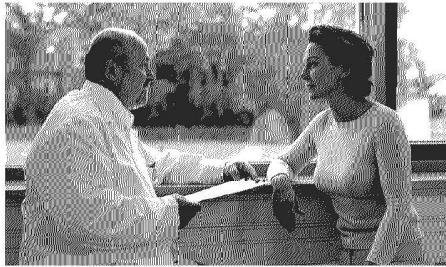
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Customize Your Ideal Exam Room

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Getting Started

Wall Color

Lighting

Furniture

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Resources

It is widely agreed upon that the color of the walls in a room can greatly affect the mood of its occupants.²⁹ What is the right color for you for creating a comfortable place to talk about pain?

Choose your preferred wall color out of the following swatches:

Classic Light Buff

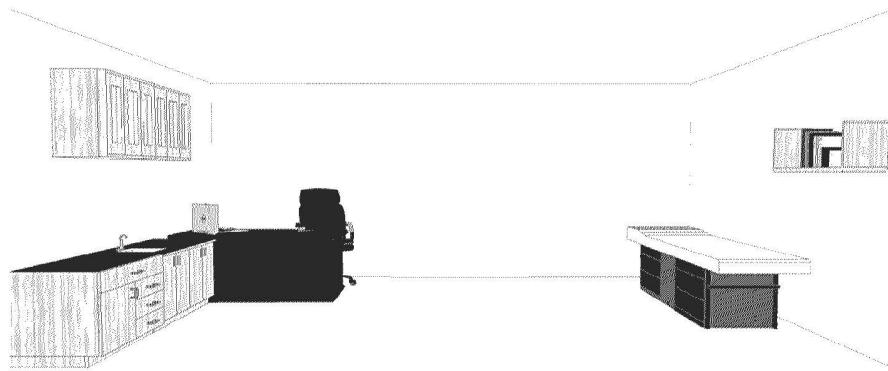
Sticks & Stones

Moody Blue

Watery

Nurture Green

Mythical



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According to recent research, both people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

Design for Dialogue is an initiative intended to allow the pain community to rethink the exam room experience and design a space to help address the uncomfortable nature of these complex issues. What would the ideal doctor's office exam room look like to make you feel most comfortable?

Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Getting Started

Wall Color

Lighting

Furniture

Flooring

Resources

Simple adjustments in lighting have been shown to affect productivity, mood and attentiveness.²⁹ What lighting would you prefer in your ideal exam room?

Choose your preferred lighting out of the following swatches:

Table Lamp



Floor Lamp



Ceiling Light-Fixture



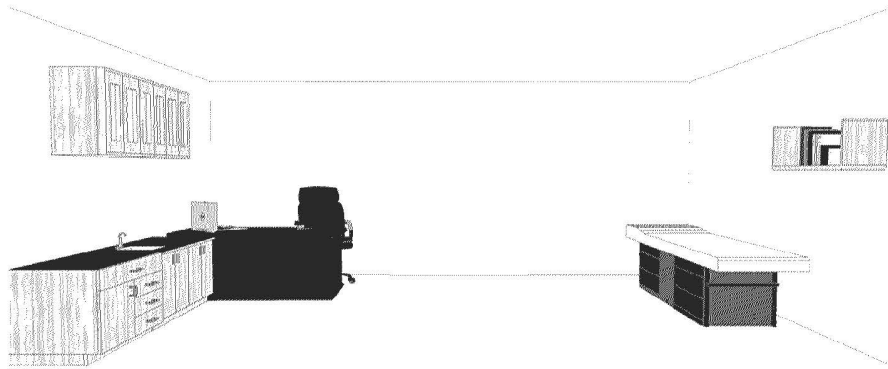
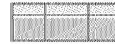
Bright LED Lighting



Fluorescent Lighting



Natural Light



Choose Your Furniture



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DESIGN FOR DIALOGUE



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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

[Getting Started](#) [Wall Color](#) [Lighting](#) [Furniture](#) [Flooring](#) [Resources](#)

Furniture, specifically the shape, can elicit different emotional responses from observers.³¹ What furniture design would make you feel most comfortable?

Choose your preferred furniture out of the following swatches:

Modern Couch



Couch Chair



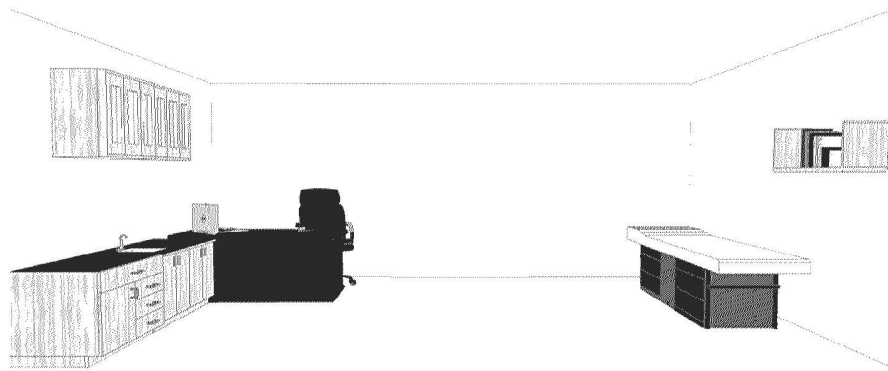
Modern Armchair



Curved Armchair

Coffee Table &
Chairs

Reclining Chair


[Choose Your Flooring](#)

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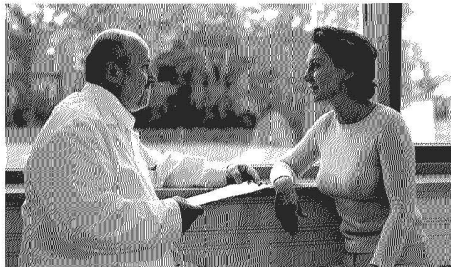
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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Getting Started Wall Color Lighting Furniture **Flooring** Resources

Flooring has been noted to affect the immediate judgment of space.³² What flooring do you prefer?

Choose your preferred flooring out of the following swatches:

Big Tile

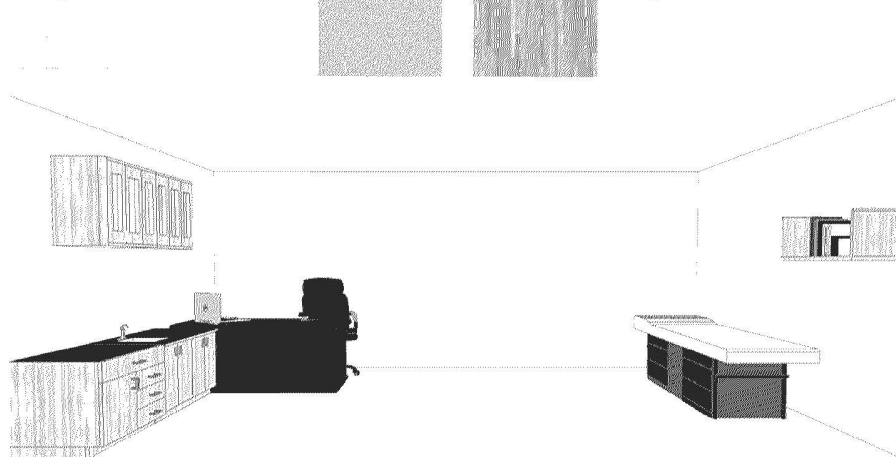
Small Tile

Carpet

Dark Hardwood

Light Hardwood

Linoleum



Add Dialogue and Submit Your Design

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DIALOGUE

According to recent research, both people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

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Customize Your Ideal Exam Room

DESIGN FOR
DIALOGUE

Getting Started Wall Color Lighting Furniture Flooring Resources

Meaningful communication in the exam room is a delicate balance that requires maintaining a relationship, similar to a friendship. According to Dr. Zackary Berger, "Healing depends on sensitive emotional navigation as much as objective truth."³³

What resources would help facilitate communication?

For Healthcare
Professionals

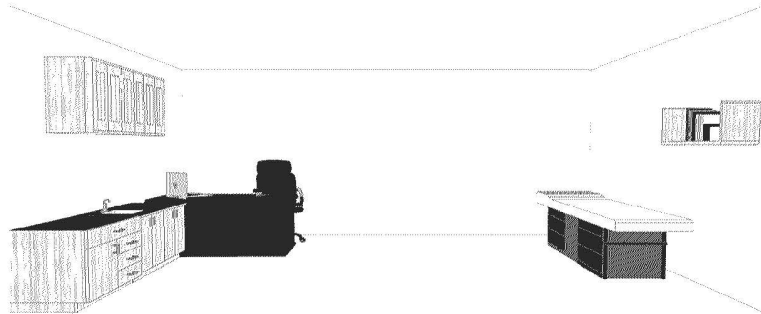
Brief Pain Inventory (BPI) tool

For Healthcare
Professionals

Exam Room Discussion Guide

For People Affected by
Pain

Pain Self Assessment

For People Affected by
PainTalking to Your Doctor
Discussion Guide

Tell us a little about yourself:

Your Name

First name only please

Are you a person living with chronic pain,
family member, healthcare professional, or
other?

Person living with chronic pain

The state you're from

Select one

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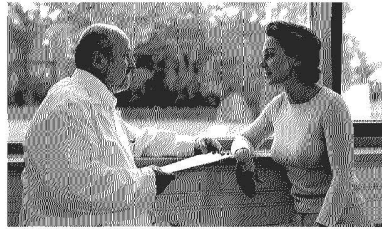
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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Getting Started | Wall Color | Lighting | Furniture | Flooring | Design

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What resources would help facilitate communication?

For Healthcare Professionals

Real Practitioner's Story

For Healthcare Professionals

Exam Room 2.0 Audio Guide

For People Affected by Pain

Pain Self-Assessment

For People Affected by Pain

Setting the Exam Room Interview Guide

Tell us a little about yourself:

Your Name:

Relationship to the process:

Are you a person living with chronic pain, family member, healthcare professional, or other?

☐ Family member
☐ Physician
☐ Other healthcare professional
☐ Other

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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Getting Started

Wall Color

Lighting

Furniture

Flooring

Resources

Thank you for sharing.

☒ DON'T FORGET TO EMAIL YOUR DESIGN

We understand your time is precious and it's not easy to open up about the impact of living with pain and the challenges of pain management. We appreciate your time in helping to open and better inform the conversation around the effects of pain and responsible pain management.

Encourage Others to Join the Conversation

Members of the pain community are the experts on understanding the effects of living with pain and addressing the challenges of treating and managing pain responsibly. Choose one of the simple ways below to help your friends, family, and advocates for pain care to join the conversation.

FOLLOW PAIN MATTERS ON
FACEBOOKFOLLOW PAIN MATTERS ON
YOUTUBE

SHARE

JOIN THE PAIN MATTERS
COMMUNITY

Design Another Room



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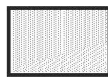
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Page Title Tag (Limited to 65 Characters)	Pain Matters <i>It All a Part</i> Documentary
Page Description (Limited to 150 characters including spaces)	The Pain Matters documentary, produced by the Discovery Channel, chronides the lives of people and families affected by chronic pain, and provides insights from leading pain care professionals on the importance of working together to manage this complex condition.
Page Key Words	Pain, chronic pain, Discovery Channel, pain care, documentary

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Pain Matters Documentary

Produced by the Discovery Channel

Pain has reached epidemic proportions in America. Almost a third of the population—100 million people—suffer from chronic pain.¹ The problem is real and can impact many aspects of daily life. To take on chronic pain, you must be willing, as both a healthcare professional and a patient, to keep trying and continue searching for a treatment plan that works. This documentary offers an uplifting overview of the journeys of people dealing with a variety of chronic pain conditions and how they have managed their pain. — Paul Christo, MD, MBA



REQUEST YOUR COPY
OF THE PAIN MATTERS
DOCUMENTARY

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Financial support, clinical input and other expertise for Pain Matters were provided by Teva Pharmaceuticals. It was produced by the Discovery Channel in collaboration with seven advocacy organizations, including: American Academy of Pain Management, American Academy of Pain Medicine, American Chronic Pain Association, American Pain Society, American Society for Pain Management Nursing, U.S. Pain Foundation and For Grace.

Next Steps

[Learn About Teva's Commitment >](#)

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Guidelines for Mitigating Opioid Abuse

Opioid use and abuse guidance from state and federal governments



Tools & Resources

Find screening tools and educational resources



Opioid Abuse Deterrence Technology

Advances in technology address the challenges of opioid abuse

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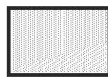
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Page Title Tag (Limited to 65 Characters)	Pain Matters Pain Care Community Events Calendar
Page Description (Limited to 150 characters including spaces)	Pain Matters provides an up-to-date list of pain care conferences and meetings for the pain community.
Page Key Words	Pain, chronic pain, events, calendar, conferences

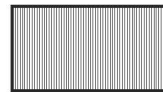
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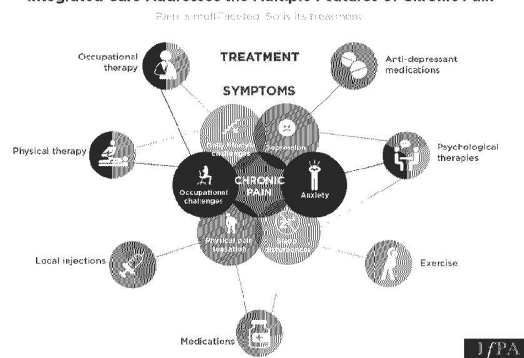
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Page URL	www.painmatters.com/healthcare-professionals/understanding-pain-management-opioid-abuse
Page Title Tag (Limited to 65 Characters)	Pain Matters Understanding Pain Management & Opioid Abuse
Page Description (Limited to 150 characters including spaces)	Understanding the appropriate role of opioids and the potential for abuse is key to creating responsible pain management strategies.
Page Key Words	Pain, chronic pain, treatment, patient, plan, opioid abuse, misuse, opioids, prescription medicine

Understanding Pain Management & Opioid Abuse and Misuse

Integrated Care Addresses the Multiple Features of Chronic Pain

Integrated Care Addresses the Multiple Features of Chronic Pain



This graphic was adapted from an infographic created by the [Alliance for Patient Access](#)

Opioids in Chronic Pain Management

Prescription pain medications, such as opioids, may be an appropriate and important treatment option for people whose chronic pain is not adequately managed with other methods.^{2,3} The Surgeon General offers a [comprehensive checklist](#) for prescribing opioids for chronic pain.

Understanding Opioid Abuse & Misuse

More than 12 million people reported the abuse or misuse of pain medications in 2010.¹⁰ The prior year, abuse and misuse of prescription pain medications sent more than 475,000 people to emergency departments, a number that nearly doubled in just five years.¹⁰

Abuse is the nonmedical use of a drug for the positive psychoactive effects it produces.¹¹ The most common form of opioid abuse is swallowing a number of intact pills⁹, but opioid analgesics can be abused in a number of ways:⁹

- Crushed and swallowed
- Crushed and snorted
- Crushed and smoked
- Crushed, dissolved, and injected



Percent of patients being treated with chronic opioid therapy with high likelihood of abuse/misuse¹²

Alcohol-induced dose dumping, or the associated intake of alcoholic beverages together with oral controlled-release opioid formulations, is another form of abuse that may result in an uncontrolled and immediate drug release.¹³

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹³ It differs from abuse in that the user is not seeking an intentional high. Misuse can take many forms:¹³

- Using a drug for a different condition than that for which the drug is prescribed
- Taking more drug than prescribed or at different dosing intervals
- Using a drug without a prescription for therapeutic purposes

Next Steps

[Go to Stakeholder Programs & Policies for Abuse Deterrence >](#)

Related Content

Resources for Healthcare Professionals

Use these tools and downloads to learn more about responsible opioid use

Understanding Chronic Pain

Watch the *Pain Matters* documentary to learn about the impact of chronic pain

Community Insights

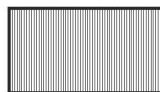
Pain Perspectives—hear from members of the pain community

Abuse Deterrence Technology

Advances in technology address the challenges of opioid abuse



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Page Title Tag (Limited to 65 Characters)	Pain Matters Stakeholder Programs & Policies for Abuse Deterrence
Page Description (Limited to 150 characters including spaces)	Pain Matters is committed to providing the resources and guidance needed to mitigate opioid abuse and misuse.
Page Key Words	Pain, chronic pain, abuse deterrence technology, opioid abuse, misuse, resources

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Stakeholder Programs & Policies for Abuse Deterrence

As part of the pain care community, we understand that we all have an active role to play to help advance responsible pain management and deter abuse.¹² Pain Matters is committed to providing the resources and guidance needed to mitigate opioid abuse and misuse.

