Practical Ways to Implement *The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain* among American Indian and Alaska Native Patients

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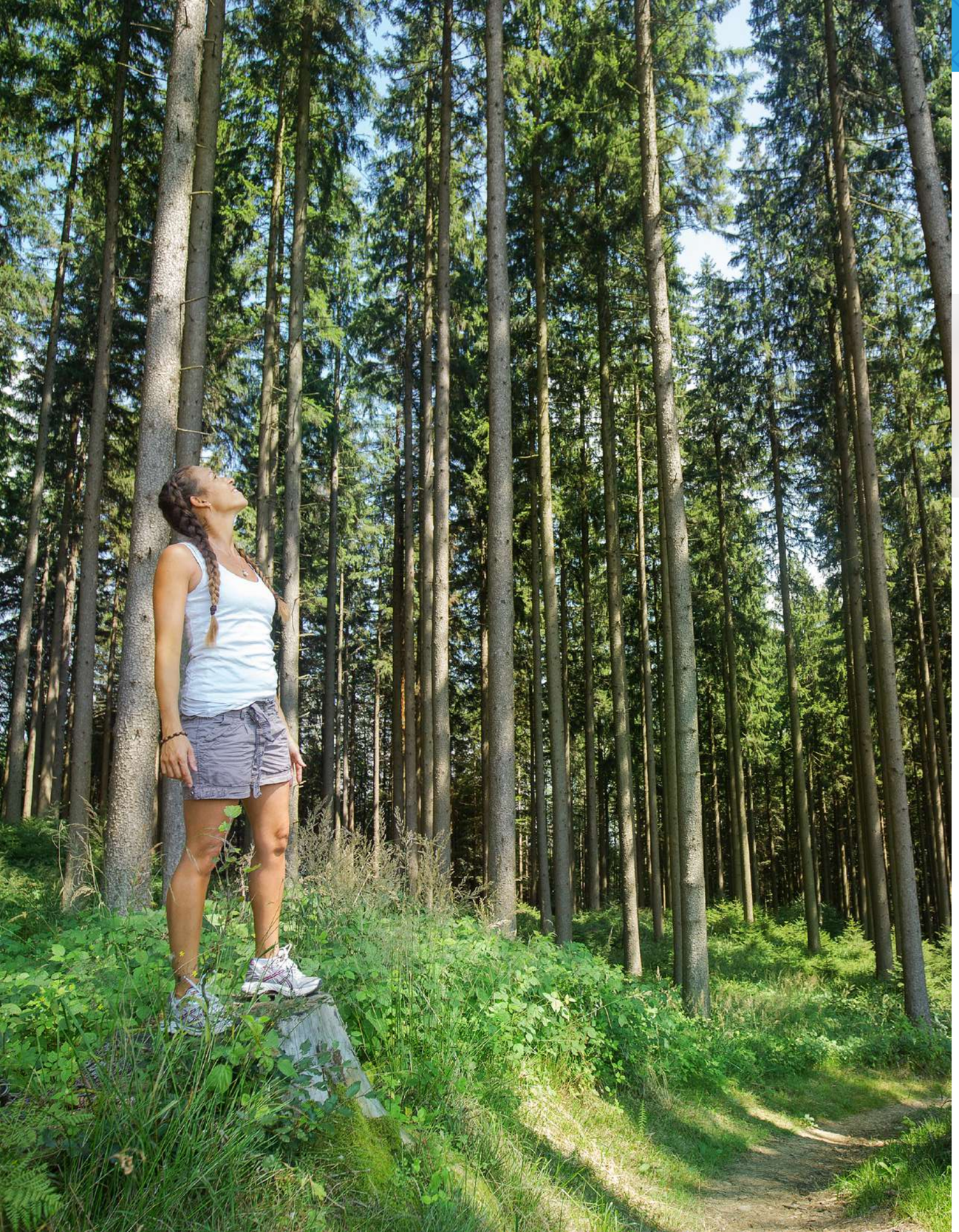

