

PAINS | project



LIVE
BREAKING

NEWS

BREAKING NEWS

THE CNN EFFECT

THE MEDIATIZATION OF PAIN POLICY

LIVE
PAINS
project
FEB 2018

The CNN Effect: The *mediatization* of pain policy

“Changing the way pain is perceived, judged and treated” has become a mantra for those advocating better chronic pain care. This phrase was lifted out of the Institute of Medicine’s (IOM, now National Academy of Medicine) 2011 report, *Relieving Pain in America*. In sum, members of the committee called for a “societal/cultural transformation.”¹

Communication is essential to such reform movements, and the media (both traditional and social) are drivers of communication and social change in our country.² The influence of the media is sometimes referred to as the “mediatization of policy setting.”^{3,4} The question underlying most research about this phenomenon is: “does more journalistic attention for an issue lead subsequently to more attention for that issue by politicians?” Research in this area provides an overarching view on the role of the media in the political system.

The impact of the media on public policy has become so clear and profound that in political science and media studies there is now a theory commonly known as “*the CNN Effect*,” a term coined in the early 1990s to describe the impact of the 24-hour television news coverage on foreign policy.⁵ It appears that the *CNN Effect* goes beyond foreign policy.

One of PAINS’ foundational working assumptions is that the media shapes public perception, public perception translates into votes, and votes equal public policy. The recent deluge of media coverage associated with sexual harassment/assault and the responses of large corporations and the U.S. Congress validate this assumption.⁶ This theory can also be applied to public health policy related to both chronic pain and the opioid crisis.

PAINS was organized to advance recommendations made in *Relieving Pain*. Since its beginning, we have expressed concern about the stigmatization of those who live with chronic pain and how the media contributes to the stereotypes that plague chronic pain sufferers—lazy, malingering, drug seeking, etc. Over the past year, PAINS has focused significant attention and resources on understanding the impact of the media on public perception and policy regarding two public health issues: “high-impact” chronic pain and the opioid crisis.

Throughout 2017, PAINS focused on this topic via *No Longer Silent*, a project to change the public narrative about chronic pain, those who live with this disease and those who care for them. This report will share with readers what we have learned and present a case study that provides a paradigmatic example of the powerful impact of the *CNN Effect* on pain policy.

1 Institute of Medicine of the National Academies. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, D.C., The National Academies Press, 2011, pp. 2-4.

2 Shoemaker, Pamela J., Tim P. Vos & Stephen D. Reese. “Journalists as Gatekeepers.” *The Handbook of Journalism Studies*, 2009, pp. 73-87.

3 Van Aelst, Peter, Gunnar Thesen et al. “Mediatization and the media’s political agenda-setting influence.” *Mediatization of Politics*, Edited by F. Esser et al., Palgrave Macmillan, 2014, https://doi.org/10.1057/9781137275844_11.

4 Aruguete, Natalia. “The agenda setting hypothesis in the new media environment.” *Comunicación y Sociedad*, vol. 28, 2017, pp. 35-58.

5 Livingston, Steven. “Clarifying the CNN Effect: An Examination of Media Effects According to Type of Military Intervention.” John F. Kennedy School of Government, Joan Shorenstein Center on the Press, Politics and Public Policy, Harvard University, 1997, pp. 1-18.

6 Cooney, Samantha. “Here Are All the Public Figures Who’ve Been Accused of Sexual Misconduct After Harvey Weinstein.” *TIME Magazine*, 26 Jan. 2018, <http://time.com/5015204/harvey-weinstein-scandal/>.

