

Hero or Foe?

By Tish Vincent

He came for treatment because of confusion, depression, and irritability. He walked as if in pain and explained to me that he had extreme muscle soreness. His doctor believed he had multiple sclerosis, and the diagnosis made him feel worse about his lot in life. His full medical history indicated he had been taking opiate painkillers for 15 years. I don't remember the exact dose, but I remember being shocked at how high it was and how long he had been taking them.

I thought the painkillers were a problem. He thought they were his hero. When a new primary care physician came into the picture and agreed with me, we made a plan to get him off the medications. This was met with anger, disbelief, irritability, and tearfulness. He said we did not understand how much pain he was in and that he could not live without the medications.

Increased use of painkillers— no decrease in reports of pain

In September 2013, the Johns Hopkins Bloomberg School of Public Health released findings about opiate use and the effect on reported pain by outpatients visiting their doctors. The study found that opiate painkiller prescriptions had nearly doubled from 11 percent in 2000 to 19 percent in 2010.¹ Despite the increase in prescriptions, there was no matching decrease in reports of pain.

Substance abuse therapists recognize that people develop a tolerance to opiate painkillers, resulting in a lower pain threshold and the need for more medication to get the desired relief. This reality makes opiate painkillers dangerous for those with chronic

pain. The pain is not going to go away, and the individual may develop a serious dependence on the drug.

Not everyone who uses an opiate painkiller will become addicted to it, but some will.

Signs of addiction

A person who is dependent on opiates may display some or all of the following symptoms:

- Feeling no pain (analgesia)
- Sedation
- Euphoria
- Respiratory depression
- Decreased pupil size
- Nausea and/or vomiting
- Itching or flushed skin
- Constipation
- Slurred speech
- Confusion and poor judgment²

Those who have a substance addiction may convince themselves these symptoms are caused by something else. The individual in my earlier example was convinced he had multiple sclerosis. Once he stopped taking painkillers, the symptoms went away.

Signs of withdrawal

Withdrawal from opiates can be distressing and should be overseen by a phy-

sician. Nonaddictive medications can help manage the discomforts of withdrawal. Unfortunately, individuals who started using opiates for pain relief will initially experience a rebound effect and be more sensitive to pain. Over time, they will learn new methods to manage pain that aren't addictive and do not carry the threat of troublesome side effects.

Some signs of opiate withdrawal are:

- Anxiety
- Irritability
- Craving for the drug
- Rapid breathing
- Yawning
- Runny nose
- Excess saliva
- Gooseflesh
- Nasal stuffiness
- Muscle aches
- Vomiting
- Abdominal cramping
- Diarrhea
- Sweating
- Confusion
- Enlarged pupils
- Tremors
- Loss of appetite³

People who try to quit taking opiates without medical help are frequently overwhelmed by how bad they feel, leading

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them to believe they can't live without the drugs. Anyone considering withdrawing from opiates should consult their physician or seek guidance from a counselor.

Does opiate abuse lead to heroin use?

An alarming trend that substance abuse therapists have noticed is increased heroin addiction among teenagers and college-age adults. Data from treatment centers indicates that adolescents have discovered the euphoria opiates can induce. Some may first experiment with opiates when visiting grandparents who have an opiate prescription for a surgical procedure or chronic pain. Unbeknownst to the grandparents, some of their grandkids may be helping themselves to their medication. When that supply runs out, young people find they can get the same effect with heroin, obtainable from drug dealers and street gangs.

A recent study by the U.S. Centers for Disease Control and Prevention indicated that heroin-related deaths "rose 211 percent in the Northeast and 181 percent in the South from 2010 to 2012..."⁴ Working with parents who have lost a child to heroin is heartbreaking.

Awareness is the beginning

No one wants to be in pain. As a health-care provider, I advise clients to use every method of coping with pain without using opiates. Sometimes opiates are necessary, but they should be used sparingly. If they become necessary, know the dangers, keep the medications locked up, and have an honest discussion with your physician about your options. Pain psychologists can help people deal with pain without medications. Part of protecting your wellness is being aware of alternative options and making well-informed choices. ■



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ENDNOTES

1. Johns Hopkins Bloomberg School of Public Health, *As Opioid Use Soars, No Evidence of Improved Treatment of Pain* (September 16, 2013) <<http://www.jhsph.edu/news/news-releases/2013/alexander-opioid-pain-use.html>>. All websites cited in this article were accessed October 14, 2014.
2. WebMD, *Painkillers, Narcotic Abuse, and Addiction* <<http://www.webmd.com/mental-health/addiction/painkillers-and-addiction-narcotic-abuse>>.
3. *Id.*
4. Reinberg, *Heroin overdose deaths double in U.S.* (October 2, 2014) <<http://www.cbsnews.com/news/heroin-overdose-deaths-double-in-u-s/>>.

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