Key Stakeholders Are Making Strides to Mitigate Risk

In a recent statement on prescription opioid abuse, the FDA underscored the need for various stakeholders to work together to invest in strategies and responsible approaches that deter or mitigate abuse, while preserving access to pain medications for the patients that need them most.¹³ Click on the stakeholder groups below to learn more.

Healthcare Professionals

The FDA has identified three key ways prescribers can help curtail the US opioid epidemic¹² – by obtaining adequate training in opioid therapy, knowing the content of the most current opioid drug labels, and educating patients about the appropriate use of opioids, their potential risks, and proper disposal techniques.

Advocacy Organizations

Various advocacy groups offer educational programs to engage healthcare providers and antidrug coalitions in the promotion and distribution of public education materials. Many people who abuse or misuse opioids have obtained them without a prescription, so understanding and following appropriate use, storage, and disposal instructions could help reduce the risk of abuse and diversion. **Resources are available.**

Pharmaceutical Industry

The FDA encourages the ongoing study of **abuse deterrence technologies** for new prescription opioid medications. Teva Pharmaceuticals takes the responsibility to help mitigate the risks of abuse seriously and is leading education and abuse-mitigation efforts, working to develop educational resources, and partnering with a variety of stakeholders. **Please register** and follow us on **Facebook** to be notified when new information and resources become available.

Government

Due to the complex issues surrounding opioid abuse and misuse, various national and state programs and policies have been put in place to help mitigate the epidemic. These simultaneously prevent abuse, addiction, and diversion, while allowing and supporting the legal use of prescription drugs by those who need them.⁴ Abuse mitigation programs and policies include:

Prescription Drug Monitoring Programs (PDMPs) are in place in 49 states to help detect and reduce the risk of diversion and abuse of prescription drugs at the practice and retail levels. These state programs allow for the collection and analysis of prescription data.¹⁷ Click here to see the benefits of proactive reporting. **SHOW MORE**

The Drug Enforcement Administration's Schedules of Controlled Substances classify controlled substances into five categories according to the accepted medical use and the potential for abuse.¹⁸ Schedule I drugs are considered the most dangerous, while Schedule V drugs are seen to have the least risk for abuse.¹⁸ Prescription opioid medications generally fall under Schedules II and III.¹⁹ The DEA plays an important role in mitigating abuse and diversion of opioids by enforcing the controlled substance laws and regulations in the US.¹⁹ Click here to see a list of the DEA drug scheduling categories. **SHOW MORE**

Risk Evaluation and Mitigation Strategies (REMS) are requirements set by the **Food and Drug Administration (FDA)** for pharmaceutical manufacturers to ensure that the benefits outweigh the risks for certain drugs.¹⁶ Click here to learn more about the components of REMS that can be used by the pharmaceutical industry. **SHOW MORE**

Next Steps

Go to [Advancements in Abuse Deterrence](#) >

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Resources for Healthcare Professionals
Find screening tools and educational resources



Community Insights
Pain Perspectives—Fear from members of the pain community



Understanding Pain Management & Opioid Abuse
Find information on treatment options for managing pain

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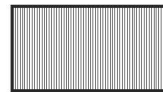
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Page Title Tag (Limited to 65 Characters)	Pain Matters Advancements in Abuse Deterrence
Page Description (Limited to 150 characters including spaces)	Pain Matters provides educational information about strategies for addressing opioid abuse potential, including abuse deterrence technologies.
Page Key Words	Pain, chronic pain, healthcare professionals, opioid abuse, resources, abuse deterrence technology, video, education

Advancements in Abuse Deterrence

Scientifically driven solutions are needed to help combat opioid abuse, including potential abuse-deterrent technologies.

Evolving Strategies Address Abuse Potential

According to the CDC, opioid abuse is the nation's fastest growing drug problem and ranks among the top three for prescription drug abuse. "Scientifically driven solutions are needed to help combat the serious public health epidemic, including strategies to mitigate risk, abuse-deterrent technology, and continued scientific research."

In April 2013, the Food and Drug Administration (FDA) issued guidance to assist the pharmaceutical industry in developing new formulations of opioid drug products with potentially abuse-deterrent properties,¹ which it believes have promise to help reduce, though not necessarily prevent, opioid abuse.²

Studies Evaluate New Potentially Abuse Deterrent Technologies

In order to assess the impact of a potentially abuse-deterrent product, the FDA recommends looking at data from the below categories of pre- and postmarket studies.

Category 1: Laboratory Manipulation and Extraction Studies

The goal of laboratory-based studies should be to evaluate how easily a potentially abuse-deterrent product of a formulation can be manipulated or compromised. Extractability and solubility studies should be designed to determine whether any of the formulation components might be dissolved and extracted, allowing a user to bypass the drug's abuse-deterrent properties.

Category 2: Pharmacokinetic Studies

The goal of the clinical pharmacokinetic studies should be to understand the in vivo properties of the formulation by comparing the pharmacokinetic profiles of the manipulated formulation with the intact formulation and with manipulated and intact formulations of the comparator drugs through oral or intravenous routes of administration.³

Category 3: Clinical Abuse Potential Studies

Clinical Abuse Potential studies, also known as human abuse potential studies, human abuse liability studies, or "drug liking" studies, evaluate the abuse liability of abuse potential for prescription drugs. These studies provide information on the relative abuse potential of a drug in the marketplace. "Comparisons with abuse-deterrent formulations of opioid products are generally expected to conduct these studies to obtain an understanding of the impact of the test technology on the product's abuse potential."

For more information see the FDA's Guidance for Industry: Abuse-Deterrent Opioids—Evaluation and Labeling.

Methodology

These studies are usually conducted among experienced, recreational drug users who have a recent or current history of using a drug in the pharmaceutical class of the test drug. These studies are typically double-blind, double-dummy, placebo-controlled, and active-comparator controlled, utilizing a crossover design.⁴ For the study to be interpretable, the subjects should be able to reliably report "drug liking" of the test drug and rate the effects of the test drug compared with placebo and with the positive control, such as an immediate-release formulation.⁵

Several instruments have been used to measure the potential for abuse including overall drug liking, abuse, and likelihood of using the drug again.⁶ Key instruments include:⁷

- Visual Analogue Scale (VAS)—a 100-point bipolar scale that measures drug liking, overall high-groove effects or euphoria, bad effects or adverse events, and likelihood of repeated use



- Profile of mood states

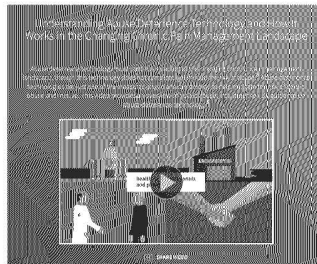
Category 4: Postmarket Studies

The goal of postmarket studies is to determine whether the marketing of a product with abuse-deterrent properties results in meaningful reductions in abuse, misuse, and related adverse clinical outcomes, including addiction, overdose, and death in the postapproval setting.⁸ Currently, data on the impact of an abuse-deterrent product on drug abuse in the U.S. population are limited, and thus theoretical data sources, study variables, design features, or analytical techniques, and outcomes of interest of postmarket epidemiologic studies are not fully established.⁹

Labeling for Abuse Deterrent Opioid Formulations

Labeling for an abuse-deterrent product should include a description of the abuse-deterrent properties, as well as the specific nature of abuse that the product has been developed to help reduce. Healthcare professionals, the patient community, and the public about a product's abuse potential. The FDA also encourages pharmaceutical companies to include the results of premarket studies in Categories 1, 2, and 3, and formal Category 4 postmarket studies.

When premarket data show that a product's abuse-deterrent properties can be expected to result in a meaningful reduction in that product's abuse, these data are included in product labeling. When postmarket data become available, that data may also be added to the product labeling. If the postmarket data do not demonstrate a reduction in abuse, or if the data demonstrate a shift in routes of abuse that represent a greater risk, the FDA may determine that labeling revisions are needed.



Abuse Deterrence Technology Formulations Target Known Routes of Abuse

In April 2013, the FDA issued guidance to assist the pharmaceutical industry to develop new formulations of opioid drugs with abuse-deterrent properties.¹ Abuse-deterrent technologies developed to date are designed to make product manipulation more difficult, prevent abuse of the marketed product, and/or reduce the risk of abuse.



Physical & Chemical Barriers

Physical and chemical barriers can limit drug release following mechanical manipulation, or change the physical form of a drug, rendering it less amenable to abuse.²

- Physical barriers can prevent chewing, crushing, cutting, grating, or grinding.
- Chemical barriers can react with the opioid using common liquids like water, alcohol, or other organic solvents.

Next Steps

Go to [Introduction for HealthCare Professionals](#)



Scientifically driven solutions are needed to help combat opioid abuse, including potential abuse-deterrent technologies.

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The goal of laboratory studies should be to evaluate how easily potentially abuse-deterrent properties of a formulation can be defeated or compromised. Extractability and solubility studies should be designed to determine whether any of the formulation components might be dissolved and extracted, allowing a user to bypass the drug's abuse-deterrent properties.

The goal of the clinical pharmacokinetic studies should be to understand the *in vivo* properties of the formulation by comparing the pharmacokinetic profiles of the manipulated formulation with the intact formulation and with manipulated and intact formulations of the comparator drugs through one or more routes of administration.⁵

Clinical Abuse Potential studies, also known as human abuse potential studies, human abuse liability studies, or "drug-filing" studies, evaluate the abuse liability or abuse potential for prescription drugs.⁵ These studies provide information on the relative abuse potential of a drug in the same class,⁶ compared with abuse-deterrent formulations of opioid products are generally expected to conduct these studies to obtain an understanding of the impact of the technology on the product's abuse potential.⁷

For more information see the FDA's [Guidance for Industry: Abuse-Resistance Opioids—Evaluation and Labeling](#)

These studies are usually conducted among experienced, recreational drug users who have a recent or current history of using a drug in the pharmacological class of the test drug. These studies are typically double-blind, double-dummy, placebo-controlled, and positive-comparator controlled, utilizing a crossover design.¹⁰ For the study to be interpretable, the subjects should be able to reliably report "drug liking" of the test drug and rate the effects of the test drug compared with placebo and with the positive control, such as an immediate-release formulation.⁴

Several instruments have been used to measure the potential for abuse including overall drug liking, abuse, and likelihood of using the drug again.¹ Key instruments include¹:

- **Visual Analogue Scale (VAS)**—a 100-point bipolar scale that measures drug liking, overall high/ good effects or euphoria, bad effects or adverse events, and likelihood of repeated use



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The goal of postmarket studies is to determine whether the marketing of a product with abuse-deterrent properties results in meaningful reductions in abuse, misuse, and related adverse clinical outcomes, including addiction, overdose, and death in the post-approval setting.¹ Currently, data on the impact of abuse-deterrent product on drug abuse in the U.S. population are limited, and thus the optimal data sources, study variables, design features, analytical techniques, and outcomes of interest of postmarket epidemiologic studies are not fully established.²

Labeling for an abuse deterrent product should include a description of the abuse deterrent properties, as well as the specific routes of abuse that the product has been developed to deter, to inform healthcare professionals, the patient community, and the public about a product's abuse potential. The FDA also encourages pharmaceutical companies to include the results of premarket studies in Categories 1, 2, and 3, and formal Category 4 postmarketing studies.

When premarket data show that a product's abuse-deterrent properties can be expected to result in a meaningful reduction in that product's abuse, these data are included in product labeling. When postmarket data become available, that data may also be added to the product labeling. If the postmarket data do not demonstrate a reduction in abuse, or if the data demonstrate a shift in routes of abuse that represent a greater risk, the FDA may determine that labeling revisions are needed.

In April 2015, the FDA issued guidance to assist the pharmaceutical industry to develop new formulations of opioid drugs with abuse-deterrence properties.¹⁰ Most abuse-deterrence technologies developed to date are designed to make product misreplication more difficult, not abuse of the manipulated product less attractive or rewarding.

The properties of a new molecular entity (NME) or prodrug could include the need for enzymatic activation, different receptor binding profiles, slower penetration into the central nervous system, or other novel effects that would make the formulation less attractive for specific routes of abuse.⁵

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Scientifically driven solutions are needed to help combat opioid abuse, including potential abuse-deterrent technologies.

Scientifically driven solutions are needed to help combat opioid abuse, including potential abuse-deterrent technologies.

According to the CDC, *opioid abuse* is the nation's fastest growing drug problem and it ranks among the top three for prescription drug abuse.³ Scientifically driven solutions are needed to help combat this serious public health epidemic, including: strategies to mitigate risk, abuse deterrence technology, and continued scientific research.⁶

According to the CDC, *opioid abuse* is the nation's fastest growing drug problem and it ranks among the top three for prescription drug abuse.³ Scientifically driven solutions are needed to help combat this serious public health epidemic, including: strategies to mitigate risk, abuse deterrence technology, and continued scientific research.⁶

In April 2015, the Food and Drug Administration (FDA) issued guidance to assist the pharmaceutical industry in developing new formulations of opioid drug products with potentially abuse-deterrent properties,⁹ which it believes have promise to help reduce, though not necessarily prevent, opioid abuse.¹⁰

In order to assess the impact of a potentially abuse deterrent product, the FDA recommends looking at data from the below categories of pre- and postmarket studies.

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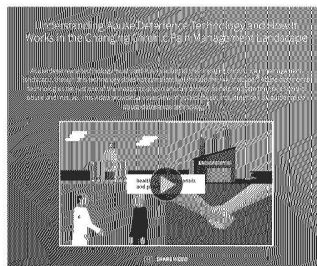


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Two or more of the technologies described in this section may be combined to deter abuse.⁵

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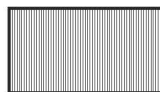
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Chronic and Acute Pain

Pain is a serious medical condition that can impact anyone at any time. Pain that lasts only for a short period of time is called acute pain; it's a normal feeling that typically alerts us to a possible injury.⁶ Chronic pain is very different. Chronic pain is often defined as any pain that lasts for 12 weeks or longer.⁶ According to the Institute of Medicine, chronic pain is estimated to affect approximately 100 million American adults.¹

Chronic pain may be caused by an initial injury or there may be an ongoing cause, like a medical illness.⁶ But for some people, there may also be no clear cause.⁶ Other health problems, such as fatigue, sleep disturbance, decreased appetite, and mood changes, often accompany chronic pain.⁶ Chronic pain may affect people's ability to participate in daily tasks.¹

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Finding the Right Chronic Pain Care Plan for You



Working with Your Doctor

How chronic pain is experienced is unique to every person.⁵ There is no test to measure how chronic pain feels or exactly where it is located.⁶ So, your doctor will rely on you to tell him or her how the pain feels, how often you experience the pain, and where exactly it hurts.⁶ Defining pain as sharp or dull, constant, on-and-off, burning, or aching may give the best clues to the cause of the pain.⁶ These descriptions are part of what is called the pain history. Your healthcare team will usually start your appointment by discussing your pain so they understand your pain history.⁶

A Pain Treatment Team

Since chronic pain may occur in a variety of locations in the body and for many different reasons, it is important for you to work with your doctor to identify the causes and symptoms of your pain to find the treatment plan that works for you.⁶ The best treatment plans are tailored to each individual person with input from healthcare team members.⁶ It may be helpful to work with several healthcare professionals who have different training backgrounds and an understanding of chronic pain.⁶ The person in pain and his or her loved ones must also be actively involved in the treatment plan.⁶

Types of Chronic Pain Management

The overall goal of chronic pain management is to reduce the pain to help people return to daily living.⁶ While there are a variety of options available to treat chronic pain, it usually cannot be cured, only managed.⁶ A variety of options exist for you and your pain care team to create the treatment plan that is right for you.⁷ These options include^{6,7}:

- Psychotherapy
- Meditation
- Massage therapy
- Behavior modification
- Acupuncture
- Electrical stimulation
- Nerve blocks
- Surgery
- Medicines (aspirin, acetaminophen, nonsteroidal anti-inflammatory drugs, topical anesthetics, opioid medicines)

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Page Key Words	Pain, chronic pain, opioid, prescription opioid medicines, information

Prescription Opioid Medicines

What You Need to Know

Your doctor may decide to prescribe a prescription pain medicine known as an opioid.⁸ These prescription medicines may be an appropriate treatment option for people living with chronic pain that is not adequately managed by other methods.^{2,4,6} It's important to understand that all prescription opioid medicines have the potential to be abused and misused.^{2,9} If you are prescribed a prescription opioid medicine, it is important to understand the risks and who else may be affected.

