

Safe and Effective Management of Pain and Addiction

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Tonight's Talk: My Part

- Fears and concerns
 - Patients with addiction
 - The friends and families
- Myths about managing pain
- Myths about managing pain in patients with addiction
- Suggestions for improving outcome and preventing relapse

Fears

- Thoughts and Fears: Person with substance use disorder (SUD)
 - "I'm afraid the doctor is going to give me something so I will relapse."
 - "I hope the doctor gives me something so I can relapse. It will be a freebee and his/her fault."
 - "I am going to be left to suffer in pain because that's what doctors do to addicts."
 - "I should suffer in pain."
 - "If I'm going to be in pain anyway, I might as well just relapse."
 - "There's really nothing the doctor should do for my pain because I am an alcoholic/drug addict."
 - "I should be safe because I like my doctor and he/she would never prescribe something that would hurt me or my sobriety."
 - "I told the doctor I was in recovery so now I don't have anything to worry about."
 - "My doctor is probably a drug addict."

Fears

- Thoughts and Fears: Family or friend of patient with SUD
 - "I'm afraid the doctor is going to give them something so they will relapse."
 - "I hope the doctor gives them something so they can relapse. I liked him better when he was using."
 - "They are going to be left to suffer in pain because that's what doctors do to addicts."
 - "They should suffer in pain."
 - "There's really nothing the doctor should do for the pain because she/he is an alcoholic/drug addict."
 - "He/She should be safe because the doctor would never prescribe something that would hurt them."
 - "I told the doctor she/he was in recovery so now I don't have anything to worry about."
 - "The doctor is probably a drug addict."

True or False

The only good medicines for reducing pain and suffering are opiates?

False

It really depends on the patient and the situation.

- Examples
 - Effect of opiates differ patient to patient
 - Paradoxical effects
 - Pain vs Misery vs Craving

True or False

If a patient ever had a substance use disorder, especially to opiates, they should never get any for pain treatments?

False

Patients with addiction and pain deserve treatment of the pain, especially if it is severe and acute.

•Examples

- Acute traumatic or severe pain (MVA, nephrolithiasis)
- Better medications and care?
- Pain vs Misery vs Craving

True or False

If a patient ever had a substance use disorder, especially to opiates, they should avoid self-administered pain medications (e.g., discharge from hospital, rx from the doctor)?

True

One of the targets of substance use disorder is a profound decision-making disturbance around taking mood altering substances.

•Examples

- Opiates (norco, oxycodone, Percocet, morphine, fentanyl)
- Benzodiazepine type drugs (Valium, Xanax, Ativan, Ambien, Lunesta)
- Soma
- Cross-addiction: Any substance that activates the addiction center

True or False

Pain, whether acute or chronic, mild or severe, should be addressed in patients with addiction because failing to do so can jeopardize their recovery?

True

Untreated pain, or any medical issue, is a risk to anyone's health or recovery.

•Examples

- The drug of choice could be partially self-treating pain
- When the using stops, serious medical issues could be unmasked because the person is no longer anesthetized.

What is there to do?

- Have an expert on your side
 - Addiction Medicine is a specialty where doctors are trained to treat patients with addiction and guide their medical care.
 - This helps the patient
 - This can help the other treating doctors
 - This can help with creating a safer treatment plan (might suggest alternative drugs – e.g., colonoscopy or other conscious sedation)
- Be very cautious about any drug that alters mood, treats pain, helps you sleep or wakes you up.
- The same is true about “herbal remedies” or “natural cures”
- Avoid elective procedures especially in “early recovery”

What is there to do?

- Create a plan that leverages your resources
 - Include your recovery supports
 - Therapists
 - Supportive family and friends
- Understand that exposure to some prescription drugs can destabilize even a robust recovery
 - Boost recovery engagement before, during and after medical issues