



# **Chronic Pain and Addiction: How We Missed the Boat**

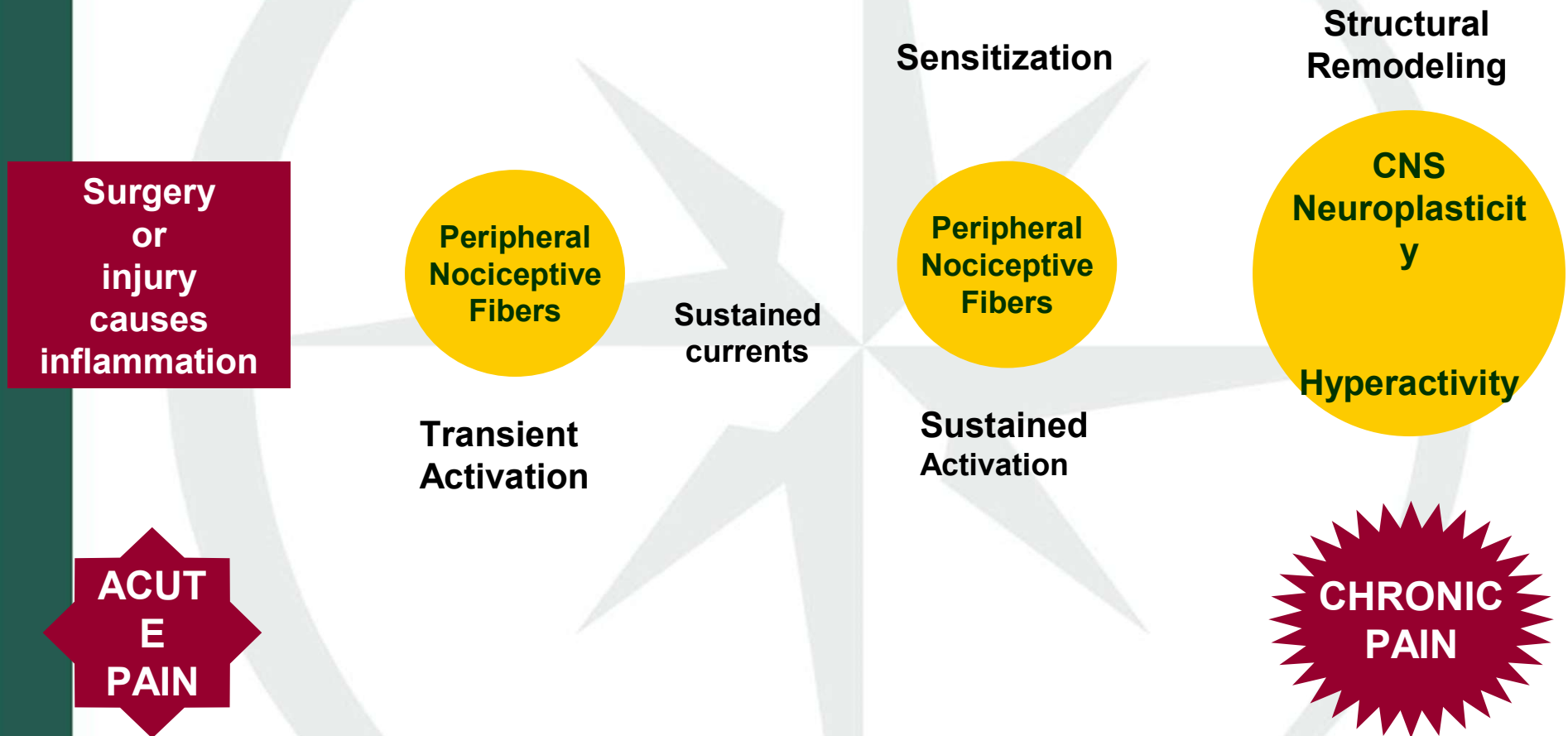
**Mel Pohl, MD, DFASAM**  
Chief Medical Officer  
Las Vegas Recovery Center



# The Truth:

- All pain is real
- Emotions drive the experience of chronic pain
- Opioids often make pain worse
- Treat to improve function
- Expectations influence outcomes

# How does acute pain become chronic pain?



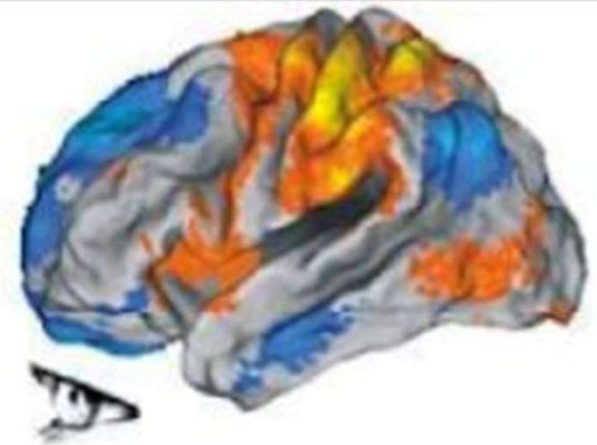
Woolf CJ, et al. *Ann Intern Med.* 2004;140:441-451. Petersen-Felix S, et al. *Swiss Med Weekly.* 2002;132:273-278. Woolf CJ. *Nature.* 1983;306:686-688. Woolf CJ, et al. *Nature.* 1992;355:75-78.

Chronic pain is associated  
With decreased prefrontal  
And thalamic gray matter  
density.

Baliki, M. N., & Apkarian, A. V. (2007). Neurological Effects of Chronic Pain. *Journal of Pain & Palliative Care Pharmacotherapy*, 21(1), 59-61.

Hashmi, J. A., Baliki, M. N., Huang, L., Baria, A. T., Torbey, S., Hermann, K. M., Apkarian, A. V. (2013). Shape shifting pain: Chronification of back pain shifts brain representation from nociceptive to emotional circuits. *Brain*, 136(9), 2751-2768.