Safeguarding those around you

The person prescribed a medicine isn't necessarily the only one at risk for abuse. More than three out of four people who misuse prescription pain medications do so by using medication prescribed to someone else.^{2,1} Recognizing environmental factors that may contribute to a greater potential for abuse could keep those around you safe. These risk factors include living in a household with adolescents, teenagers, someone with a history of substance abuse, or a high volume of visitors or staff.

What should I know about abuse and misuse?

It's important to know the difference between prescription drug abuse and misuse to understand who may be at risk.

Abuse

Abuse is a nonmedical use of a drug, repeatedly, or even sporadically, for the positive psychoactive effects it produces.^{2,1} The most common form of opioid abuse is swallowing a number of whole pills or tablets for the feeling or "high" it can cause.⁸ While swallowing pills is the most common form of abuse, prescription opioids can also be abused by being crushed or dissolved.⁹

Misuse

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹¹ The key difference in abuse and misuse is that the medicine is not being used for an intentional high, so it is labeled misuse rather than abuse. Misuse can take many forms most people may not realize is misuse, for example¹¹:

- Using a drug for a different condition than that for which the drug is prescribed
- Taking more drug than prescribed or at different dosing intervals

Diversion

Diversion is a type of misuse that happens when people take prescription opioids that were not prescribed for them.^{2,2} Unaware of the dangers of sharing medications, people often unknowingly support diversion by sharing their unused pain medication with their family members.^{2,3}

What can I do to reduce the risk of abuse?

Everyone who is prescribed an opioid medicine can play a role in reducing the risk of those medicines being abused. Understanding how to appropriately use, store, and dispose of prescription opioid medicines can help decrease the chances that they will be abused or misused.

What else is being done to reduce the risk of abuse of prescription medicines?

Because prescription drug abuse is the nation's fastest growing drug problem, it's important for everyone involved to play a role if we are going to reduce the impact of prescription drug abuse on society.² This means that doctors, pharmacists, government policy makers, advocacy organizations, pharmaceutical companies, and people who are prescribed opioid medications must work together.^{1,1}

In order to help reduce the risk of prescription opioid medicines being abused, the pharmaceutical industry is changing the way they make, or manufacture, these medicines. Abuse deterrence technologies may make it more difficult to crush or dissolve opioid medicines and may help reduce how much someone likes the drug when they use it with the intention of getting high.⁵

Next Steps

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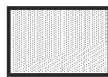
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Using Prescription Opioid Medicines Appropriately

Following guidelines on appropriate use, storage, and disposal of your prescription pain medications is important. Prescription drug abuse is a serious public health issue.³ Remember, the person who was prescribed a prescription opioid medication isn't always the only one who is at risk for abuse.



Use¹⁴

- Take medications only as prescribed
- Be aware of risks
- Understand inappropriate use
- Never give prescription medicines to anyone else



Storage^{14,15}

- Hide or lock up opioid medications to avoid access by family, friends, or houseguests
- Keep prescription medications in their original packaging so it is clear for whom the medications were prescribed and to save the directions for appropriate use



Disposal¹⁵

- Opioids may be disposed of through community-sponsored take-back programs
- If there are none available in your area, follow the Office of Drug Control National Policy recommendations for [environmentally friendly disposal](#)
- Learn more about appropriate [use](#), [storage](#) and [disposal](#) of prescription opioid medications.

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Having the right resources can help foster productive dialogue with people affected by pain and support responsible pain management. Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients. Please register and follow us on Facebook to be notified when new information and resources become available.

Explore the resources below



Pain management experts address complexities of treating pain and the issue of prescription drug abuse.

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Joseph P. Valenza, MD, Gregory L. Holmquist, PharmD, Jeffrey A. Gudin, MD, Charles E. Argoff, MD, and Michael J. Brennan, MD, have been compensated for their work on Pain Matters.

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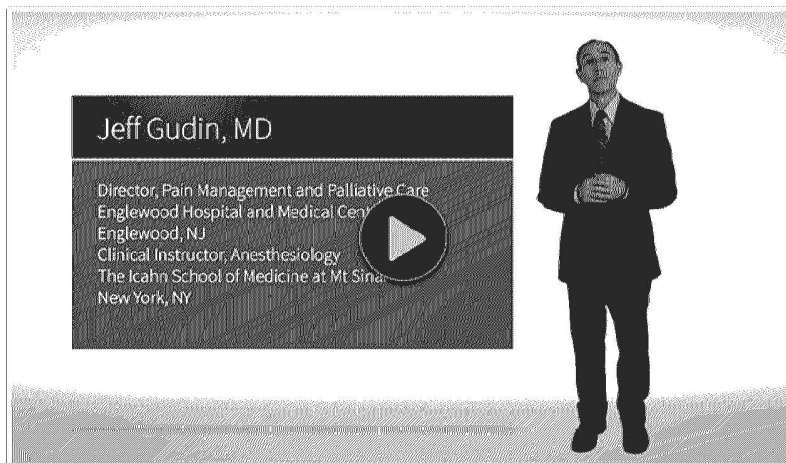
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About the Presenter: Jeffrey A. Gudin, MD

Jeffrey A. Gudin, MD, is Director of Pain Management and Palliative Care at Englewood Hospital and Medical Center in Englewood, NJ, and Clinical Instructor of Anesthesiology at the Icahn School of Medicine at Mount Sinai. Dr. Gudin received his medical degree from Albany Medical College in New York. He completed a residency as chief in anesthesiology at Yale University School of Medicine in New Haven, CT. He continued his training with an extended

postdoctoral fellowship in pain medicine at the Yale Center for Pain Management, where he was actively involved in research and teaching.

Jeffrey A. Gudin, MD, serves as a paid consultant for Teva Pharmaceuticals.

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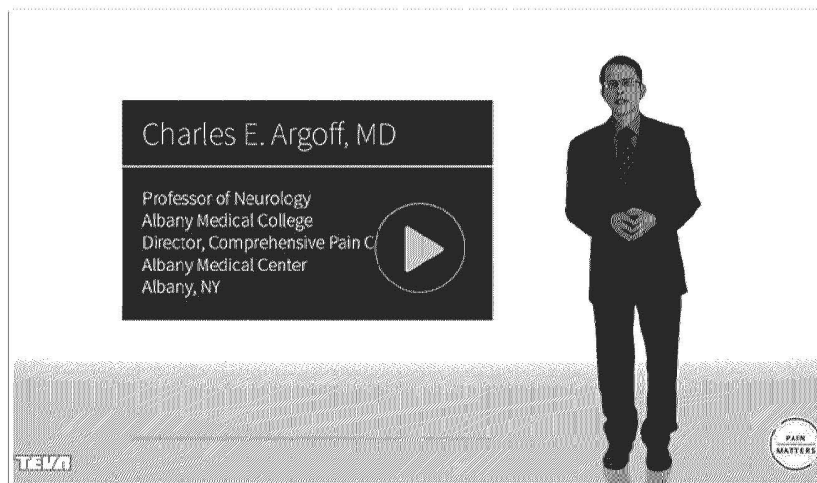
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Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the Comprehensive Pain Center at Albany Medical Center in New York. Dr. Argoff is a member of the American Academy of Neurology, the International Association for the Study of Pain, the American Academy of Pain Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine Foundation Board.

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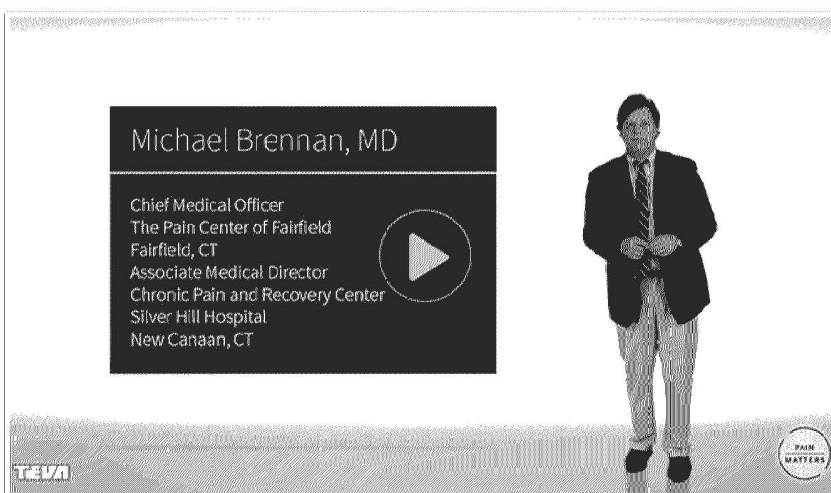
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Michael J. Brennan, MD, is Senior Attending Physician at Bridgeport Hospital and Assistant Clinical Attending Physician at St. Vincent's Hospital in Bridgeport, CT. In addition, he has a private practice in physical medicine and rehabilitation that specializes in the diagnosis and management of acute and chronic pain syndromes, electrodiagnosis, and cancer-related disabilities.

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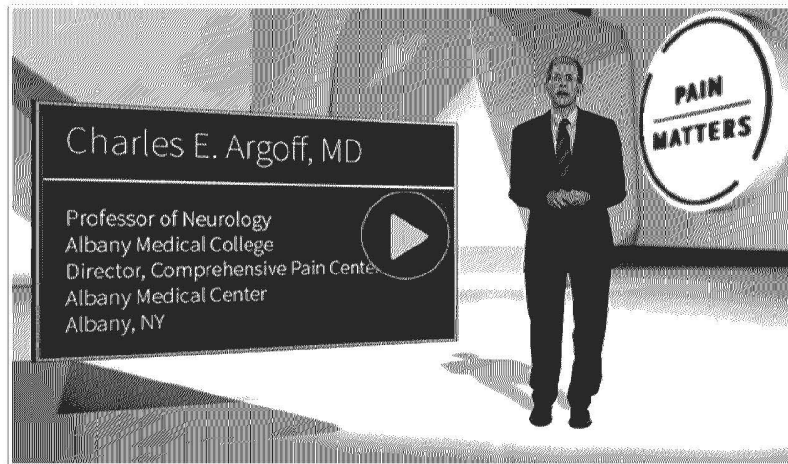
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Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the Comprehensive Pain Center at Albany Medical Center in New York. Dr. Argoff is a member of the American Academy of Neurology, the International Association for the Study of Pain, the American Academy of Pain Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine Foundation Board.



About the Presenter: Michael J. Brennan, MD

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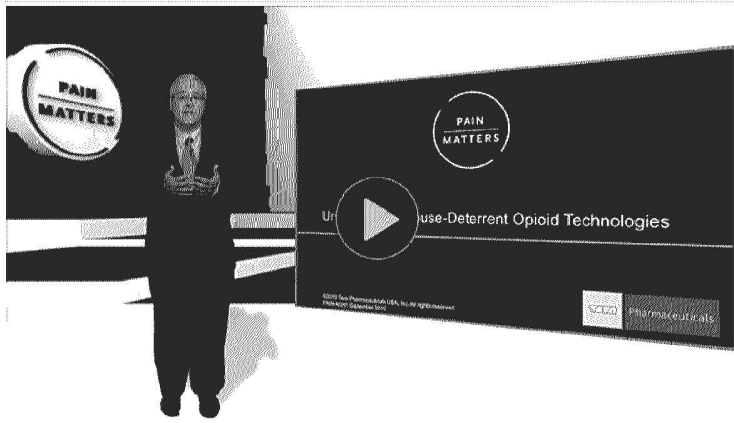
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About the Presenter: Joseph P. Valenza, MD

Dr. Joseph Valenza received his medical degree from the State University of New York Health Science Center Downstate and completed his residency in physical medicine and rehabilitation at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School. He also earned a Master's of Structural/Biomedical Engineering from The Cooper Union in New York City.

Dr. Valenza is board certified in physical medicine and rehabilitation, with additional sub-specialty certification in pain medicine. As a specialist in pain management, he treats individuals with a wide range of pain issues, including complex regional pain syndrome, repetitive motion disorders, and spinal cord injury.



About the Presenter: Gregory L. Holmquist, PharmD

Dr. Gregory L. Holmquist earned his Doctor of Pharmacy degree from the University of Washington in Seattle and has been a practicing clinical pain management and palliative care pharmacist for over 20 years. In addition to being the Director/Owner of Palliative Care Strategies, Dr. Holmquist currently provides direct patient care and consultative services for the chronic non-cancer pain and hospice teams at Group Health in Seattle.

Joseph P. Valenza, MD and Gregory L. Holmquist, PharmD, serve as paid consultants for Teva Pharmaceuticals.

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Having the right resources can help foster productive dialogue with people affected by pain and support responsible pain management. Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients. [Please register](#) and follow us on [Facebook](#) to be notified when new information and resources become available.

Explore the resources below



Short videos exploring responsible opioid use, individual patient stories, and the evolving science of abuse-deterrent technology.



Watch short clips from the documentary to see first-hand the impact of chronic pain.

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Watch an introductory video about PainMatters.com.

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A simulation by the Office of Disease Prevention and Health Promotion to demonstrate best practices in safe opioid use.

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This video provides an overview of the evolving science of abuse deterrence technology.

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This video from the American Chronic Pain Association discusses how to use NSAIDs safely and effectively.

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Explore the resources below



Diagnostic tools to support your pain assessment process.

Brief Pain Inventory

Assess the severity of a person's pain to align on a pain management plan.

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American Pain Society Assessment

This tool supports recognizing, diagnosing, and managing chronic pain.

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Quality of Life Scale

A tool to assess the impact of pain on daily life provided by the American Chronic Pain Association.

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Pain Scales

Measure pain numerically through these scales provided by the US Department of Veterans Affairs.

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Pain Management Log

Track daily pain with this log from MD Anderson.

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Wong-Baker FACES Pain Rating Scale

Using faces to describe pain intensity, this tool provides a more visual approach to pain assessment.

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Pain Log

Measure and track pain over time with this pain log from the American Chronic Pain Association.

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Ability Chart

Track how pain is affecting daily activities with this chart from the American Chronic Pain Association.

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Back Pain Map

Identify back pain symptoms with this interactive map from the American Chronic Pain Association.

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Head Pain Map

Identify head pain symptoms with this interactive map from the American Chronic Pain Association.

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Follow-Up Sheet

This form from the American Chronic Pain Association reminds patients of important follow-up activities.

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Explore the resources below



Resources to support dialogue around responsible pain management and mitigate the risk of opioid abuse.

Exam Room Discussion Guide <p>This discussion guide is provided by the Substance Abuse and Mental Health Service Administration (SAMHSA).</p> <p>VIEW</p> <p> SHARE</p>	Design for Dialogue <p>Join the pain community as we reimagine the exam room experience and a more open dialogue. Be the voice that inspires change.</p> <p>VIEW</p> <p> SHARE</p>	Opioid Risk Tool <p>An objective guide to identify patients for whom prescription opioid medications may be appropriate.</p> <p>DOWNLOAD</p> <p> SHARE</p>
Surgeon General's Report <p>A report on using our knowledge of substance misuse to address the issue and related consequences.</p> <p>DOWNLOAD</p> <p> SHARE</p>	CDC Guideline resources <p>A guideline for prescribing opioids and improving communication between providers and patients.</p> <p>VIEW</p> <p> SHARE</p>	Opioid Guideline App <p>The app puts the entire CDC guideline, tools, and resources into the hands of providers.</p> <p>DOWNLOAD</p> <p> SHARE</p>
Medicare Prescribing Mapping Tool <p>This tool allows the user to see opioid claims at the local level and better understand how this issue impacts communities.</p> <p>VIEW</p> <p> SHARE</p>	Treatment Agreement <p>Prescriber-patient treatment agreements can be customized to your practice and the laws in your state including:</p> <ul style="list-style-type: none"> • US Department of Veterans Affairs and the Department of Defense • American Academy of Family Physicians <p>VIEW</p> <p> SHARE</p>	CAGE and CAGE-AID Questionnaire <p>This tool can help facilitate exam room conversations about drinking and drug use.</p> <p>VIEW</p> <p> SHARE</p>
Addiction Behaviors Checklist <p>This checklist can help assess behaviors that may indicate an increased risk for abuse or misuse.</p> <p>VIEW</p> <p> SHARE</p>	Parents 360 Toolkit <p>Start a conversation about opioid misuse and abuse with this toolkit from Parents 360.</p> <p>LEARN MORE</p> <p> SHARE</p>	

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Explore the resources below



Resources outlining responsible use, storage and disposal guidelines for opioid medications.