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Introduction

The *2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain*[1] (henceforth referred to as "2022 CDC Clinical Practice Guideline) provides recommendations for clinicians providing pain care, including opioid therapy for outpatients aged 18 and above, outside of sickle cell disease-related pain management, cancer-related pain management, palliative care, and end-of-life care. The 2022 CDC Clinical Practice Guideline expanded and updated the previous 2016 CDC Guideline for Prescribing Opioids for Pain. As prescription opioids can be an appropriate part of pain management, the 2022 CDC Clinical Practice Guideline aims to improve the safety and effectiveness of prescribing opioids and reduce the harms associated with the use of opioids for pain treatment.

In 2023, CDC's Division of Injury Prevention, National Center for Injury Prevention and Control approached Seven Directions to provide input on considerations for the implementation of the new 2022 CDC Clinical Practice Guideline among American Indian and Alaska Native patients.

In this guidance document we use "Indigenous" and "tribal and urban Indian communities" broadly to refer to peoples with ancestral and cultural origins in the many territories that now make up the United States. At Seven Directions, we recognize that terminology such as "Indigenous" and "Native American, American Indian, and Alaska Native" (AI/AN) were not chosen by tribal communities and are based in settler colonial language, grouping vast and diverse populations into aggregate terms. The experiences and cultures of Indigenous people are heterogeneous, and each tribal nation and Indigenous community is unique. We encourage the use of the specific tribe or band name and tribal language when possible.

Seven Directions used a two-prong approach which included 1) conducting an extensive review of the scientific literature on opioid prescribing among Indigenous people and 2) convening a group of Subject Matter Experts (SMEs) in the fields of pain management and overdose prevention to provide their insight into how the recommendations from the 2022 CDC Clinical Practice Guideline could be implemented by providers serving Indigenous people. AI/AN communities experience a higher rate of opioid overdose and overdose death compared to non-Native populations; therefore, protecting this community may entail implementing culturally responsive policies around the 2022 Clinical Practice Guidelines that will help prevent further death.[11]

The SMEs represent physicians, pharmacists, and psychologists with extensive clinical experience with AI/AN communities. Some of the SMEs who joined this group are also members of Seven Directions' Opioid Technical Advisory Group (OTAG), who provide ongoing consultation on many Seven Directions opioid overdose prevention projects. Information from the literature review was compiled for review by the SMEs and organized by how it might apply to each of the 12 recommendations outlined in the 2022 CDC Clinical Practice Guideline. Seven Directions convened two virtual meetings with the SMEs in December 2023 and January 2024 to review each recommendation along with the associated context from the literature and provide feedback as to how the recommendations could most effectively be implemented with AI/AN patients.

The resulting document covers the insights gained from the literature review and meetings with SMEs summarized into four main topic areas of considerations with regard to the experience of pain and pain management within the context of AI/AN care: 1) Indigenous perceptions of pain, 2) Community involvement in Indigenous patient care, 3) access to medicine and alternative treatment options, and 4) Provider dynamics surrounding prescribing opioids to Indigenous patients.

This guidance on implementation of the 2022 CDC Clinical Practice Guideline is intended to support health care providers at all levels of care who address pain management among adult AI/AN patients.

Please refer to the 2022 CDC Clinical Practice Guideline[1] for the most complete information on prescribing opioids generally.