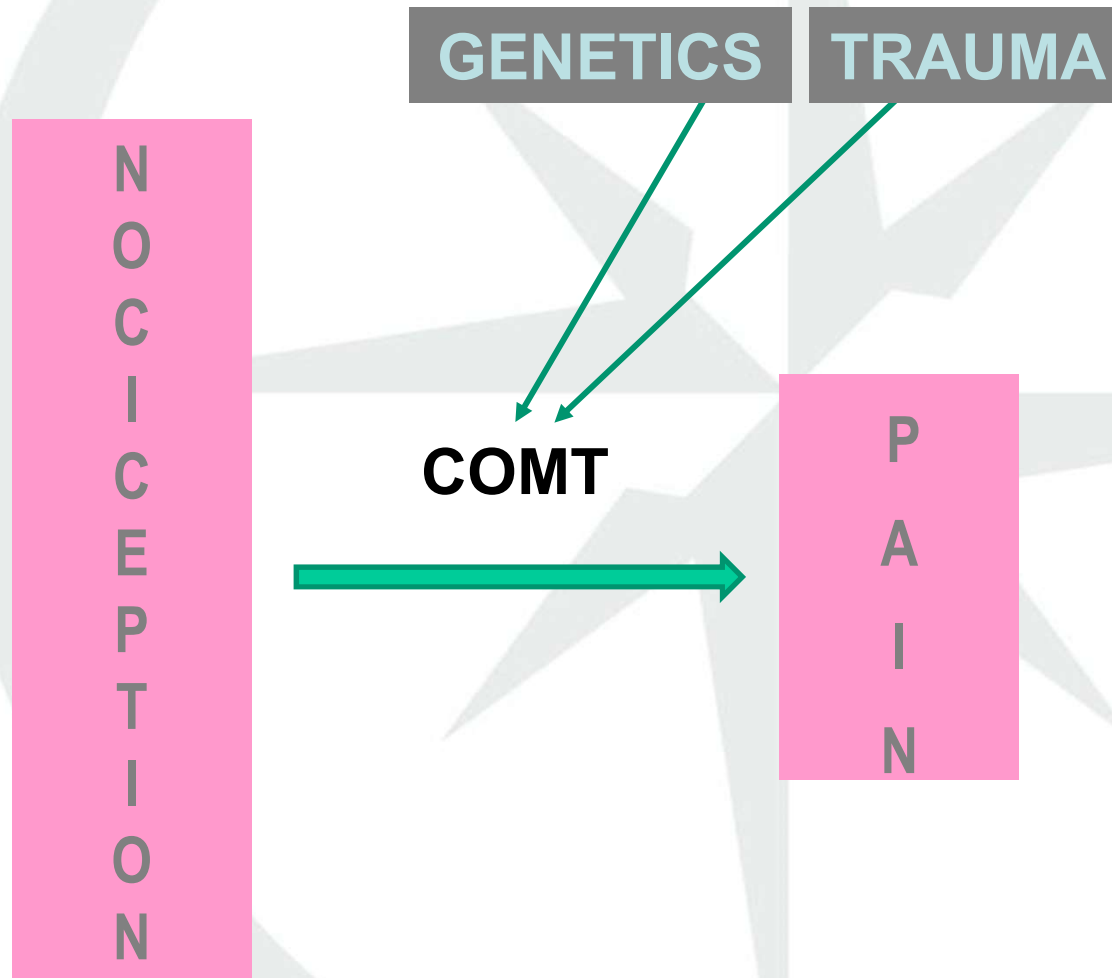
Healthy



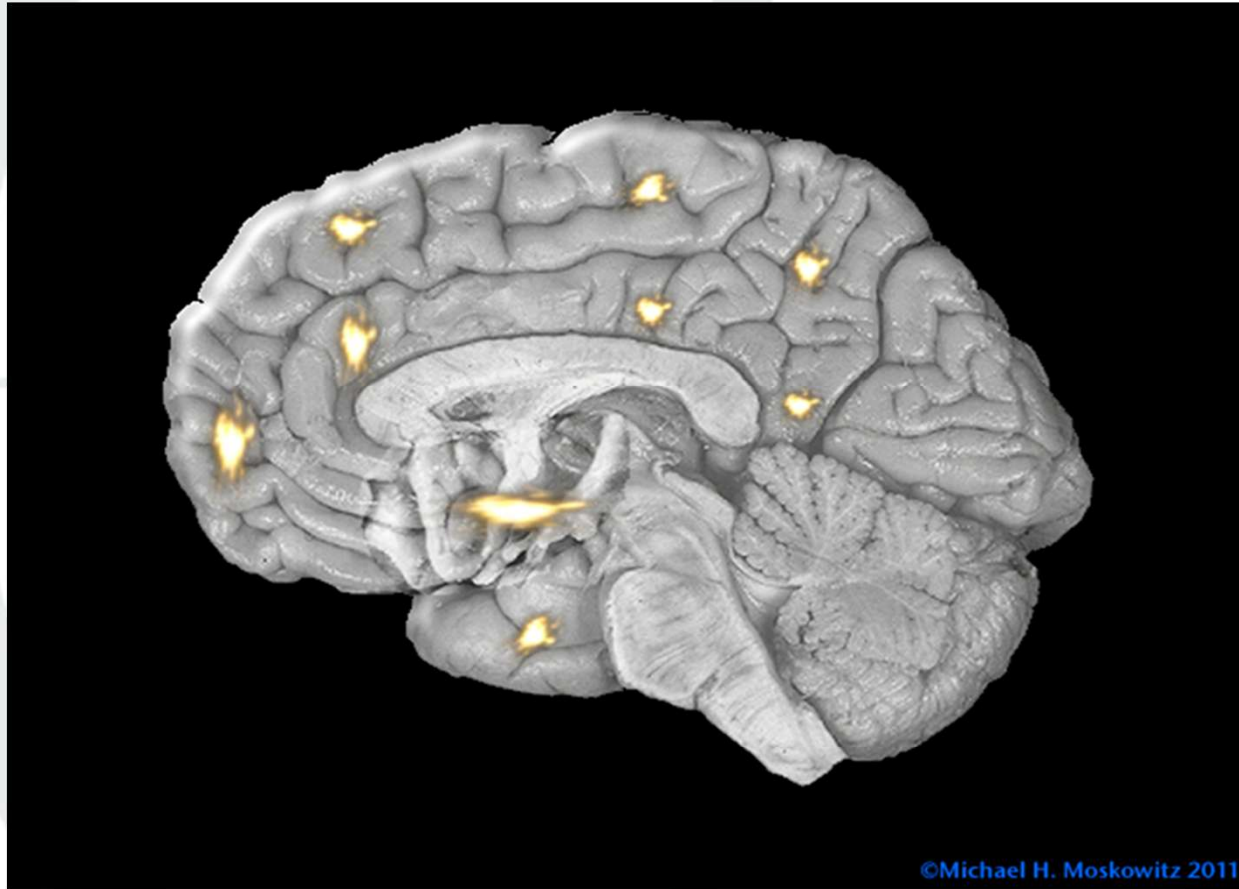
Chronic  
pain



# Pain Switchboard – Lower Threshold

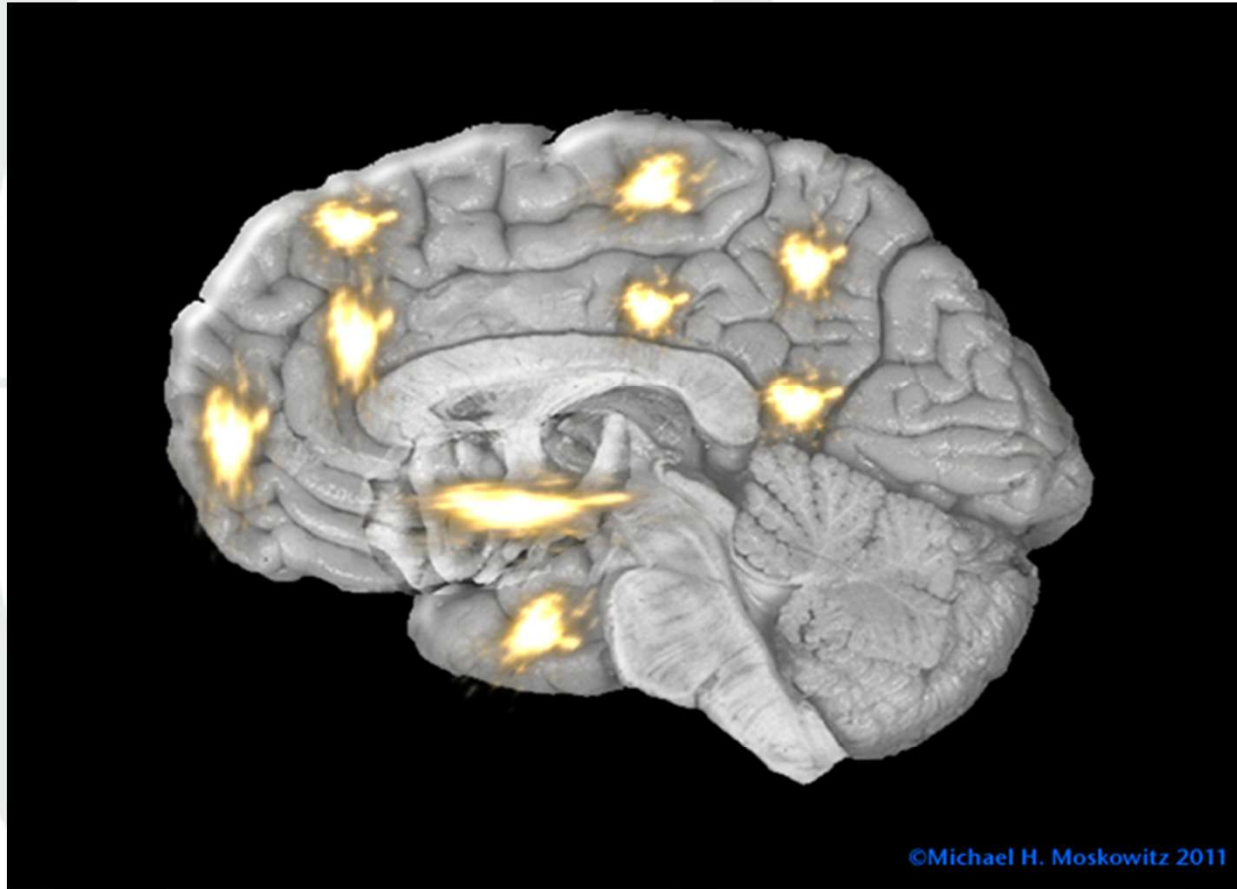


# Normal Pain Response



©Michael H. Moskowitz 2011

# Central Sensitization



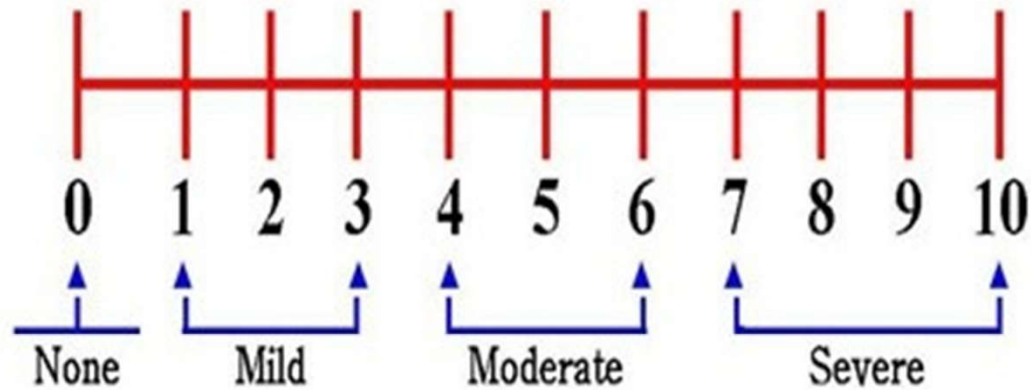
©Michael H. Moskowitz 2011



# Chronic Pain Syndrome

- Pain > 6 months
- Depression, anxiety, anger, fear
- Restriction in daily activities
- Excessive use of medications and medical services
- Multiple, *non-productive* tests, treatment, surgeries
- No clear relationship to organic disorder

# Pain Assessment Scale: Clinical definition of pain: “Whatever the patient says it is... unless proven otherwise”



# Reasonable Goals of Pain Management: Enhance Quality of Life!!

- Maintain function
- Improve function
- Reduce discomfort by 50%

# Pharmacologic Non-Opioid

- NSAIDs
- Tricyclics and SNRIs
- Anti-convulsants
- Muscle Relaxants— (**AVOID**  
**SOMA/carisoprodol)**
- Topicals

## Simple Approach to Treating Non-Malignant Pain

If it hurts.....