<p>Drug Disposal Guidelines</p> <p>The US Department of Justice and the Drug Enforcement Administration provide guidance on the disposal of opioid medications.</p> <p> SHARE</p>	<p>Use & Storage of Opioids</p> <p>Taking opioids responsibly from the US Department of Veterans Affairs and the Department of Defense. Eight Opioid Safety Principles for Patients and Caregivers from the American Academy of Pain Medicine.</p> <p> SHARE</p>	<p>Appropriate Disposal of Opioids</p> <p>Find FDA guidance on the proper disposal of prescription opioid medications.</p> <p>Also available in Español</p> <p> SHARE</p>
<p>Opioid Safety Practices</p> <p>The American Academy of Pain Medicine offers eight safety practices for providers and patients.</p> <p>VIEW PRACTICES</p> <p> SHARE</p>	<p>Opioid Prescribing Guidelines</p> <p>The Centers for Disease Control and Prevention provides guidelines for prescribing opioids for chronic pain.</p> <p>VIEW GUIDELINES</p> <p> SHARE</p>	<p>Legislation Tracker</p> <p>The State Pain Policy Advocacy Network (SPPAN) tracks pain policy at the federal and state level.</p> <p>VIEW LEGISLATION</p> <p> SHARE</p>

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Connect with professional pain care associations and find upcoming medical meetings.

Professional Events Calendar

Keep track of professional meetings and events throughout 2016.

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Several national organizations are dedicated to supporting people living with chronic pain and their families.

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Explore the resources below



Find FDA guidance, recent publications, and insights from pain community experts.

Guidance on Abuse Deterrent Opioids

FDA 2015 guidance to guide the evaluation and labeling of opioid drug products with potential abuse deterrent properties.

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Pain Medicine News Articles

PainMedicineNews.com articles detail abuse-deterrence technology and the FDA guidance.

- [Abuse-Deterrent Opioids: Advances in Technology](#)
- [Abuse-Deterrent Opioids: Study Requirements](#)
- [Abuse-Deterrent Opioids: Product Labeling](#)

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Educational Resources

Download FDA resources on preventing the misuse of prescription pain relievers.

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Pain Perspectives Blog

Hear insights and perspectives into today's complex pain management landscape from members of the pain community.

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Aches & Gains SiriusXM Radio Show

Hosted by Paul Christo, MD., this weekly radio show on SiriusXM Family Talk 131, provides information on pain management.

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Page Description (Limited to 150 characters including spaces)	Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.
Page Key Words	Pain, chronic pain, pain management, opioid abuse, opioid

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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

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The Pharmacist's Role

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Short videos explore responsible opioid use and real stories from people and their families who are affected by chronic pain.



Watch short clips from the documentary to understand first-hand what it is like to live with chronic pain.

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Watch an introductory video about PainMatters.com

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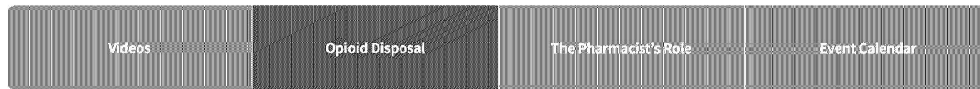
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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below



Resources offering tips on the safe storage and disposal of opioid medications.

Drug Disposal Guidelines

The US Department of Justice and the Drug Enforcement Administration have provided a wealth of guidance and information for healthcare professionals and patients on the disposal of opioid medications.

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Appropriate Use and Storage of Opioid Medications

Prescription medications must be appropriately stored. They should be in a locked container that does not allow others to gain access to them.¹⁵

- [Taking opioids responsibly](#) from the US Department of Veterans Affairs and the Department of Defense
- [Eight Opioid Safety Principles for Patients and Caregivers](#) from the American Academy of Pain Medicine

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Appropriate Disposal of Opioids

The FDA has provided a variety of downloadable resources on the proper disposal of prescription opioid medications.

Resources are also available [en Español](#)

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Disposal at Home

The FDA has provided a list of medications that can safely be disposed of at home, including some opioids.

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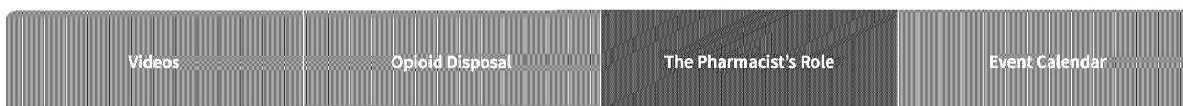
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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below



Resources to help determine the safety and appropriateness of opioid prescriptions for chronic pain in order to prevent abuse and misuse.



Tools to bring patients and pharmacists together

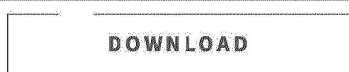


This tool from Practical Pain Management calculates appropriate opioid doses for different patients.

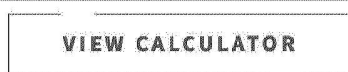


This free app from the New York City Department of Mental Health and Hygiene calculates a patient's risk of overdose based on their opioid prescription.

- [Download for Android](#)
- [Download for iOS](#)



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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below

Videos

Opioid Disposal

The Pharmacist's Role

Event Calendar

Connect with professional pain management organizations and find upcoming medical and pharmaceutical meetings.

Professional Events Calendar

Keep track of professional meetings and events throughout 2017

Professional Pain Care Organizations

There are many organizations dedicated to providing ongoing education, programs, and resources for healthcare professionals and people living with chronic pain.

- [The American Academy of Pain Medicine](#)
- [The American Academy of Pain Management](#)
- [The American Pain Society](#)
- [Center for Lawful Access and Abuse Deterrence](#)
- [Alliance for Patient Access](#)
- [The American Society for Pain Management Nursing](#)

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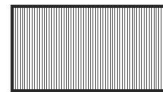
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Page Key Words	Pain, chronic pain, pain care, resources, prescription medicine abuse

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Pain Self Assessment & Discussion
Tools

Opioid Use Storage and Disposal

Advocacy Organizations &
Community Connection

Short videos explore responsible opioid use and real stories from people affected by chronic pain and their families.

Pain Matters Documentary Film Clips



Watch short clips from the documentary to see first-hand the impact of chronic pain.

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Introducing Pain Matters



Watch an introductory video about PainMatters.com.

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NSAIDs Safety

This video from the American Chronic Pain Association discusses how to use NSAIDs safely and effectively.

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Pathways through Pain: Priorities and Goals

This video from the American Chronic Pain Association will empower you to take control of managing your pain.

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Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Tools & Resources
Use these tools and downloads to learn more about responsible opioid use



Appropriate Use, Storage & Disposal
Appropriate use, storage and disposal guidelines for your prescriptions

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Finding a pain care plan that is right for you starts by working with your doctor. Find tools and resources to help you get the information you need to reduce the risk of prescription medicine abuse and misuse.

Explore the resources below

Videos

Pain Self Assessment & Discussion
Tools

Opioid Use Storage and Disposal

Advocacy Organizations &
Community Connection

Helpful guidelines for responsible use, storage and disposal of prescription pain medicines.

Drug Disposal Guidelines

The [US Department of Justice and the Drug Enforcement Administration](#) provide guidance on the disposal of opioid medications.

Use & Storage of Opioids

[Taking opioids responsibly](#) from the US Department of Veterans Affairs and the Department of Defense. [Eight Opioid Safety Principles for Patients and Caregivers](#) from the American Academy of Pain Medicine.

Appropriate Disposal of Opioids

Find [FDA guidance](#) on the proper disposal of prescription opioid medications.

Also available en [Español](#).

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Care Card

This guide from the American Chronic Pain Association will help you safely fill, use and dispose of prescription drugs

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Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Tools & Resources
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Appropriate Use, Storage & Disposal
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Opioid Use Storage and Disposal

Advocacy Organizations &
Community Connection

Find support groups and community resources for people affected by pain.

Support & Advocacy Organizations

Several national organizations are dedicated to supporting people living with chronic pain and their families.

- [American Chronic Pain Association](#)
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- [Pain Action Alliance](#)

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Pain Centers of Excellence

The American Pain Society's annual award honors programs or services that exemplify outstanding clinical care.

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Pain Perspectives Blog

Hear insights and perspectives into today's complex pain management landscape from members of the pain community.

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Aches & Gains SiriusXM Radio Show

Hosted by Paul Christo, MD, this weekly radio show on SiriusXM Family Talk 131, provides information on pain management.

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The U.S. Pain Foundation tracks pain policy at the state level.

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Email*

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Are you a person living with chronic pain, family member, healthcare professional, or other?*

Person living with chronic pain

☐ I am a Healthcare Professional

☐ Yes, I'd like to receive a complimentary DVD of the *Pain Matters* documentary.

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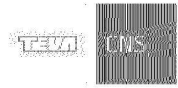


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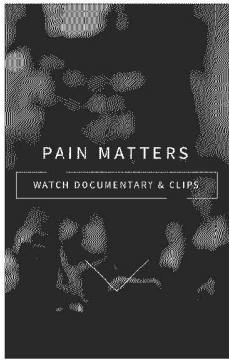
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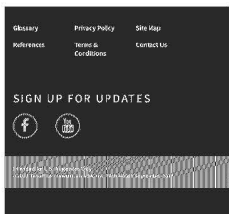
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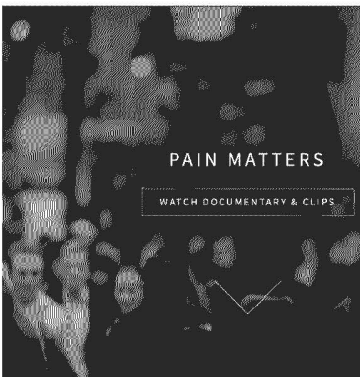
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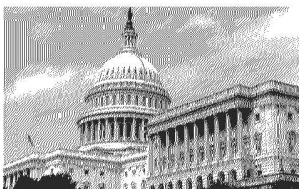
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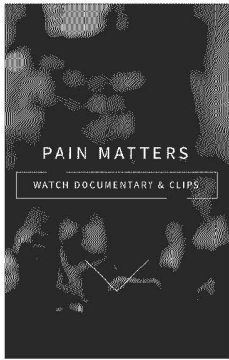


¹⁾ *Chronic pain continues to be a serious issue
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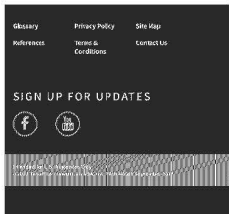
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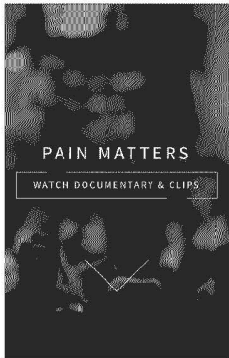


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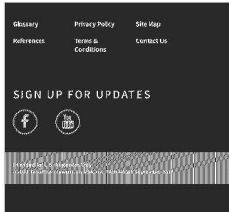


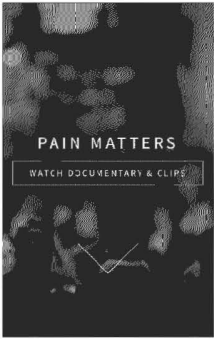
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healthcare professionals.¹²

— Michael Hayden, MD, PhD, President of Global R&D and Chief Scientific Officer at Teva Pharmaceuticals

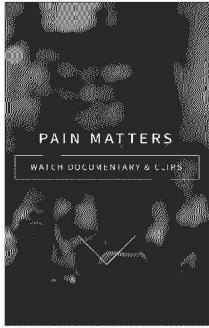
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Pain Perspectives

The State Pain Policy Advocacy Network (SPPAN) works at the federal and state levels to advance responsible pain management through legislative advocacy and education.

[READ MORE](#)

FOR PAIN POLICY ADVOCACY NETWORK



Teva Pharmaceuticals' Commitment to Pain Care

Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain.

[LEARN MORE](#)

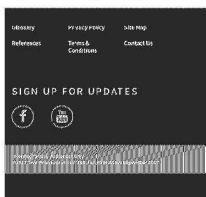


¹Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and

healthcare professionals.²

— Michael Hayden, MD, PhD, President of Global R&D and Chief Scientific Officer at Teva Pharmaceuticals

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Pain Matters Mission

Pain Matters brings to life Teva Pharmaceuticals' commitment to working with the pain care community to educate the public, healthcare providers, and other stakeholders about chronic pain, appropriate use of prescription pain medicines, and opioid abuse and misuse.

About Pain Matters

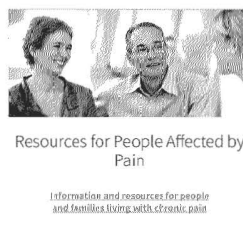
The Pain Matters program offers practical information and resources for healthcare professionals and people affected by chronic pain as they navigate the evolving and complex pain care landscape. Painmatters.com and the Pain Matters Facebook page are updated regularly with contributions from stakeholders across the pain care community. The Pain Perspectives series and the Pain Matters documentaries, produced by the Discovery Channel, offer first-hand insights on the impact of chronic pain from those who live with it, healthcare professionals, and community advocates.

Information for Healthcare Professionals in pain care:

- [Understanding pain management and opioid abuse](#)
- [Stakeholder programs and policies for abuse deterrence](#)
- [Advancements in abuse deterrence](#)

Support for people and families affected by chronic pain:

- Information to help you take an active role in [finding your pain management plan](#)
- Education around prescription opioid medicines
- Instructions for [appropriate use, storage, and disposal](#) of prescription opioids
- Downloadable tools such as ["Questions to ask your doctor"](#)
- Support to help you [connect to the larger pain community](#)





Pain Perspectives Community Blog

Read the blog and learn how to live fully with pain. Find out how to get the most out of your life with pain. Find out how to get the most out of your life with pain.



SEPT 2016

Going from Patient to Person: How I Live Fully With Pain



SEPT 2016

You're Not Alone: Finding Support from Others Living with Pain



SEPT 2016

Advocating for Pain Policy: Responsible Opioid Use



SEPT 2015

Addressing Challenging Topics in the Exam Room



JULY 2015

2015 Survey Results Address Re Abuse



JULY 2015

Understanding Clinical Abuse Potential (CAP) Studies



JUNE 2015

One Woman's Inspiring Journey with Chronic Pain



APR 2015

Pain Matters Documentary Clips



MAR 2015

Welcome to Pain Perspectives Community Blog





Pain Perspectives Can't Handle
Pain

Going from Patient to Person: How I Live Fully With Pain

When you live with chronic pain, it can consume your life, making it seem like your whole existence is defined by your pain. On top of that, much of what you hear about chronic pain in the news is overwhelmingly negative, with stories about pain being associated with opioid abuse and addiction.

But there's an untold story out there that's painfully familiar to the nearly 100 million people living with pain.

At any moment, you could be walking down the street next to someone who is living with pain and not even know it. Pain is an invisible and unpredictable monster. People who live with it may have good days and bad days. So for those who don't live with pain, the question becomes, "You could do this yesterday, why can't you do it today?" And that can make people with pain feel misunderstood and put them on the defense.

I know firsthand the frustrations that accompany living with pain. I've had chronic pain since 1974, and it took me six years to find a diagnosis. I felt like a 30-year-old trapped in an 80-year-old body, and I was very discouraged. I didn't fully realize what a huge personal accomplishment it was just learning to live with my pain until after my diagnosis when I took part in a pain management program at the Cleveland Clinic. For the very first time, I knew I wasn't the only person in the world with this kind of pain. Before going there I isolated and shut myself off from my family and friends. The program taught me how to live with my pain, providing the self-management skills I needed to live a full life in spite of my pain. The validation and support of others who live with pain is a critically important step in learning to live with pain.

I founded The American Chronic Pain Association (ACPA) in 1980 to provide that comfort for people living with pain. When I left my pain management program, I was eager to maintain my wellness and not allow pain to rule my life again. I placed a notice in my church bulletin and quickly found others in similar situations. One support group quickly blossomed into many.

Today, the ACPA organizes several hundred support groups, as well as providing resources and tools to help people manage their pain. We offer communication tools to help people talk to their doctors about pain, lessons from more than 30 years of supporting people with pain and info@acpausa.org about chronic pain treatment.

