Pain and Addiction: Challenges and Controversies

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Medical Director
Las Vegas Recovery Center
5 Key Facts:

- All pain is real.
- Emotions drive the experience of chronic pain.
- Opioids often make pain worse.
- Treat to improve function.
- Expectations influence outcomes.
Pain Definition

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage ....”

The International Association for the Study of Pain

(Mesky, 1979)
Pain is influenced by:

- Culture
- Context
- Anticipation and previous experience
- Emotional and cognitive factors
How does acute pain become chronic pain?

Surgery or injury causes inflammation

Transient Activation → Peripheral Nociceptive Fibers → Sustained Activation → Sensitization → Peripheral Nociceptive Fibers → Structural Remodeling → CNS Neuroplasticity → Hyperactivity → CHRONIC PAIN

ACUTE PAIN

Sustained currents

Pain Switchboard

- Genetics
- Trauma

COMT

PAIN

NOCEPTION

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Patient with Pain

Injury

Pain

‘Injury’
Patient with Pain

- Suffering
- Pain
- ‘Injury’
“...When touched with a feeling of pain, the ordinary uninstructed person sorrows, grieves, and laments, beats his breast, becomes distraught.

So he feels two pains, physical and mental.

Just as if they were to shoot a man with an arrow and, right afterward, were to shoot him with another one, so that he would feel the pains of two arrows...”

The Buddha
Chronic Pain Syndrome

- Pain > 6 months
- Depression, anxiety, anger, fear
- Restriction in daily activities
- Excessive use of medications and medical services
- Multiple, *non-productive* tests, treatment, surgeries
- No clear relationship to organic disorder
Pain Assessment Scale: Clinical definition of pain: “Whatever the patient says it is... unless proven otherwise”
Reasonable Goals of Pain Management: Enhance Quality of Life!!

• Maintain function
• Improve function
• Reduce discomfort by 50%
Pharmacologic Non-Opioid

- NSAID’S, COX 2S
- Tricyclics, SNRI’S
- Anticonvulsants
- Muscle Relaxants—(AVOID SOMA/carisoprodol)
- Topicals
Treating Chronic Pain with Opioids

- Clinical Trial
- Ongoing Assessment
- Need exit strategy
Problems with Opioids

- Side Effects
- Tolerance and physical dependence
- Loss of function
- Perceive emotional pain as physical pain (chemical copers)
- Hyperalgesia
Opioid Hyperalgesia

Reported Pain Level

Increasing dose of opioid

Optimum dose
New Oxycontin® Formulation to Mitigate Abuse April 2010

So, by 2012:
1. Freeze Oxy or
2. Opana®

Oxycodone

Oxymorphone
Primary non-heroine opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

1999 (range 1 - 50)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2001
(range 1 – 71)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroine opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2003 (range 2 – 139)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroine opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2005
(range 0 – 214)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2007
(range 1 – 340)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2009
(range 1 – 379)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
U.S. Rates of Death from Unintentional Drug Overdoses

U.S. Numbers of Deaths, According to Major Type of Drug.

Prescription Drug Overdose and Abuse: A Growing Problem

Motor vehicle traffic, poisoning, and drug poisoning death rates, 1980-2009

Dunn, et al. 2010

9940 patients; 1997-2005

Results:

<table>
<thead>
<tr>
<th>Morphine Dose</th>
<th>Hazard Ratio of Serious Overdose</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0.19</td>
</tr>
<tr>
<td>1 - &lt;20 mg /day</td>
<td>1.00</td>
</tr>
<tr>
<td>20 - &lt;50 mg/day</td>
<td>1.19</td>
</tr>
<tr>
<td>50 - &lt;100 mg/day</td>
<td>3.11</td>
</tr>
<tr>
<td>100 + mg/day</td>
<td>11.18</td>
</tr>
</tbody>
</table>
Overdose defined as death, hospitalization, unconsciousness, or respiratory failure.

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)

Industry-influenced “Education” on Opioids for Chronic Non-Cancer Pain Emphasizes:

• Physicians are needlessly allowing patients to suffer because of “opiophobia.”

• Opioids are safe and effective for chronic pain.

• Opioid therapy can be easily discontinued.

• Opioid addiction is rare in pain patients.
“Only four cases of addiction among 11,882 patients treated with opioids.”