- Give ibuprofen

If it hurts a lot...

- Give hydrocodone

If it REALLY hurts...

- Give oxycodone

If it still REALLY hurts...

- Give more



*“Hmmm. Something  
is just not right.”*



If it REALLY hurts for a long  
time.....

- Keep giving more

If it's getting worse no matter  
what I prescribe...

- Discharge patient

# Treating Chronic Pain with Opioids

- Clinical Trial
- Ongoing Assessment
- Need exit strategy

# Appropriate Opioid Prescribing – Utilizing CDC Guidelines

Never vs Always vs It depends?

Should be part of a larger, comprehensive management program based on assessment, trust, relationship, and verification.

Conscientious, judicious use

Balance risks and benefits

Informed consent and agreement

Communicate and connect

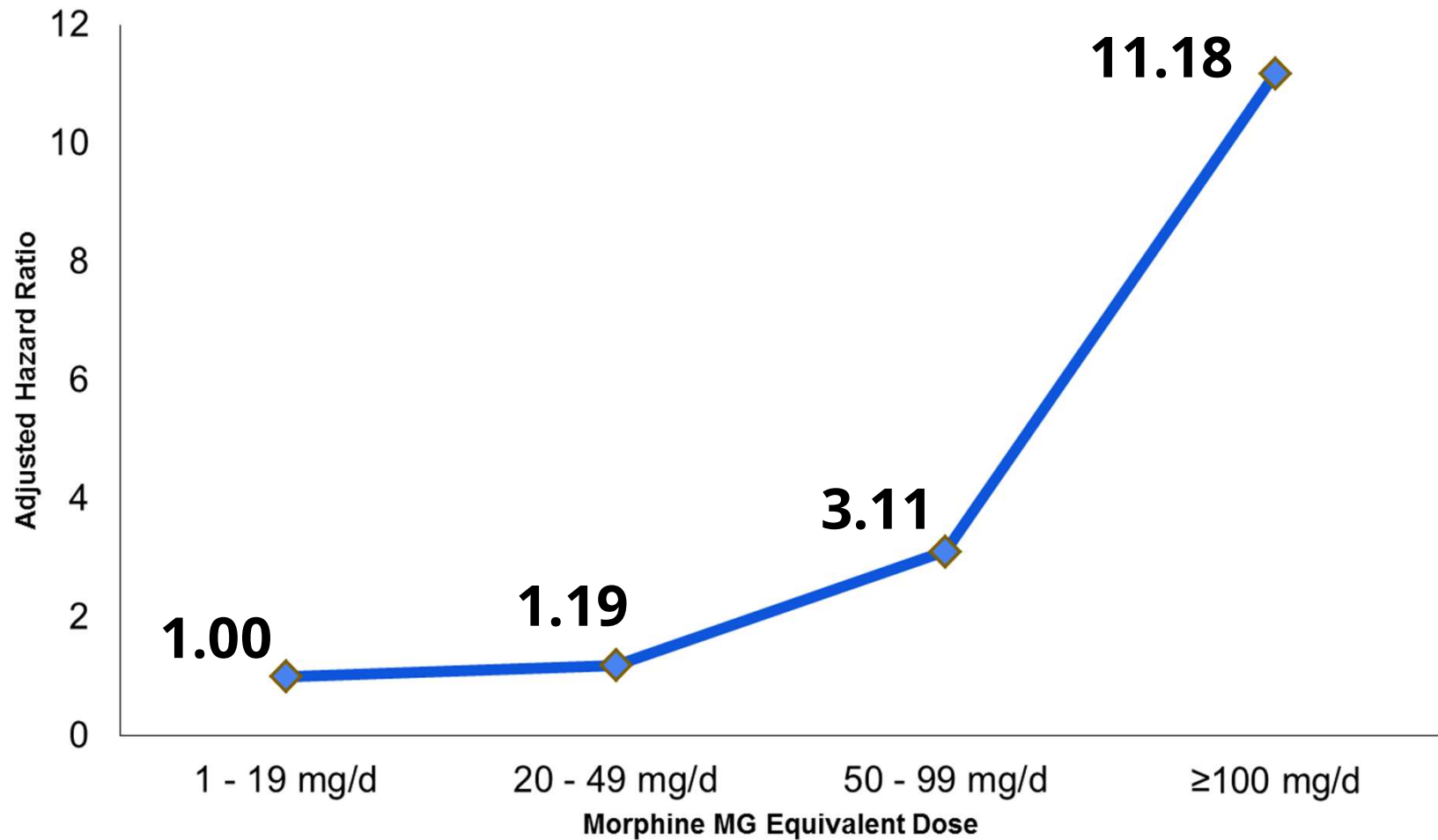
Assess and Document 5 A's — Analgesia, ADL's, Adverse Side Effects, Aberrancy, Addiction

# CDC: #5 Use lowest effective dosage

- carefully reassess dosed of  $\geq 50$  morphine milligram equivalents (MME)/day,
  - avoid increasing dosage to  $\geq 90$  MME/day
  - or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day



# High Opioid Dose and Overdose Risk



\* Overdose defined as death, hospitalization, unconsciousness, or respiratory failure.

Dunn KM, et al. *Ann Intern Med.* 2010;152(2):85-92.

CDC: #6

## 3–7 Day Guideline

Long-term opioid use often begins with treatment of acute pain.

Clinicians should prescribe the *lowest effective dose*

of immediate-release opioids ...

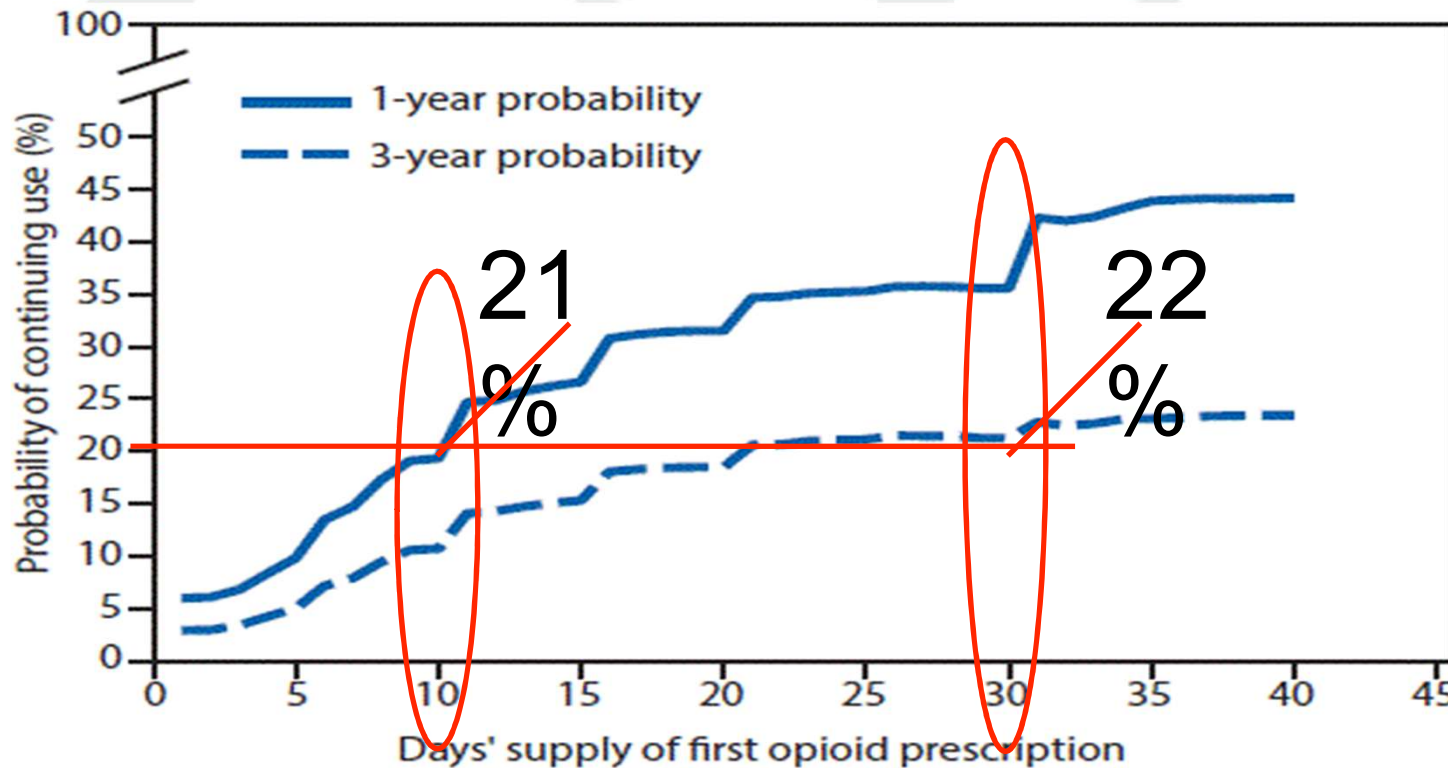
*3 days or less will often be sufficient;*  
*more than 7 days will rarely be needed.*

# Eyes Open to the Risks: Slippery Slope

The longer you use opioids, the greater the risks— and the risks seem to rise fast

Shah A, et al. *MMWR Morb Mortal Wkly Rep.* 2017;66(10):265-269.