It is possible to live life beyond simply existing with pain. With a balanced approach to pain management that may include medication, but also teaches you to listen to your body, manage stress, pace activities, and understand your emotions, you can live fully. To find tools and resources or connect with others living with pain, visit www.acpausa.org.



About the Author: Penny Cowan

Penny Cowan is the founder and Chief Executive Officer of the American Chronic Pain Association (ACPA). She herself is a person with chronic pain and established the ACPA in 1980 to help others living with the condition. The ACPA provides peer support and education in pain management skills to people with pain and their families. The ACPA also works to build awareness about chronic pain among professionals, decision makers and the general public.

She served as Consumer Representative for the FDA, CDPA's Arthritis and Arthralgia Drug Products Advisory Committee (ADPRAC) for 2012 and was appointed to Interagency Pain Research Coordinating Committee of the National Institutes of Health from 2013 to 2015.

Penny began the *Partners for Understanding Pain* campaign in 2002 in an attempt to raise awareness about the need to better understand, assess, and treat pain. There are more than 80 partner organizations. The campaign, under the direction of the ACPA, successfully established September as Pain Awareness Month.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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September 2015

Richard Payne, MD and Laura Cooley, PhD shed light on the psychological impact of physical environment on discussions between clinicians and people with pain.

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Pain Perspectives Documentary
Blog

You're Not Alone: Finding Support from Others Living with Pain

Like most people who sustain an injury, I never imagined that the resulting pain would become part of my daily life.

For years, even on my not every day managing the grooves of a small catering business toward and operated. In the spring of 2020, I secured my acute nerve in a workplace accident, leaving me with degenerative disc disease. I was then diagnosed with complex regional pain syndrome (CRPS), which can cause excessive sweating, or thickening, pain and sensitivity to touch. I had multiple surgeries and tried different treatments for my pain, but nothing worked.

The constant pain put a huge strain on my personal life. I got divorced, and my relationships with my six siblings suffered. Ultimately, once I accepted that the pain was chronic, I had to sell my business.

Once I realized my pain wasn't going away, I started looking for support. There were no real other people in similar situations, and I thought it would be helpful to talk to them about our shared experiences.

As one of the nearly 100 million people in the U.S. who are living with pain, I've felt isolated. But the need for recovery and support is universal. I joined the Connecticut Pain Foundation, a nonprofit that provides a community for people living with pain to meet, spread, and I soon helped the Connecticut Pain Foundation grow into the U.S. Pain Foundation, a nonprofit dedicated to serving people who live with pain and their caregivers.

With more than 70,000 members nationwide, the U.S. Pain Foundation advocates on behalf of Americans living with pain. We track bills and engage with government officials or a regular basis. We make sure the voices of people living with pain are heard when national pain policy is written. We have supported legislation in several states that encourage pharmacists to "name direct" prescriptions for pain medication, and we are working to get similar legislation passed across the country.

In an effort to raise awareness and destigmatize the stigma of all sorts of people living with pain, the U.S. Pain Foundation has started projects like the "Visible Project," a traveling display that brings to life the many faces of people living with pain through real photos. We also work to bring the pain community together through programs like the focus of healing, a private, online support community, or our Pain Ambassador Network, which relies on a network of volunteer advocates to be the voice of people in pain and who give hope to their communities.

While I am honored to have the privilege to lead a national pain organization, I consider myself first and foremost to be a person who lives with pain. I relate to the struggle and isolation pain brings, and I know how important it is to feel heard and understood. The U.S. Pain Foundation was created to help people with pain for people with pain. Everyone involved in our organization either has pain or is a caregiver of a person with pain.

I believe that if we work together, we can reduce the suffering pain brings with it, along with the isolation, depression, stress and anger it breeds.



About the
Author: Paul
Gilmore

Paul Gilmore has become a strong voice in the chronic pain awareness movement. His mission and message in life are clear—to empower and support those living with pain. He believes that by creating new ways to cope, those with pain can find personal answers that enable them to grow and live once more with meaning and purpose.

In 2003, Paul suffered a workplace injury that severed his sciatic nerve and left him with degenerative disc disease. After multiple failed back surgeries, gaining physical therapy and various pain management therapies, he came to accept that his pain was chronic. In time, Paul discovered that he had a new calling in life—helping chronic pain survivors.

Living with degenerative disc disease, failed back syndrome and complex regional pain syndrome for more than three years, Paul eventually founded the Connecticut Pain Foundation in 2005, which later grew into the U.S. Pain Foundation. U.S. Pain works to increase, inform, empower and advocate for the pain community. In addition to his work with U.S. Pain, Paul is on the Advisory Board for EndPathways magazine, the co-administrator of Heroes of Healing and co-director of the Visible Project. As part of his work with U.S. Pain, he advocates for and supports legislation at the state and federal level that ensures access to quality pain management, supports various organizations that raise awareness and fund research on behalf of the chronic pain community, as well as endeavors that help perceptions about pain and promote change.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

RELATED STORIES

September 2025

Timothy Goss, founder and Executive Director of the American Chronic Pain Association, discusses the importance of support groups and finding a balanced approach to pain management.

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Pain Perspectives Community Page

Advocating for Pain Policy, Responsible Opioid Use

In addition to the physical, emotional, and spiritual challenges of living with pain, many people also feel misunderstood by others who don't share their experiences. Unfortunately, that misunderstanding can affect legislation and policy regarding development of and access to pain medication.

Individual states typically take the lead in defining and regulating the practice of pain management through licensing boards, regulatory agencies and legislation. Without proper consultation, the policies they put in place can stand in the way of effective pain management for people living with pain.

The State Pain Policy Advocacy Network (SPPAN), a project of the Academy of Regulatory Pain Management (formerly American Academy of Pain Management), works at the federal and state levels to advance pain policy that supports the needs of people living with pain. To do this, we tag thousands of bills and regulations across nearly 20 topic areas, analyzing them for their potential impact on people living with pain and providers of pain care. This allows us to give advocacy leaders information about current pain-related policy proposals in their states and share tools and resources to help them motivate or negotiate advocates.

Our organization advances integrative pain care through advocacy and education, and has been our mission since 1988. Providing quality pain care requires excellent communication between the provider and the person with pain and an individualized approach to selecting appropriate treatment. Opioid therapy is part of this amelioration of care for some people with pain, and advocating for responsible opioid use is of utmost importance. If we take care of pain policy, we'll already be the development and availability of opioid medicines with abuse-deterrent technology (ADT). Opioid abuse and misuse has become a topic of national concern. Many people who abuse opioids swallow them, but others crush, cut or melt them, bypassing the extended-release mechanism present in many opioids and delivering the full dose of the drug to the bloodstream faster. Because data have shown that most prescription opioids used improperly come from medical cabinets of friends or family, working to ensure increased access to ADT opioids may help prevent opioid-related overdose deaths by making the medications less desirable to those who would abuse them.

Healthcare providers and people living with pain recognize the risk of abuse and misuse and are eager to find a solution while protecting access to these medications in order to keep them in the hands of those who need them. Researchers and drug manufacturers are hard at work developing abuse-deterrent options that make opioid pills more difficult to tamper with and reduce their potential to be abused. In addition to this technology, healthcare professionals can provide resources and tools to help educate people experiencing or living with pain on how to appropriately use, store and dispose of opioid medications to help prevent abuse and misuse. You can learn more about abuse-deterrent technology here and find information about properly using, storing, and disposing of opioids here.

SPPAN is following bills in 25 states that aim to increase access to opioids with ADT by requiring insurers to cover them and/or discouraging pharmacists from substituting medicine with ADT for medicine with non-ADT.



About the Author:
Amy Goldstein

Amy Goldstein, MSW, currently serves as the Director of State Pain Policy Advocacy

Network. She has an extensive history in the policy and advocacy arena, having served as the leader of the Massachusetts Pain Initiative, and later overseeing all New England state pain initiatives for the American Cancer Society. Most recently, as Sr. Director of Programs, Services & Advocacy, she was a leader in institutionalizing advocacy for the National Multiple Sclerosis Society's Mid-America Chapter. These efforts demonstrate her proven ability to develop advocacy networks and lead them in producing positive results.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

RELATED STORIES

September 2016

Paul Gilens, Founder of the U.S. Pain Foundation, shares his story of living with pain and his perspective on the pain community's role in addressing some of the most prevalent chronic illnesses.

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Pain Perspectives Community
Blog

2015 Rx Abuse Survey Results

Physicians and People Affected by Chronic Pain Open Up About Rx Abuse

Prescription drug abuse is a serious public health problem that is having a significant impact on our society and more directly, on the relationships between people affected by pain and their physicians. 2015 Survey Results shed light on the challenges that exist in this evolving pain care landscape. How do clinicians and people with pain balance the need to talk about the impact of pain on everyday life and the risks of abuse and misuse associated with prescription opioid medications? These survey results reveal that both clinicians and people affected by chronic pain recognize their important role in helping to reduce the risk of abuse, but feel that discussing the topic can be uncomfortable. Clinicians and people with chronic pain agree that information and practical resources that help address this complex problem are greatly needed. Dig deeper into the perspectives of clinicians and people affected by pain through the survey results infographic below.

[VIEW SURVEY RESULTS INFOGRAPHIC](#)

Clinicians and people affected by pain open up about rx abuse



PainMatters.com provides information and resources for physicians and people affected by pain to help mitigate the risk of abuse and misuse and support ongoing dialogue. Practical discussion guides and a variety of downloadable resources are available for healthcare professionals in addition to a resource section specifically designed to support people affected by pain.

[ACCESS TOOLS & INFORMATION FOR HEALTHCARE PROFESSIONALS](#)

[FIND RESOURCES & SUPPORT FOR PEOPLE AFFECTED BY CHRONIC PAIN](#)

About the Survey

A survey conducted on behalf of Teva in partnership with the U.S. Pain Foundation and the American Academy of Pain Management explores how impacting the pain care landscape. The survey included 1,100 prescribing healthcare professionals and 1,044 adults with chronic pain taking medications to manage their pain. The survey was conducted from January 21 to February 10, 2015.



About the Author: Bob Twillman, PhD

Bob Twillman, Ph.D., is the Executive Director for the American Academy of Pain Management. In that capacity, Dr. Twillman is responsible for overseeing federal and state pain policy developments and advocating for these, providing an integrative approach to managing pain. He also serves as Chair of the Prescription Monitoring Program Advisory Committee to the Kansas Board of Pharmacy. Dr. Twillman received his Ph.D. in Clinical Psychology at the University of California in Los Angeles, and maintains a volunteer faculty appointment as Clinical Associate Professor of Psychiatry and Behavioral Sciences at the University of Kansas School of Medicine in Kansas City, KS. Prior to taking his current position, Dr. Twillman was a full-time faculty member at the University of Kansas Medical Center, where he founded and directed the inpatient pain management program and was a co-founder of the hospital's Palliative Care Team. He has been actively involved in pain policy through his work with the Alliance of State Pain Initiatives and the American Pain Society for many years.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

RELATED STORIES

July 2015

[Understanding Clinical Abuse Potential \(CAP\) Studies](#)
Michael J. Brennan, MD answers commonly asked questions and provides insight into the purpose and rationale for CAP studies.

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Beyond the Suffering, My Battle for Grace



One Woman's Inspiring Journey with Chronic Pain

As a woman who has lived with the devastating effects of chronic pain for nearly 33 years, I feel blessed to share my experiences and encourage others facing a similar struggle. My journey with chronic pain began with a minor baller injury in my right hamstring when I was 21 years old, but that was only the beginning. My injury had triggered the onset of a chronic pain disease, Complex Regional Pain Syndrome.

Over the next 13 years, I fought to find a diagnosis as doctors, one after another, told me it was all in my head. I was left bedridden for a decade and unable to speak for five years while the pain spread throughout my body and attacked my vocal cords. I felt utterly alone. This lack of belief in me, and the terrible pain I was experiencing, led to feelings of anger, depression, and eventually thoughts of suicide. I felt doubted and dismissed because I was a woman. I never imagined I might someday turn my suffering into something of value.

Through the love and support of my life partner, John, I was able to let go of the negative and began to reinvent myself. Finally, and most importantly, I accepted suffering as an intimate part of me and, indeed, my new normal. I found a voice as a healthcare reform advocate and launched For Grace to help other women with pain. Helping women heal and make positive choices has brought blessings into my life – a physical remission and emotional healing beyond anything I could have imagined. I know how precious each moment is and on a daily basis, I experience the great reward of helping people. I wouldn't change my life for anything.

Watch Her Story

It is my privilege to be able to share my story as part of the *Pain Matters Documentary*, produced by the Discovery Channel. Watch the full documentary to hear more about my life and the experiences of others with chronic pain. You can also watch a preview of my story.



About the Author: Cynthia Toussaint

Cynthia Toussaint is the founder and spokesperson for For Grace, an organization that promotes better care and wellness for women in pain. Toussaint championed and gave key testimony at two California Senate hearings – one was dedicated to CRPS awareness, the second explored the gender bias and chronic undertreatment of women in pain. Her current Step Therapy bill, a six-year effort at this stage, will reform an unethical prescription practice used by the health insurance industry to save money in a way that increases the suffering of California pain patients. She is the author of *Battle for Grace: A Memoir of Pain, Redemption and Impossible Love*. For more about the author and dealing with chronic pain please visit ForGrace.org.

Cynthia Toussaint serves as a paid consultant for Teva Pharmaceuticals.

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March 2015

[Pain Matters Film Clips](#)

Short video stories from people affected by chronic pain and their loved ones.

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Pain Perspectives Community Blog [SHARE](#)


Living with Pain Perspectives

The *Pain Matters* documentary, produced by the Discovery Channel, chronicles the lives of people affected by chronic pain and their loved ones. Throughout the documentary film, participants shared personal details on how living with chronic pain has affected their ability to take part in activities and even its impact on their relationships.


Watch short clips from the documentary to understand first-hand what it is like to live with chronic pain.



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WATCH THE FULL PAIN MATTERS DOCUMENTARY

The Pain Matters documentary, produced by the Discovery Channel, chronicles the lives of people affected by chronic pain and their loved ones. Throughout the documentary film, participants shared personal details on how living with chronic pain has affected their ability to take part in activities and even its impact on their relationships.

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March 2015
[Welcome to Pain Perspectives](#)
Melanie Rosenblatt, MD, provides an introduction to Pain Perspectives

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Teva Pharmaceuticals and Pain Management

At Teva Pharmaceuticals, we understand that chronic pain affects more than 100 million Americans.¹ It can greatly affect people, touching many aspects of their lives, including their physical health and ability to participate in daily tasks.



Our Commitment to Pain Care

Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain. With a diverse portfolio and pipeline, we are working to help advance treatments in pain management. Prescription opioid medications are an important part of a treatment plan for many people living with chronic pain, but we know that they carry a serious risk of abuse and misuse.² Teva is equally committed to addressing the serious problems of chronic pain and prescription drug abuse.

As part of our ongoing commitment to support healthcare professionals and patients dealing with chronic pain, we are developing an innovative abuse deterrence technology platform to address the challenges of opioid abuse and misuse.

To learn more about Teva and our commitment, visit us online at TevaUSA.com.



Community Collaboration

As a company, Teva takes this commitment beyond its products, leading education and abuse-mitigation efforts. We're also working to develop educational resources and partner with a variety of stakeholders. In this complex pain care environment, Teva is focused on keeping patient needs at the center of all we do.

[VIEW CALENDAR](#)

Next Steps

[Go to Understanding Pain Management & Opioid Abuse >](#)

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Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Tools & Resources
Use these tools and downloads to learn more about responsible opioid use



Abuse Deterrence Technology Guidance
Recent FDA guidance on evolving abuse deterrence technology

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Be the Voice that Inspires Change DESIGN FOR DIALOGUE



According to recent research, both people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.¹⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.¹⁸

Design for Dialogue is an initiative intended to allow the pain community to rethink the exam room experience and design a space to help address the uncomfortable nature of these complex issues. What would the ideal doctor's office exam room look like to make you feel most comfortable?

Customize Your Ideal Exam Room DESIGN FOR DIALOGUE



1. Customize your ideal exam room by selecting:

- Wall color
- Lighting
- Furniture
- Flooring
- And resources you see most valuable



2. Share your insights into how to have a more open conversation around pain and responsible pain management under the "Resources" tab. **Don't forget to Save and Submit your expert perspective!**

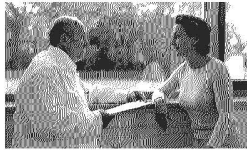
Your experience may be showcased to highlight the community's perspective.

