



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



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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.

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"Chronic 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. ${f I}^{I\ell}$ – Michael Hayden, MD, PhD, President of Global R&D and Chief Scientific Officer at Teva Pharmaceuticals



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¹⁷Chronic 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

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["]Chronic 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

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["]Chronic 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.¹

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





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Page URL	www.painmatters.com/community- engagement/about-pain-matters
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

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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 informat on 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 <u>Pain Matters Facebook page</u> are updated regula ty with contributions from stakeholders across the pain care community. The <u>Pain Perspectives series</u> and the <u>Pain Matters</u> <u>documentary</u>, 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

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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









Page URL	www.painmatters.com/community- engagement/pain-perspectives-community- insights
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







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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 delense.

I know firsthand the frustrations that accompany living with pain. Ive 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 trapped in a 80-year-old trapped in a 10 km server years to glind'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 viewith 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 <u>The American Chronic Pain Association</u> (ACPA) in 1980 to provide that comfort for people living with pain. Wher 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 <u>communication tools</u> to help people talk to their doctors about pain, <u>lessons</u> 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 liszen to your bocy, 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 <u>www.theacpa.org</u>.



About the Author: Penney Cowan

Penney Cowan is the founder and Chief Executive Officer of the <u>American Chronic Pain Association (ACPA)</u>. 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 servec 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 <u>Partners for Understanding Pain</u> 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.



September 2015 R chard Payne, MD and Laura Cooley, PhD <u>shed</u> light on the psychological impact of physical environment on d scussions between clinicians and people with pain

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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	Paul Gileno shares his story of living with pain and
including spaces)	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 buch. 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. <u>Pain Foundation</u>, 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 hererd when national pain policy is written. We have supported legislation in several states that encourages pharmacises 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 theore, 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 relaxe 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 'or 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.

Ieva 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,
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Page Description (Limited to 150 characters	Amy Goldstein discusses state and federal
including spaces)	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



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 con'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 <u>State Pain Policy Advocacy Network (SPPAN</u>), a project of the Academy o' 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. Opicid 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 op oid 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 inproperly 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-deternent 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 deternece technology <u>here</u> and find information about properly using, storing and disposing of opioids <u>here</u>.

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 Stare 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. I hese 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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Paul Gileno, Founder of the U.S. Pain Foundation, shares his story of living with pain and his perspective on the pain community's role in raising awareness of the invisible illness.





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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, dinicians



Laura Cooley, PhD: As the Director of Education and Outreach at the American Academy on Communication in Healthcare, '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 Parye, a practicing pain specialist a Duke University and pass president of the American Pain Society, to discuss this im portant topic. Dr. Payne, considering the challenges that can hinder open, meaningful conversation in pain care, what would you say are clinicians' concerns?

Richard Payne, ND: 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 opioic abuse has only compounded the cifficulty.

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 acc and the modern basis of the average of the second second present products of accusatory Conversely, it's 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 Acacemy on Communication in Healthcare has cuite a few tools We write the physicians and patients that focus on an ideal we refer to as "relationship-centered care". With this focus, we can better ask and lister 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 strengthen ng the relationships between patients and coctors. For clinicians, becoming familiar with simple communication techniques and working to put them into practice can make a big difference. For instance, turning of your cell phone, not fiddling with laptops, listening empathetically, and remembering not to interrupt can help create an environment where patients feel en powered 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 charing their concerns with their cinicians. ⁴⁴⁵⁶ Being mindf. I 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 new additions an reduce the nask of abuse, inside, and oversion associated with prescipcion opioid medications. It's important to help patients unders and 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 unintertional 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 trose 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. ance and your to your to react an an and a second a case and measure and source part to ingoing unangue. Practical discussion guides and a variety of downloadable resources are available for <u>healthcare professionals</u> 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 Acacemy 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 parients, families, and healthcare teams. Additionally, br. Cooley guides marketing and development for DocCom, an online communication skills curricultum resource developed by AACH and The Drexet University College of Medicine



About the Authors: Richard Payne, MD





Altiance and John B. Francis Chairin Bioethics at the Control of Practical Duke Divinity School at Duve University, the Medical Director for the Pan Action Altiance, 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

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Page Title Tag (Limited to 65 Characters)	Pain Matters 2015 Rx Abuse Survey Results
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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

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.





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 1,100 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 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

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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 rea e placetoring plan tomotari, rain commission or support treatment plans that meet their inquecificitiat angeos. For some parties hiving with incrinaic pair, prescription opioid medications are ar important components of a multidisciplinary pair 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 deterrer top oid formulation, will in part be through a new type of testing many are not 'amiliar 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-main stays of pain management-have a long history of abuse, and infact are a major concern now in the United States as a cause of serios 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.⁵

Why are CAP studies conducted?

why are CAP studies conducted a These studies provide information on the relative abuse potential of medications in classes considered abuseable.⁶ Companies developing new opioid-based pain medications with abuse-deterent formulations, threes studies are studies as part of product development. For abuse deterent formulations, threes studies are conducted to obtain an understanding of the impact of the specific abuse deterrent technology on the product's abuse potential.⁵

How are CAP studies conducted?

These studies are usually conclucted among experienced, recreational drug users who have a recent or currenthistory of using a drug in the pharmaceutical class of the test drug. These studies are typically couble-bind, double-dummy, placebo-controlled, and positive-comparator controlled, utilizing a crossover design.⁸

How are study participants chosen?

For the study participants chosen: For the study to be interpretable, the subjects should be able to reliably report "crug- iking" 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.⁹

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.⁵ Key instruments include⁵:

• Visual Analogue Scales (VAS) - a 100-point bipolar scale that measures drug liking, good effects or euphor a, bad effects or adverse events, and like ihood of repeated use

Strong d sliking	Neither like nor dislike	Strong liking
		homen a stela what a sweet set of
0	VAS Score	100

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.⁶

Not all abuse deterrence technologies are created equal, and no one technology can eliminate Into an abuse seen for use call obuges as beares equal, and to be the concord y can return the risk of abuse and misuse. ¹⁴ however, these evolving technologies are a step in the right direction as part of a larger effort to adcress the prescription drug abuse epidemic and its impact on our society. Whether one is a physicilan, a person affected by chronic pain, an advocate for pain care, or a supply chain partner, all stake olders 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.