Gathering Baseline Data

Early in the year, PAINS contracted with Dr. Muger Geana at the William Allen White School of Journalism at Kansas University to survey health journalists who have written on chronic pain and/or the opioid crisis to better understand:

- What type of sources they use when writing health stories
- How health journalists perceive the relationship between chronic pain and opioid addiction
- How experiencing chronic pain influences the reporting, opinions, and attitudes of health journalists

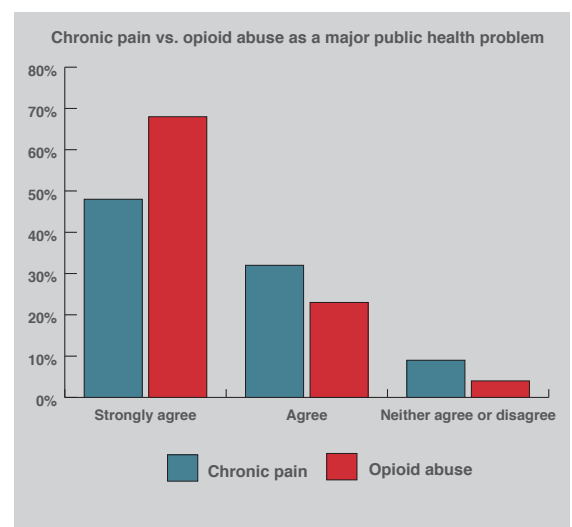
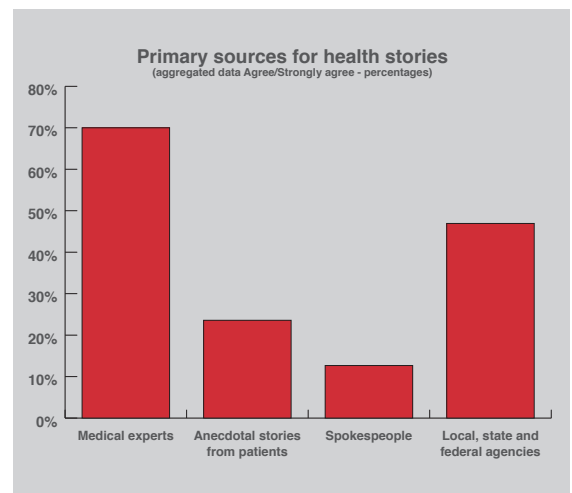
To our knowledge, this study was the first to directly explore attitudes and beliefs of health journalists about chronic pain and their perceptions about the relationship between it and opioid abuse.⁷

Methodology

The researchers developed a survey instrument based in part on previous research on attitudes and beliefs about people living with chronic pain and an overview of current academic literature on reporting on chronic pain and opioid addiction. The study was reviewed and approved by the University of Kansas Institutional Review Board. More than 1,000 health journalists working in all media channels received a link to the survey by email; 230 started it and 193 completed the survey. The response rate was 17.3%, with freelancers (42.71%), reporters (27.6%) and editors (16%) being the most significant jobs held by the respondents (N=192). On average, respondents had 19 years of professional experience (N=136) and had worked for the same media company an average of 9 years (N=116). Over 74% of participants were female; the mean age was 48.2 years.⁸ Although gender-based stereotyping and assignment of news beats is unprofessional, historically there are many more women covering beats like health or social life than men.⁹ This, as well as high predisposition of women to answer calls for research participation, may explain the gender structure of our sample.

Findings

Primary sources for health stories include medical professionals, local, state and federal officials, patients and spokespeople. Medical sources ranked first. Participants placed higher value on federal “experts” and were more confident in data and reports from the feds than similar information from people at the state and local level.¹⁰



⁷ Geana, Muger V. & Scott Reinardy. “Report: on a survey of health journalists about sources of information, attitudes and beliefs about chronic pain and opioid addiction.” Center for Excellence in Health Communication to Underserved Populations, William Allen White School of Journalism and Mass Communications, 2017, pp. 1-23.

⁸ Geana & Reinardy. “Report”, 2017, pp. 6-18.

⁹ Women’s Media Center. “The Status of Women in the U.S. Media 2017”, *womensmediacenter.com*, 2017, pp. 4-8, 13, http://www.womensmediacenter.com/assets/site/reports/10c550d19ef9f3688f_mlbres2jd.pdf.

¹⁰ Geana & Reinardy. “Report”, 2017, pp. 7-10.

It was surprising that 63% of respondents believe that chronic pain is a MAJOR CAUSE of the opioid epidemic.