Let's Start With Wall Color

Wall Color	✓
Lighting	✓
Furniture	✓
Flooring	✓
Resources	✓



Be the Voice that Inspires Change DESIGN FOR DIALOGUE



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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Get Started

It is widely agreed upon that the color of the walls in a room can greatly affect the mood of its occupants.²⁹ What is the right color for you for creating a comfortable place to talk about pain?

Choose your preferred wall color out of the following swatches:

Classic Light Buff	Sticks & Stones	Moody Blue
Watery	Martini Green	Mythical

Choose Your Lighting

Lighting

Furniture

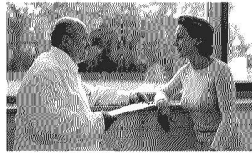
Flooring

Resources





Be the Voice that Inspires Change DESIGN FOR DIALOGUE



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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Get Started

What's New

Simple adjustments in lighting have been shown to affect productivity, mood and attentiveness.²⁹ What lighting would you prefer in your ideal exam room?

Choose your preferred lighting out of the following swatches:

Table Lamp	Floor Lamp	Ceiling Light-Fixture
Bright LED Lighting	Fluorescent Lighting	Natural Light

Choose Your Furniture

Furniture

Floors

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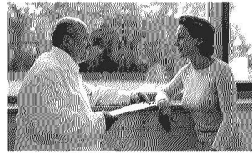
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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Get Started

Wall Color

Lighting

Furniture, specifically the shape, can elicit different emotional responses from observers.²³ What furniture design would make you feel most comfortable?

Choose your preferred furniture out of the following swatches:

Modern Couch

Couch Chair

Modern Armchair

Curved Armchair

Coffee Table & Chairs

Reclining Chair

Choose Your Flooring

Floors

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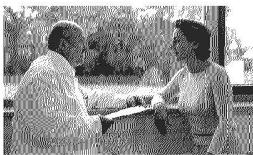
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TEVA_MDL_A_00766293

P-29492 _ 00130



Be the Voice that Inspires Change DESIGN FOR DIALOGUE



According to recent research, both people affected by pain and health-care professionals treating pain feel that exam-room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

Design for Dialogue is an initiative intended to allow the pain community to rethink the exam room experience and design a space to help address the uncomfortable nature of these complex issues. What would the ideal doctor's office exam room look like to make you feel most comfortable?

Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Not Stated

Wall Color

Lighting

Flooring

Flooring has been noted to affect the immediate judgment of space.²⁹ What flooring do you prefer?

Choose your preferred flooring out of the following swatches:

Big Tile

Small Tile

Carpet

Dark Hardwood

Light Hardwood

Linoleum

Add Dialogue and Submit Your Design

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Community Engagement

SHARE

Be the Voice that Inspires Change DESIGN FOR DIALOGUE



According to recent research, just people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Get Your ID

Wait Time

Lighting

Furniture

Powering

Meaningful communication in the exam room is a delicate balance that requires maintaining a relationship, similar to a friendship. According to Dr. Julie K. Rieger, "Healthcare professionals navigate emotional navigation as much as objective truth."²⁹

What resources would help facilitate communication?

For Healthcare Professionals



State Pain Inventory (SPI) tool

For Healthcare Professionals



Pain Room Conversation Guide

For People Affected by Pain



Pain Self-Assessment

For People Affected by Pain



Talking to Your Doctor Conversation Guide



Tell us a little about yourself:

Your State

Is this someone else's profile?

Are you a person living with chronic pain, family member, healthcare professional, or other?

Person living with chronic pain

The state you're from

Select one

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Community Engagement

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Be the Voice that Inspires Change DESIGN FOR DIALOGUE



According to recent research, both people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of abuse and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

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Customize Your Ideal Exam Room

DESIGN FOR DIALOGUE

Get Started

Wait List

Lighting

Furniture

Powering

Meaningful communication in the exam room is a delicate balance that requires maintaining a relationship, similar to a friendship. According to Dr. Julie K. Rieger, "Healthcare professionals navigate emotional navigation as much as objective truth."²⁹

What resources would help facilitate communication?

For Healthcare Professionals



Share Your Story (PDF)

For Healthcare Professionals



Share Your Story (PDF)

For People Affected by Pain



Take Self-Knowledge

For People Affected by Pain



Take Knowledge



Tell us a little about yourself:

Your Name

Your Email Address

Are you a person living with chronic pain, family member, healthcare professional, or other?

☐ Person living with chronic pain

☐ Family member

☐ Physician

☐ Other healthcare professional

☐ Other

Select one

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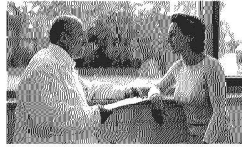
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Be the Voice that Inspires Change DESIGN FOR DIALOGUE



According to recent research, both people affected by pain and healthcare professionals treating pain feel that exam room conversations can be uncomfortable.²⁷ The pressure to open up about the impact of pain on everyday life in an unfamiliar environment and discuss the risks of addiction and misuse associated with opioid medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and behavior.²⁸

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Customize Your ideal Exam Room

DESIGN FOR DIALOGUE

Wall Stained

Wall Color

Seating

Furniture

Flooring

Thank you for sharing.

✉️ DON'T FORGET TO EMAIL YOUR DESIGN

We understand your time is precious and it's not easy to open up about the impact of living with pain and the challenges of pain management. We appreciate your time in helping to open and better inform the conversation around the effects of pain and responsible pain management.

Encourage Others to Join the Conversation

Members of the pain community are the experts on understanding the effects of living with pain and addressing the challenges of treating and managing pain responsibly. Choose one of the simple ways below to help your friends, family, and advocates for pain care to join the conversation.

f FOLLOW PAIN MATTERS ON FACEBOOK

yt FOLLOW PAIN MATTERS ON YOUTUBE

📄 SHARE

👤 JOIN THE PAIN MATTERS COMMUNITY

Design Another Room!



Enroll today for your free DVD >



Community Engagement

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Pain Matters Documentary

Produced by the Discovery Channel

Pain has reached epidemic proportions in America. Almost 1 in 10 of the population—100 million people—suffer from chronic pain. The problem is real, and can impact many aspects of daily life. To take on chronic pain, you must be working as both a healthcare professional and a patient, to keep trying and continue searching for a treatment plan that works. This documentary offers an uplifting overview of the journeys of people dealing with a variety of chronic pain conditions and how they have managed the pain. — Paul Carson, MD, PhD



REQUEST YOUR COPY
OF THE PAIN MATTERS
DOCUMENTARY

SHARE VIDEO

Financial support, clinical inputs and other expertise for Pain Matters were provided by Teva Pharmaceuticals. It was produced by the Discovery Channel in collaboration with several advocacy organizations, including: American Academy of Pain Management, American Academy of Pain Medicine, American Chronic Pain Association, American Pain Society, American Society for Pain Management Nursing, U.S. Pain Foundation and For Grace.

Next Steps

[Learn About Teva's Commitment >](#)

Related Content



Programs and Policies

Learn about efforts in education and policy making



Tools & Resources

Find screening tools and educational resources



Opioid Abuse Deterrence Technology

Advances in technology address the challenges of opioid abuse

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At last, we understand the impact of physical pain—on emotions, decisions, etc.—The art community is supporting healthcare research, and artists are at the heart of navigating the complex, evolving, and ever-changing landscape. Be sure to check back regularly for future news, meetings, conferences, and events for the public and for healthcare professionals.

SEPTEMBER 22, 2017

For instance, a nonprofit organization devoted to promoting better care and welfare for women in prison, www.womeningprison.org, is still in need of funding in Los Angeles at the "Orange County Fair Showers." The event will assemble thought leaders and decision makers to discuss and find solutions to prison care in the state of California. I will highlight the historic mission of a women's resource center during and the incorporation of components in the state of California. The mission, a topic in members of the public.

NOVEMBER 14, 2017

The November meeting of the Alliance for Balanced Port Management, held in an all-day session, involving panel discussions, featured lectures, and on-site involvement in navigating the complexities of maritime risk management and the services that global providers have accessing comprehensive economic and multilateral port calls, evidence the role of balanced port management in national efforts to reduce delays. The summit's attendees and organizers include government, academia, maritime providers, industry representatives, and government officials.

Teve has compiled a comprehensive list of meeting, and conference for healthcare and pharmacy professionals on various top-estimated chronic care. From ongoing the calendar years below to make your search.

DOI: 10.1002/anie.201705171

AUGUST 3-5, 2007

SEPTEMBER 3-9, 2017

SEPTEMBER 9, 2001

SEPTEMBER 2011

Septemher 10-14, 2007

SEPTEMBER 12-17, 2017

Dr. Paul J. Hargrett-Keay, DVM, MS, PhD
University of California, Davis
1000 University Ave., Davis, CA 95616
Tel: 530/752-1100 ext. 2100
Fax: 530/752-1100 ext. 2100
Email: phargrett@ucdavis.edu

Dr. Andrew D.

OCTOBER 1-30, 2017

OCTOBER 19-22, 2017
 San Diego Convention Center
 San Diego, CA

NOVEMBER 12-15, 2017

NOVEMBER 13-19, 2017

2020 ✓

Next Steps
Reviewed for People Affected by Fire

- **Understanding Pain**
Watch the *Pain Matters* documentary to learn about the impact of chronic pain.
- **Consensus Insights**
Pain Perspectives—hear from the pain community.
- **Tools & Resources**
Find screening tools and educational resources.



Healthcare Professionals 27 830-936

Understanding Pain Management & Opioid Abuse and Misuse

Integrated Care Addresses the Multiple Features of Chronic Pain

Integrated Care Addresses the Multiple Features of Chronic Pain



THE ALLIANCE FOR PATIENT ACCESS IS A 501(c)(3) NON-PROFIT ORGANIZATION
ALLIANCE FOR PATIENT ACCESS

Opioids in Chronic Pain Management

Prescription pain medications, such as opioids, may be an appropriate and important treatment option for people whose chronic pain is not adequately managed with other methods.^{2,3,4} The Surgeon General offers a comprehensive checklist for prescribing opioids for chronic pain.

Understanding Opioid Abuse & Misuse

More than 12 mill on people reported the abuse or misuse of pain medications in 2013.¹³ The prior year, abuse and misuse of prescription pain medications sent more than 475,000 people to emergency departments, a number that nearly doubled in just five years.¹⁴

Abuse is the nonmedical use of a drug for the positive psychoactive effects it produces.¹⁵ The most common form of opioid abuse is swallowing a number of intact pills¹⁶, but opioid analgesics can be abused in a number of ways:¹⁷

- Crushed and swallowed
- Crushed and snorted
- Crushed and smoked
- Crushed, dissolved, and injected



Alcohol-induced dose dumping, or the associated intake of alcoholic beverages together with oral controlled-release opioid formulations, is another form of abuse that may result in an uncontrolled and immediate drug release.¹⁸

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹⁹ It differs from abuse in that the user is not seeking an intentional high. Misuse can take many forms:²¹

- Using a drug for a different condition than that for which the drug is prescribed
- Taking more drug than prescribed or at different dosing intervals
- Using a drug without a prescription for therapeutic purposes

Next Steps

Go to the [Pain Matters Programs & Tools](#) box for Abuse Deterrence >

Related Content

1. Resources for Healthcare Professionals
Use these tools and downloads to learn more about responsible opioid use
2. Understanding Chronic Pain
Watch the Pain Matters documentary to learn about the impact of chronic pain
3. Community Insights
Pain Perspectives—hear from members of the pain community
4. Abuse Deterrence Technology
Advances in technology address the challenges of opioid abuse

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Healthcare Professionals > SHARE

Stakeholder Programs & Policies for Abuse Deterrence

As part of the pain care community, we understand that we all have an active role to play in the address of [responsible pain management and opioid abuse](#).^{1,2} Pain Matters is committed to providing the resources and guidance needed to mitigate opioid abuse and misuse.

Key Stakeholders Are Making Strides to Mitigate Risk

In a recent statement on prescription opioid abuse, the FDA discovered the need for various stakeholders to work together to develop strategies and regulations around the proper use of opioids, while preserving access to pain medications for the patients that need them most.^{3,4} Click on our stakeholder groups below to learn more.

Healthcare Professionals

The FDA has identified three key ways physicians can help combat the US opioid epidemic^{5,6} by obtaining education from us, in opioid therapy, reviewing the literature on the most current opioid drug alerts, and educating patients about the appropriate use of opioids, their doctors' risks, and proper disposal techniques.

Advocacy Organizations

Various advocacy groups offer educational programs to engage healthcare providers and amplify efforts in the prevention and distribution of prescription opioids. Many people who abuse or misuse opioids have obtained them without a prescription, so understanding and following appropriate use through the medical professionals can help reduce the risk of abuse and diversion. [Resources are available.](#)

Pharmaceutical Industry

The FDA encourages the ongoing study of [abuse deterrence technologies](#) for new prescription opioid medications. Teva Pharmaceuticals takes the responsibility to help mitigate the risks of abuse seriously and is working on solutions to help mitigate the risks, working to develop and implement measures, and promoting the availability of state-of-the-art. [Please register](#) and follow us on [Facebook](#) to be notified when new information and resources become available.

Government

Due to the complex issues surrounding opioid abuse and misuse, various federal and state programs and policies have been put in place to help in the fight against the epidemic. These include measures to prevent abuse, addiction, and diversion, such as allowing and supporting the appropriate use of prescription drugs by those who need them.^{7,8} Abuse mitigation programs and policies include:

Prescription Drug Monitoring Programs (PDMPs) are in place in 48 states to help detect and reduce the risk of diversion and abuse of prescription drugs at the practice and retail levels. These state programs allow for the collection and analysis of prescription data.^{9,10} Click here to see the benefits of positive reporting. [View more.](#)

The Drug Enforcement Administration's Schedules of Controlled Substances classify controlled substances into five categories according to the accepted medical use and the potential for abuse.¹¹ Schedule I drugs are considered the most dangerous, while Schedule V drugs are deemed to have the least risk for abuse.¹² Prescriptions which meet abuse potential are listed under Schedules I and II.^{13,14} The DEA plays an important role in managing abuse and diversion of opioids by enforcing the controlled substance laws and regulations in the US.^{15,16} Click here to see a list of the DEA drug scheduling categories. [View more.](#)

Risk Evaluation and Mitigation Strategies (REMS) are required to be used by the Food and Drug Administration (FDA) for pharmaceutical manufacturers to ensure that the benefits outweigh the risks for certain drugs.¹⁷ Click here to learn more about the comprehensive REMS that can be used by the pharmaceutical industry.¹⁸ [View more.](#)

Next Steps

Go to the business is Abuse Settlement.

Related Content

- Resources for Healthcare Professionals**
Find screening tools and educational resources
- Community Insights**
Pain Perspectives: hear from members of the pain community
- Understanding Pain Management & Opioid Abuse**
Find information on treatment options for managing pain

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Stakeholder Programs
& Policies for Abuse
Deterrence

As a part of the day's celebration, the participants had an outdoor picnic in the field. The majority of the children expressed their enthusiasm for the outdoor picnic. The children also enjoyed the outdoor picnic. The children also enjoyed the outdoor picnic.

Key Stakeholders Are Making Strides to Mitigate Risk

Healthcare Professionals

Advocacy Organizations

[illegible]

Pharmaceutical Industry

[illegible]

Government

Prescription Drug Monitoring Programs (PDMPs) are a key tool for identifying and preventing misuse of controlled substances. PDMPs are state-run databases that track the prescribing and dispensing of controlled substances. They are designed to help healthcare providers identify and prevent potential misuse, such as doctor shopping or the use of multiple prescribers. PDMPs are also used to identify and prevent the diversion of controlled substances for non-medical use. PDMPs are typically run by the state health department or a similar agency. They are often used in conjunction with other tools, such as patient education and counseling, to reduce the risk of misuse.

[illegible]

The Drug Enforcement Administration's
Schedule of Controlled Substances 11

DEA Drug Scheduling Categories^{1,2}

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It is essential that we have a full awareness for those affected by drugs, we find our pages a drug of choice. Suggestions with personality from your page to support the cause.

“Ingen with a high potential for abuse, low abuse potential, limited side effects, low use potential, and no more psychological or physical dependence than drugs in the immediate category.”

