

Intersection of Pain and Substance Use: Health Equity & Social Determinants of Health

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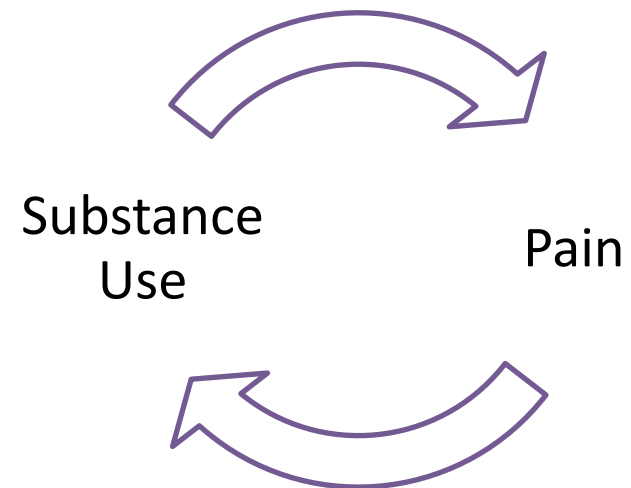
Objectives

- Describe the state of the science in the context of health equity and social determinants of health
- Highlight relevant gaps in the science from a health equity lens
- Discuss the potential impacts of filling relevant gaps related to health equity and social determinants of health

STATE OF THE SCIENCE

Burden of Co-occurring Pain & Substance Use

- 50-60% of people with substance use disorders (SUDs) report pain
- 18% of people with pain report lifetime SUD
- 6 in 10 report that their SUD preceded their pain
- ~1/3 report that pain preceded their SUD

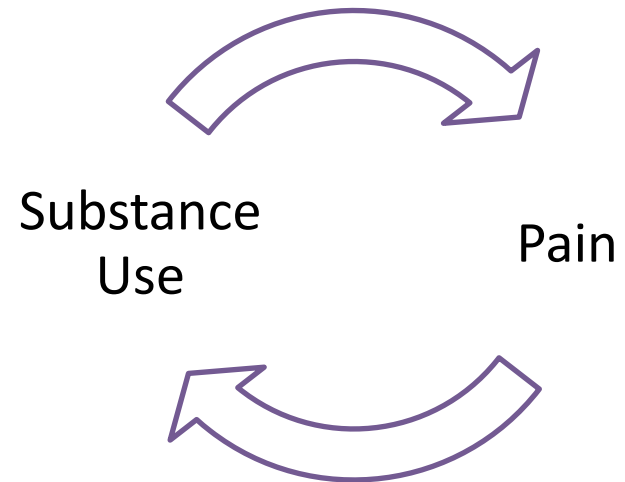


Hser, Y. I., Mooney, L. J., Saxon, A. J., Miotto, K., Bell, D. S., & Huang, D. (2017). Chronic pain among patients with opioid use disorder: results from electronic health records data. *Journal of substance abuse treatment, 77*, 26-30.

Ilgen, M. A., Perron, B., Czyz, E. K., McCammon, R. J., & Trafton, J. (2010). The timing of onset of pain and substance use disorders. *The American journal on addictions, 19*(5), 409-415.

Effectiveness of Integrated Programs

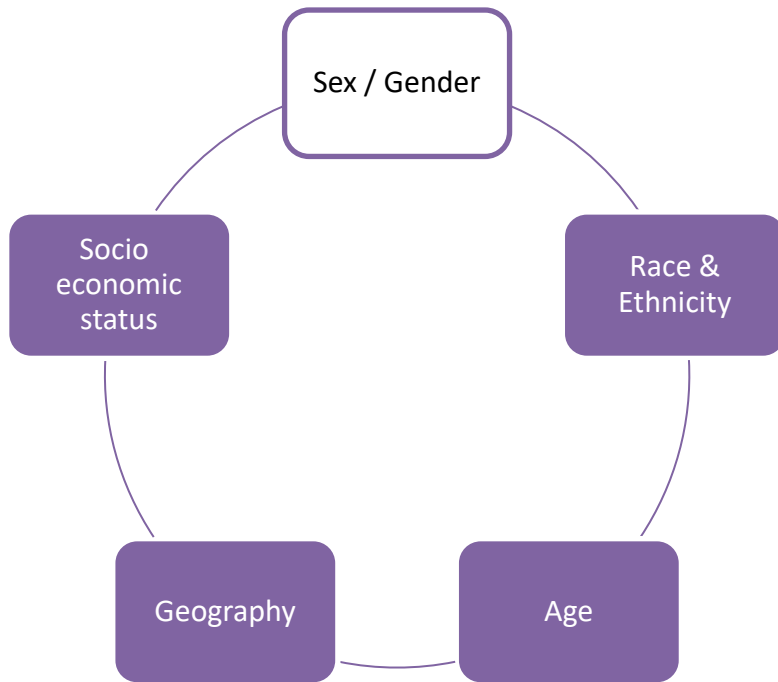
- Incorporating behavioral pain management into SUD treatment can promote better pain-related outcomes
- Outcomes may differ by sex
- Effects on SUD outcomes are less clear