Although to date there is no data establishing a causal link between these major public health issues, only 8.5% disagree with that notion. Most health reporters and editors who participated in the survey think there is a DIRECT RELATIONSHIP between chronic pain and

opioid substance abuse (N=199). However, when asked if they believe that chronic pain sufferers experience more opioid overdoses than other users of opioids, almost half stated that they didn't know. There was stronger agreement among respondents that overprescribing of opioids by doctors for chronic pain is the primary cause of the opioid epidemic (36.5% agreement vs. 18% disagreement). More than half (51.5%) of those who responded did not know if most of the deaths associated with opioids occurred among chronic pain patients, those living with substance use disorders, or those with dual diagnoses.¹¹

“...63% of respondents believe that chronic pain is a MAJOR CAUSE of the opioid epidemic...only 8.5% disagree with that notion.”

Consistent with prevalence rates for chronic pain among the general population, 27.18% of health reporters and editors who participated in the survey have experienced chronic pain (defined as pain that occurs on at least half the days for six months or more) and 15.9% report being current chronic pain sufferers. Forty-one of them have written stories about chronic pain or covered the topic. As a result of having personally experienced persistent pain, many said they have more understanding of the issue and more empathy for those suffering chronic pain. Some stated that their personal experience has not influenced their reporting on this topic. There were significant statistical differences between journalists who have experienced chronic pain and those who have not on perspectives about chronic pain and opioids, i.e., journalists who have experienced chronic pain are significantly less likely to associate chronic pain with opioid abuse.¹²

Study Conclusions

Health journalists who participated in the survey recognized both opioid addiction and chronic pain as being serious public health problems, which is consistent with the severity of both these issues. Nevertheless, they think the opioid epidemic is a more serious public health problem although research indicates that chronic pain cases surpass opioid dependency cases by 50:1.^{13,14} They have strong opinions about the relationship between chronic pain and opioid addiction, with almost 70% of respondents thinking that there is a direct relationship between chronic pain and opioid substance abuse. When asked specifically about data to substantiate this view, they said they did not know.¹⁵

Of particular interest to PAINS was evidence that patients are not considered “expert” resources by health journalists.¹⁶ People living with chronic pain seem to be approached only to provide illustrating examples for stories that are driven primarily by information from other published articles/stories, academic sources, and data provided by federal agencies.¹⁷ Although the low response rate does not allow conclusive results, this study does imply a bias among healthcare journalists and the need for pain advocacy organizations to help those reporting on these issues to engage with articulate chronic pain patients who can relay their experiences in a way that journalists/reporters find authoritative. Otherwise, reporting on chronic pain and the opioid crisis will continue to be what could be called an “echo chamber.”

11 Geana & Reinardy. “Report”, 2017, pp. 6-18.

12 Ibid.

13 Substance Abuse and Mental Health Services Administration. “Substance Use Disorders: Opioid Use Disorder”, 27 Oct. 2015, <https://www.samhsa.gov/disorders/substance-use>.

14 Institute of Medicine. *Relieving Pain in America*. 2011, pp. 1.

15 Geana & Reinardy. “Report”, 2017, pp. 12.

16 Ibid., 9.

17 Ibid.

These data provided a foundation for PAINS' work in 2017 and helped to illuminate our understanding of the challenges those advocating for improved chronic pain care must overcome to successfully promote a cultural transformation in the way pain is perceived, judged and treated. However, we are mindful that a response rate of only 17% does not provide the evidence base needed and that more research is necessary.



Throughout 2017, the opioid epidemic and unintended deaths associated with opioids dominated reporting on public health issues and far exceeded coverage of the chronic pain crisis.¹⁸ Evidence of the *CNN Effect* on health policy in the U.S. became apparent. A decade ago, Steven Livingston at Harvard University published a paper titled, *Clarifying the CNN Effect: An Examination of Media Effects According to Type of Military Intervention*, in which he articulated three possible effects of the media on public policy:¹⁹

1. Policy agenda-setting agent
2. Impediment to the achievement of desired policy goals
3. An accelerant to policy decision making

Granted, Livingston's work focused on military policy, but again, it is our view that his work and that of others can readily be translated and applied to public policy focused on other aspects of our society, including public health.