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

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

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June 2015 Cne Woman's Inspiring Journey with Chronic Pain Pain Cynthia Toussaint, founder of For Grace, shares her inspiring journey moving beyond the suffering of chronic pain and battling for grace.

RELATED STORIES





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Page Title Tag (Limited to 65 Characters)	Pain Matters Beyond the Suffering, My Battle for
	Grace
Page Description (Limited to 150 characters	Cynthia Toussaint, founder of For Grace, shares
including spaces)	her inspiring journey moving beyond the suffering
51 /	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, ir deed, 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 <u>Pain Matters Documentary</u>, 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 <u>watch a preview of my story</u>.



About the Author: Cynthia Toussaint

Cynthia Toussaint is the founder and spokesperson of <u>For Grace</u>, 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 <u>Battle for Grace: A</u> <u>Memoir of Pain, Redemption and Impossible Love.</u> For more about the author and dealing with chronic pain please visit <u>ForGrace.org</u>.

Cynthia Toussaint serves as a paid consultant for Teva Pharmaceuticals.



RELATED STORIES

March 2015

Pain Matters Film Clips Short video stories from people affected by chronic pain and their loved ones.





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Page Title Tag (Limited to 65 Characters)	Pain Matters Living with Pain Perspectives		
Page Description (Limited to 150 characters	Short video stories from people affected by		
including spaces)	chronic pain and their loved ones.		
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.

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





RELATED STORIES

March 2015 <u>Welcome to Pain</u> <u>Perspectives</u> Melanie Rosenblatt, MD, provides an introduction to Pain Perspectives

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Page URL	www.painmatters.com/community- engagement/welcome-pain-perspectives
Page Title Tag (Limited to 65 Characters)	Pain Matters Welcome to Pain Perspectives
Page Description (Limited to 150 characters including spaces)	Melanie Rosenblatt, MD, introduces Pain Perspectives: insights into today's complex pain management landscape from members of the pain community.
Page Key Words	Pain, chronic pain, pain community, pain management, pain perspectives

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Drug Abuse Through Appropriate Use

people affected by chronic pain and their

loved ones.

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April 2016

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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Page URL	www.painmatters.com/community- engagement/teva-pharmaceuticals-pain- management
Page Title Tag (Limited to 65 Characters)	Pain Matters About Teva Pharmaceuticals
Page Description (Limited to 150 characters including spaces)	Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain.
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.³ Teva is equally committed to acdressing 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 <u>abuse deterrence technology</u> 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

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Go to Understanding Pain Management & Opioid Abuse >



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Page URL	www.painmatters.com/community- engagement/design-for-dialogue
Page Title Tag (Limited to 65 Characters)	Pain Matters Be the Voice that Inspires Change
Page Description (Limited to 150 characters including spaces)	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.
Page Key Words	Pain, chronic pain, design for dialogue, exam room, design

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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

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 lock like to make you feel most comfortable?





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Be the Voice that Inspires Change





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?

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Page URL	www.painmatters.com/community
	engagement/pain-matters-documentary
Page Title Tag (Limited to 65 Characters)	Pain Matters <i>t Ău a ĂĆŝ'n</i> Documentary
Page Description (Limited to 150 characters	The Pain Matters documentary, produced by the
including spaces)	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



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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Page URL	www.painmatters.com/community-
	engagement/pain-community-events-calendar
Page Title Tag (Limited to 65 Characters)	Pain Matters Pain Care Community Events
	Calendar
Page Description (Limited to 150 characters	Pain Matters provides an up-to-date list of pain
including spaces)	care conferences and meetings for the pain
0 1 <i>)</i>	community.
Page Key Words	Pain, chronic pain, events, calendar, conferences



Pain Community Events Calendar

At Teva, we understand the impact chronic pain has on millions of Americans.⁵ We are committed to supporting healthcare professionals, and others who are faced with navgating the complex, evolving pain care landscape. Be sure to check back regularly for pain care meetings, conferences, and events for the public and for healthcare professionals.

For People Living with Pain

SEPTEMBER 22, 2017	For Grace, a nonprofit organization devoted to promoting better care and wellness for women in pain, is pring ng its 2017 annual meeting to Los
For Grace Change Agent	Angeles as the "Change Agent Pain Summit." The event will assemble
Pain Summit	thought-leaders and decision makers to discuss and find solutions to pair care in the state of California. It will highlight the National Institutes
Los Angeles, CA	of Health's National Pain Strategy and raise incorporation of components in the state of California. The meeting is open to members of the public.
NOVEMBER 14, 2017	This November marks the Alliance for Balanced Pair Management's
not the	fourth annual summit, combining panel discussions, featured speakers,

2017 Summit on	and on-stage interviews to highlight the benefits of balanced pain
Rolenzod Pain	management and the barriers that prevent patients from accessing
Date incedir all	anced Pain comprehensive, personalized and multimodal pain care, it explores the nalgerment of balanced pain management in national efforts to reduce opioid shus. This symmitry standards and measures include a painter.
Management	role of balanced pain management in national efforts to reduce opioid
20 B 2 B 2 B	abuse. The summit's attendees and presenters include patients,
Washington, DC	advocates, healthcare providers, incustry representatives, and
	government officials.

For Healthcare Professionals

eva has complete a comprehense is of meetings and conferences for healthcare and pharmacy professionals on various topics related to chronic pain. Please sepand the calendar years below to browse the events.

