

**Addicts Hurt Too:**  
**Ethical Considerations in the Treatment of Pain in the Patient with Addiction**

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Ethics Issue for Today

- Dilemma of treating patients with co-occurring DX of Addiction and Pain
- Use of Pain Medication vs. Abstinence model of recovery
- Balance the Risk of Relapse from pain and depression vs. the Risk of Relapse from pain medications.
- EVERYONE in Recovery or Monitoring WILL face this dilemma in their LIFE

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Case Study: Buddy

- 36 year old male recovering Opiate addict
- Got into treatment at age 24 after about 7 years of use
- Had a few slips, but with the aid of a good sponsor, has done well
- Injured in MVA-fractured pelvis, both legs and injury to lower back
- Surgery and Rehab went well
- 6 months post op still in pain.....

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### Questions: Buddy

- Do you put him on opiates for pain?
- Tell him he has to just learn to deal with the pain?
- Which is the greater risk to his sobriety?
- Untreated pain?
- Exposure to opiates?



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### Case Study: Mary

- 45 year old homemaker
- No previous history of addiction
- Some family history, but vague
- Pain Management for L4-5 degenerative disc
- Recent change from short acting hydrocodone to long acting oxycodone
- Broke her medication contract, began to increase the dose of medication

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### Questions: Mary

- Does Mary have addiction?
- Tolerance?
- Poor response to oxycodone?
- Is she diverting medications?



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**JCAHO Pain Standards**

- Minimize meperidine use
- Minimize DPT use (Demerol, phenergan, thorazine)
- Reduce use of IM route and PRN orders
- Reduce procedure pain, e.g., use of EMLA and buffered lidocaine
- Pain ratings > 2/10 require intervention; >4/10 consider opioid
- Side effects of opioids are to be prevented, constipation (no tolerance develops) Nausea/Vomiting and sedation (tolerance develops)

The Joint Commission

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**The Ten Commandments of Pain Management**



1. Thou shalt believe the patient's report of pain.
2. Thou shalt assess and reassess the patient's response to pain interventions.
3. Thou shalt not be afraid of prescribing or administering opioid analgesics.
4. Thou shalt not prescribe inadequate amounts of any analgesic.

Modified from Twycross, R: Practical Palliative Care Today. Spring 2000, Vol. 2. Center for Palliative Studies at San Diego Hospice, San Diego.

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**The Ten Commandments of Pain Management, (cont'd)**

5. Thou shalt not use the abbreviation PRN for continuous pain, but ATC (around the clock).
6. Thou shalt reassure the patient and family that risk of opioid addiction is rare.
7. Thou shalt provide support for the whole family.
8. Thou shalt not limit thy approach simply to the use of analgesics, but also adjuvant drugs and "mind-body" techniques.



Modified from Twycross, R: Practical Palliative Care Today. Spring 2000, Vol. 2.

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### The Ten Commandments of Pain Management, cont'd



- 9. **Thou shalt prevent or treat side effects of opioids.**
- 10. **Thou shalt not be afraid to ask colleagues' advice.**

Modified from Twycross, R; Practical Palliative Care Today, Spring 2000, Vol. 2. Center for Palliative Studies at San Diego Hospice, San Diego.

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### Screener and Opioid Assessment for Patients with Pain (SOAPP®)

- **Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP®-R)** The Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R) is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require
- SOAPP-R is a quick and easy-to-use questionnaire designed to help providers evaluate the patients' relative risk for developing problems when placed on long-term opioid therapy.

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### The Current Opioid Misuse Measure (COMM)™

- The COMM™ examines concurrent misuse, it is ideal for helping clinicians monitor patients' aberrant medication-related behaviors over the course of treatment. The COMM™ is:
- A quick and easy to administer patient-self assessment
- 17 items
- Simple to score
- Completed in less than 10 minutes
- Validated with a group of approximately 500 chronic pain patients on opioid therapy
- Ideal for documenting decisions about the level of monitoring planned for a particular patient or justifying referrals to specialty pain clinic.

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### Every Patient with Addiction:

- Must have a discussion with their treatment team/monitor about Pain.
- Must develop a protocol for dealing with planned procedures that may be painful.
- Must discuss how to handle acute pain in crisis
- Must know to come back to discuss medical management of illness requiring injections




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### Drugs We Hate for Patients with Addiction

- Xanax
- Soma
- Actiq
- MSIR
- Dilaudid




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### Formulation may make the Difference

- Intrathecal
- Epidural
- Intraventricular
- Intravenous
- Intramuscular
- Subcutaneous

- Rectal
- Transnasal
- Inhalational
- Oral
- Sublingual
- Topical

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### Safe Guards

- ✓ Addictionologist consult Sponsor/Family/SO
- ✓ Get Board/Monitoring entity approval /Monitor aware of Rx Plan, signs of relapse
- ✓ Strong recovery Plan ✓ Consider supportive experience for acute or post-op pain
- ✓ Logs of Recovery meetings/Step Work
- ✓ Signed Relapse Prevention Contract ✓ Consider surgery, pain pump or SCS sooner rather than later
- ✓ Encourage alternate Rx

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### Safe Guards

- Do not Use Drug of Choice
- ✓ One provider write all medications
- “Pre-Treat” with medications:
  - Campral
  - Antabuse
  - Provigil?
  - Wellbutrin?
  - Not Naltrexone
- ✓ Small amounts of medications at one time
- ✓ Expanded UDS and increased frequency of UDS
- ✓ NO PRN’s, Meds on Schedule with Pain Journal

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### Ethics of Pain Management

- No Easy Answers
- Either Treating or Not Treating pain presents a relapse risk
- Care Monitoring and relapse prevention plan are musts
- Pt should be in active recovery program
- Damned if you do, Damned if you don’t

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Useful Web Sites:

- American Society of Addiction Medicine  
[www.asam.org](http://www.asam.org)
- American Society of Pain [www.ampainsoc.org](http://www.ampainsoc.org)
- Pain Education Resources [www.painEDU.org](http://www.painEDU.org)
- American Academy of Pain Management  
[www.painmed.org](http://www.painmed.org)
- Calloway Labs (drug tests pain/addiction)  
[www.callowaylabs.com](http://www.callowaylabs.com)

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