1 Differences in Perception of Pain and Treatment Priorities Among American Indian and Alaska Native Patients

In addition to using quality of life and/or functionality screening to assess pain severity and response to treatment, clinicians working with AI/AN patients should allot enough time to allow for an open discussion of pain, including space for storytelling and metaphor, and exploration of the various types of pain that are troubling patients. Pain may be experienced differently in AI/AN populations and may contain multiple dimensions. For example, "emotional pain" can come from anxiety around the stigma of using opioids for medication or the stress of living with chronic pain, while "spiritual pain" can result from struggling with missed ceremonial responsibilities or being unable to eat traditional foods due to illness.[2]

In a qualitative study on cancer related pain, Indigenous participants from New Mexico "found it difficult to separate emotional and spiritual pain from physical pain".[2] Participants in this study also described missing appointments so they could contribute to traditional and ceremonial activities. Providers should consider discussing Native patients' ceremonial responsibilities when developing a treatment plan. Of note, some AI/AN patients may prefer not to discuss traditional or ceremonial responsibilities and practices with a provider, and providers should respect this variation in willingness to disclose this information without interpreting it as evasiveness; for example, certain cultures are prohibited from discussing cultural practices. Providers should be flexible regarding Native patients' comfort with disclosure and recognize they may need to develop a treatment plan without these details.

A trauma-informed approach to open discussions of pain entails following the patient's lead on sharing around these topics and avoiding intrusive questioning if the patient chooses not to share the information.[3] Providers should also consider the intersectional identities of AI/AN patients, including veterans, young adults, Elders, and LGBTQ2S+ patients, and how that may impact their experience of pain.[8] Making time for these conversations ensures that AI/AN patients are engaged in an informed decision-making process about pain management, and provides space for incorporation of these nuanced cultural, contextual, and personal perspectives into person-centered care.

Practice Points

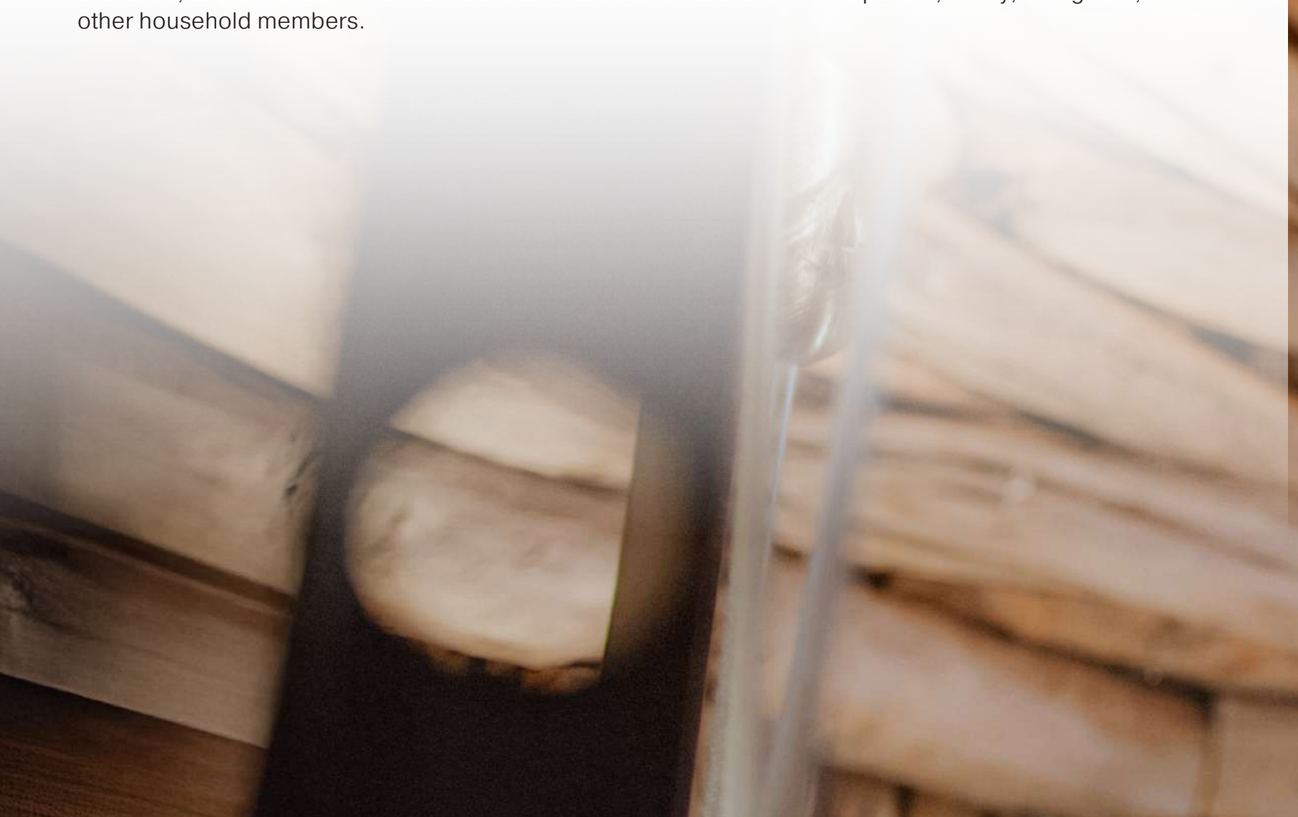
Differences in Perception of Pain and Treatment Priorities Among American Indian and Alaska Native Patients