Cited 693 times (Google Scholar)
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients\(^1\) who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,\(^2\) Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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Waltham, MA 02154

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Total Sales & Prescriptions for OxyContin (1996-2002)

Table 2: Total OxyContin Sales and Prescriptions for 1996 through 2002 with Percentage Increases from Year to Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales</th>
<th>Percentage increase</th>
<th>Number of prescriptions</th>
<th>Percentage increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>$44,790,000</td>
<td>N/A</td>
<td>316,786</td>
<td>N/A</td>
</tr>
<tr>
<td>1997</td>
<td>125,464,000</td>
<td>180</td>
<td>924,375</td>
<td>192</td>
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<tr>
<td>1998</td>
<td>286,486,000</td>
<td>128</td>
<td>1,910,944</td>
<td>107</td>
</tr>
<tr>
<td>1999</td>
<td>555,239,000</td>
<td>94</td>
<td>3,504,827</td>
<td>83</td>
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<tr>
<td>2000</td>
<td>981,643,000</td>
<td>77</td>
<td>5,932,981</td>
<td>69</td>
</tr>
<tr>
<td>2001</td>
<td>1,354,717,000</td>
<td>38</td>
<td>7,183,327</td>
<td>21</td>
</tr>
<tr>
<td>2002</td>
<td>1,536,816,000</td>
<td>13</td>
<td>7,234,204</td>
<td>7</td>
</tr>
</tbody>
</table>


2013 – US sales of Rx painkillers = $12 Billion (IMS Health)
I want to focus on my life not my pain

Following my injury, pain is the only thing I think about day and night. It's become the centre of my life. When the pain is uncontrolled, my whole world is out of control.

- Rapid onset of analgesia within 46 minutes
- Full 12 hours of pain relief
- Initiate with 10 mg

Indicated for the relief of moderate to severe pain requiring the continuous use of an opioid analgesic preparation for several days or more. Side effects are similar to other opioid analgesics; the most frequently observed are constipation, nausea and somnolence. Dosage limitations may be imposed by adverse effects if they occur. Please refer to prescribing information.

Warning: Opioid analgesics should be prescribed and handled with the degree of caution appropriate to the use of a drug with abuse potential. OxyContin® 10 mg tablets are for use in opioid tolerant patients only. There is potential for fatal respiratory depression in patients not previously exposed to similar opioid doses. OxyContin tablets should be swallowed whole and should not be broken, chewed or crushed since this can lead to rapid release and absorption of a potentially fatal dose of oxycodone.

OxyContin® q12h

For pain lasting several days, weeks, months or more

OxyContin® q12h

www.painCare.ca
FDA used to permit drug manufacturers to advertise opioids as safe and effective for chronic pain.
Photo taken at the 7th International Conference on Pain and Chemical Dependency, June 2007
Methadone (Dolophine, Methadose)
Leading Cause of Rx OD Deaths 2010-2011
Heroin: making a big comeback in 2010 on!

Batches of Heroin can be as different as night and day.

Texas “Cheese Heroin”: Black Tar Mixed with Tylenol PM

Black Tar heroin
Figure 1. Age-adjusted rates for drug-poisoning deaths, by type of drug: United States, 2000–2013

- **Opioid analgesics**
- **Heroin**

Deaths per 100,000 population vs. Year

- **Y-axis**: Deaths per 100,000 population
- **X-axis**: Year

Graph shows an increasing trend in deaths per 100,000 population for both opioid analgesics and heroin from 2000 to 2013.
Suboxone tablets (RB)

Suboxone®

morphine and naloxone sublingual tablets

8 mg / 2 mg

Rx only

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LAS VEGAS RECOVERY CENTER
Handheld Device That Delivers Opioid Overdose Treatment Approved by FDA
ASAM Short Definition of Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

This is reflected in an individual **pathologically pursuing reward and/or relief by substance use and other behaviors...**
This is a **false dichotomy**
Aberrant drug use behaviors are common in pain patients

63% admitted to using opioids for purposes other than pain\(^1\)

Pain Patients

- 35% met DSM V criteria for addiction\(^2\)

92% of opioid OD decedents were prescribed opioids for chronic pain.

“Drug Abusers”

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Emotional Intensifiers

- Guilt
- Anger – Resentments
- Loneliness
- Helplessness
- Fear
Cycle of Uncontrolled Pain and Fear

- Pain
- Avoidance Behaviors
- Decreased Mobility
- Social Limitations
- Diminished Self-Efficacy
- Altered Functional Status

FEAR
Ways to reduce pain intensity

• Cognitive/Behavioral Therapy (CBT)
• DBT/ACT
• Attention/Distraction
• Control/Placebo effect
• Fear reduction
Reversal of Cycle of Fear and Pain

- Pain
- Exercise
- Increased Mobility
- Improved Function
- Less Pain
- Enhanced Self-Efficacy

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Pain Pearls

- Conditioning Increases Pain.
- Pain Patients Are A Pain.
- Secondary Gain Prevents Getting Well.
Pain Recovery – Develop Balance

- Mental
- Emotional
- Physical
- Spiritual

RESULTING CHANGES
- Relationships
- Positive actions and behaviors
Non-Medication Treatments at LVRC

- Exercise – Physical Therapy
- Chiropractic Treatments
- Therapeutic Massage
- Reiki
- Acupuncture
- Nutrition
- Individual + group therapy
- Mindfulness-Based Stress Reduction (Kabat-Zinn)
- Yoga - Chi Gong
QUESTIONS?

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thepainantidotebook.com
www.supportPROP.org
www likemindeddocs.com
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