The 60 Minutes Effect

Throughout 2017, there were frequent comments and responses by policymakers to news coverage about the opioid epidemic that, if accepted at face value, had or could have significant unintended consequences on those living with chronic pain. The best example may be the impact of a late fall CBS *60 Minutes* segment titled "The Whistleblower."²⁰

Joe Rannazzisi, former Deputy Director of Diversion at the Drug Enforcement Administration (DEA), and other former employees of the DEA stated during the segment that the *Ensuring Patient Access and Drug Safety Enforcement Bill of 2016* hamstrung DEA agents and severely limited their ability to utilize "immediate suspension orders" to compel drug distribution companies to fulfill their obligation to monitor, investigate and report suspicious orders for controlled substances.²¹ The former DEA agents claimed that, by doing so, the *Ensuring Patient Access Act* had contributed significantly to the opioid epidemic. Frank Younker, retired DEA Supervisor and one of those on the *60 Minutes* program said, "This bill basically tore the heart out of the diversion program."²²

Mr. Rannazzisi claimed that the law presented an imminent danger to the American public by minimizing the authority of the DEA. During the segment, there were also allegations that the legislation had been driven by lobbyists for "big pharma" and that Congress had been motivated by financial contributions from them to vote for this act.²³ It should be noted that the producers of *60 Minutes*, like others who have reported on deaths associated with opioid use, appeared to accept Rannazzisi's claims without challenge.²⁴ Journalists reporting on all public health matters must hold information they report to the highest standard of evidence and recognize the influence and sway they hold over public health policy.

¹⁸ See PAINS' 2017 Annotated Bibliography: <http://bit.ly/pains-ab2017>.

¹⁹ Livingston, Steven. "Clarifying the CNN Effect", 1997, pp. 1-18.

²⁰ "The Whistleblower, Redemption." *60 Minutes*, CBS News, New York, 15 Oct. 2017.

²¹ *Ibid.*

²² Bernstein, Lenny & Scott Higham. "Former DEA officials call for repeal of law that weakened enforcement." *The Washington Post*, 28 Nov. 2017, <http://wapo.st/2BBRDFo>

²³ "The Whistleblower, Redemption." *60 Minutes*.

²⁴ *Ibid.*



In 2016, the *Ensuring Patient Access* bill to “improve enforcement efforts related to prescription drug diversion and abuse” AND not create obstacles to patients in need of pain medications was introduced by Senators Orrin Hatch (R-Utah) and Sheldon Whitehouse (D-Rhode Island), supported by the Drug Enforcement Administration, and passed without opposition.²⁵ The bill can be read in its entirety at <https://www.congress.gov/bill/114th-congress/senate-bill/483/text>. The purpose of the bill was to establish a higher standard of proof by the DEA before revoking or suspending registrations for opioid distributors under the Controlled Substances Act.

A Case Study

An example of the *CNN Effect* is that approximately two weeks after the *60 Minutes* segment, Senator Claire McCaskill (D-Missouri) invited those who had appeared on the *60 Minutes* segment to speak at a roundtable for her colleagues in the Senate and other policymakers to discuss legislation to repeal the *Ensuring Patient Access Act*.²⁶ What followed was a paradigmatic example of how the so-called *CNN Effect* can impact policy and the lives of

people living with chronic pain. Some background may be helpful.

Claire McCaskill, Senior Senator in Missouri, defeated a Republican incumbent by a narrow margin in 2006.²⁷ A Democrat representing a strongly “red” state in which the current president won by double digits, McCaskill is up for re-election in November 2018. Although many believe she has served the state well, political pundits have identified her seat as one that is “likely to change hands” in the next election, and the Republican Party has already invested heavily in this race.²⁸

In the summer of 2017, Senator McCaskill launched a series of town-hall meetings to hear from her constituents on matters about which they were concerned and to share with those who attended work she is doing.²⁹ One of the issues McCaskill has been working on is opioid abuse and the unintended deaths associated with them.³⁰ Deaths associated with addiction to both illicit drugs and those prescribed for legitimate medical purposes is not a new phenomenon in the State of Missouri nor is this a new concern for McCaskill.

