

Opioid Facts for Patients

by Jennifer A.M. Stone, LAc



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Why did this happen? Why was I prescribed a drug that is causing a national crisis?

Simply put, at the time they were becoming more widely prescribed, no one realized how dangerous opioids were. Doctors get their information from scientific research, conferences, National Institutes of Health guidelines, and agencies that accredit their hospitals. Previously, these sources led doctors to believe that opioids were safe, but new information shows that the risk of addiction is high and that other strategies for managing pain are preferable.

In January 1980, a letter published in the *New England Journal of Medicine* entitled “Addiction Rare in Patients Treated with Narcotics” generated much attention in the medical field.¹ As a result, doctors believed that it was safe to prescribe narcotics to their patients.

In the 1990s, the Joint Commission—a nonprofit company that accredits hospitals and other U.S. healthcare organizations—recognized pain as the fifth vital sign, giving pain equal status with blood pressure, heart rate, respiratory rate, and temperature as vital signs. The policy encouraged healthcare providers to ask patients about their pain. Unfortunately, the Joint Commission set pain management standards too high, which contributed to doctors overprescribing opioids to keep their hospital’s Joint Commission accreditation.

The initial promotion and marketing of OxyContin was an organized effort throughout 1996-2001 to dismiss the risk of opioid addiction. Purdue Pharma hosted over forty promotional conferences in the United States. Coupling a convincing “Partners Against Pain” campaign with an incentivized bonus system, Purdue trained its sales force to convey the message that the risk of addiction was under 1%, ultimately influencing the prescribing habits of the medical professionals that attended these conferences.

Doctors eventually learned that the Joint Commission and the pharmaceutical companies were wrong. Addiction is common, but **dependence** is guaranteed. Daily use of opioid drugs causes **dependence** on the drug, and discontinuing them will result in withdrawal symptoms, such as restlessness, irritability, tremors, insomnia, and increased pain that lasts 2-10 days.

I have done nothing wrong, I always take my medication as prescribed. Why do I have to be weaned off of my medication?

In light of new information about the risk of opioid dependence, there has been a national effort to drastically reduce the number of opioid prescriptions. New state and federal guidelines designed to protect the public are making it more difficult for doctors to prescribe opioids, pharmacies are limiting the amount of opioids patients can receive, and pharmaceutical companies are making fewer opioids.

My pain is severe and has worsened over the years. I need my pain medication! What am I supposed to take for my pain?

Some of your pain might be caused by the opioid pain medication itself. In the last twenty years, doctors and researchers have discovered that long-term use of opioid medications can cause abnormal pain in healthy nerves. This is called “hyperalgesia.” Opioid drugs can cause **morphine-induced hyperalgesia** or **opioid-induced hyperalgesia**. New research is exploring why opioids can increase pain.²

Fortunately, opioid-induced hyperalgesia is completely reversible. Nerves begin to recover and repair once narcotic opioid use is discontinued. One to three months after the opioid is out of your system and your nerves have had the chance to recover, your doctor will reassess your pain and prescribe new medication or non-pharmacological treatment for your pain.



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What kind of withdrawal symptoms can I expect?

Opioid withdrawal symptoms last for 2-10 days and include insomnia, tremors, anxiety, palpitations, restlessness, irritability, hot flashes, chills, and increased pain. If you slowly wean yourself off the medication, you reduce the withdrawal symptoms. Your doctor can temporarily prescribe heart medication that will help reduce withdrawal symptoms. Acupuncture and melatonin can reduce symptoms of withdrawal.³

Are there other benefits to going off of opioid medication?

- Normal bowel function, less need for laxatives
- Increased energy/motivation
- Decreased pain
- More restful sleep
- Better focus and presence

What can I do for my pain? What can I take?

Joint pain and inflammation respond well to non-steroidal anti-inflammatory drugs and anti-inflammatory herbs such as turmeric, cayenne, and ginger. Tylenol and B-vitamins are better for nerve pain. CBD Hemp Oil has been shown to improve both nerve pain and pain from inflammation.⁴

Non-drug approaches: Researchers at the NIH reviewed 105 U.S.-based randomized controlled trials, from the past 50 years, that were relevant to pain patients in the United

States.⁵ The review focused on U.S.-based trial results on seven approaches used for one or more of five painful conditions—back pain, osteoarthritis, neck pain, fibromyalgia, and severe headaches and migraine—and found promise in the following for safety and effectiveness in treating pain:

- Acupuncture and yoga for back pain
- Acupuncture and tai chi for osteoarthritis of the knee
- Massage therapy for neck pain with adequate doses and for short-term benefit
- Relaxation techniques for severe headaches and migraine

Though the evidence was weaker, the researchers also found that massage therapy, spinal manipulation, and osteopathic manipulation may provide some help for back pain, and relaxation approaches and tai chi might help people with fibromyalgia.

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