# 1- and 3-Year Probabilities of Continued Opioid Use among Opioid-naïve Patients, By Number of Days' Supply\* of the First Opioid Prescription — United States, 2006–2015



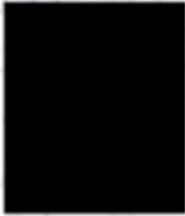
Shah A, et al. *MMWR Morb Mortal Wkly Rep.* 2017;66(10):265-269.

R0PSROLLBLU

VHM – Valley Hospital Medical Center  
620 Shadow Lane  
Las Vegas, NV 89106 – 4194  
Phone: (702) 388 – 4000



LIC #:  
NPI #:  
DEA #:



protected by security features and patents listed on the back. Standard Register, Inc. All rights reserved.

Prescription / Rx

Ordered Date: JAN 25, 2018

Patient: POHL MD, MELVIN IRWIN

DOB: 01/01/1951 Sex: M

Address: [Redacted]

Dispense Range	
<input type="checkbox"/>	1 – 25
<input checked="" type="checkbox"/>	26 – 50
<input type="checkbox"/>	51 – 75
<input type="checkbox"/>	76 – 100
<input type="checkbox"/>	101 – 125
<input type="checkbox"/>	126 – 150
<input type="checkbox"/>	151 and over
Units	

Rx: Percocet 10/325 oral tablet

Dispense: < 50 (fifty) Tabs >

SIG: 1 Tabs Oral Every 6 hours for 7 Days As Needed for pain

Diagnosis: G89.18

Test Area

SRCT00082121410

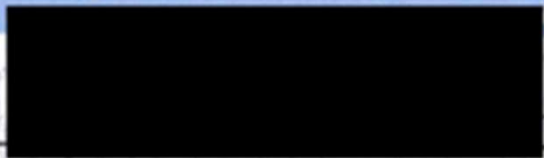
Refills: < 0 (zero) >

DO NOT SUBSTITUTE

Prescription is void if the number of drugs prescribed is not noted: < 1 (one) >

6 Rev 10/10

Prescriber's Signature:



This blue document



# Problems with Opioids

- Side effects



SALIX PHARMACEUTICALS INVITES YOU TO A PRODUCT THEATER ON

# OPIOID INDUCED CONSTIPATION

WEDNESDAY  
SEPTEMBER 5, 2018  
8:30 AM-9:30 AM

BREAKFAST WILL BE PROVIDED

BRERA BALLROOM, LEVEL 3  
THE COSMOPOLITAN OF LAS VEGAS  
LAS VEGAS, NV

JEFFREY BUDIN, MD, DIRECTOR  
PAIN MANAGEMENT AND PALLIATIVE CARE  
ENGLEWOOD HOSPITAL AND MEDICAL CENTER  
ENGLEWOOD, NJ

This is a promotional event. CE/CME credit will not be available for this session.

In compliance with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs. This promotional educational activity is brought to you by Salix Pharmaceuticals and is not certified for continuing medical education. The speaker is presenting on behalf of Salix Pharmaceuticals and must present information in compliance with FDA requirements applicable to Salix Pharmaceuticals.

If you are licensed in any state or other jurisdiction (eg, VT, Wash. DC, ME, MN) or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements. Your name, the value, and the purpose of any educational item, meal, or other items of value you receive may be reported as required by state or federal law. Once reported, this information may be publicly accessible.

Thank you for your cooperation.

This PDM is neither sponsored by nor endorsed by PAINWeek®.



Salix Pharmaceuticals  
400 Somerset Corporate Boulevard, Bridgewater, NJ 08807  
www.salix.com  
© 2018 Salix Pharmaceuticals  
REL-D108-USA-18

OPIOID

MY OPIOIDS HAVE ME STOPPED UP

—Sarah Tiller, Santa Rosa, CA

PRESCRIPTION OPIOID PAIN MEDICATIONS MAY CAUSE A DIFFERENT TYPE OF CONSTIPATION

Many patients may suffer from opioid-induced constipation, or OIC, which is one of the most common side effects of opioids. Many people struggle to find relief.

There may be more you can do. Talk to your health care provider about OIC and prescription treatment options. [ohisee.com](http://ohisee.com)

AstraZeneca

PAINSTIPATION

It's like doing hard time.

If your patients are taking opioids for chronic pain, they might be experiencing **Painstipation**, the constipation caused by opioids. This is more commonly referred to as opioid-induced constipation (OIC).

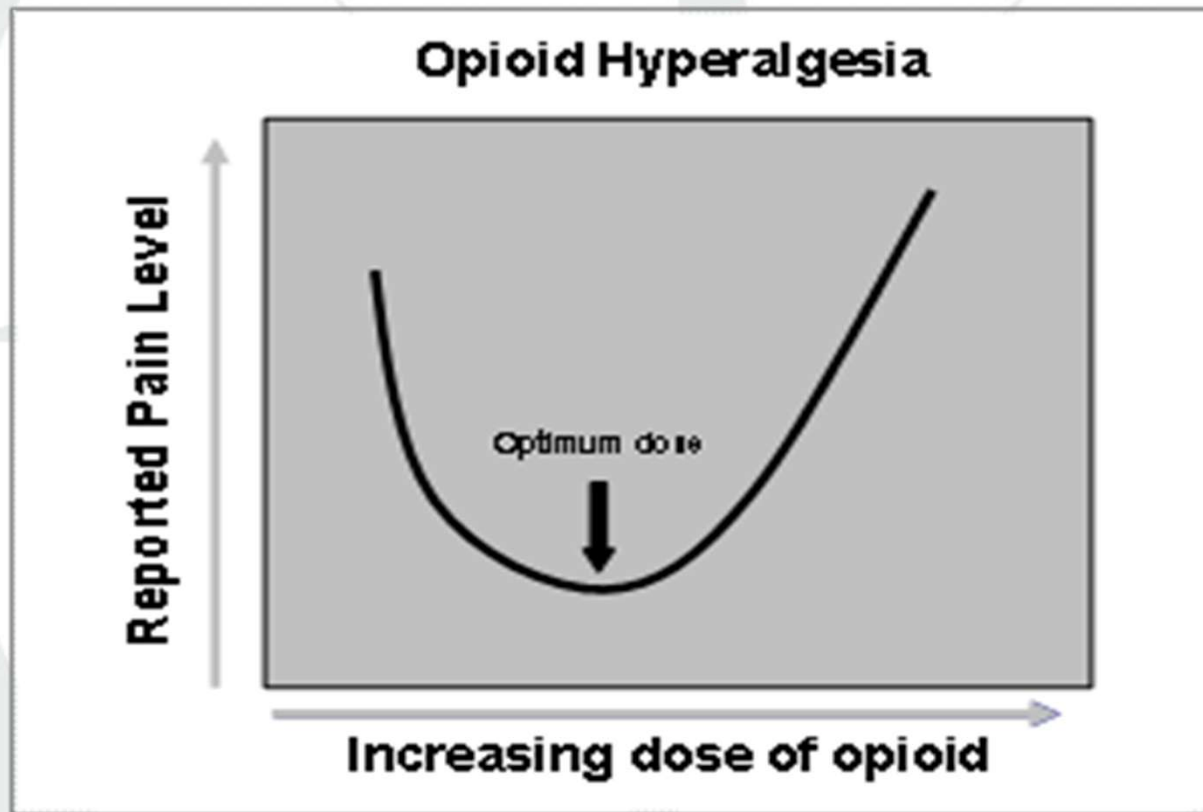
Prescribe **RELISTOR** for OIC—the only product in its class\* that is not metabolized via the CYP3A4 pathway.

