

**JEFF ENNIS***Community Editorial Board*

Painkillers more help than risk of addiction

I am sad to report that the old adage “The easiest pain to bear is someone else’s” is alive and well in modern medical care.

A five-state American study found that of 4,003 nursing home residents who had cancer-related pain, 26 per cent received no painkillers, 48 per cent received weak painkillers and only 26 per cent received morphine, a strong painkiller.

However, there is a growing expectation that good pain management should be a standard of medical care. Failure to meet this standard has led to successful lawsuits in the United States. In California, a physician was found guilty of elder abuse and reckless negligence for inadequately controlling his patient’s pain. The patient’s family was awarded \$1.5 million.

What has led to the underutilization of strong painkillers, or opioid narcotics, for the treatment of pain, in spite of the expected standard of care? Although the pain-relieving capacity of opioids has been recognized for thousands of years, humans have abused these substances for as long.

The battle between the medicinal and “recreational” use of opioids led governments worldwide to pass legislation that limits the use of opiates to medical use only. But in spite of legislation, the trade in narcotics for the purpose of abuse continues to fuel a large underground criminal economy.

Evidence that this problem affects North American populations is found in recent reports about “hillbilly heroin,” a

euphemism for the painkiller OxyContin. In 2001, a story in the Los Angeles Times described the “alarming wave of addiction triggered ... by the abuse of OxyContin, a prescription painkiller that produces a powerful, heroin-quality high. More than a year ago, this tenacious synthetic opiate began ravaging poor, rural parts of New England, earning the nickname hillbilly heroin.

This sensationalistic reporting amplifies the fear many physicians and patients have about the addictive potential of these medications.

Under Canada’s Controlled Drugs and Substances Act of 1997, the only legal means of acquiring an opioid narcotic is under the direction of a physician. By prescribing opioids, doctors are at risk of legal consequences for their own, and their patient’s, behaviour.

When Dr. Frank Adams, a pain specialist, came under investigation by the Ontario College of Physicians and Surgeons for his prescribing pattern of opioid narcotics, this point was brought home to all physicians who treat patients with pain. Ultimately, Adams gave up his practice in Canada and moved to the United States.

Regardless of whether Adams was overzealous in his prescribing of these medications, his case makes the concern that physicians have about being investigated by the medical college for prescribing opioids very real.

At the heart of the debate is the concern that pain patients who might benefit from treatment with opioid nar-

cotics will become drug addicts. For the most part, this fear is a myth. The vast majority of patients who use these medications do not become addicted. The goal of opioid therapy is to reduce pain so patients can become more active and have a better quality of life. With proper monitoring, addiction is virtually non-existent.

However, every time someone abuses a narcotic, a person with chronic pain suffers. These criminal acts reinforce the fear held by physicians and patients about abuse and makes it more difficult for people with pain to receive maximum care.

To me, people guilty of trafficking or abusing narcotics should be sentenced to exchange places with a pain patient. This will help them understand the suffering they cause.

This debate is best expressed by a man named Bob, who posted his thoughts on the Internet: “Ever since drugs have existed, there have been those who use them for no reason, other than to get high. But these drugs exist for a reason. They give life to those of us who are living every day, in severe physical pain. Without them, it is only a matter of time before each of us will say, no more, I do not have to live this way.” ■

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