- Allot enough time to allow for an open discussion of pain, including space for storytelling and metaphor.
- Consider discussing AI/AN patients' ceremonial or cultural responsibilities when developing a treatment plan.
- Be flexible regarding Native patients' comfort with disclosure of cultural practices within their treatment plan.
- Consider how the intersectional identities of AI/AN patients (e.g., veterans, young adults, Elders, and LGBTQ2S+ patients) may impact their history and experience of pain.

2 Community Involvement May Be Preferred Among AI/AN Patients

AI/AN patients have extended relationships by kinship, clanship, and other community connections, including potential caregiving roles. When developing a pain management treatment plan for AI/AN patients, centering the patient's community is critical, as the potential influence of friends, family, and community members can be very profound. Managing pain can be difficult. Therefore, it can be very helpful to involve family or loved ones in decisions regarding the benefits and risks of different pain management strategies, including opioid therapy. This allows a patient's support network to promote the best interests of the patient and their community, including advocating for risk mitigation strategies.[4] One topic to cover in these discussions is prevention of prescription diversion through safeguards, so that non-patient family members, especially youth, do not access these prescriptions.[5] Providers should obtain permission from the patient to include their chosen network to provide these important resources and support.

Because use of any use of opioids carries potential significant risks, including overdose, it is important that clinicians provide education to patients and their care network about these risks. In addition, provision of naloxone when prescribing opioids and education on its safe and effective use is critical. Another topic to address with the patient's chosen network is education on risk of overdose, provision of naloxone in case of overdose, and education on the effective and safe use of naloxone for the patient, family, caregivers, and other household members.



Practice Points

Community Involvement May Be Preferred Among AI/AN Patients

- Consider the patient's community when developing a pain management treatment plan, noting the potential influence of friends, family, and community members.
- Engage in an informed decision-making process about pain management that also includes patient's family or loved ones.
- Provide education to patients and their community about the risks of opioids, including overdose, and provision of naloxone, including safe and effective use.
- Ask permission from the patient before providing resources to their community for prevention of prescription diversion.

3 Access to Medication and Alternative Treatment Options Among AI/AN Community Members

AI/AN patients can experience barriers accessing their prescriptions, as some health systems may have specific limits on pharmacists concerning opioid prescriptions, which often conflict with clinically recommended treatment and may impede patients from accessing opioid prescriptions. One such limitation is differences in the timing between the pharmacy and clinic hours, which may specifically impact AI/AN individuals who are accessing their clinic and pharmacy in two separate places, one urban and one rural. Clinical staff should review prescription procedures with partner institutions (e.g., other clinics or pharmacies treating the same patients) to ensure patients can meaningfully access prescriptions and adhere to them. This may include developing protocols for prescription renewal that give clinical team members who can expedite confirmation the authority to authorize renewals. These procedures should be clearly outlined in writing to promote efficient and effective practices within the clinic. This will also support visiting or temporarily covering clinicians in rural health centers.

