Executive Summary: HEAL Pain Strategic Planning Workshop
Intersection of Pain and Substance Use (SU)
Monday December 2, 2024, 11:00 am – 3:00 pm EST

Subcommittee members: Jessica Merlin, MD, PhD, MBA (co-lead); Joanna Starrels, MD, MS (co-lead); Amy Bohnert, PhD, MHS; Hailey Bulls, PhD; Ziva Cooper, PhD; Joseph Ditre, PhD; Karlyn Edwards, PhD; Michael Falcon, OTD, OTR/L, MHA; Scott Fishman, MD; Katryna Joubert, LCSW; Katie Fitzgerald Jones, PhD, ACHPN, CARN-AP; Jennifer Hah, MD, MS; Lakeya McGill, PhD; Hector Perez, MD, MS

Introductory remarks: Joanna Starrels, co-lead
Overview of Strategic Planning: Kathleen Sluka, PhD, HEAL Pain Strategic Planning Executive Committee Co-chair
People with lived experience: Michael Falcon, Hawaii Pacific University, shared his personal experience of trauma, pain and opioid dependence. Katryna Joubert cares for her mom who lives with chronic pain in the setting of addiction recovery.

Simon Haroutounian: Phenotyping and Personalized Medicine. A one size-fits-all approach does not work for pain prediction and can risk harms. Deep patient "phenotyping" can provide critical information to guide treatment but has been used with only limited applicability. Animal model work can help elucidate mechanisms, but remember to keep patient needs at front of mind: what symptom would this resolve?

Jafar Bakhshaie: Personalized feedback interventions (PFIs) have been used for comorbid pain and SU conditions. Advantages of web based PFIs include that they: help overcome barriers like provider availability and stigma; are cost-effective, scalable and immediate available; maintain anonymity; provide standardized delivery of care; and are suitable for integration into clinical settings. Increased evidence of clinical outcomes enhances the knowledge of interactions between pain and SU.

Discussion moderated by **Yenisel Cruz-Almeida**

Antoinette Spector: Health Equity and Social Determinants of Health. Takeaways include that the burden of co-occurring pain and SU is high; there is some evidence to support effectiveness of integrated programs; but only a limited understanding of health equities in terms of who is affected and how. We can't address what we don't know.

Lisa LaRowe: Chronic pain and SU in older adults. Major research gaps include: measuring the effects of opioid regulations and opioid de-prescribing in older adults; the need for a better understanding of iatrogenic harms; the need for mechanistic research about the interaction between pain and non-opioid substance use in older adults who have traditionally been excluded from these studies.

Kurt Kroenke: Mental Health co-morbidities. Research gaps include: understanding the efficacy and risks of opioid prescription use in acute and long-term pain management; understanding effectiveness of cannabis for pain treatment; the effectiveness of using measurement-based care (MBC) validated scales to monitor SUD; importance of the site of care - who should get specialty vs. co-managed care; and studies of different pain cohorts.

Discussion moderated by **Eboni Winford**

Will Becker: Overview of Buprenorphine. In studies of buprenorphine use for pain, optional switching to buprenorphine (from a full agonist opioid treatment) has low uptake among study participants. To get better data and a better understanding of the hurdles, studies need to be more “bupe forward,” putting in the work to educate participants about the drug and its advantages and relative risks.

Amy Bohnert: Evidence for non-pharmacological therapies for pain and SUD. Studies show that treatments rooted in “third-wave” principles (in psychology) that focus on coping skills, mindfulness, and emotional regulation provide benefits. Further study is needed for other types of non-drug treatments specifically for participants with pain and SUD.

Sara Edmond: Non-pharmacological treatments. Most research is based on behavioral treatments, but not enough research has been done on movement-based approaches. Many effective studies show that various non-drug interventions may work through emotional regulation, coping skills, and mind-body awareness. This area needs more study, evidence, and ways to implement the treatments that have shown evidence for benefits.

Discussion moderated by **Hector Perez**.

Joe Ditre: Non-opioid substance use that complicates pain. Ditre briefly summarized the reciprocal model of pain and substance use, in which bidirectional factors contribute to both disorders. Risks for substance use is higher in people with chronic pain than in the general population.

Ziva Cooper: Pain management with non-opioids with addictive potential: cannabis, ketamine, and kratom. Cooper summarized the regulatory status of and access to these substances, their use rates, evidence for analgesic use, their abuse potential, and potential unknown public health concerns. All of these substances have different effects depending on dose, delivery, and timespan of use, which need systematic investigation for clinical use.

Discussion moderated by **Joanna Starrels**