

CHRONIC PAIN AND OPIOIDS

DEBUNKING THE MYTHS

What is chronic pain?

Chronic pain is a progressive disease of the nervous system, caused by failure of the body's internal pain control systems. The disease is accompanied by changes in the chemical and anatomical makeup of the spinal cord. Chronic pain is a malignancy, in the sense that when it goes untreated, it increases in intensity and spreads to areas that weren't previously affected, damaging the sufferer's health and functioning.

Why treat chronic pain with opioids?

Opioids are substances naturally produced within the body to regulate pain. They are commonly known as endorphins, and recognized as producing the state of euphoria known as the runner's high. Chronic pain victims, who can't produce enough opioids on their own, often benefit from supplementation with pharmaceutical opioids.

What are the goals of treatment?

Lowering of pain levels.

Reducing suffering through restoration of functioning in life activities, as close to normal as possible.

Arresting and reversing the damage done by chronic pain to the nervous system and overall health of the patient.

Are opioids dangerous?

When taken as prescribed by your doctor, opioids are among the safest drugs available.

What about those "Oxycontin deaths" reported in the media?

Oxycontin, like other opioids, is safe for patients who take their medicine as prescribed. "Oxycontin deaths" occur in habitual substance abusers, not patients, and are usually the result of combining the drug with overdoses of alcohol and other drugs. These are deaths *associated* with Oxycontin, not caused by it, and they are not occurring in patients.

Will I have to take opioids for the rest of my life?

Opioids can be discontinued whenever they are no longer needed. Patients may recover from chronic pain, and return to active lives.

Will I get addicted, and how can I tell if I am?

Addiction is defined by the American Society of Addiction Medicine as continued use in spite of harm. Scientific research indicates that opioid addiction in pain patients is rare. If opioids make your life better by controlling pain, you are a pain patient. If they make your life worse, and you continue to use them, you may be an addict.

Will I have to take larger and larger doses to control my pain?

For most patients, their dose remains stable over long periods of time.

Will I get high, or lose control?

When opioids are taken on a regular schedule, tolerance quickly develops, and the psychological “high” goes away, leaving the user feeling completely normal. Long-term opioid users, as a group, have driving records for accidents and violations that are the same as everyone else’s.

Will I hurt myself because I don’t feel any pain?

No. Opioids improve functioning by reducing pain levels. They don’t remove all the pain, or the ability to perceive new pain.

Will I become dependent?

You may. Dependence means that if opioids are abruptly discontinued you will have a *physical* withdrawal reaction, similar to having the flu. This reaction can be prevented by gradually tapering off the medication. Dependence is a physical phenomenon, not a sign of addiction.

What if I had a previous substance abuse problem?

This should not prevent a trial of opioids. Studies at Harvard Medical School and the University of Washington indicate that a past history of substance abuse has little or no predictive value for failure of opioid treatment. If you have current behavioral or substance abuse problems, you may appear to have trouble with opioid treatment.

Are there any side effects?

Constipation, nausea, itching, insomnia, and drowsiness commonly occur. All of these side effects can be successfully managed

Will the medicine damage my liver?

No. Opioids occur naturally in the body, and are not harmful to any organ system. They can be taken safely for a lifetime, if necessary. Anti-inflammatory non-opioid medications, on the other hand, kill 16,500 patients each year through bleeding from the stomach, and are toxic to the liver and kidneys.

What is the correct dose?

The amount that allows optimal functioning is the correct dose. There is no upper limit to the dose of opioids that can be safely used, when the medicine is increased gradually.

Why won’t my doctor prescribe enough medicine to control my pain?

He is too scared. As part of the War on Drugs, law enforcement is conducting a witch-hunt against pain doctors who prescribe opioids compassionately. Most physicians won’t risk being targeted by law enforcement, because they have families to support. As a result, chronic pain sufferers have become non-combatant casualties in the war on drugs.