Days with windows can provide a good and safe place to sleep, too. From your bed, you can watch the birds, but you can't hear them.

Images with a low potential for abuse and low level of offensiveness

economic and political conditions in the region. The study also found that the impact of the crisis on the region's economy was significant, with a decline in GDP and a rise in unemployment. The study also found that the crisis had a negative impact on the region's political stability, with a rise in political violence and a decline in democratic governance. The study also found that the crisis had a negative impact on the region's social conditions, with a rise in poverty and a decline in social services. The study also found that the crisis had a negative impact on the region's environment, with a rise in deforestation and a decline in natural resources. The study also found that the crisis had a negative impact on the region's culture, with a rise in cultural violence and a decline in cultural heritage. The study also found that the crisis had a negative impact on the region's health, with a rise in disease and a decline in health services. The study also found that the crisis had a negative impact on the region's education, with a rise in illiteracy and a decline in educational services. The study also found that the crisis had a negative impact on the region's infrastructure, with a rise in poverty and a decline in infrastructure services. The study also found that the crisis had a negative impact on the region's security, with a rise in crime and a decline in security services. The study also found that the crisis had a negative impact on the region's justice, with a rise in corruption and a decline in justice services. The study also found that the crisis had a negative impact on the region's human rights, with a rise in human rights violations and a decline in human rights services. The study also found that the crisis had a negative impact on the region's environment, with a rise in deforestation and a decline in natural resources. The study also found that the crisis had a negative impact on the region's culture, with a rise in cultural violence and a decline in cultural heritage. The study also found that the crisis had a negative impact on the region's health, with a rise in disease and a decline in health services. The study also found that the crisis had a negative impact on the region's education, with a rise in illiteracy and a decline in educational services. The study also found that the crisis had a negative impact on the region's infrastructure, with a rise in poverty and a decline in infrastructure services. The study also found that the crisis had a negative impact on the region's security, with a rise in crime and a decline in security services. The study also found that the crisis had a negative impact on the region's justice, with a rise in corruption and a decline in justice services. The study also found that the crisis had a negative impact on the region's human rights, with a rise in human rights violations and a decline in human rights services.

[illegible]

- **Induktion** (Schrittweise Erweiterung) (nicht)

* Communication Plans: <http://www.cdc.gov/od/ohrt/commplan.htm>

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• **Angewandte Mathematik (Satz 1.1)** $\mathbb{R}^n \rightarrow \mathbb{R}^m$, $n < m$

$f: \mathbb{R}^n \rightarrow \mathbb{R}^m$, $f(x) = (f_1(x), \dots, f_m(x))$

$f_1, \dots, f_m: \mathbb{R}^n \rightarrow \mathbb{R}$, $f_1(x) = x_1^2 + x_2^2 + \dots + x_n^2$, $f_2(x) = x_1^2 + x_2^2 + \dots + x_n^2$

• Transmittance des Hg-Strahls: 100% Absorption

Test Step

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Advancements in Abuse Deterrence

Scientifically driven solutions are needed to help combat opioid abuse, including potential abuse deterrent technologies.

Evolving Strategies Address Abuse Potential

According to the CDC, opioid abuse is the nation's fastest growing drug problem and it is among the top three premeditation drug abuse.¹ Scientifically driven solutions are needed to help combat this serious public health epidemic, including strategies to mitigate risks, abuse, dependence, technology, and continued scientific research.²

In April 2015, the Food and Drug Administration (FDA) issued guidance to assist the pharmaceutical industry in developing new formulations of opioid drug products with potential abuse-deterrent properties,⁴ which it believes have promise to help reduce, though not necessarily prevent, opioid abuse.⁵

Studies Evaluate New Potentially Abused Deterrent Technologies

In order to assess the impact of a potentially abusive detergent product, the FDA recommends looking at data from the below categories of pre- and postmarket studies.

Category I: Laboratory Manipulation and Extraction Studies ▾

Category 2: Pharmacokinetic Studies ▾

Category 3: Clinical Abuse Potential Studies ▼

Category 4: Postmarket Studies

Labeling for Abuse Deterrent Opioid Formulations

Labeling for an abuse-deterrent product should include a description of the abuse-deterrent properties, as well as the specific routes of abuse that the product has been developed to deter. To inform health-care professionals, the patient community, and the public about a product's abuse potential, the FDA also encourages pharmaceutical companies to submit the results of premarket studies in Categories 1, 2, and 3, and Clinical Category 4 postmarket studies.

When preliminary data show that a product's shade-determining properties can be expected to result in a meaningful reduction in their need for labeling, therefore, a label on a product labeling. These preliminary data become available, that data may also be added to the product labeling. If the preliminary data do not demonstrate a reduction in labeling, or if the data demonstrate a shift in results of shade that represent a greater risk, the FDA may determine that labeling remains an option.



Abuse Deterrence Technology
Formulations Target Known
Routes of Abuse

In April 2015, the FDA issued guidance to assist the pharmaceutical industry to develop new formulations of solid dosage forms with abuse-deterrence properties.⁵ Many abuse-deterrence techniques designed to deter are designed to make product manipulation more difficult, and abuse of the manipulated product less attractive or rewarding.

PHYSICAL & CLINICAL BASIS:

Opioid Agonist/Antagonist

An optical interrogator can be added to an optical system, such as barcode reader, or defined through a 'tag' or 'signature' associated with a device. For example, a tag may be 'born dead' such that the interrogator is not classically active when fashioned but becomes active if the product is crushed and deformed or scanned.⁶

APPENDIX

NEW MOLE

DRUG DELIVERY SYSTEM

CONCLUSION

STONE, A. F. 1961.

Next Steps

[SARA BONVINI, sara.bonvini@unipr.it](mailto:sara.bonvini@unipr.it)

Estimated Cost:

- Community Insights
Pain Perspectives—real from members of the pain community
- Interconnecting Pain Management & Opioid Abuse
Find information or treatment options for managing pain
- Stakeholder Programs & Policies for Abolition
New strategies address abuse potential





People Impacted by Pain



SHARE

Understanding Chronic Pain



Chronic and Acute Pain

Pain is a serious medical condition that can impact anyone at any time. Pain that lasts only for a short period of time is called acute pain; it's a normal feeling that typically alerts us to a possible injury.⁶ Chronic pain is very different. Chronic pain is often defined as any pain that lasts for 12 weeks or longer.⁶ According to the Institute of Medicine, chronic pain is estimated to affect approximately 100 million American adults.¹

Chronic pain may be caused by an initial injury or there may be an ongoing cause, like a medical illness.⁶ But for some people, there may also be no clear cause.⁶ Other health problems, such as fatigue, sleep disturbance, decreased appetite, and mood changes, often accompany chronic pain.⁶ Chronic pain may affect people's ability to participate in daily tasks.¹

Next Steps

[Go to Managing Your Chronic Pain >](#)

Related Content



Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Managing Your Chronic Pain
Work with your doctor to find the pain care plan that is right for you



Support for Living With Chronic Pain
Links to advocacy and support groups for people with pain

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Finding the Right Chronic Pain Care Plan for You



Working with Your Doctor

How chronic pain is experienced is unique to every person.⁵ There is no test to measure how chronic pain feels or exactly where it is located.⁵ So, your doctor will rely on you to tell him or her how the pain feels, how often you experience the pain, and where exactly it hurts.⁵ Defining pain as sharp or dull, constant, on-and-off, burning, or aching may give the best clues to the cause of the pain.⁵ These descriptions are part of what is called the pain history. Your healthcare team will usually start your appointment by discussing your pain so they understand your pain history.⁵

A Pain Treatment Team

Since chronic pain may occur in a variety of locations in the body and for many different reasons, it is important for you to work with your doctor to identify the causes and symptoms of your pain to find the treatment plan that works for you.⁵ The best treatment plans are tailored to each individual person with input from healthcare team members.⁵ It may be helpful to work with several healthcare professionals who have different training backgrounds and an understanding of chronic pain.⁵ The person in pain and his or her loved ones must also be actively involved in the treatment plan.⁵

Types of Chronic Pain Management

The overall goal of chronic pain management is to reduce the pain to help people return to daily living.⁶ While there are a variety of options available to treat chronic pain, it usually cannot be cured, only managed.⁶ A variety of options exist for you and your pain care team to create the treatment plan that is right for you.⁷ These options include⁶⁻⁷:

- Psychotherapy
- Meditation
- Massage therapy
- Behavior modification
- Acupuncture
- Electrical stimulation
- Nerve blocks
- Surgery
- Medicines (aspirin, acetaminophen, nonsteroidal anti-inflammatory drugs, topical anesthetics, opioid medicines)

Next Steps

[Go to: Prescription Opioid Medicines >](#)

Related Content



Talking to Your Doctor
Helpful tips on talking to your doctor about your pain and questions to ask



Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Use, Storage & Disposal
Appropriate use, storage and disposal guidelines for your prescriptions

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People Impacted by Pain SHARE

Prescription Opioid Medicines

What You Need to Know

Your doctor may decide to prescribe a prescription pain medicine known as an opioid.¹ These prescription medicines may be an appropriate treatment option for people living with chronic pain that is not adequately managed by other methods.^{2,3} It's important to understand that all prescription opioid medicines have the potential to be abused and misused.⁴ If you are prescribed a prescription opioid medicine, it is important to understand the risks and who else may be affected.

Safeguarding those around you

The person prescribed a medicine isn't necessarily the only one at risk for abuse. More than three out of four people who misuse prescription pain medications do so by using medication prescribed to someone else.⁵ Recognizing environmental factors that may contribute to a greater potential for abuse could keep those around you safe. These risk factors include living in a household with adolescents, two vagers, someone with a history of substance abuse, or a high volume of visitors or staff.

What should I know about abuse and misuse?

It's important to know the difference between prescription drug abuse and misuse to understand who may be at risk.

Abuse

Abuse is a nonmedical use of a drug, repeatedly, or even sporadically, for the positive psychoactive effects it produces.^{6,7} The most common form of opioid abuse is swallowing a number of whole pill or tablets for the feeling or "high" it can cause.⁸ While swallowing pills is the most common form of abuse, prescription opioids can also be abused by being crushed or dissolved.⁹

Misuse

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹⁰ The key difference in abuse and misuse is that this medicine is not being used for an intentional high, so it is labeled misuse rather than abuse. Misuse can take many forms most people may not realize is misuse, for example¹¹:

- Using a drug for a different condition than that for which the drug is prescribed
- Taking more drug than prescribed or at different dosing intervals

Diversion

Diversion is a type of misuse that happens when people take prescription opioids that were not prescribed for them.¹² Unaware of the dangers of sharing medications, people often unknowingly support diversion by sharing their unused pain medication with their family members.¹³

What can I do to reduce the risk of abuse?

Everyone who is prescribed an opioid medicine can play a role in reducing the risk of those medicines being abused. Understanding how to appropriately use, store, and dispose of prescription opioid medicines can help decrease the chances that they will be abused or misused.

What else is being done to reduce the risk of abuse of prescription medicines?

Because prescription drug abuse is the nation's fastest growing drug problem, it's important for everyone involved to play a role if we are going to reduce the impact of prescription drug abuse on society.¹⁴ This means that doctors, pharmacists, government policy makers, advocacy organizations, pharmaceutical companies, and people who are prescribed opioid medications must work together.¹⁵

In order to help reduce the risk of prescription opioid medicines being abused, the pharmaceutical industry is changing the way they make, or manufacture, these medicines. Abuse deterrence technologies may make it more difficult to crush or dissolve opioid medicines and may help reduce how much someone likes the drug when they use it with the intention of getting high.¹⁶

Next Steps

See the Resources, User, Stories & Download >

Related Content

- Use, Storage & Disposal: Appropriate use, storage and disposal guidelines for your prescriptions
- Managing Your Chronic Pain: Work with your doctor to find the pain care plan that is right for you
- Support for Living With Pain: Links to advocacy and support groups for people with pain

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People Impacted by Pain

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Appropriate Use, Storage & Disposal

Using Prescription Opioid Medicines Appropriately

Following guidelines on appropriate use, storage, and disposal of your prescription pain medications is important. Prescription drug abuse is a serious public health issue.¹ Remember, the person who was prescribed a prescription opioid medication isn't always the only one who is at risk for abuse.



Use¹¹

- Take medications only as prescribed
- Be aware of risks
- Understand inappropriate use
- Never give prescription medicines to anyone else



Storage^{12,13}

- Hide or lock up opioid medications to avoid access by family, friends or houseguests
- Keep prescription medications in their original packaging so it is clear for whom the medications were prescribed and to save the directions for appropriate use



Disposal¹⁵

- Opioids may be disposed of through community-sponsored take-back programs
- If there are none available in your area, follow the Office of Drug Control National Policy recommendations for [environmentally friendly disposal](#)
- Learn more about appropriate [use](#), [storage and disposal](#) of prescription opioid medications.

Next Steps

[Go to Resources for People Affected by Pain >](#)

Related Content



Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain



Resources for Living with Pain
Links to advocacy and support groups for people with pain



Managing Your Chronic Pain
Work with your doctor to find the pain care plan that is right for you

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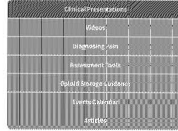


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Explore the resources below



Pain management experts address complexities of treating pain and the issue of prescription drug abuse.

Evolving Roles Same Goals Presentation



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Michael J. Brennan, MD

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Putting Patients First—Developing Abuse Deterrent Opioids Presentation



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Abuse Deterrence Technology Clinical Presentation



Joseph P. Holmboe, MD
Gregory L. Houtschmidt, PharmD

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Joseph P. Holmboe, MD, Gregory L. Houtschmidt, PharmD, Jeffrey A. Gudis, MD, Charles E. Argoff, MD, and Michael J. Brennan, MD, have been compensated for their work on Pain Science.

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Go to People Affected by Pain >

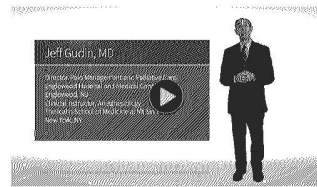




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Evolving Roles Same Goals Video Presentation Complexities in Pain Management



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About the Presenter: Jeffrey A. Gudrin, MD

Jeffrey A. Gudrin, MD, is Director of Pain Management and Palliative Care at Englewood Hospital and Medical Center in Englewood, NJ, and Clinical Instructor of

Anesthesiology at the Icahn School of Medicine at Mount Sinai. Dr. Gudrin received his medical degree from Albany Medical College in New York. He completed a residency as chief in anesthesiology at Yale University School of Medicine in New Haven, CT. He continued his training with an extended postdoctoral fellowship in pain medicine at the Yale Center for Pain Management, where he was actively involved in research and teaching.

Jeffrey A. Gudrin, MD, serves as a paid consultant for Teva Pharmaceuticals.

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Addressing Opioid Abuse: A Multifaceted Approach



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About the Presenter: Charles E. Argoff, MD

Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the Comprehensive Pain Center at Albany Medical Center in New York. Dr. Argoff is a member of the American Academy of Neurology, the International Association for the Study of Pain, the American Academy of Pain Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine Foundation Board.

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About the Presenter: Michael J. Brennan, MD

Michael J. Brennan, MD, is Senior Attending Physician at Bridgeport Hospital and Assistant Clinical Attending Physician at St. Vincent's Hospital in Bridgeport,

CT. In addition, he has a private practice in physical medicine and rehabilitation that specializes in the diagnosis and management of acute and chronic pain syndromes, electrodiagnosis, and cancer-related disabilities.

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Putting Patients First Video Presentation



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About the Presenter: Charles E. Argoff, MD

Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the Comprehensive Pain Center at Albany Medical Center in New York. Dr. Argoff is a member of the American Academy of Neurology, the International Association for the Study of Pain, the American Academy of Pain Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine Foundation Board.



About the Presenter: Michael J. Brennan, MD

Michael J. Brennan, MD, is Senior Attending Physician at Bridgeport Hospital and Assistant Clinical Attending Physician at St. Vincent's Hospital in Bridgeport, CT. In addition, he has a private practice in physical medicine and rehabilitation that specializes in the diagnosis and management of acute and chronic pain syndromes, electrodiagnosis, and cancer-related disabilities.