\*FAM200A (peripherally acting mu-opioid receptor antagonist) approved for OIC

# Problems with Opioids

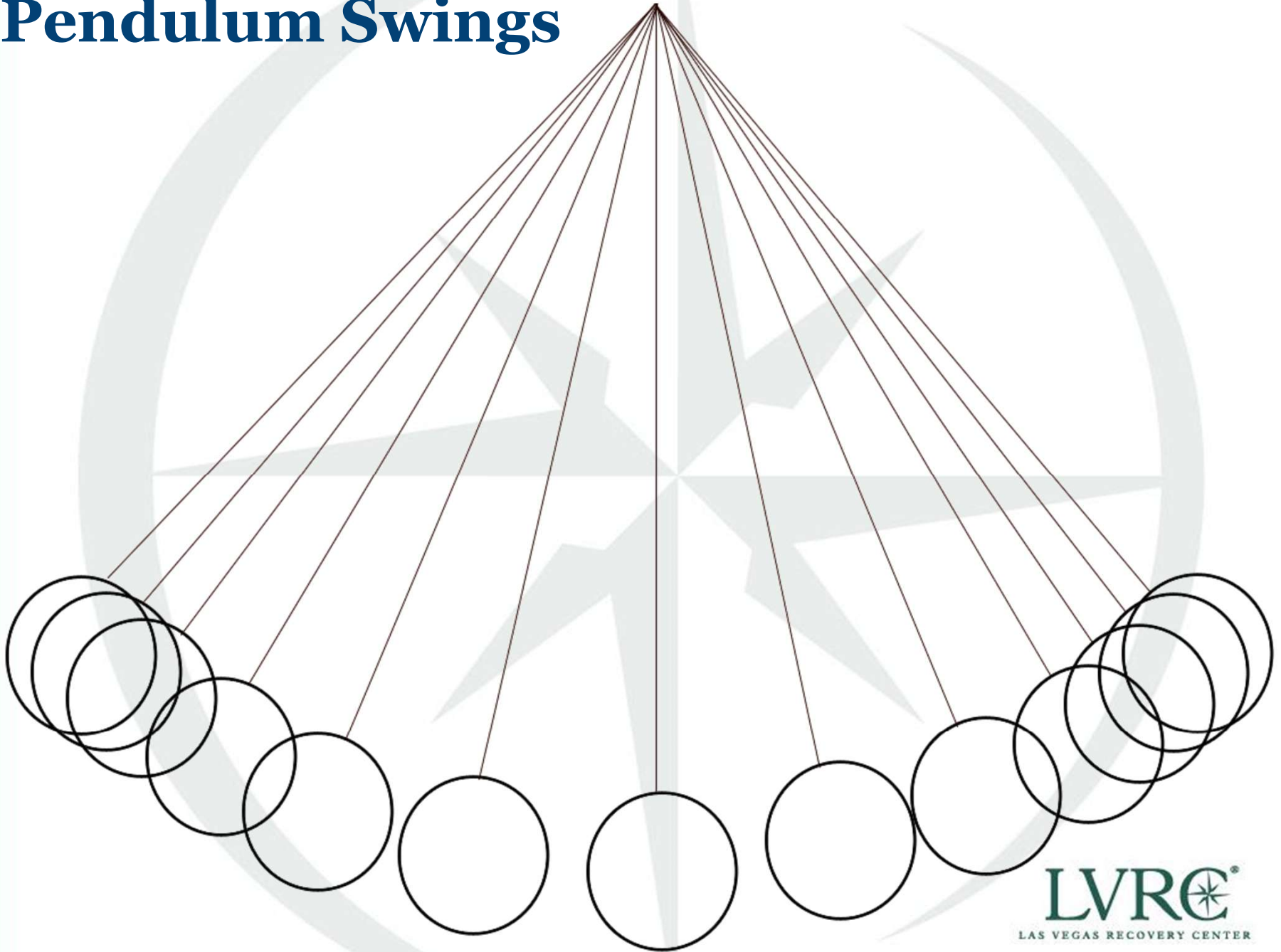
- Side effects
- Tolerance and physical dependence
- Loss of function
- Perceive emotional pain as physical pain (chemical copers)
- Hyperalgesia





Ballantyne JC, et al. *N Engl J Med.* 2003;349(20):1943-1953.

# Pendulum Swings





# BAYER'S Pharmaceutical Specialities.

The most reliable of the hypnotics. Acts quickly and surely, and is not attended by any secondary effects. The sleep produced by Trional is as calm and refreshing as the natural one; it is deep and dreamless, and the patient awakes without showing the least sign of drowsiness. In small doses, Trional prevents the night sweats of Phthisis.

## Trional

(Diethylsulphon  
Methylethan).

In simple insomnia TRIONAL will produce sleep in from 15 to 30 minutes with absolute certainty.

Dose.—15 to 30 grains, followed by a hot drink. A good method of administration is in the form of Palatinoids (Messrs. Oppenheimer, Son & Co., 179, Queen Victoria Street, E.C.), or in the form of Oxy-Carbonated Trional Water (manufactured by Messrs. Cooper & Co., 80, Gloucester Road, S.W.).

The best product yet introduced in the treatment of the uric acid diathesis. Combines the acknowledged uric acid solvent properties of Piperazine with the diuretic properties of Tartaric Acid.

## Lycetol

(Tartrate of Dimethyl  
Piperazine).

INCREASES considerably the alkalinity of the blood.

Dose.—16 to 32 grains daily. Best administered either in effervescent form (Effervescent Lycetol, Messrs. Bishop & Sons, Ltd., Spelman Street, E.), or in the form of Oxy-Carbonated Lycetol Water (Messrs. Cooper & Co., 80, Gloucester Road, S.W.).

### INVALUABLE IN INFLUENZA.

A PERFECT substitute for salicylate of sodium, as it acts quite as promptly, but without producing any of the unpleasant after effects so frequently attending the use of this drug. Its action is sure and quick.

## Salophen

(Acetyl para Amidosalol).

ABSOLUTELY non-toxic. Specially indicated in acute articular rheumatism, sciatica, chorea, migraine, and neuralgia.

Dose.—16 grains, three or four times a day, in powder or in the form of lozenges.

An excellent substitute for Codeine. In doses of 5 milligrammes Heroin has given excellent results in cases of bronchitis, pharyngitis, catarrh of the lungs, and in asthma bronchiale. In the latter two cases the dose may be increased to 1 centigramme.

## Heroin

(Di-acetic ester of Morphia).

HEROIN does not cause constipation. Its dose is much smaller than that of morphine. Heroin can be administered to patients with a weak heart who cannot tolerate morphine. It is best given in the form of powder, mixed with sugar, or may be dissolved in brandy or water acidulated by the addition of a few drops of acetic acid.

TANNIGEN, TANNOPINE, IODOTHYRINE, CREOSOTAL (Pure Carbonate of Creosote), DUOTAL (Pure Carbonate of Guaiacol), ARISTOL, EUROPHEN, PROTARGOL, PHENACETINE-BAYER, SULPHONAL-BAYER, PIPERAZINE-BAYER, ANALGEN, LOSOPHAN, TETRONAL, SOMATOSE, IRON SOMATOSE, MILK SOMATOSE, &c.

Samples and Literature may be had on application to—

**THE BAYER CO., Ltd., 19, ST. DUNSTON'S HILL, LONDON, E.C.**

ALSO AT MANCHESTER, BRADFORD, AND GLASGOW.

**LVRC**

LAS VEGAS RECOVERY CENTER



Oxycontin 80 mg

DEA

Brand names are included in this slide for participant clarification purposes only.  
No product promotion should be inferred.



# New Oxycodone Formulation to Mitigate Abuse April 2010



So, by 2012:

1. **Freeze Oxy** or
2. **Opana<sup>®</sup>**

Oxycodone



Brand names are included in this slide for participant clarification purposes only. No product promotion should be inferred.

