

Chronic Pain Patients Urged to Find Opioid Alternatives as Epidemic Rages



According to the U.S. Centers for Disease Control and

Prevention (CDC), 91 Americans die every day from an opioid overdose, both from prescription opioids as well as heroin. The opioid category includes drugs that are highly addictive, prone to tolerance-building, and often accompanied by a host of long-term, troubling side-effects.

Fatalities specifically stemming from prescribed opioids such as hydrocodone and oxycodone have increased more than fourfold since 1999. Also jumping almost four times since the turn of the millennium is the number of opioid prescriptions written.

However, what doesn't follow with this insurgence in opioids on the market is a decrease in pain reported by Americans. To the contrary, surveys show that roughly the same amount of overall pain exists in the patient population. It is not an exaggeration to say this country is in the grip of an opioid epidemic.

Physicians prescribing under new CDC guidelines

It is for these reasons that the CDC issued new opioid prescription guidelines for primary care physicians last year, including the recommendation for trying the patient on over-the-counter meds like acetaminophen and ibuprofen before reaching for the prescription pad, as well as recommending non-medicinal therapies like acupuncture, massage, yoga, physical therapy, or working with a pain psychologist.

And when the physician believes opioids are medically necessary (as in the case of an injury), doctors are urged to prescribe short-term doses (many times, just three days' worth). (These CDC guidelines are not intended to be used with patients receiving end-of-life care or cancer treatments.)

Dr. Ramana Naidu is an anesthesiologist and pain management specialist at the University of California, San Francisco. "We don't have any evidence to support the use of daily opioid therapy beyond about three months for chronic, non-cancer pain," he told California Healthline. "All of these individuals who have been on opioids for years and years have been doing so without any support from medical literature and science."

Cannabis may take a bite out of pain, but it won't appear on CDC's suggestion list

One alternative to opioids for pain management that cannot be recommended by the CDC is medical marijuana (despite being legal in California and two dozen other states, it is still illegal at the federal level). However, [the first study of its kind](#) showed a decrease in Medicare Part D spending on drugs typically used to treat conditions that

marijuana has been shown to improve (such as pain, depression, and anxiety) in states where medical cannabis is legal.

CURES database tracks prescriptions

California is doing its part to try to track opioid prescriptions to monitor for signs of abuse. Last year, Governor Jerry Brown approved an initiative that mandates physicians cross-reference a statewide database before dispensing an opioid. CURES (the Controlled substance Utilization Review and Evaluation System) stores certain controlled substance prescription information including patient, pharmacy, prescriber, and drug details so that practitioners can be sure the patient is not receiving duplicate prescriptions.

Dr. Naidu told California Healthline that there are certain chronic conditions where the use of prescription opioids (at low doses) are warranted for long-term use, when “patients have improved quality of life and function, no side effects and no concerns about misuse, abuse or addiction.” But even then, he said that he will enforce a “vacation” from opioids every eight to sixteen weeks or so.

Are doctors less likely to prescribe opioids of late?

Penney Cowan is the CEO of the American Chronic Pain Association. She told California Healthline that she has heard from individuals whose doctors are not willing to write refills for their opioid prescriptions. Although it's easy to understand why physicians would feel gun-shy about prescribing opioids in the current climate, Cowan is concerned that at times practitioners stop seeing the patients before them as individuals grappling with a distinct problem and instead see the risk of opioid abuse in general.

“The doctors are afraid,” Cowan said. “It’s not good that a lot of people are being cut off cold.”

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