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Understanding Abuse-Deterrent Opioid Technology Clinical Presentation



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About the Presenter: Joseph P. Valenza, MD

Dr. Joseph Valenza received his medical degree from the State University of New York Health Science Center Downstate and completed his residency in physical medicine and rehabilitation at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School. He also earned a Master's of Structural/Biomedical Engineering from The Cooper Union in New York City. Dr. Valenza is board certified in physical medicine and rehabilitation, with additional sub-specialty certification in pain medicine. As a specialist in pain management, he treats individuals with a wide range of pain issues, including complex regional pain syndrome, repetitive motion disorders, and spinal cord injury.



About the Presenter: Gregory L. Holmquist, PharmD

Dr. Gregory L. Holmquist earned his Doctor of Pharmacy degree from the University of Washington in Seattle and has been a practicing clinical pain management and palliative care pharmacist for over 20 years. In addition to being the Director/Owner of Palliative Care Strategies, Dr. Holmquist currently provides direct patient care and consultative services for the chronic non-cancer pain and hospice teams at Group Health in Seattle.

Joseph P. Valenza, MD and Gregory L. Holmquist, PharmD, serve as paid consultants for Teva Pharmaceuticals.

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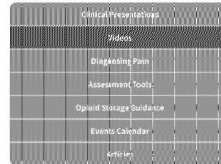
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Explore the resources below



Short videos exploring responsible opioid use, individual patient stories, and the evolving science of abuse-deterrent technology.



Watch short clips from the documentary to see first-hand the impact of chronic pain.

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Watch an introductory video about PainMatters.com.

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A simulation by the Office of Disease Prevention and Health Promotion to demonstrate best practices in safe opioid use.

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This video provides an overview of the evolving science of abuse-deterrent technology.

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This video from the American Chronic Pain Association discusses how to use NSAIDs safely and effectively.

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Classroom Photographs
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Diagnostic Data
Assessment Tests
Student Response Grids
Student Calendar
Index

Assess the severity of a person's pain in a pain management plan.

This tool supports recognizing, diagnosing, and managing chronic pain.

A tool to assess the impact of pain on daily life provided by the American Chronic Pain Association



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Tool	Percentage of patients
Using faces to describe pain intensity	10%
Using words to describe pain intensity	30%
Using a number scale to describe pain intensity	40%
Using a combination of faces, words and a number scale to describe pain intensity	20%

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Having the right resources can help foster productive dialogue with people affected by pain and support responsible pain management. Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients. Please register and follow us on Facebook to be notified when new information and resources become available.

Explore the resources below



Resources outlining responsible use, storage and disposal guidelines for opioid medications.



The US Department of Justice and the Drug Enforcement Administration provide guidance on the disposal of opioid medications.



Taking opioids responsibly from the US Department of Veterans Affairs and the Department of Defense. Eight Opioid Safety Principles for Patients and Caregivers from the American Academy of Pain Medicine.



Find [FDA guidance](#) on the proper disposal of prescription opioid medications.

Also available in Español



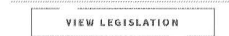
The American Academy of Pain Medicine offers eight safety practices for providers and patients.



The Centers for Disease Control and Prevention provides guidelines for prescribing opioids for chronic pain.



The State Pain Policy Advocacy Network (SPPAN) tracks pain policy at the federal and state level.



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Having the right resources can help foster productive dialogue with people affected by pain and support responsible pain management. Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients. [Please register](#) and follow us on [Facebook](#) to be notified when new information and resources become available.

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Connect with professional pain care associations and find upcoming medical meetings.

Professional Events Calendar

Keep track of professional meetings and events throughout 2016.

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- [The American Academy of Pain Medicine](#)
- [The American Academy of Pain Management](#)
- [The American Pain Society](#)
- [Center for Lawful Access and Abuse Deterrence](#)
- [Alliance for Patient Access](#)
- [The American Society for Pain Management Nursing](#)



Several national organizations are dedicated to supporting people living with chronic pain and their families.

- American Chronic Pain Association
- US Pain Foundation
- Pain Action Alliance



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Following setup, it is not safe to rely on the system's time zone settings. You are required to update the time zone setting on the date, time, and time zone, and to keep it in line with your country's time zone and your needs. Please refer to the manual for more information on how to update the time zone setting. We selected the "UTC" time zone for new users to update the time zone to their own time zone.

Downloadable on the Web: The Matrix software is available for download from the web site of the Matrix Software Company, Inc. (www.matrixsoftware.com).

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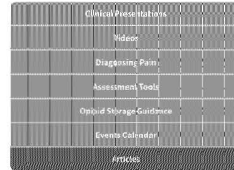
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Having the right resources can help foster productive dialogue with people affected by pain and support responsible pain management. Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients. Please register and follow us on Facebook to be notified when new information and resources become available.

Explore the resources below



Find FDA guidance, recent publications, and insights from pain community experts.



FDA 2015 guidance to guide the evaluation and labeling of cypionol drug products with potential abuse-deterrent properties.

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PainMedicineNews.com articles detail abuse-deterrence technology and the FDA guidance.

- Abuse-Deterrent Cypionols: Advances in Technology
- Abuse-Deterrent Cypionols: Study Requirements
- Abuse-Deterrent Cypionols: Product Labeling

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Download FDA resources on preventing the misuse of prescription pain relievers.

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Hear insights and perspectives into today's complex pain management landscape from members of the pain community.

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Hosted by Paul Christo, MD, this weekly radio show on 300 XM Family Talk 131, provides information on pain management.

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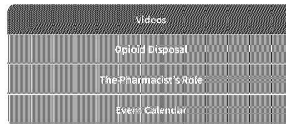


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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below



Short videos explore responsible opioid use and real stories from people and their families who are affected by chronic pain.



Watch short clips from the documentary to understand first-hand what it is like to live with chronic pain.

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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below



Resources offering tips on the safe storage and disposal of opioid medications.



The US Department of Justice and the Drug Enforcement Administration have provided a wealth of guidance and information for healthcare professionals and patients on the disposal of opioid medications.

VIEW GUIDELINES

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Prescription medications must be appropriately stored. They should be in a locked container that does not allow others to gain access to them.¹⁵

- [Taking opioids responsibly](#) from the US Department of Veterans Affairs and the Department of Defense
- [Eight Opioid Safety Principles for Patients and Caregivers](#) from the American Academy of Pain Medicine

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The FDA has provided a variety of downloadable resources on the proper disposal of prescription opioid medications.

Resources are also available [en Español](#).

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The FDA has provided a list of medications that can safely be disposed of at home, including some opioids.

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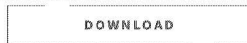
Explore the resources below



Resources to help determine the safety and appropriateness of opioid prescriptions for chronic pain in order to prevent abuse and misuse.



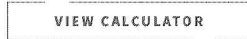
Tools to bring patients and pharmacists together



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This tool from Practical Pain Management calculates appropriate opioid doses for different patients.



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This free app from the New York City Department of Mental Health and Hygiene calculates a patient's risk of overdose based on their opioid prescription.

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Filling prescriptions allows you to play a vital role in both effective pain management and the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below



Connect with professional pain management organizations and find upcoming medical and pharmaceutical meetings.



Keep track of professional meetings and events throughout 2017

VISIT CALENDAR



There are many organizations dedicated to providing ongoing education, programs, and resources for healthcare professionals and people living with chronic pain.

- The American Academy of Pain Medicine
- The American Academy of Pain Management
- The American Pain Society
- Center for Lawful Access and Abuse Deterrence
- Alliance for Patient Access
- The American Society for Pain Management Nursing



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Finding a pain care plan that is right for you starts by working with your doctor. Find tools and resources to help you get the information you need to reduce the risk of prescription medicine abuse and misuse.

Videos	
Pain Self Assessment & Discussion Tools	
Colloid Use Storage and Disposal	
Advocacy Organization & Community Connection	

Police Matter Documents by P. J. O'Neil

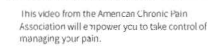


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- Understanding Chronic Pain
Watch the *Pain Matters* documentary to learn about the impact of chronic pain
- Tools & Resources
Use these tools and downloads to learn more about responsible opioid use
- Appropriate Use, Storage & Disposal
Appropriate use, storage and disposal guidelines for your prescriptions



Tools and Resources

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Community Resources for People Affected by Chronic Pain

Finding a pain care plan that is right for you starts by working with your doctor. Find tools and resources to help manage the information you need to reduce the risk of prescription medication abuse and misuse.

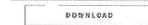
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Download tools to help prepare for your next appointment and address your pain symptoms with your doctor.



Prepare for an upcoming discussion about your pain symptoms using this guide.



PDF IMAGE



Join the pain community as we recognize the many, many experiences and a new open dialogue for the more that requires change.



PDF IMAGE



A tool to assess the impact of pain on daily life provided by the American Chronic Pain Association.



PDF IMAGE



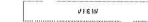
Obtain copies immediately through their website provided by the US Department of Veterans Affairs.



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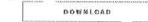
Track daily pain with this log from IASP (International Association for the Study of Pain).



PDF IMAGE



Dr. Stephen Strassman's research on identifying the best practices to provide a more effective approach to pain assessment.



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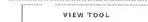
Develop a personal health care plan with this guide from the American Chronic Pain Association.



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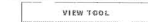
Watch and track pain over time with this pain log from the American Chronic Pain Association.



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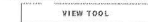
Track your pain effectively with this chart from the American Chronic Pain Association.



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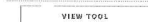
Identify back pain symptoms with this interactive map from the American Chronic Pain Association.



PDF IMAGE



Identify head pain symptoms with this interactive map from the American Chronic Pain Association.



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Related Content

- 1 Understanding Chronic Pain
Watch the PAIN MATTERS documentary to learn about the impact of chronic pain.
- 2 Tools & Resources
Use PAIN MATTERS download tools to learn more about responsible opioid use.
- 3 Appropriate Use, Storage & Disposal
Appropriate use, storage and disposal guidelines for your prescriptions.

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Tools and Resources

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Community Resources for People Affected by Chronic Pain

Finding a pain care plan that is right for you starts by working with your doctor. Find tools and resources to help you get the information you need to reduce the risk of prescription medicine abuse and misuse.

Explore the resources below



Helpful guidelines for responsible use, storage and disposal of prescription pain medicines.



The US Department of Justice and the Drug Enforcement Administration provide guidance on the disposal of opioid medications.

SHARE



Taking opioids responsibly from the US Department of Veterans Affairs and the Department of Defense. Eight Opioid Safety Principles for Patients and Caregivers from the American Academy of Pain Medicine.

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Find FDA guidance on the proper disposal of prescription opioid medications.

Also available en Español.

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This guide from the American Chronic Pain Association will help you safely fill, use and dispose of prescription drugs.

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- Tools & Resources**
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Appropriate use, storage and disposal guidelines for your prescriptions.



tools and resources

5-1000E

Community Resources for People Affected by Chronic Pain

Finding a pain care plan that is right for you, starts by working with your doctor. Find tools and resources to help you get the information you need to reduce the risk of prescription medicine abuse and misuse.

Explore the resources below



Find support groups and community resources for people affected by pain.



Several national organizations are dedicated to supporting people living with chronic pain and their families.

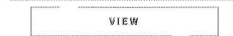
- American Chronic Pain Association
- US Pain Foundation
- Pain Action Alliance



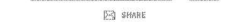
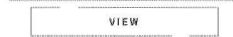
The American Pain Society's annual award honors programs or services that exemplify outstanding clinical care.



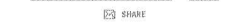
Hear insights and perspectives into today's complex pain management landscape from members of the pain community.



Hosted by Paul Christo, MD, this weekly radio show on SiriusXM Family talk 131, provides information on pain management.



The U.S. Pain Foundation tracks pain policy at the state level.



Next Steps

Go to Pharmacists Resources Page >

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Thank you for your interest in receiving a DVD copy of the *Pain Matters* documentary. Please provide your contact information to receive your copy by mail.

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Are you a person living with chronic pain, family member, healthcare professional, or other?*

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 ☐ Family member
 ☐ Physician
 ☐ Other healthcare professional
 ☐ Other

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Physician

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Download Your Copy of the Clinical Presentation On the Evolving Science of Abuse Deterrence Technology

Thank you for your interest in downloading this clinical presentation. Please provide your contact information to begin your download.

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Are you a person living with chronic pain, family member, healthcare professional, or other?*

Person living with chronic pain

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By registering to be a part of the Pain Matters community, you'll be receiving news, information updates, and the latest resources right in your inbox. Sign up today!

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Person living with chronic pain

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Your copy of the *Pain Matters* documentary is on the way.

You should expect to receive your copy of the *Pain Matters* documentary in the mail. You will also receive helpful information from time to time that will be delivered right to your inbox as new resources become available online.

Teva Pharmaceuticals is dedicated to providing ongoing support, information, and resources for healthcare professionals and people living with the burden of pain.

Thank you for using our website.

Return to www.painmatters.com

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Glossary

AAP Management: American Academy of Personnel Management

AAPMed: American Academy of Pain Medicine

AAMP: American Association of Nurse Practitioners

AAPA: American Academy of Physician Assistants.

Abuse Deterrence Technology: The introduction of limits or barriers in a drug formulation that are designed to make reuse or product manipulation very unattractive or more difficult.

ACPA: American Chronic Pain Association

Alcohol-Induced Dose Dumping: Alcohol-induced dose dumping, or the associated intake of alcoholic beverages together with oral controlled release opioid formulations, may result in an uncontrolled and immediate drug release.³²

Appropriate Disposal: Prescription drugs may be disposed of through community sponsored take-back programs. If not available, environmentally friendly disposal should be undertaken per Office of Drug Control National Policy Recommendations.¹¹

Appropriate Storage: Keep medicines hidden or locked to avoid access by family or friends, prevent state opioids with others.²²

Appropriate Use: Take medication only as prescribed, and make sure you understand the risks. Gain awareness of inappropriate use and take precautions to avoid missteps.^{8A,C}

APS: American Paint Society

ASPMN: American Society for Pain Management Nursing

Adverse: It is defined by the Food & Drug Administration as "substances can be continued to produce an unpleasant effect if the dosage form is manipulated prior to ingestion or if a higher dosage than intended is used."

Chronic Pain: It is defined by the International Association for the Study of Pain as "a persistent pain that is not amenable, as a rule, to treatment based upon specific remedies or to the routine methods of pain control."²

DEA: Drug Enforcement Administration

Diversions: According to the CDC, drug diversion is when prescription medicines are obtained or used illegally.²⁴

Dose Dumping: Dose dumping is the rapid release of the entire dose of a drug in a shorter time frame than intended.¹⁶

ER Opioids: Extended-release opioid

Extractability & Solubility Studies: Extractability and solubility studies assess the ease of opoid extraction from the extract and main adverse product, compared with extraction from comparator product(s) in similar states, using commonly available solvents.²

FDA: Food & Drug Administration

HCP: Healthcare Professional

In Vitro Study: Refers to a study which examines and utilizes cells and tissues, living organisms in its medical focus.

In vivo study: refers to a study which involves natural organisms outside of the living body (like in a test tube).

IR Opfields: [James H. Dole & George O. Jones](#)

Misuse: using the prescription drug for a reason other than for which it was prescribed¹⁷

ONS: Oncology Nursing Society

Opioid Antagonists: An opioid antagonist can be added to a mixture with, reduce, or defeat the euphoria (a high) associated with abuse. For example, a drug mixture formulated such that the antagonist is not clinically active when swallowed but becomes active if the product is used in its original form, such as being crushed, injected, or snorted.⁴

Opioid Risk Evaluation & Mitigation Strategies: The FRA requires a Risk Evaluation and Mitigation Strategy (REMS) program. The program is designed to make available training for healthcare professionals who prescribe opioid analgesics on a pain-prescribing pathway. The program provides educational materials to prescribers and patients on the appropriate use of these pain medications.¹⁴

PCPCs Pain Cause of Primary Care

Physical & Chemical Barriers: Physical and chemical barriers can change the physical form of an oral drug, making it less susceptible to abuse. Physical barriers can prevent crushing, crushing, sucking, sucking, or grinding, and chemical barriers resist extraction of the opioid using common solvents like water, alcohol, or other organic solvents.³

Prescription Drug Abuse Prescription drug abuse is broadly defined as the intentional use of a medication without a prescription in a way other than as prescribed, or for the experience or feeling it causes.¹⁵

Prescription Drug Monitoring Programs: Prescription Drug Monitoring Programs (PDMPs) are in place in several states to detect and reduce the risk of diversion and abuse of prescription drugs at the retail level. Those state programs allow for the collection and analysis of prescription data.¹⁰

SAMHSA: Substance Abuse and Mental Health Services
Administration

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