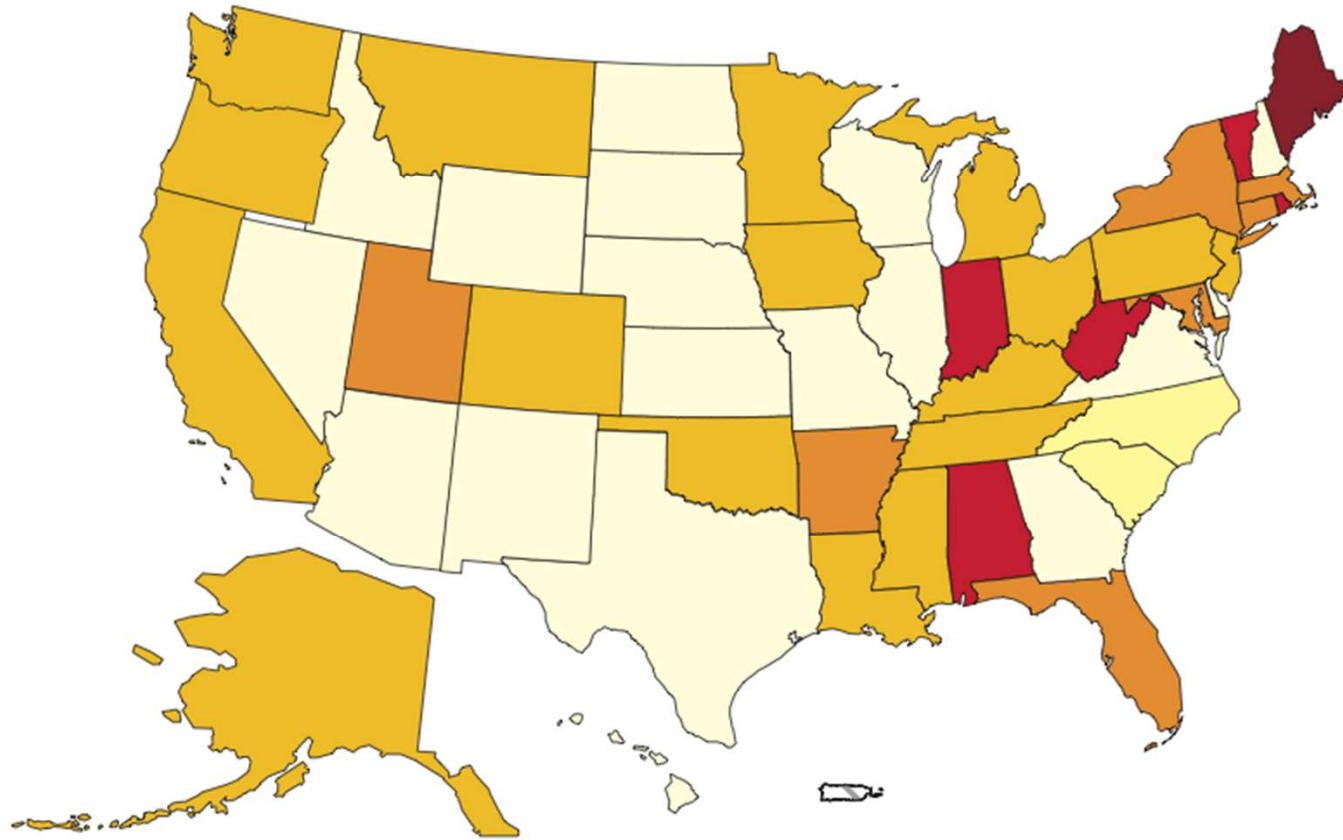


Oxymorphone

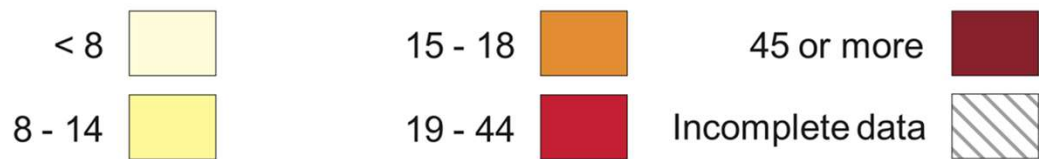


# **Emergence of an Epidemic**

## Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)

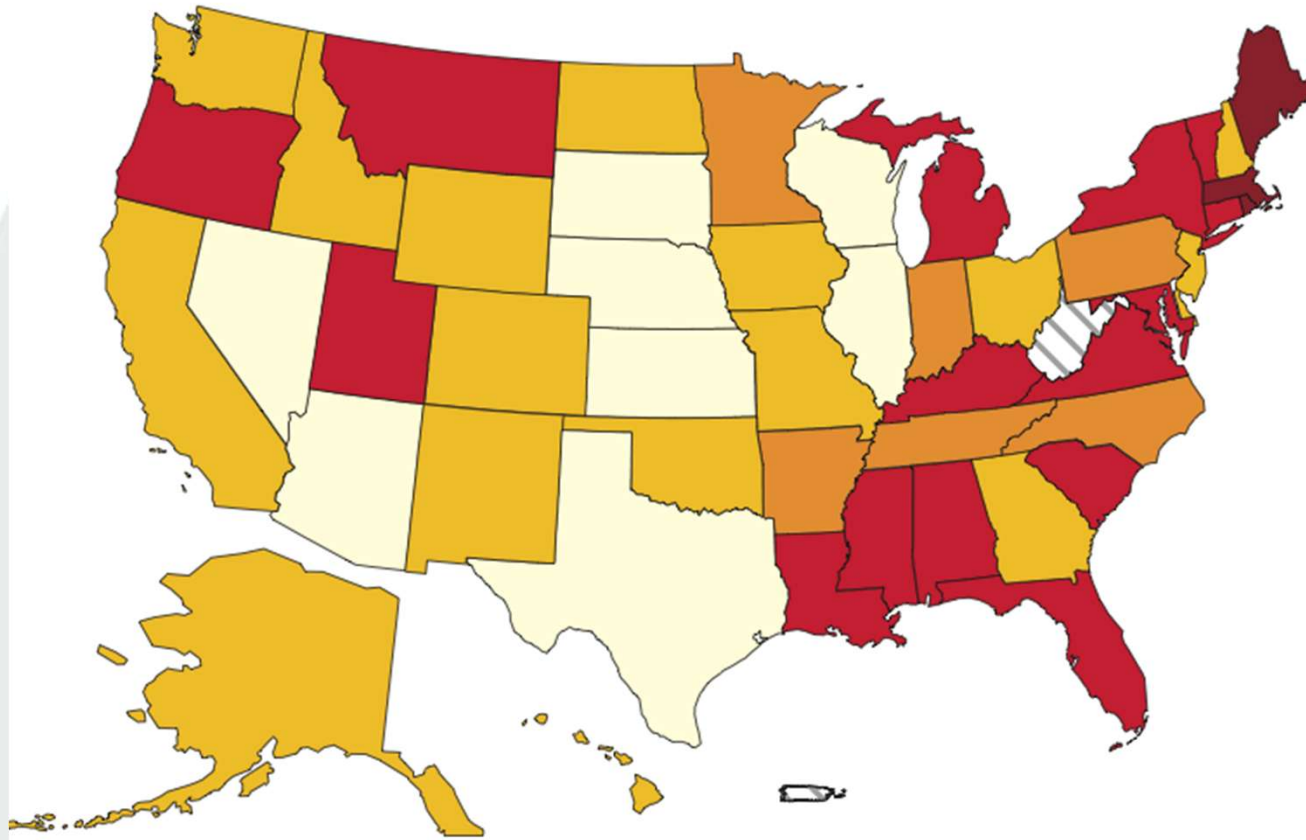


**1999**  
(range 1 - 50)

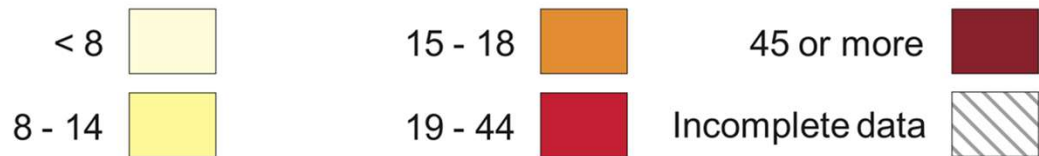


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

## Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)



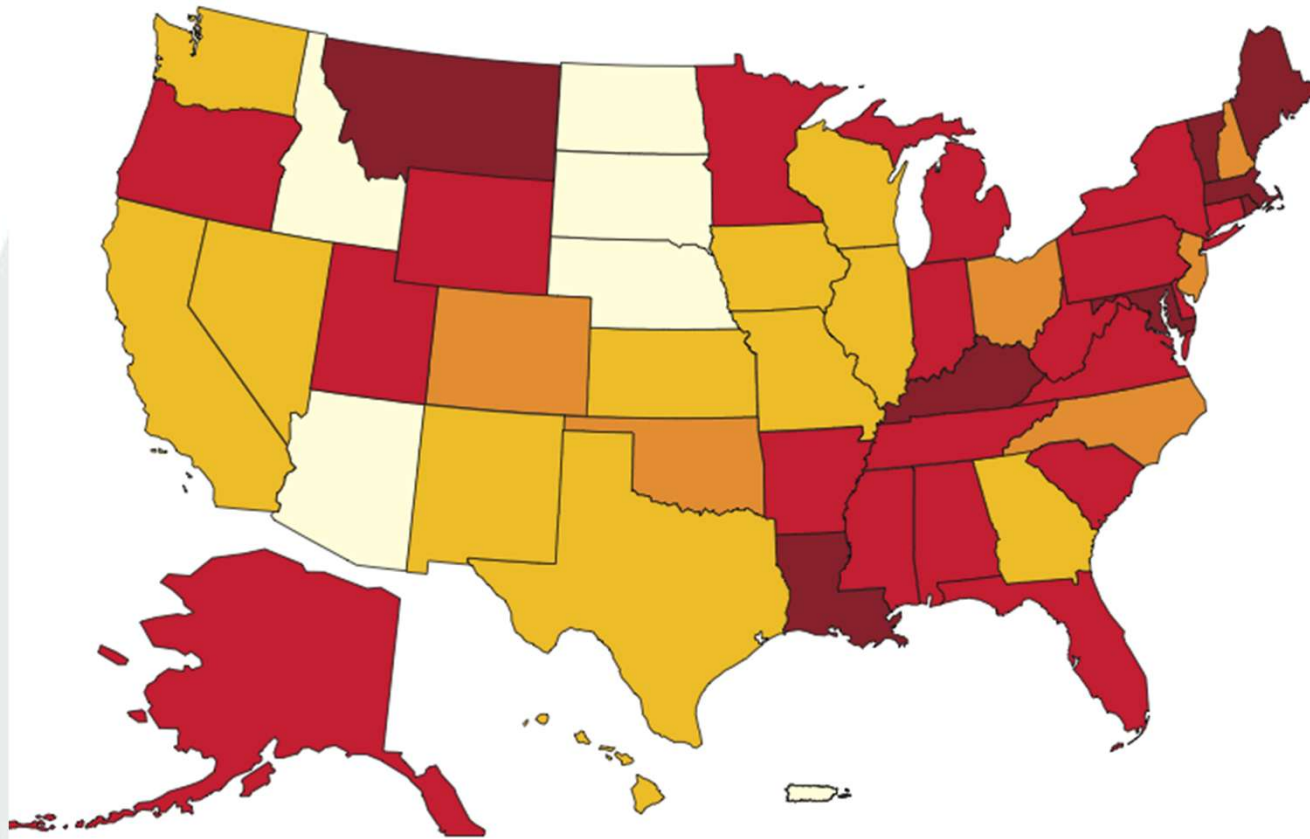
**2001**  
(range 1 – 71)