While alternative therapies for pain management like acupuncture, mindfulness-based stress reduction, yoga or massage can be effective, these treatments may not be available in geographically remote areas, such as on American Indian reservations and in Alaska Native villages.[6] Specialty care like physical therapy may also be limited, depending on medical insurance coverage and regional availability.[7] Clinicians should pursue the most beneficial treatment for the specific patient and condition based on what is reasonably available, and help to examine ways to connect patients to these types of pain management approaches when feasible.

Furthermore, providers should consider culture-based, non-opioid practices for pain management that may be specific to AI/AN. AI/AN patients may use traditional medicines (herbs, supplements) and substances like peyote and mescaline for spiritual aid, which should also be discussed to reduce the risk of drug interactions and overdose. Substances used in traditional practices may show up in toxicology screening, so it is important to have an open discussion with AI/AN patients to appropriately interpret results of testing.

In some clinics and regions, those who use non-opioid substances report undergoing toxicology testing at a higher rate, and positive toxicology tests for those substances have resulted in immediate discontinuation of opioid medications. Clinical protocols should outline equitable use of toxicology testing among all patient groups and results of testing should not be used in a punitive manner but rather used in the context of other clinical information to inform and improve patient care. An appropriate treatment plan developed through open, person-centered discussion about traditional medicine and polysubstance use can mitigate many concerns.

Practice Points

Access to Medication and Alternative Treatment Options Among AI/AN Community Members

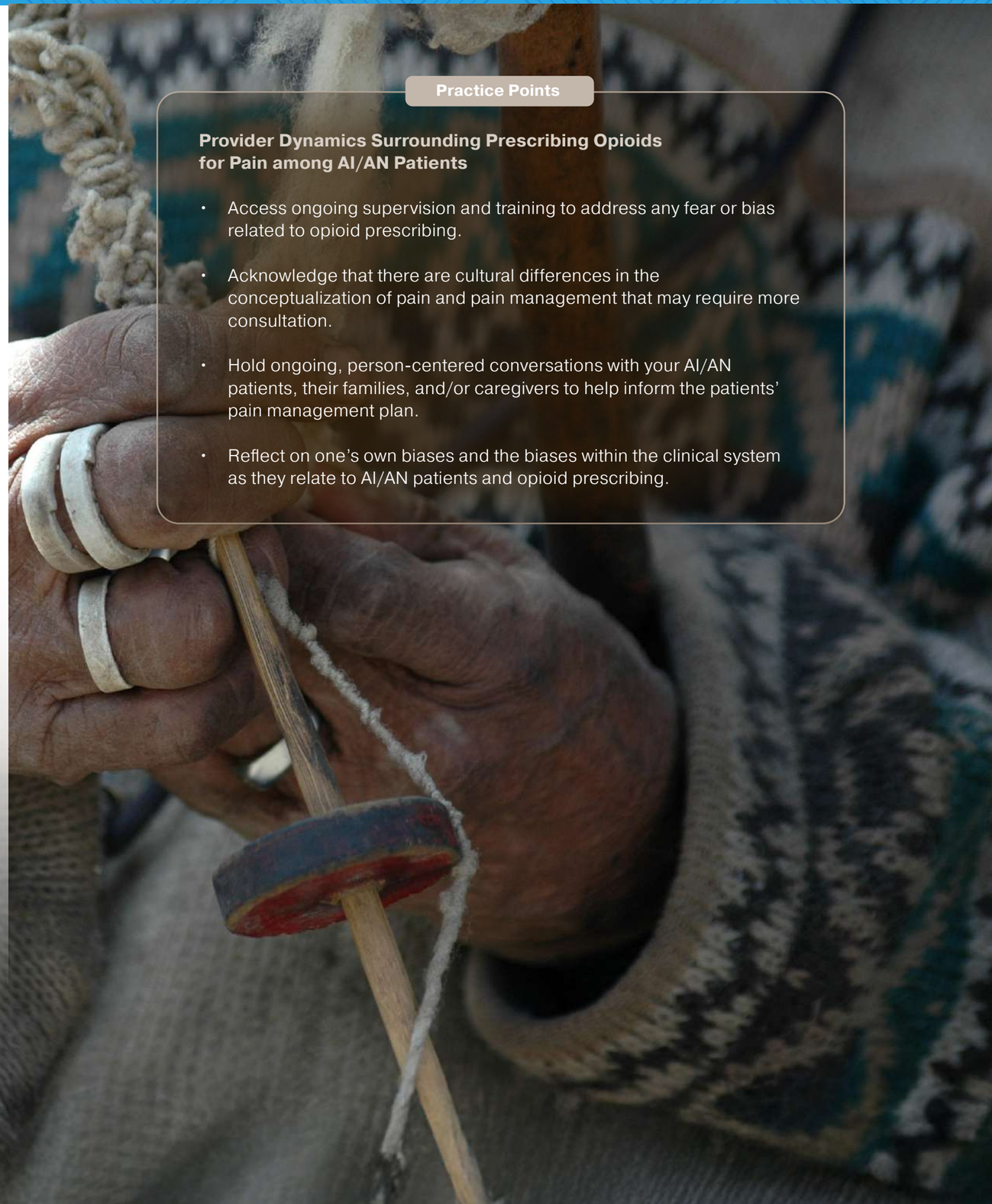
- Ensure effective care management and coordination between all clinical pharmacy providers in your area who interact with AI/AN networks, both rural and urban.
- Develop an operational protocol for expedited confirmation of prescription renewals, including standardized procedures for visiting clinicians, to aid in the timely procurement of medications.
- Consider the regional, local and built environments of your patients' communities to determine if it has supportive infrastructure for the recommended treatment.
- Use culturally sensitive language, without bias, to ask questions regarding the patients' use of traditional medicines and practices for pain management and opioid withdrawal.

