SIERRA NEUROSURGERY GROUP

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# Newsletter

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## Finding a Middle Ground for Pain Medications*

Vicodin (Hydrocodone/Tylenol) was the most prescribed medication in America from 2006-2011. It is a synthetic opioid medication and, over the last 10 years, there has been a rapid escalation in overdoses. Nevada ranks among those states with the highest number of deaths from prescription pain medications and recent restrictions have presumably shifted the illegal use of these medications toward their black market counterpart, Heroin. According to recent statistics, heroin deaths in Nevada have increased dramatically, with law enforcement noting a direct tie to abuse of prescription painkillers.

As a pain physician, I am charged daily with the difficult task of assessing the risk of every patient for potential abuse and addiction in the same breath that I must offer hope and compassion to those who are legitimately in need of pain care. "To prescribe or not to prescribe?" That is the question.

In order to understand this dilemma, we must understand some history behind the use of opioids. For centuries, pain was treated with various tinctures of opium. Morphine was developed in 1803 and when the hypodermic needle was invented, Morphine became widely used to treat soldiers with traumatic injuries. With increased availability, opioid addiction became more prevalent. In the 1890's, Heroin was developed by Bayer (yes, Bayer, the Aspirin manufacturer) and briefly promoted as a "less addictive" medication until found to be highly addictive and subsequently banned.

For over 50 years, addiction concerns led to under-treatment of painful conditions such as cancer, end-of-life pain, and even acute pain. Then in the 1960s, a movement was sparked by cancer patients to increase accessibility to pain medications. That sentiment continued through the 1990s as the pharmaceutical industry churned out multiple synthetic medications with different pharmacologic profiles. Sales of opioids quadrupled between 1999 and 2010 as physicians began using them more abundantly in chronic non-cancer pain patients. OxyContin became a household name. The rise in catastrophes associated with these medications followed suit and Nevada exhibited no immunity to this siege. In response to this, many physicians are now fearful of prescribing opioid medications to patients in severe pain.

History tells us that accessibility to these medications leads to improved treatment of pain and suffering, but at a social cost of increased abuse and addiction. Pain medications are used appropriately by a majority of patients. They, at least anecdotally, help ease pain and suffering in patients who have already tried and failed conservative and surgical treatments. So how do we move forward from here?

To alter the course of this epidemic it will require a combination of affordable, non-opioid alternatives, abuse deterrent opioid formulations, rigorous patient screening and strict monitoring of both doctors and patients. Hopefully, as the science of pain advances we will have more objective information to help guide our treatments. We must continue to work towards a middle ground where prescription opioids are available when needed, but are safely kept out of the hands of those who might succumb to them.

*Jacob Blake, MD is a Interventional Pain Specialist with Sierra Neurosurgery Group

# Sierra Neurosurgery Group

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