²⁵ “All Information (Except Text) for S. 483 – Ensuring Patient Access and Effective Drug Enforcement Act of 2016.” *Congress.gov*, 19 Apr. 2016, <https://www.congress.gov/bill/114th-congress/senate-bill/483/all-info>.

²⁶ “ROUNDTABLE: Restoring DEA Enforcement Power Over Drug Distributors.” *YouTube*, uploaded by HSGAC Dems, 28 Nov. 2017, <https://youtu.be/wuyuBLzIASg>.

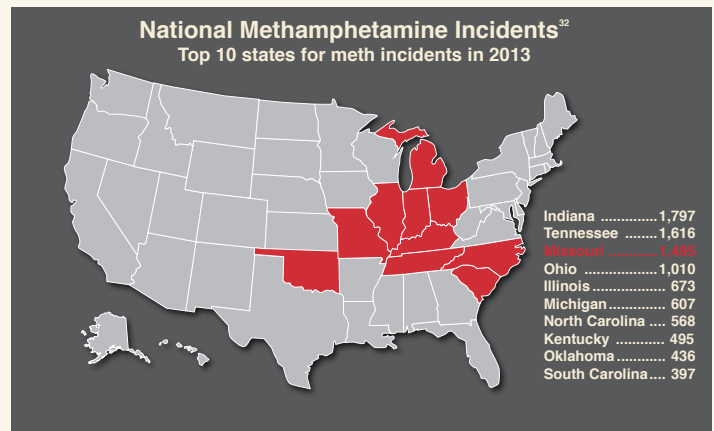
²⁷ Federal Election Commission. “Official Election Results for United States Senate, 2006, pp. 25.

²⁸ Bradner, Eric. “The 10 Senate seats most likely to flip in 2018.” *CNN*, 9 Jan. 2018, <https://www.cnn.com/2018/01/03/politics/2018-senate-race-rankings-january/index.html>.

²⁹ Lowry, Bryan. “McCaskill plans town halls as she faces attacks from right, challenge from left.” *The Kansas City Star*, 10 Aug. 2017, <http://www.kansascity.com/news/politics-government/article166542827.html>.

³⁰ “Improving Healthcare.” *United States Senator Claire McCaskill*, <https://www.mccaskill.senate.gov/healthcare>.

In the early 2000s, Missouri became known as the “meth capital of the United States.” From 2003 to 2014, there were only two years in which Missouri was not the number one state for meth lab incidents.³¹ 2004 was the peak year, with 2,927 incidents recorded, but since then, the numbers have remained high in relation to the rest of the country.³² The situation was so dangerous that, in 2004, 15% of patients in the burn unit at Mercy Hospital in St. Louis had been injured in meth lab fires or explosions.³³ In drawing this analogy, it is limited and important to note that it is also risky to compare the use of meth with the use of opioids. Methamphetamines are illegal and are never prescribed medically, whereas opioids are legal because they have legitimate medical purposes. William Osler, often described as the father of modern medicine, referred to opium as “God’s medicine” because of its ability to ameliorate pain.³⁴



Like all states in the U.S., unintended deaths related to opioids have increased dramatically in recent years in Missouri.³⁵ Deaths associated with drug abuse is not new to Missouri; deaths associated with opioids is the same problem as deaths associated with addiction, with a different substance or causal agent at the center of the problem.

Prior to entering politics, Senator McCaskill served as Public Prosecutor for Jackson County (Kansas City, Missouri).³⁶ Throughout her legal and political career, she has been known to be “tough on crime.” In early 2017, McCaskill launched an investigation into opioid manufacturers.³⁷ So, this effort was not out of character for her.

Senator McCaskill has a strong record of “working across the aisle” and being able to convene disparate groups to find common ground. So, when PAINS learned about her plans to convene a roundtable in response to allegations made by former DEA staff members on the *60 Minutes* segment, PAINS reached out to Senator McCaskill and her staff to encourage her to include participants from the medical community caring for those living with chronic pain and people living with chronic pain—those who the *Ensuring Patient Access Act* was intended to protect.