4 Provider Dynamics Surrounding Prescribing Opioids for Pain among AI/AN Patients

Historically, over-prescribing of opioids among Native patients has been a documented issue.[6] In discussion with SMEs, there is concern that now certain providers under-prescribe any type of opioid to AI/AN patients due to the patient's history with opioids (particularly extended release/long-acting opioids), a family history of opioid misuse, or out of fear of risk of addiction. Without proper consultation with supervisors, training, and personal assessment of biases, providers may perceive that AI/AN patients are more susceptible to develop or likely to have Opioid Use Disorder (OUD).

Furthermore, given that there are cultural differences between Native and non-Native cultures regarding concepts of pain and pain management, treatment decisions for pain management may be influenced by erroneous assumptions about how Indigenous patients experience pain. This misunderstanding can lead to inadequate or ineffective treatment of pain.[9,10]

Ongoing, person-centered conversations with AI/AN patients, their families, and/or caregivers can help inform the individual patient's most appropriate and effective pain management plan. As an individual provider, consistent reflection of one's own biases and the biases within the clinical system are necessary to counteract disparities in opioid prescribing. Providers should also attend and engage in ongoing cultural responsiveness training.[12]



Practice Points

Provider Dynamics Surrounding Prescribing Opioids for Pain among AI/AN Patients

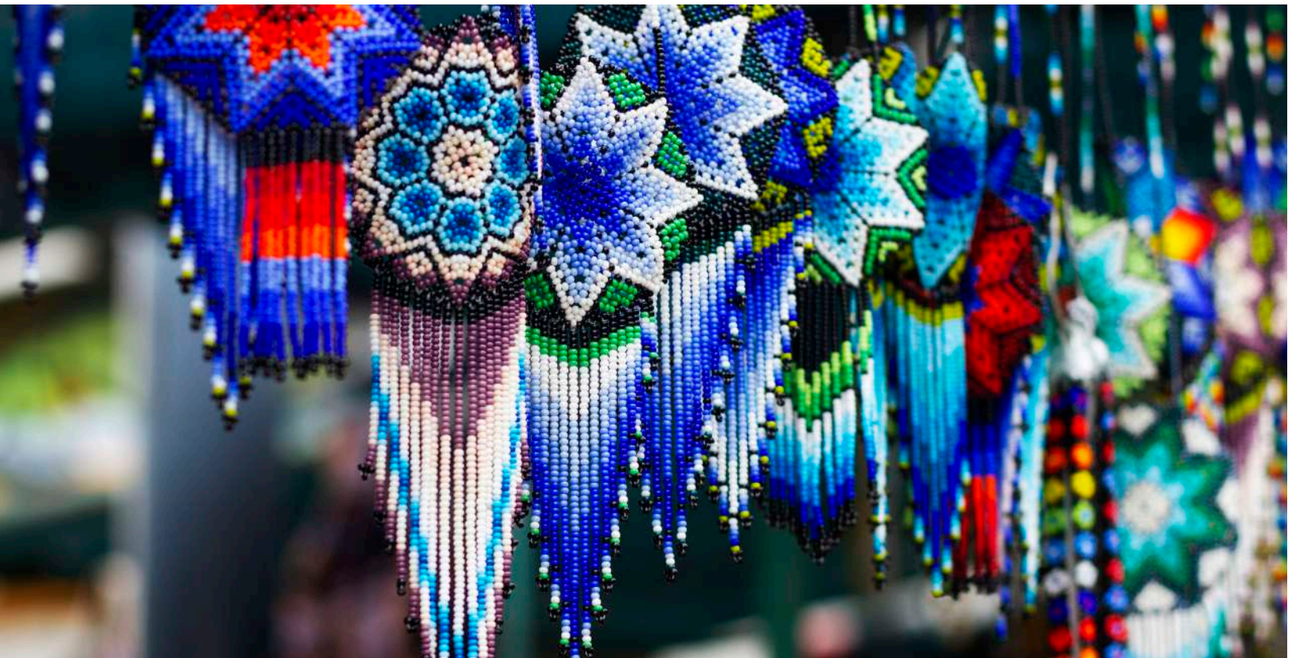
- Access ongoing supervision and training to address any fear or bias related to opioid prescribing.
- Acknowledge that there are cultural differences in the conceptualization of pain and pain management that may require more consultation.
- Hold ongoing, person-centered conversations with your AI/AN patients, their families, and/or caregivers to help inform the patients' pain management plan.