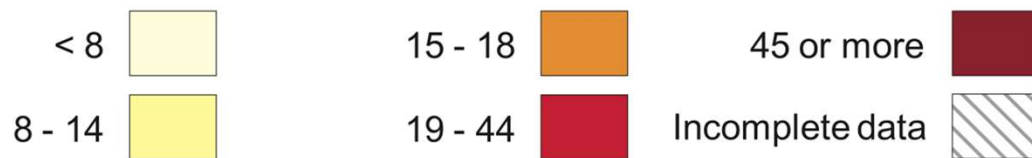
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.



## Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)

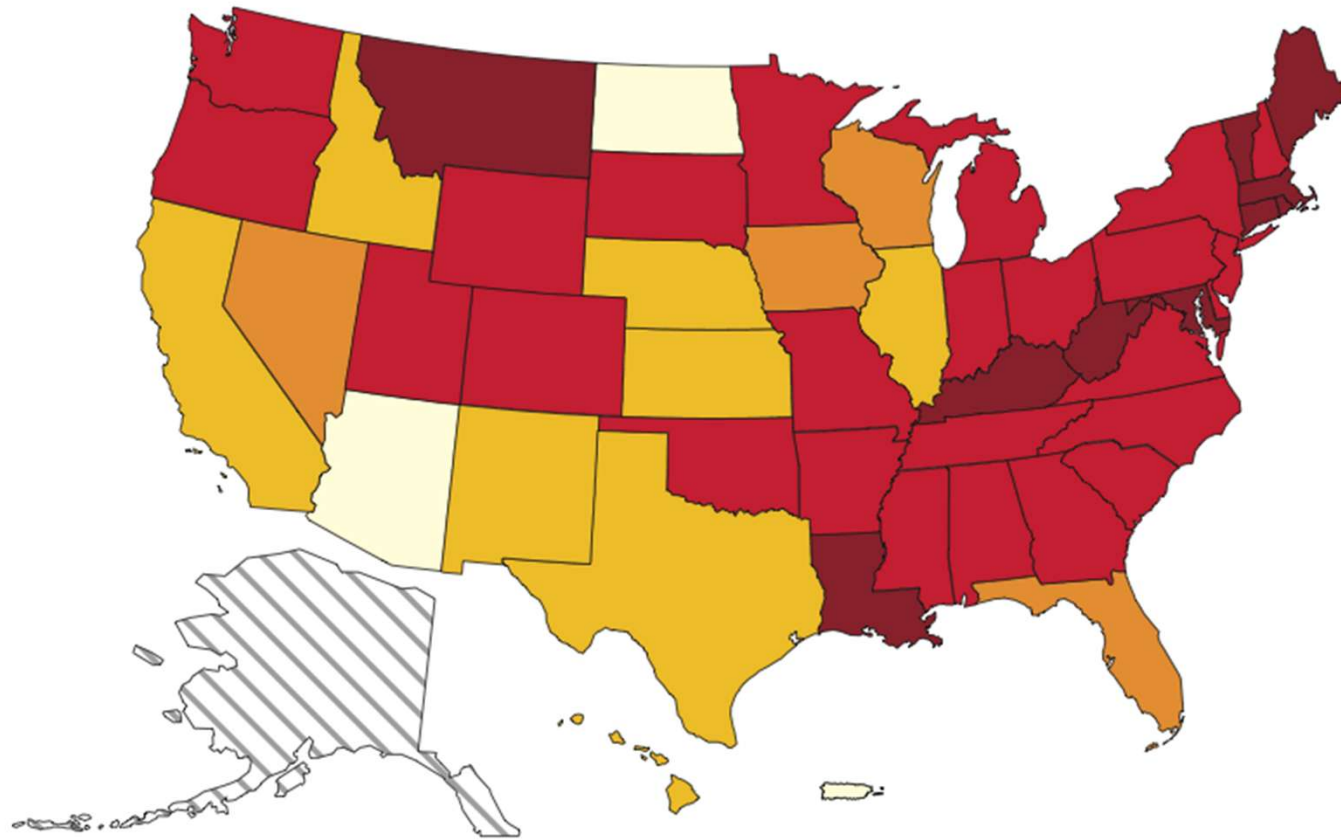


**2003**  
(range 2 – 139)



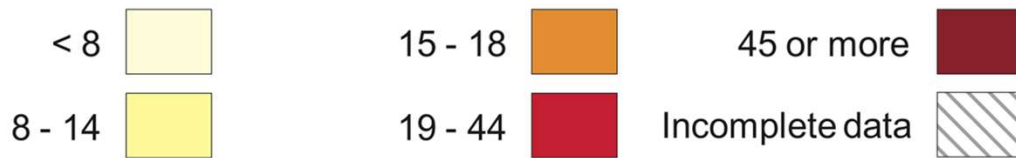
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

# Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)



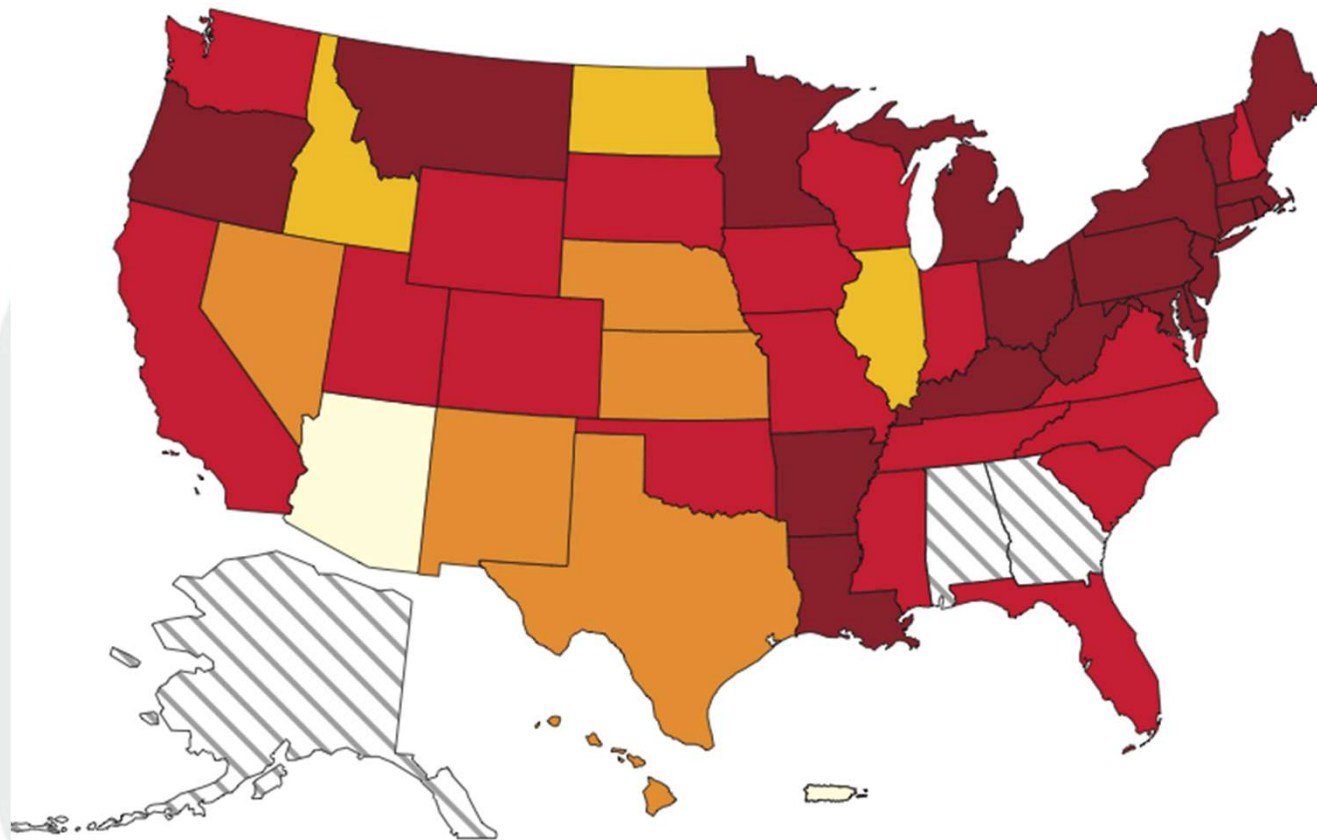
**2005**

(range 0 – 214)