JULY 15-19, 2017 American Association of	AUGUST 3-5, 2017	
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Washville, TN		
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European Pain	Kettering Cancer Center	of Pharmacy and
Federation	Interventional Cancer	Pharmaceutical
Copenhagen, Denmark	Pain Symposium	Sciences
	New York, NY	Seoul, Republic of Karea
SEPTEMBER 12-17, 2017	OCTOBER 7-10, 2017	OCTOBER 19-22, 2017
American Academy of	American College of	Academy of Integrative
Family Physicians	Clinical Pharmacy	Pain Management
Family Med cine	Annual Meeting	San Diego, CA
Experience (FMX)	Phoenix, AZ	
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San Antonia, TX		
NOVEMBER 12-15, 2017	NOVEMBER 17-19, 2017	
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Pain Community Events Calendar

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For People Living with Pain

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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

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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 appropriaze and important treatment option for people whose chronic pain is not adequately managed with other methods.^{2,0} The Surgeon General offers a <u>comprehensive checklist</u> 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 pair medications sent more than 475,000 people to emergency departments, a number that nearly dcubled 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 pills², but opioid analgesics can be abused in a number of ways.⁵

- 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.¹²

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: 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

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Page URL	www.painmatters.com/healthcare- professionals/stakeholder-programs-policies- for-abuse-deterrence
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.³³ Pain Matters is committed to providing the resources and guidance needed to mitigate opio d 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 stakeho ders 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.³³ CT ck 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 cpioid therapy, knowing the content of the most current opioid drug labels, and educating parients 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 oploids have obtained them without a prescription, so understanding and following appropriate use, storage, and disposal instructions could help reduce the risk of abuse ard diversion. Resources are available.

Pharmaceutical Industry

The FDA encourages the ongoing study of abuse deterrence technologies for new prescript on opioid medications. Teva Pharmaceuticals takes the responsibility to help mitigate the nsks of abuse seriously and is leading education and abuse-m tigation efforts, working to develop educational resources, and partnering with a variety of stakeholders. <u>Please register</u> and follow us on <u>Facebook</u> 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 the m² 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.³⁷ Click here to see the benefits of proactive reporting.³⁰⁰ womenc

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.¹⁹ Schedule I drugs are considered the most dangerous, while Schedule V drugs are seen to have the least risk for abuse.⁹ Prescription opiold medications generally fall under Schedules II and III.¹³ The DEA plays an important role in mitigating abuse and diversion of opiolds by enforcing the controlled substances laws and regulations in the US.¹⁹ Click here to see a list of the DEA drug scheduling categories. **show most** \vee

Risk Evaluation and Mitigation Strategies (REMS) are requirements set by the Food and Brug <u>Administration (FDA)</u> for pharmaceutical manufacturers to ensure that the benefits outweigh the risks for certain drugs.¹⁶ Citck here to learn more about the components of REMS that can be used by the pharmaceutical industry.¹⁸ show were

Next Steps

Go to Advancements în Abuse Deterrence :





Stakeholder Programs & Policies for Abuse Deterrence

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Page Description (Limited to 150 characters including spaces)	Pain Matters provides educational information about strategies for addressing opioid abuse potential, including abuse deterrence technologies.
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For more information see the FDA's Guidiance for Industry Advance Herterness Opioids - Foolusting and Labeling

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Evolving Strategies Acdress Abuse Potential

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Studies Evaluate New Potentially Abuse Deterrent Technologies

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

Category 1: Laboratory Man pulation and Extraction Studies 💊

The goal of bibustory-basis, shadles should be loweshate how welly potentielly state-deterned properties of a formulation can be defeated or corresponding. Extending and calculating studies should be designed a statemine awater term of the formulation components might be descaled and extendent allowing a user to bypass the duag salouse determint properties.

Category 2: Pharmacokinetic Studies 🔺

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Abuse Deterrence Technology Formulations Target Known Routes of Abuse

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Novel Approaches Novel approaches include technologies that are not captured in the previous categories,⁵

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Page Key Words	Pain, chronic pain, acute pain, acute, chronic



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.³

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.[®] There is no test to measure how chronic pain feels or exactly where it is located.[®] 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.[®] Defining pain as sharp or dull, constant, onand-off, burning, or aching may give the best clues to the cause of the pain.[®] 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 ocations 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.[®] The best treatment plans are tailored to each individual person with input from healthcare team members.[®] It may be helpful to work with several healthcare professionals who have different training backgrounds and an understanding of chronic pain.[®] The person in pain and his or her loved ones must also be actively involved in the treatment plan.[®]

Types of Chronic Pain Management

The overall goal of chronic pain management is to reduce the pain to help people return to daily iving,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 (aspirir, acetaminopher, nonsteroidal anti-inflammatory drugs, topical anesthetics, opioid medicines)

Next Steps

Go to Prescription Opioid Medicine >



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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.⁹ These prescription medicines may be an appropriate treatment option for seeple living with chronic pain that is not adequately managed by other methods.^{A 45} It's important to understand that all prescription opioid medicines have the potential to be abused and misused.³⁰ 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 cut of four people who misuse prescription pain medications do so by using medication prescribed to someone else.³¹ Recognizing environmental factors that may contribute to a greater potential for abuse could keep those around you safe. These risk factors in clude 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 crug 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.¹⁵ The most common form of opioid abuse is swallowing a number of whole pills or tablets for the feeling or "high" it can cause.² While swallowing pills is the most common form of abuse, prescription opioids can also be abused by being crushed or dissolved.

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 on at different dosing intervals

Diversion

Diversion is a type of misuse that happens when people take prescription opioids that were not prescribed for them.²² Unaware of the dangers of sharing medications, people often unknowingly support diversion by sharing their unused pain medication with their family members.²³

What can I do to reduce the risk of abuse?

Everyone who Is prescribed an opioid medicine can play a role in recucing 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.³ This means that doctors, pharmacists, government policy makers, advocacy organizations, pharmaceutical companies, and people who are prescribed opioid medications must work together.¹³

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Page Key Words	Pain, chronic pain, opioid, opioid disposal, opioid use



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.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 <u>environmentally friendly disposal</u>
- · Learn more about appropriate use, storage and disposal of prescription opioid medications.

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Go to Resources for People Affected by Pain >



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



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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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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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

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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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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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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. Ho.mquist currently provides direct patient care and consultative services for the chronic noncancer pain and hospice teams at Group Health in Seattle.

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





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Diagnostic tools to support your pain assessment process.