- Reflect on one's own biases and the biases within the clinical system as they relate to AI/AN patients and opioid prescribing.

Conclusion

The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain serves as a comprehensive framework to enhance the safety and effectiveness of opioid prescribing practices. The integration of AI/AN context and cultural considerations into the prescribing process reflects the importance of recognizing diverse perspectives, patient needs, and tailoring strategies to specific patient populations. Providers should reflect on and implement the following guidance:

- Honor the multiple ways (physical, emotional, spiritual) that AI/AN patients may experience pain and make space within the clinical setting to allow for open sharing about each dimension of pain.
- Community involvement may be important to AI/AN patients; therefore, if in accordance with a patient's wishes, treatment planning and risk management discussions should involve the larger community supporting that patient.
- AI/AN patients may have limited access to non-opioid and/or nonpharmacologic pain modalities. In addition, they may choose to utilize culturally specific medicines and spiritual aids. Providers should consider both access to and preference for different pain management modalities when planning treatment.
- Reflection on both personal and systemic biases, cultural responsiveness training opportunities, and tools for improved patient care like this document, all better equip clinicians to provide safe and effective pain management to AI/AN patients and can help decrease disparities in opioid prescribing practices in those communities.

Through a collaborative approach involving the collation of input from healthcare providers and subject matter experts, the context provided here strives to optimize healthcare outcomes while addressing the unique needs and holistic approach necessary to provide effective and culturally responsive care when prescribing opioids for pain management among American Indian and Alaska Native patients.



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