Initially, we were told that it was simply too close to the date set to extend additional invitations. PAINS sent her staff a list of five highly qualified individuals to participate in the roundtable and offered to facilitate their participation. In response, PAINS’ Director was invited to attend, contingent upon Senator McCaskill’s approval. Two days later the invitation was rescinded.

31 “Meth Stats.” *Missouri State Highway Patrol*, Division of Drug and Crime Control, National Incidents, <http://www.mshp.dps.missouri.gov/MSHPWeb/DevelopersPages/DDCC/methLabDisclaimer.html>.

32 “Meth Stats.” *Missouri State Highway Patrol*, Division of Drug and Crime Control, Nationwide Methamphetamine Incidents Through December 2004, 20 Mar. 2014, <http://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Reports/2004NationwideLabIncidents.pdf>.

33 Missouri Narcotic Officers Association. “Meth Revisited: Review of State and Federal Efforts to Solve the Domestic Methamphetamine Production Resurgence.” Testimony submitted by Detective Sgt. Jason Grellner, 24 July 2012, pp. 11.

34 Batmanabane, Gitanjali. “Why patients in pain cannot get ‘God’s own medicine’?” *Journal of Pharmacology & Pharmacotherapeutics*, vol. 5, no. 2, 2014, pp. 81-82, <https://dx.doi.org/10.4103%2F0976-500X.130040>.

35 CDC. “Opioid Overdose: Data Overview.” *Centers for Disease Control and Prevention*, <https://www.cdc.gov/drugoverdose/data/index.html>.

36 “About Claire.” United States Senator Claire McCaskill, <https://www.mccaskill.senate.gov/about-claire>.

37 “Breaking: Opioid Manufacturers are Subject of New McCaskill-Led, Wide-Ranging Investigation.” United States Senator Claire McCaskill, <https://www.mccaskill.senate.gov/media-center/news-releases/breaking-opioid-manufacturers-are-subject-of-new-mccaskill-led-wide-ranging-investigation>.



Photo credit: Public Domain. Source: Office of Senator Claire McCaskill - Flickr.com

On November 28, 2017, Senator McCaskill hosted a roundtable with her Senate colleagues that was basically a “re-run” of the *60 Minutes* program aired a few weeks before. Unfortunately, the Senator began the meeting by quoting a drug dealer who said that “going to a crooked doctor is ‘kind of like going to a speak-easy in the old days’.”³⁸ In her opening remarks, McCaskill said that she did understand concerns that had been expressed that overly zealous law enforcement could constrain the ability of patients to receive medications they need and then proceeded to explain why she planned to introduce a bill to overturn the *Ensuring Patient Access Act* which, again, had been endorsed by the Drug Enforcement Administration.^{39,40,41} This reference was one of only two made in the entire roundtable to the potential impact such legislation could have on pain patients.⁴²

Since then, in mid-December, the Senate Judiciary Committee had an oversight committee meeting also focused on repealing this legislation.⁴³ At the time we go to press, however, no further legislative action has been taken.

PAINS’ purpose in highlighting this situation is not to support or oppose the *Ensuring Patient Access Act* or any other related legislation. It is simply to present this situation as a case study demonstrating the powerful influence of the media on public policy and to highlight two realities:

1. That the media has been on fire reporting about the opioid epidemic
2. People living with chronic pain and those who care for them are rarely heard from or included in such policy discussions.

At most, there is often a “throw-away line” in policy conversations about the opioid epidemic that “of course, it would never be intended that policy would negatively impact those who live with chronic pain and have legitimate need for medication.”

³⁸ “ROUNDTABLE”, *YouTube*, <https://youtu.be/wuyyBLzIASg>.

³⁹ *Ibid*.

⁴⁰ “Patient Access and Drug Enforcement.” *C-SPAN.org*, 12 Dec. 2017, <https://www.c-span.org/video/?438476-1/senate-panel-reviews-impact-drug-enforcement-law>.

⁴¹ Bernstein, Lenny & Scott Higham. “DEA official says 2016 law that undermined enforcement should be changed.” *The Washington Post*, 12 Dec. 2017, <http://wapo.st/2FWDyBn>.

⁴² “ROUNDTABLE”, *YouTube*, <https://youtu.be/wuyyBLzIASg>.