Brief Pain Inventory	American Pain Society Assessment	Quality of Life Scale
Assess the severity of a person's pain to align on 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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Pain Scales	Pain Management Log	Wong Baker FACES Pain Rating Scale .
Measure pain numerically through these scales provided by the US Department of Veterans Affairs.	Track daily pain with this log from MD Anderson.	Using faces to describe pain intensity, this tool provides a more visual approach to pain assessment.
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Pain Log	Ability Charti	Back Pain Map
Measure and track pain over time with this pain log from the American Chronic Pain Association.	Track how pain is affecting daily activities with this chart from the American Chronic Pain Association.	Identify back pain symptoms with this interactive map from the American Chronic Pain Association.
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Resources to support dialogue around responsible pain management and mitigate the risk of opioid abuse.



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

Drug Disposal Guid The <u>US Department of Ju</u> the Drug Enforcement Administration provide g the disposal of opioid med	ustice and	Use & Storage of Taking opioids respons US Department of Vetera the Department of Defer Opioid Safety Principle Patients and Caregiver American Academy of Pa	sibly from the ins Affairs and ise. <u>Eight</u> as for as from the	Appropriate Disposal of Opioids Find FDA guidance on the proper disposal of prescription opioid medications. Also available en Español
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Opioid Safety Prac	tices	Opioid Prescribing	Guidelines	Legislation Tracker
The American Academy of Medicine offers eight safety for providers and patients.		The Centers for Disease (Prevention provides guic prescribing opioids for cl	delines for	The State Pain Policy Advocacy Network (SPPAN) tracks pain policy at the federal and state level.
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Find FDA guidance, recent publications, and insights from pain community experts.

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FDA 2015 guidance to gui evaluation and labeling o products with potential a deterrent properties.	f opioid drug	 PainMedicineNews.com artic abuse-deterrence technology FDA guidance. Abuse-Deterrent Opioid in Technology Abuse-Deterrent Opioid Requirements Abuse-Deterrent Opioid Labeling 	y and the s: Advances s: Study	Download FDA resources on preventing the misuse of prescription pain relievers.	
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Page Title Tag (Limited to 65 Characters)	Pain Matters Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain
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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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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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.	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 • <u>Taking opioids responsibly</u> from the US Department of Veterans Affairs and the Department of Defense	The FDA has provided a variety of downloadable resources on the proper disposal of prescription opioid medications. Resources are also available <u>en</u> <u>Español</u>	
VIEW GUIDELINES	 Eight Opioid Safety Principles for <u>Patients and Caregivers</u> from the American Academy of Pain Medicine 		
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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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Videos Opioid Disposal	The Pharmacist's Role	Event Calendar
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Resources to help determine the safety and appropriateness of opioid prescriptions for chronic pain in order to prevent abuse and misuse.

The Pharmacist's Ro	e	Opioid Calculator		OpioidCalc App
Tools to bring patients and pharmacists together		This tool from Practical Pain Management calculates appro opioid doses for different patie		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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Connect with professional pain management organizations and find upcoming medical and pharmaceutical meetings.

	Professional Events Calendar	Professional Pain Care Organizations
	Keep track of professional meetings and events throughout 2017	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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Page Title Tag (Limited to 65 Characters)	Pain Matters Resources for People Affected by Chronic Pain
Page Description (Limited to 150 characters including spaces)	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.
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Short videos explore responsible opioid use and real stories from people affected by chronic pain and their families.



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Explore the resources below

Questions to Ask Your Dozon	Design for Dialogue Join the pain community as we reimagine the exem room experience and a more open dialogue. Be the voice that inspires change.	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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Path Scales	Pain Management Log	Wong-Baker FACES Pain Rating Scale
assure pain numerically through ese scales provided by the US partment of Veterans Affairs.	Track daily pain with this log from MD Anderson.	Using faces to describe pain intensity, this tool provides a more visual approach to pain assessment.
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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.	Taking opioids responsibly from the US Department of Veterans Affairs and the Department of Defense. Eight Opioid Safety Principles for Patients and Carregivers from the American Acacemy of Pain Medicine.	Find EDA guidance on the proper d'sposal of prescription opioid medications. A so available en <u>Español</u> .
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Explore the resources below



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 • US Pain Foundation • Pain Action Alliance	Pain Centers of Excellence. The American Pain Society's annual award honors programs or services that exemplify outstanding clinical care.	Pain Perspectives Blog Hear insights and perspectives into today's complex pain management landscape from members of the pain community.
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AAPManagement: American Academy of Pain Management

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AAPMed: American Academy of Pain Medicine

AANP: 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

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.³

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

Appropriate Storage: Keep medicines hidden or locked to avoid access by family or irlends. Never share opio ds with others¹⁵

Appropriate Use: Take medications only as prescribed, and make sure you understand the risks. Gain awareness of inappropriate use and take precautions to avoid missteps.^{44,05}

APS: American Pain Society

ASPMN: American Society for Pain Management Nursing

Aversion: It is defined by the Food & Drug Administration as "substances can be combined to produce an unpleasant effect if the dosage form is manipulated prior to ingestion or if a higher dosage than directed is used;"

Chronic Pain: It is defined by the International Association for the Study of Pain as "a persistent pain that is not a menable, as a rule, to treatments based upon specific remedies or to the routine methods of pain control.^{ab}

DEA: Drug Enforcement Administration

Diversion: According to the CEC, drug diversion is when prescription medicines are obtained or used illegally.³⁶

Dose Dumping: Dose dumping is the rapid release of the entire dose of a drug in a shorter time frame than intended.²⁴

ER Opioids: Extended release opioids

Extractability & Solubility Studies: Extractability and solubility studies assess the ease of opioid extraction from the intact and manipulated product, compared with extraction from comparator product(s) in similar states using commonly available solvents.⁶

FDA: Food & Drug Administration

HCP: Healthcare Professional

In Vitro Study: Refers to a study which examines and utilizes a whole, living organism in its natural form.

In Vivo Study: Refers to a study which utilizes partial organisms outside of the living body (like in a test tube).

