

## **IT's ABOUT PAIN, volume 2, number 2, October 2017**

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### **WILL SOLUTIONS FOR THE OPIOID EPIDEMIC TAKE AWAY MY PAIN CONTROL?**

The rise in prescriptions and the increase in opioid related deaths, have occurred in a parallel fashion; more prescriptions and more deaths. Numbers published in 2014 stated that nearly half the ODs were due to prescription drugs rather than illegal ones. And among illegal opioid users, there's a sizeable fraction who "got started on prescription opioids" even stolen from friends and relatives. Simply put, the popular (media and politicians and government agencies) notion appears to be "use of prescription drugs by injured and sick patients is causing innocent people to die of opioid overdoses." People whose normal lifestyle depends on opioids for pain control, are very frightened.

**However, the very latest statistics are telling a different story:**

- A paper by Stefan Kertesz, MD, in *Substance Abuse*, documented that over 90% of opioid deaths in the Birmingham, Alabama were due to illegal heroin, meth, and fentanyl.
- Recent declines in opioid prescriptions (doctors declining to prescribe and patients reluctant to ask), have been accompanied by astounding INCREASES in opioid deaths.
- Because there's been no reduction in the number of people who have chronic pain, these numbers suggest that drug addicts are switching from prescription (pure, regulated) medications to unregulated heroin, meth, and fentanyl. As an aside, the other variable that may be at play, is the widespread availability of Narcan (reverses opioid effects on the brain), which may lead some addicts to take higher doses to get better "highs", knowing that Narcan will save them from overdose death.

**So, now what's going to happen? My forecast is the following:**

- Like him or not, President Trump is going to put up a physical/electronic "wall" and take other measures to reduce the influx of heroin, meth, and fentanyl across our borders, and increase their prices (heroin and meth are often cheaper than alcohol and prescriptions).
- New regulations will reduce the likelihood of post-surgical patients getting addicted, by limiting the number of days they can take narcotics after surgery. (Longer treatment will require approval from agency or insurance regulators.)
- Doctors and patients will be on the lookout for sleep apnea (heavy snoring, interrupted breathing, daytime somnolence, etc), and refer for CPAP or BIPAP or dental appliances when detected. This will reduce deaths related to respiratory suppression by opioids.
- If a patient with chronic pain is requiring increasing doses, then tolerance is likely occurring, and he/she will have to be switched to a different opioid, or prescribed other therapies (hopefully approved by insurance) including counselling, acupuncture, surgeries, pain pumps, nerve stimulators, etc. (This will require major expansion of insurance benefits—costly.)
- Because taking pain meds away from people with chronic pain has caused suicides, homicides, heroin/meth/fentanyl overdoses, manslaughter charges against pharmacists and doctors, I think a thoughtful policy will give those chronic pain patients a "pass." Of course, we will all be encouraged to consider add-on therapies or gradual tapers to reduce the doses and risks.