⁴³ “Oversight of the Ensuring Patient Access and Effective Drug Enforcement Act.” United States Senate, Committee on the Judiciary, <https://www.judiciary.senate.gov/meetings/oversight-of-the-ensuring-patient-access-and-effective-drug-enforcement-act>.

A Response to the *CNN Effect*

In 2017, PAINS launched No Longer Silent, an initiative to balance the negative *CNN Effect* on chronic pain sufferers by making their voices heard and to reshape the public narrative about chronic pain, those who live with it and those who care for them by pushing forward a new public account of the current situation—one that depicts an image of strength, courage, conviction and hope rather than one of weakness and desperation.⁴⁴

**No Longer
Silent**

In the context of No Longer Silent, in 2017 PAINS took two approaches—one focused on traditional media outlets and another utilizing social media.

Traditional Media

Building relationships and establishing credibility and rapport with reporters and journalists working in traditional venues proved to be far more difficult than had been expected. In the fall, PAINS hosted a roundtable at the Kaiser Family Foundation in Washington, DC intended to bring reporters and journalists together with pain care providers, policymakers and people living with chronic pain. We worked with two nationally recognized consulting organizations to structure the meeting in a way that would foster open and direct dialogue among those present. Jeanne Meserve, former CNN anchor, served as meeting facilitator, and all the right people attended, including representatives from major professional organizations, the Centers for Disease Control, the Federal Drug Administration and the Department of Health and Human Services. Everyone came—except representatives of the media. Only one came to the meeting and one other attended by conference call.

PAINS has had some impact on the media. A Google search shows that in 2017, approximately 400 articles appeared in various media outlets that quoted or were written by members of PAINS' leadership team and its Advisory Committee.

Social Media

PAINS took a strategic “gamble” in 2017 and contracted with a nationally known digital marketing and advertising firm to develop and execute a digital ad campaign demonstration project to:

- Build on momentum of No Longer Silent to inform meaningful discourse around issues related to chronic pain as a disease.
- Amplify the campaign's core message that comprehensive chronic pain care will improve the lives of millions of Americans, save billions of dollars and reduce opioid prescribing.
- Reduce stereotypes of those who live with chronic pain and those who care for them; shift the narrative from one of weakness and desperation to one of strength, persistence and hope.
- The campaign was executed across Google Paid Search, Facebook Ads, and Programmatic Display Ads. Throughout the campaign, optimizations were made to ensure the ads were reaching a diverse group of key stakeholders, as awareness was the primary campaign goal. The ads also drove engagement not only with the ads themselves, but also on the PAINS No Longer Silent landing page.⁴⁵

⁴⁴ No Longer Silent landing page: <http://painsproject.org/no-longer-silent/>.

⁴⁵ *Ibid.*

Overall, the campaign delivered performance metrics above industry benchmarks and reached more than 6,000,000 people. Highlights of the outcomes in only 90 days included:⁴⁶

- 6.29M impressions and 17.23K clicks to the NLS landing page delivered
- A .27% click through rate (nearly 3x the industry average)
- Facebook ads prompted 5,615 people to take action

In addition to increasing awareness of PAINS and No Longer Silent, this 90-day effort provided significant insights into the possibility of transforming the public narrative about chronic pain and those who live with it and led us to believe that appropriate utilization of social media must be a major emphasis of those working to transform the way pain is perceived, judged and treated.

Conclusion

The first issue of the *New England Journal of Medicine* in 2018 included an analysis of seven national polls conducted in 2016 and 2017 by Robert Blendon and John Benson at the Chan School of Public Health at Harvard University to determine how the American public thinks about the opioid crisis and efforts to address it. The article begins, “Over the past year, the U.S. opioid epidemic has gained enormous visibility.”⁴⁷ Interestingly, although in 2017 President Donald Trump identified the opioid epidemic as a “public health emergency,”⁴⁸ the majority of the public does not deem it a national emergency, although it is recognized as an important public health matter.

