



Chronic Pain Management and Opioid Use Disorder

A key mission of the AAFP is to protect the health of the public. We recognize that high levels of prescription drug misuse and addiction persist with devastating consequences despite annual decreases in the number of opioids prescribed in the United States since 2010.ⁱ At the same time, we must address the ongoing public health requirement to provide adequate pain management. Through advocacy, collaboration and education, the AAFP continues to actively work toward a solution to America's pain management and opioid abuse problems.

Chronic pain is a major public health issue with tremendous economic, social and medical costs and significant morbidity. In addition to physical discomfort, chronic pain causes work absenteeism, family disruption and impairment of normal activities of daily living, resulting in secondary depression, social isolation and low self-esteem, among other consequences. A growing percentage of the U.S. population utilizes opioid analgesics for pain control.ⁱⁱ

Support for Research and Treatment

The AAFP strongly advocates for increased national funding to support research into evidence-based strategies for optimal pain management and their incorporation into primary care practice level interventions. Effective pain management should be coordinated by a primary care physician who best knows the patient and integrated into continuous, comprehensive whole-patient care. The AAFP commends the Congress for providing \$6 billion in additional funding for the opioid crisis in the *Bipartisan Budget Act of 2018* ([PL 115-123](#)) signed into law by President Trump February 9.

Medication Assisted Treatment

In 2013, the AAFP called on the federal government to raise the patient caps on *Drug Addiction Treatment Act of 2000* (DATA 2000) waivered-physicians to increase the availability of high-quality medication-assisted therapy (MAT). AAFP has argued that the 100-patient limit was an impediment to expanding opioid addiction treatment. AAFP applauded the Substance Abuse and Mental Health Services Administration (SAMHSA) for finalizing policy increasing the cap to 275. AAFP urges insurers to provide coverage for MAT and other evidence-based treatments for opioid use disorders.

Prescription Drug Monitoring

The AAFP realizes that there are patients with inappropriate drug-seeking behavior. However, it is not always clear who these individuals are absent an accessible database containing this information. Family physicians in states with prescription drug monitoring programs find such databases useful tools in treating patients and in preventing diversion. The AAFP supports effective state prescription drug monitoring programs (PDMP) that facilitate the interstate exchange of registry information as called for under the *National All Schedules Prescription Electronic Reporting Act*. We recommend that physicians use their state PDMP before prescribing any potentially abused pharmaceutical product. However, the success of such efforts depends on PDMPs that are accessible, timely, interoperable, and comprehensive.

We must work together to make prescription drug monitoring effective for the sake of the public's health. The AAFP supports an interoperable secure national database to support a robust National Prescription Drug Monitoring Program. Until the United States has a National PDMP, the AAFP and our

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54 chapters will continue working to encourage the use of state PDMPs and bring localized and state specific education to our members and their care teams. AAFP has thanked Congress for its effort to improve PDMPs by the enactment of the *VA Prescription Data Accountability Act* ([PL 115-86](#)). This law requires Veterans Administration (VA) health professionals with the authority to prescribe controlled substances to provide data to their state PDMPs. The law applies to VA prescriptions for both veteran and nonveteran patients.

Co-prescribing Naloxone

The AAFP is a member of the AMA Task Force to Reduce Opioid Abuse, which brings together physician organizations to identify best practices to combat opioid abuse. The initial focus of the task force was to urge physicians to register for and use state-based prescription drug monitoring programs as part of the decision-making process when considering treatment options. The Task Force also [encourages physicians to consider co-prescribing naloxone](#) when it is clinically appropriate.

Evidence-Based Physician Education

The AAFP recognizes the importance of educating all health professionals including those with high prescribing patterns, and we recommend an approach that recognizes team based care and promotes patients as stakeholders in their own care via shared decision making and collaborative physician-patient management plans. In addition, we support the development and use of effective patient education materials to support physicians in educating patients to help them overcome resistance to non-pharmacologic approaches to pain treatment.

Family physicians are deeply committed to fine-tuning their ability to prescribe opioids appropriately and effectively. AAFP members reported completing more than 141,000 continuing medical education credits on this topic in 2016. To help address opioid abuse and addiction, the AAFP recognizes the need for evidence-based physician education to ensure safe and effective use of extended-release and long-acting opioids as well as short-acting opioids. The AAFP continues to believe educating physicians is an important tool, but to be impactful, the education must be designed to address needs and gaps of the learners. “One size fits all” education is not optimal. Physician education should ideally be designed to address practice gaps which vary significantly.

The AAFP offers Continuing Medical Education topics on pain management, Risk Evaluation and Mitigation Strategy and opioid abuse. We currently partner with PCSS-MAT to [offer free waiver training for physicians](#) to prescribe MAT. In addition, the AAFP has a [topic section](#) on its webpage for pain management under Patient Care, which includes [policies related to Substance Abuse and Addiction](#), the position paper, [Chronic Pain Management and Opioid Misuse: A Public Health Concern](#), and, a [Chronic Pain Management Toolkit](#).

Patient Education Materials

The AAFP maintains topics on [pain management](#) within its patient education site, [familydoctor.org](#). The AAFP collaborated with The Partnership at Drugfree.org (formerly Partnership for a Drug-Free America) on projects aimed at patients and patient education.

ⁱ Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:697–704. DOI: <http://dx.doi.org/10.15585/mmwr.mm6626a4>.

ⁱⁱ Schuchat A, Houry D, Guy GP. New Data on Opioid Use and Prescribing in the United States. *JAMA*. 2017;318(5):425–426. doi:10.1001/jama.2017.8913 <https://jamanetwork.com/journals/jama/article-abstract/2643332?redirect=true>