IR Opioids: Immediate-release Opioids

Misuse: Using the prescription drug for a reason other than for which it was prescribed ⁵⁵

ONS: Oncology Nursing Society

Oploid Antagonist: An opioid antagonist can be added to interfere with, reduce, or defeat the cuphoria (or high) associated with abuse. For example, a drug may be formulated such that the antagonist is not clinically active when swallowed out becomes active if the product is not used in its original form, such as being crushed, injected, or snorted.³

Opioid Risk Evaluation & Mitigation Strategies: The FDA requires a Risk Evaluation and Mitigation Strategy (REMS) program. The program is designed to make available training for healthcare protessionals who prescribe cpioid a valgesics on proper prescribing practices. This program provides educational materials to prescribers and patients on the appropriates of these pain medications.¹⁴

PCPC: Pain Care for Primary Care

Physical & Chemical Barriers: Physical and chemical barriers can change the physical form of an oral drug, making it less responsive to abuse. Physical barriers can prevent chewing, crushing, cruting, grafing, or grinding and che nica. barriers resit extraction of the opioid using common so vents 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.³¹

Prescription Drug Monitoring Program: Prescription Drug Mon toring Programs (PDMP) are in place in several states to detect and reduce the risk of diversion and abuse of prescription drugs at the retail level. These state programs allow for the collection and analysis of prescription data.³⁷

SAMHSA: Substance Abuce and Mental Fealth Services Administration



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CommunityEngagement

Pain Matters Mission

Pain Matters brings to life Teva Pharmaceuticals' committivent 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 Pair Matters

The Pain Matters program offers practical information and reacurates for healthcare professionals and people affected by thortic pain as always may appear people affected by thortic pain as always may appear evaluation of the Pain Matters Eacebook Page are updated regularly with contributions from stabeholders across the pain care community. The Pain Perspectives series and the Pain Matters documentary, produced by the Docovery Channel, offer firshand 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 spiold 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 medicine
- · Instructions for appropriate use, storage, and
- disposal of prescription opioics

 Downloadable tools such as <u>"Questions to ask</u>
- your doctor"
- Support to help you <u>connect to the larger pain</u> community





Resources for Healthcare Professionals

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Resources for People Affected by Pain

> Information and resources for people and families living with stronic pain







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SEPT 2016 You're Not Alone: Finding Support from Others Living with Pain



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Going from Patient to Person: How I Live Ful.y With Pain

When you live with chronic pain, it can consume your lite, making it seen like your whole instreme is defined by your pain. On top of thus, much of what, you lear about chronic pain in the news is overwhell mingly negative, with socies about pain being associates 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 waiting down the street norto someone who is king with pain and net even kinw it. Bin is an invalide and unpucktuble montes. People who live with it any hine good days and bad days. So for those who dan't be with pain, the austion becomes, throu could do the yealeday, why can be the subscription of the set of the rest and the set of the set of the terms and ended and put them on the delense.

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International or international content in the per-life of the second se

Today, the ACPA organ zes served hundred support groups, 35 well as providing resources and tools to high people manage their sain. We offer communication tools to high people talk to their doctors about pein. <u>Lessons</u> from more than 30 sears of supporting people with pain anc <u>information</u> about chronic pain treatment.

Into TRADING about concurse pair research. It is possible to be the beyond simply resulting with management that may include modifiation, but all reaching and listen to you body, manigh stress, pairs activities, and understand your endors, you are befuilty. Then to tools and reasources connect with others limiting with pain, with research and the same and the same and reasources connect with others limiting with pain, with researchers and



(CFR) Set beneficial and the set of the set

She served as: Consumer Representative for the FDACUCRAnesthetic and Analgesic Drug Products. Advioury Committee (AADPKC) for 2012 and was appointed to Interagercy Pair Research Coordinating Committee of the Nacional Institute of Health Form 2013 to 2015.

on Prevent own 2015 (2015). Penney began the Pariners for Understanding Egin campaign in 2002 in an attempt to oaise 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 XCPA, soccessfully stable shed September as Pain Awareness Month.

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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 dailylide.

For years, I was 54 my net every da grummer food and catering basines operated, in the spring of 2008, I se-nerve in a workplace accident, kave

ultimately, once and, thad to sell i

(a) if we work together, we can reduce og part brings with it, aking with the recoveryon, stress and stigmant involve



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Advocating for Pain Policy, Responsible Cpioid Use

In addition to the physical, enactional, and spiritual challenges of living with pairs, many prepile also leaf misunderscold by others who don't share their experimense. Unfortunately, that misunderstanding can affect legislation and policy regarding development of and access to pair medi attion.

Individual states typically take the Gad in defining, and regulating the practice of pain management through licensing boards, regulatory ager cies and legislation. Without proper consideration, the policies they put in place car stand in the way of effective rain management for energie living with ar stand in the way of for people living with

(c) Paint Policy Advacacy, Netwo), 5 project of the Academy of Int nagement (formerly American Ac nagement), works at the federal a

anization advances integrative pai ganization advances integraced pur-gh anvocaty and education; this has in since 1988. Providing quality pair is excellent communication betwee der and the person with pain and an dual zed approach to selecting apps ints. Opioid therapy is part of this envarium of care for some people ety is the deve help prever t optoid-n aking the medication would abuse them.

Healthcare providers and people living with pair recognize the tics of abuse and misuse and are eager to find a solution while protecting access these meccabo is in order to keep blem in the hands of hose who need thim. Researchars and drug manufacturers are hard at work developing abuse determin options, bits majacegolid pills technology, healthcare professionatic resources and tools to help educate pe especiencing or living with pair on no appropriazily une, school and dispose of medications to help prevent abuse and can learn more about abuse determino. Here: and no in roomaeon about prope storing and disposing of opicids here.

SPPAN is following bills in 25 states that arm to increase access to opioids with ADT by requiring insurers to cover them and/or discouraging pharmactists for a subdituding medicine with ADT for medicine without ADT.



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The Importance of Clinical Abuse Potential (CAP) Studies

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on the product's about potential.² How are CAP studies concasted¹ These studies and usary contracted in the environment, recenting and up users who have a primar acoust class of the true of up. These multi- and tysically owice struct due to the pactive constitution, and pome ecompatible contributed, utilizing a usacceer design.³

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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 as initial struggle, buj journey with chronic pain began with a minor baller inju y in my right hamstring when iwas 12 years old, but that was only the beginning. By injury had triggered the onset of a chronic pain disease, Complex Regional Pain Syndrome

Over the next 13 years, Ifought to find a diagnosis as doctors, one after another, told me it was all in my head i was with bedridden for a decade and unoble to speak for fiveyears while the pain spread throughout my body ad tablekel my vocal cords. I leftuitefy after a data between the spread terrible pain i was expension; mg led to leftings of anger, depression, and eventually throughts of suicide. I helt doubted and dismissed because I was a woman. I never i magined might someday turn my suffering into samething of value.

my suttering into samething of value. Through the love and support of my life partner, John, I was able to let go of the negative and begon to reinvent myself. Fina ky, and most importantly, I accepted suffring as an intra mate part of me anc, indeed, my new norma. I found a voice as a healthcare reform advocate and lawnohed far Grare to help other wo new with pain. Helping, women heal and make positive coices has brought blessings into my life – a physical remission and emotional healing beyond anything I could have imagine I. Jownohev previous each momentis and no a daly back, I experiences the great reward of he ping 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 nore about mylife and the experiences of others with chronic pain. You can also watch a preview.of.ny.story.



About the Author: Cynthia Toussaint Cynthia Toussaint is the 'ounder and gongainzation that piornotes better championed and gave key testimory at two claffornia Smare headings—one work deficiated in CRPS avazeness, the second explored the gender bias and chronic understreamen: of women in practice used by the headth isoance ndustry to save money in a way that increases the suffering of california Smare Life Therapy all a save year effect at this stage, will reform an unethical prescription practice used by the health isoance ndustry to save money in a way that increases the suffering of california pair patients. She is the author of Battle for Grave Amorie of Dain, Badematiat and filmansibilite Life. For more about the author of add leading with chronic pain please visit Enriference.org:

Cynthia Toussaint serves as a paid consultant for Teva Pharmaceuticals.

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Pain Perspectives Community SHARE Blog

Living with Pain Perspectives

The Pain Matters documentary, produced bythe Discovery Channel, throncles the loss of people affected by chronic Jain and their loved ones. Throughout the documentary film, participants shared personal details on row Nimg with chronic pain has affected their ability to take pair 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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Welcome to Pain Perspectives

Pain Perspectives will feature various points of view from the bain community. Comprised of pain specialists, general practitioners, nurses, social workers, advocacy organizations, people, iving 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

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 Channe. 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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Paul Gileno, Founder of the U.S. Pain Foundation, shares his story of living with pain and his perspective on the pain community's role in raising awareness of the invisible illness.

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Teva Pharmaceuticals and Pain Management

At Teva Pharmaceuticals, we understand that chronic pain al-ects more than 100 million Americans.¹ It can greatly affect people, touching many aspects of their lives, including their physical realth and ability to participate in daily tzsks.²



Our Commitment to Pain Care

Teva is committed to supporting responsible pair management that meets the needs of people living with pain and healtrcare professionals treating pain. With a diverse portfolio and pipeline, we are working to help advance treatments in pain management. Prescripton 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 azuse and misuse.³ Teva is equally committed to address ng the senous problems of chronic pain and prescription drug abuse.

As part of our ongoing commitment to support healthcare professionals and pasients dealing with chronic pain, we are developing an innovative abuse deterrence.technology platform to address the challenges of opioic 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 abusemitigation 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, 5





Be the Voice that Inspires Change DESIGN FOR DIALOGUE



According to recent research, both people affected by pain and healthcare protessionals reading pain feel that exam toom correspondences for a people of the that exam toom correspondences for a people of impact of pain on everyday life in an unformiar environment and discuss the risks of abuse and missue associated with opoid medications may contribute to the feelings of discustories. The shows that simple changes to the physical healthcare environment an affect people's mood and hebrain r²⁸.

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Accord in procession of the second and people affected by the and the hitter procession site treating pain feel that even no ion conversations can be unconferratile.¹² The pressure to a some na allo at the impact of pain on everyday life in a unfamiliar evenommertand discuss the risks of abuse and misure associated with option read cations may contribute the the feelings of disconfers. These sch shows, brat simple changes to the physical healthcase evinonmertand action and lett propies mode and behavior.²²

Design follogue is an initiative intended to allow the pair community to retnink the exam norm experience and design a space to help address the unconflortable nature of these complex issues. What would the ideal description file came non-look like to make you feel most conflortable?



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Be the Voice that Inspires Change DESIGN FOR DIALOGUE



Accord in procession of the second and people affected by the and the hitter procession site treating pain feel that even no ion conversations can be unconferratile.¹²⁵ The pressure to a some na allo at the impact of pain on everyday life in a unfamiliar evenommertand discuss the risks of abuse and misute associated with option read cations may contribute the the feelings of disconfers. These sch shows, brat simple changes to the physical healthcase evinonmertand and leter propies mode and behavior.²²⁸

Design follogue is an initiative intended to allow the pair community to retnink the exam norm experience and design a space to help address the unconflortable nature of these complex issues. What would the ideal description file came non-look like to make you feel most conflortable?



Be the Voice that Inspires Change DESIGN FOR DIALOGUE



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



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Understanding Pain Management & Opioid Abuse and Misuse

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Integrated Care Addresses the Multiple Features of Chronic Pain



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Opioids in Chronic Pain Management

Prescription pain medications, such as opioics, may be an appropriate and important treatment option for proplewithere chemic pain innet adequately managed with other methods,^{2,3} The Surgeon General Mersa a<u>comprestionation</u> checkflast for prescribing opioids for chemic pain.

Understancing Opioid Abuse & Misuse

More than 12 mill on people reported the abuse or misuse of pain medications in 2013.¹⁶ The prior year, abuse mill misuse of prescription pain medications sent more than 475,000 people to emergency departments, a number that near y doubled in just five years.¹²

Abuse is the normedical use of a drug for the positive psychoactive effects it produces.¹⁰ The most common form of spixial abuse is swallowing a number of inter cills¹⁵, but opixial analysis can be abused in a number of ways²⁵

Crushed and swallowed

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Crushed and smoked

· Crushed, dissolved, and injected



Alcohol-induced dose dumping, or the associated intake of alcoholic beverages together with oral controlled-release optical formulations, is another brun of abuse that may result in an uncontrolled and immediate drug release.¹²¹

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹¹ It differs from abuse in that the user is not seeking an otheritonal high. Misuse can take many 'orms.¹³

- Using a drug for a different condition than that for hich the drug is prescribed
- Taking more drug than prescribed or at different cosing intervals
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- Related Content Resources for Healthcare Frofessionals Lise these tools and downloads to learn more about responsible opioid use
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Stakeholder Programs & Policies for Abuse Deterrence

As part of the pain care commonity, we understand that we all "save an active rob-to play to help odvance responsible pain management and deter abase.¹² Pain Mattenis is committed to providing the resources and guidance needed to mitigate opioid abuse and

Key Stakeholders Are Making Strides to Mitigate Risk

In a recent wateness on pescription ope-d-abuse, the IDA undercased be need for tarious standholders to work aggreent on need to staticglos and respondices supractifies bus devices on the abuse, while preterving access to grain medical ones of the need to tarion excession and "Super an original states while preterving access to grain medical ones of the need to the need team ones." Super an origin stateholder groups below to learn meas

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Stakeholder Programs & Policies for Abuse Deterrence

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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.³

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, of en 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 >





Finding the Right Chronic Pain Care Plan for You



Working with Your Doctor

How chironic pain is experienced is unique to every person.⁶ There is no test to measure how chronic pain feels or exactly where it is located. ⁵S, your doctor will rey on you to tell him or her how the pain feels, how often you experience the pain, and where exactly thurs.⁵ Defining pain as sharp or duit, constant, on-and-oft, 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 nistory. Your healthcare team will usually start your appointment by discussing your pain so they understand your pain history.⁸

A Pain Treatment Team

Since chronic pain may occur in a variety of ocations in the body and for many different reasons, it is important for you to work with your doctor to identify the causes are symptoms of your pain to find the treatment plan share a simple individual person with input from healthcare team members.⁶ It may be helpful to work with several realthcare profess onals who have different rain ng backgrounds and an understanding of chronic pain.⁶ The person ir pain and his or her oved 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 "educe the pain to help people return to daily wing.⁶ While there are a var ety of options available to treat chronc pain, it usually cannot ecuted, only managed.⁶ A variety of options exist for you and your pain care team to create the reactment plan that is right for you.⁷ These options include.⁶ :

- Psychotherapy
- Meditation
 Massage therapy
- Behavior modification
- Acupuncture
- Electrical stimulation
- Nerve blocks
- Surgery
- Medicines (aspiritin, acetaminophen, nonsteroidal anti-inflammatury drugs, tupical anesthetics, opicid medicines)

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Prescription Opioid Medicines

What You Need to Know

Variadot: may decide to pescrite a prisoritori pain motificine known as an opoid." These prescription redictioner may as an approxite treatment option for people kings with chronic prescription regional calcular managed by other methods." All "Is important to understand that all prescription opidal endoluties have the prostinal to be abuded and miseaed." By use prescription appendiated people indicates its almost and the understand the misis and who elsemay be affected.

Safeguarding those around you

The period prescribed a medicine line 'necessarily the only one of tick for abuse. Koro than the our of low preptier wor mixings perscription pain medications do to by using medication perscribed to somere eiter.¹⁴ Receptings environmental factors the may contribute to a graduet gotential disclosens, the use for low alum the source of the risk lattor include lengin in howorded with addisocons, the user, concense with a hotory of subtance abuse, or a high volume of visitors or staff.

What should | 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 pathwa psychaoticke effects if porduce.¹¹ The most sommar hom of epical abuses is swallowing an enrot or whete pick or tables for the kelling or "high" it can cause.⁵ While wallowing pills a but most common low of abuse, prescription opoids can also be abuse by being conduct or disadved.¹¹

Misuse

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹⁷ The keydifferance in abuse and misuse is that the metchine is not being used for an intentional high, so it is labeled misuse rather than abuse. Mususe can take manyforms most people may not 'abliet is misuse, for example's;

 Using a drug for a different condition than that for which the drug is prescribed
 Taking more drug than prescribed or at different docing instervals

Diversion

Diversion is a type of misuse that happens when people take prescription spiolds that were not prescribed for them.²¹ Uranare of the dangers of sharing medications, people often unknowingly support diversion bysharing their unused pain medication with therfamily members.²¹

What can I do to reduce the risk of abuse?

Everyone who is prescribed an opioid medicine can play arole in reducing the nsk of those medicines being abused. Understanding how to appropriately use, store, and dispose of prescription opioid medicines can help cecrease 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 crug abuse is the nation's fastest growing crug problem, it's important for everyone involved to play a sole if we are groing to endure the impart of prescription drug abuse con society." This means that dottors, pharmatots, government poley makes, advocacy opportunities, pharmatots, and providentiate, pharmatots, and providentiate, pharmatots and comparise, and providentiate, pharmatots and comparise, and providentiate, pharmatots and comparise, and providentiate, pharmatots and comparise and providentiate pharmatots and pharmatots

Index the highest of prescription opioid metalship endour the risk of prescription opioid metalship based, the phramaceutical indexy is canaping the way they make, or nanulacture, these medicines. Abuse determence technologies may make in rune difficult to unit or disourbe quied medicines, and may help reduce how nout 5 someone lists the drug when they use it with the intension of getting high.⁶

Next Steps







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 optiol medication isn't always the on y one who is at risk for abuse.

USE²⁰
Take medications only as prescribed

- Be aware of risks
- , beautieuribio
- Understand inappropriate use
- Never give prescription medicines to anyone else

Ô

Stcrage^{14,15}

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

Ī

Disposal

- Opioids may be disposed of through community-sponsored take-back programs
- If there are nor e available in your area, follow the Office of Drug Control National Policy recommendations for environmentally friendly disposal
- Learn more about appropriate <u>uses</u> <u>storage and disposal</u> of prescription opicid medications.