When asked how seven different policies proposed to contain the opioid epidemic would positively impact this problem, only one was thought to hold significant promise—increasing pain management training for medical students and physicians. Several other strategies were thought by the public to also be important, including:⁴⁹

- Public education and awareness programs
- Increasing research about pain and pain management
- Monitoring physician prescribing practices
- Encouraging people who had been prescribed pain medications to appropriately dispose of unneeded medications

The majority of the public was not comfortable with or uncertain about policies determining dosage of medication or duration of prescriptions that a physician can prescribe—a major element of the federal government’s current efforts to address the opioid epidemic.⁵⁰

The *CNN Effect* has resulted in state and federal legislators taking what many would argue are knee-jerk responses to the opioid epidemic. It appears that the public’s response is more measured, and frankly, from PAINS’ perspective, far less likely to result in unintended consequences that may exacerbate the suffering of many of those who live with “high-impact” chronic pain.

46 “2017 Digital Campaign Report.”

47 Blendon, Robert J. & John M. Benson. “The Public and the Opioid-Abuse Epidemic.” *The New England Journal of Medicine*, vol. 378, no. 5, 2018, pp. 407-411, 10.1056/NEJMp1714529.

48 “President Donald J. Trump is Taking Action on Drug Addiction and the Opioid Crisis.” *Whitehouse.gov*, <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-taking-action-drug-addiction-opioid-crisis/>.

49 Blendon & Benson, *NEJM*, vol. 378, no. 5, 2018, pp. 407-411.

50 *Ibid.*

There is no question that the actions of policymakers like Senator Claire McCaskill in Missouri and many others are intended to address the opioid crisis to reduce deaths, pain and suffering—NOT to make the lives of those living with chronic pain more difficult.

As we promote a national social marketing campaign to educate the American public and policymakers about chronic pain as a disease, we are aware of the tension between the hypothesis upon which this report is based, i.e., that media coverage of chronic pain is a) insufficient, b) biased, and/or c) devoid of adequate evidence, and our recommendation to develop and implement a national social marketing campaign to persuade the American public that comprehensive chronic pain care, including opioid therapy for some, will improve the lives of millions of Americans, save billions of dollars and reduce opioid prescribing.

“...comprehensive chronic pain care, including opioid therapy for some, will improve the lives of millions of Americans, save billions of dollars and reduce opioid prescribing.”

Tension can be positive or negative depending on the motivation of those who use it. Over the last few years, fear mongering has become an explicit strategy in our political life. Americans are at an unprecedented point where discerning “truth” from “alternative facts”—real news from “fake news” has become a major challenge, perhaps especially for those who wrestle with pressure and assault from special interest groups, including those who advocate for comprehensive chronic pain care. There appears to be a fine line between propaganda and social marketing. These critical concerns cause PAINS to pause as we have begun to utilize these tools and to promote a national social marketing campaign.

There are ways to minimize unintended consequences associated with such a strategy. This report will conclude by suggesting how to proceed:

1. Recognize our own biases, including biases against provider groups, particular medications and therapies, and people who are ethnically and culturally diverse
2. Include people who think differently about issues when developing social marketing campaigns
3. Embrace the “expertise” patients and their families bring when addressing any public health issue
4. Verify facts asserted and recognize that “facts” in medicine evolve as research leads to new knowledge and understanding
5. Strive for balance
6. Explicitly consider unintended consequences
7. Routinely evaluate impact and modify as indicated

Advocating for the significant investment a national social marketing campaign will take is a bold step, but given what PAINS has learned in 2017, it is our view that it **MUST** be a major emphasis of work to “transform the way pain is perceived, judged and treated.” More than a century ago, social reformer, Susan B. Anthony said, “Cautious, careful people, always casting about to preserve their reputations...can never effect reform.”

Contributors:

Myra Christopher

Kathleen M. Foley Chair in Pain and Palliative Care
Director, PAINS Project
Center for Practical Bioethics

Richard Payne

John B. Francis Chair
Medical Director, PAINS Project
Center for Practical Bioethics

Cindy Leyland

PAINS Project Manager
Center for Practical Bioethics

Clint Cole

Research Intern
Center for Practical Bioethics

Carolyn Noel

Webmaster, PAINS Project

This copy is made available to you by: