

# Safe and Effective Management of Pain and Addiction

MARK A. WEINER, MD, DFASAM  
 MEDICAL DIRECTOR, SUBSTANCE USE DISORDERS – SJMH-AA  
 MEDICAL DIRECTOR, IHA PAIN MANAGEMENT CONSULTANTS

## 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