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Evolving Roles Same Goals Video Presentation Complexities in Pain Management



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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 Co.lege 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 wes actively involved in research and teaching.

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Addressing Opioid Abuse: A Multifaceted Approach



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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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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 dispersive and presented for automated for the

medicine and rehabilitation that specializes in the diagnosis and management of acute and chronic pain syndromes, electrodiagnosis, and cancerrelated disabilities.

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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

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Brennan, MD Michael J. Brennah, 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 cancerrelated disabilities.

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Understanding Abuse-Deterrent Op'oid **Technology Clinical** Presentation



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Valenza, MD

medical degree from the State University of New York Health Science CenterDownstate and completed his residency in completed his residency in physical medicine and rehabilitation at the University of Medicine and Dent stry 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 ce tifted in physical medicine and rehabilitation, with add tional sub-specialty carification in pain medicine. As a specialist in pain management, he treats individuals with a wide rance of can issues: incluring non-lew

wide range of pain issues, inclucing complex regional pain syndrome, repetitive motion disorders, and spinal cord injury.



About the Presenter: Gregory L. HolmqList, PharmD

Dr. Gregory L. Holmquist earned his Doctor of Pharmacy degree from the University of Washington in Seattle and has been a

in Seattle and has been a practicing clinical pain management and paillative care phramacist for over 20 years. In addition to being the Director/Owner of Paillictive Care Strategies, Dr. Holmquist currently provides direct patient care and consultative services for the chronic non-cencer pain and hospice teams at Group Health in seartle Seattle.

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









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

· Drug Disposa (buck rok The <u>US Department of Justice and the Drug</u> <u>Enforcement Administration</u> provide guidence on the disposal of oploid medications.

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

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Several national organizations are dedicated to supporting people living with chronic pain and their families.
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Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital ro e in both effective prin management and the prevention of opiod 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 chron c pain.





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This tool from Practical Pair 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 opio d 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.

Professional Events Calendar
Keep track of professional meetings and events throughout 2017
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There are many organizations dedicated to providing ongoing education, programs, and resources for healthcare professionals and people living with chronic pain.
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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 acuse and misuse.

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



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





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

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Are you a person living with chronic pain, family member, healthcare professional, or other?¹ Person living with chronic pain

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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.

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Glossary

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A3PManagement: American Academy of Pass Management

A3PMed:American Academy of Pain Metricine

AMP: American Association of Nurse Practicipates AAPAt American Academy of Physician Assistants.

Abuse Deterrence Technology: The Introduction of limits or terrens in a drap formulation that are design to make make or graduat markipstationess attractive more difficult.

ACPA: American Chronic Pain Asion align

Accelet-induced Dose Dumping: Accelet induced date dismologi or the associated installe of alceholik boenages trighter with associated installe of alceholik boenages register with nan unconstelled and installate drug resource.¹⁰

Appropriate Disposal: Preportion drugs may be disposed of true, gh community sponsored take back programs. If not a validable, on-irr renormally friendly disposal strauds to understeen ger Office of brug Control Historial Makry Reprintersidations.¹⁶

Appropriate Storage: K-rop medicines kitclen re tocke to avoid access to family or friends, tweer state apiods with others.²¹

Appropriate Use: Twe readest any call as pre-called, and make same you understand the mass. Gold awareness of mapping insteaded and twe perceptions to award residence.^{44,00}

APS: American Para Societe

ASPMIN: American Society for Pain Management Numing Averagine to it offenent by the Fried & Darg Admiss stervine as "substances can be contained to produce and unphaseant offect? the desage form is rearrigulated prior to regestion or if a Frighter desage than directed is used."

Chronic Pain: It is solicious by the International Association for the Study of Painas 's posision pain thin and tennomble, is a nill, to tracterioristanced, poin specific model es or to itemate 'or mathods of pain central.' DEA: Drug Enforcement Administ

Diversion: According to the CDC, drug diversion is when prescription medicines are obtained or used (Begally, "

Dose Dumping: Jose damping is the racid release of the entries close of a drug, in a sheritar rive frame than incended¹⁴

ER Opioids: Entended-referere calcids

Extractability & Solubility Studies: Extractability and statutility studies assess the ease of op and extra team from the stract and man subsects associat, compared we estraction from composition productful in similar states. using commonly available solvents."

FDA: Fool & Drug Admenstration HCP: Herithcare Professional

In Vitro Study: Heles to a studywheth exemines and odium a whole, heleg organizer to its metoral form.

In view Study: Index to a study emoti sources ported organisms outside of the Jsing body (like in a test rubit

IR Opioids: Immediate-rease Opioids

Misuse: Using the prescription dug for 4 reason other than for which it was prescribed."

ONS: Groology Norsing Society

Opioid Antagenist: In spond astagenst can be added to insurine with reduce, is defect the exploration high insuccides with above. For cannot, is a degraphic formatives with a defect examples is not circle by active write sensioned but becomes active. I the product canot usual in its original born, such as being crusted, injurtual, or societed."

Another systems: Opiel Rub Trackations: Micigation Startights: The Minimum Sind Substantian and Mility on Starting (EVE reports). The program antisymptotic mea-method between proceedings of the system process freesport analysis on pages procedures practices The system is more development and site practices The system is more development and these gas week usings²⁴. PCPC: Pain Calle of Primery Care

Physical & Chenical Barriers II ryscal and referical barries on charge the (hysical fam value and Yap, making dies inscensively alone Physical barries can an event in enring analysis, schaller galaxie, ar gowling, and the miced barries may execution of the expont loss common solves table hadro, aloxids of the opoid loss common solves table hadro, aloxids of other opoids participation.

Prescription Drog Abuse: Prescription drug places d broadly delived as the meetional see of a mediation without aprecription into way effort than as powerber; or for the experience or feeling is causes.¹⁶

Prescription Drug Monitoring Program: Prescription Drug Monitoring Program: (PDMPs) and is place in sciences sisters to detect and reduce the risk of offersion and alwaye of prescription drugs at the rotal lovel. These state programs allow for the collectors and analysis of

porscripter data " SAMINSA: Substance Rouse and Wental Health Services







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