

Pain, Not Addiction, is the Silent Epidemic

CTV's W5 program this weekend on the hazards of opioid (narcotic) painkillers, especially, Oxycontin, one of long-acting opioids, left viewers with the message that these drugs should not be used as a treatment of pain. That is a misleading and inaccurate message. The reality is that thousands of Canadians who have lived day in and day out with excruciating severe chronic pain have had their lives turned around with the proper use of prescription pain medications under a doctor's care.

In my role as a nurse working with people in pain, I know of many wonderful people who could not even get out of bed due to severe pain, and who have now reclaimed their quality of life because of the thoughtful and judicious prescribing of narcotic painkillers, including Oxycontin and other long-acting, narcotics, by their doctors. One patient, who had been a highly functioning professional before pain took over her life, said "Can you tell me one reason why I should keep on living? My life with this pain is Hell. If there is a Hell after death, it can't be worse than what I live." I was able to connect her to a pain service where her pain was treated, as it happens, with long acting, opiates. She now is no longer suicidal and has become a patient advocate. . She has had no problem managing her medication and has not had to go to the street to obtain more.

To be clear, the program accurately pointed out that these painkillers indeed can be misused and abused, but failed to back this up with accurate data. There was no attempt to answer the question: "How many patients prescribed opioid pain medication benefit and do not become addicted?" How many people are misusing or becoming addicted to these drugs compared to those who are benefiting? The program reported anecdotal cases, but not the *proportion* of cases of addiction. We do not know if the incidence of addiction to this drug is 1:100, 1:1,000, or 1:100,000. We were told that *both* the prescription and the misuse were increasing. At the same rate? The answer to that question would be crucial as to whether or not there was a growing problem, as W5 claimed. We need better epidemiological studies on both the addiction levels, and on patients whose lives have been changed for the better from honest medical use of these medications.

We do have information about pain, though. There have been several epidemiological studies of chronic pain in Canada. Chronic pain *is* a silent epidemic that negatively impacts approximately 17% of Canadians. Pain interferes with their relationships, their work, and their ability to enjoy even the simplest pleasures of life. This means over five million people are suffering daily.

All medications, including non-prescription pain medications, have potential dangers. It is estimated that approximately 1600 Canadians die yearly due to the adverse effects of anti-inflammatory drugs and there have been recent warnings from Health Canada and the FDA in the United States regarding liver toxicity associated with acetaminophen (eg Tylenol) use. We do not blame antibiotics and say that they are dangerous when people die from allergic reactions or suffer a severe side effect, such as superinfection with antibiotic-resistant bacteria. We expect prudent and judicious use for appropriate cases

but can never predict the outcome for each individual patient. The same principles should be applied to the use of opioid pain medications for pain.

People suffering from chronic pain are already stigmatized in our society. Those who are appropriate candidates for opioid pain medication, including the use of long acting opioids, including Oxycontin, should not have emotional or political barriers in the way of their receiving optimum treatment.

What is required, to try to prevent the tragic human stories portrayed in the W5 story, is ongoing education of both health care professionals and the public regarding the appropriate use and potential risks of opioids along with a substantial increase in the resources available in Canada to treat both chronic pain and addiction.

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