Ilgen, M. A., Coughlin, L. N., Bohnert, A. S., Chermack, S., Price, A., Kim, H. M., ... & Blow, F. C. (2020). Efficacy of a psychosocial pain management intervention for men and women with substance use disorders and chronic pain: A randomized clinical trial. *JAMA psychiatry*, 77(12), 1225-1234.

GAPS

Surveillance



- Higher prevalence of chronic pain among females among people with SUDs
- Presence of chronic pain may increase vulnerability for overdose in females but lessen it for males

John, W. S., & Wu, L. T. (2020). Chronic non-cancer pain among adults with substance use disorders: prevalence, characteristics, and association with opioid overdose and healthcare utilization. *Drug and alcohol dependence*, 209, 107902.

Mechanisms

DETECT

- Temporality
- Neurobiology
- Psychology

How might factors such as age and sex influence these mechanisms and vulnerability for co-occurring pain and substance use?

UNDERSTAND

- Chronic stress
- Stigma
- Structural racism

Which determinants are most relevant to understand disparities in outcomes?

Which populations experience health disparities and disproportionate exposure to relevant determinants?

Prevention

Pain

- Transition from acute to chronic pain
- Minimize pain interference

Substance Use

- Initiation of harmful substance use behaviors
- Relapse
- Overdose

Which populations may be at higher risk?

Which determinants are most relevant to understand disparities in exposures and outcomes?

Treatment

Pain

- Substance use assessment and treatment
- Address related comorbidities
- Ongoing support

Substance Use

- Pain assessment and treatment
- Address related comorbidities
- Ongoing support

Is there equitable access to integrated programs?

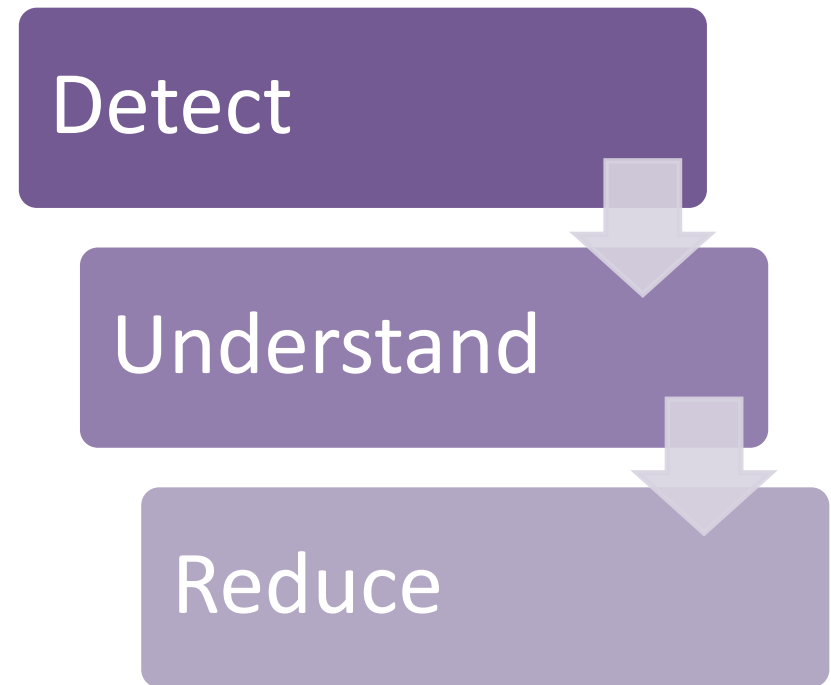
Are there disparate outcomes within existing programs designed to address co-occurring pain and substance use?

Which determinants need to be addressed to ensure equitable access and outcomes?

IMPACT

Addressing Health Inequities

- Define disparities
- Identify populations with increased vulnerability
- Identify determinants of disparities across multiple levels
- Intervene across multiple levels
- Evaluate impact of interventions on health disparities



Kilbourne, A. M., Switzer, G., Hyman, K., Crowley-Matoka, M., & Fine, M. J. (2006). Advancing health disparities research within the health care system: a conceptual framework. *American journal of public health, 96*(12), 2113-2121.

Key Takeaways

- Burden of co-occurring pain and substance use is high
- Some evidence to support effectiveness of integrated programs
- Limited understanding of health inequities
 - Who?
 - What?
 - How?
- Unable to address what is unknown

THANK YOU!

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