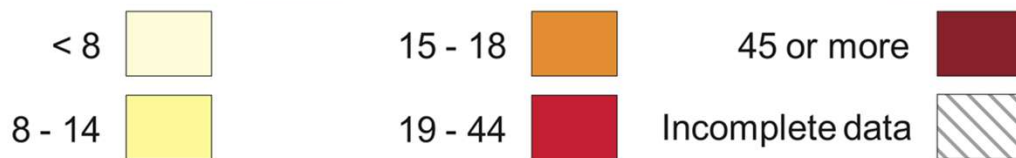


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

## Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)

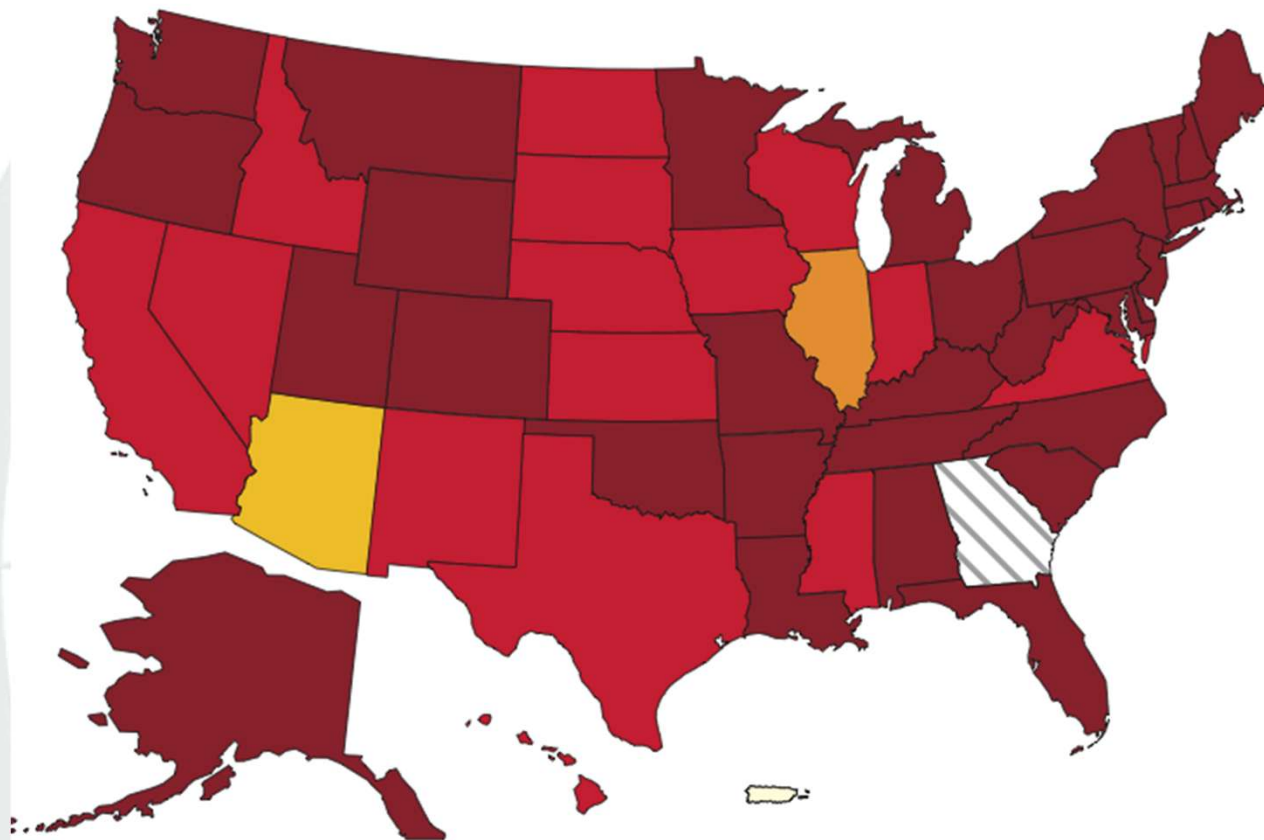


**2007**  
(range 1 – 340)

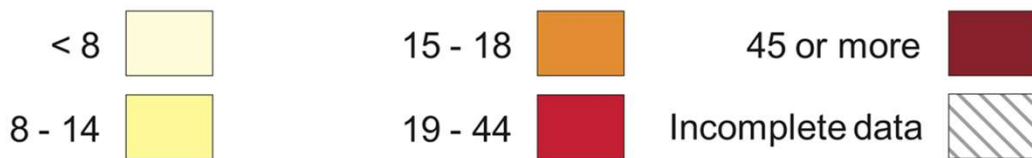


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

## Primary Non-heroin Opiates/Synthetics Admission Rates, by State (per 100,000 population aged 12 and over)



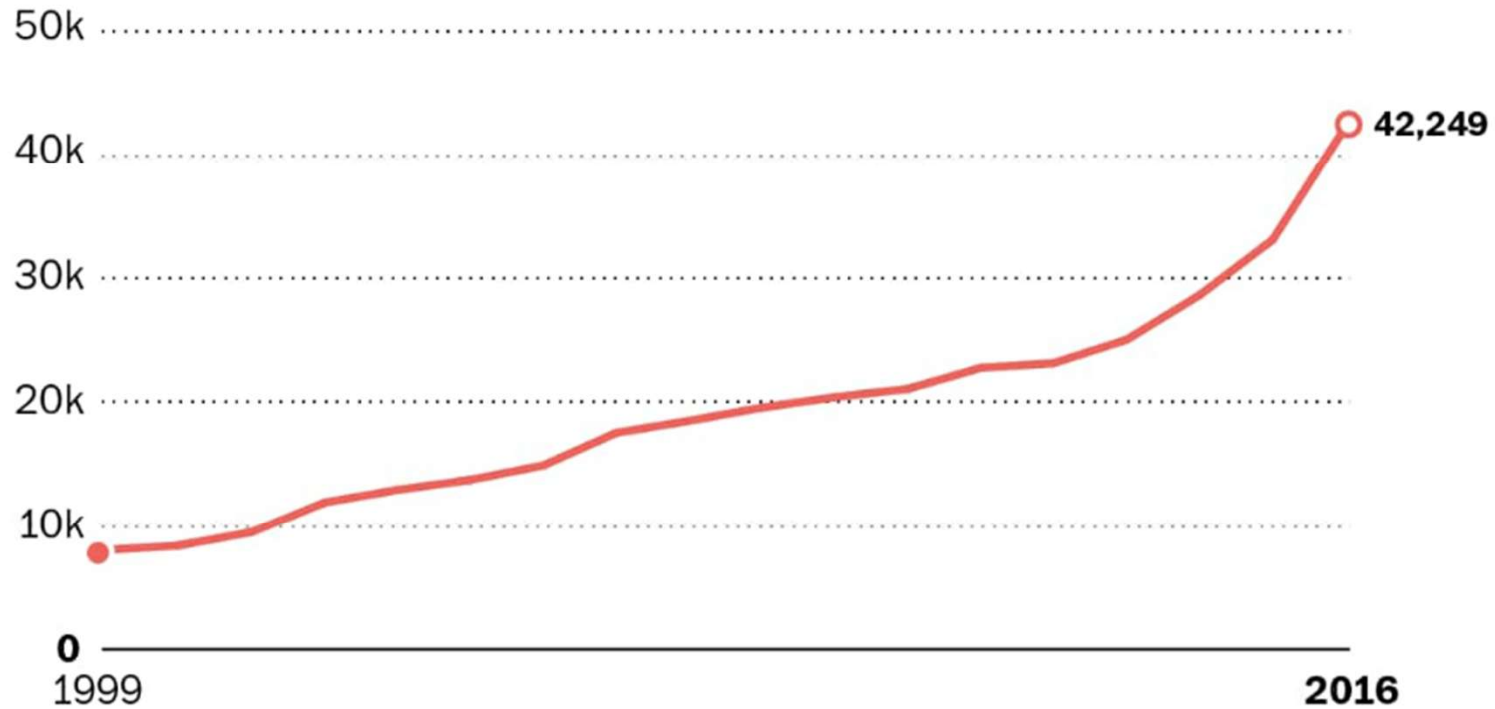
**2009**  
(range 1 – 379)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

## Opioid deaths surge in 2016

Number of opioid overdose deaths, 1999 to 2016



WAPO.ST/WONKBLOG

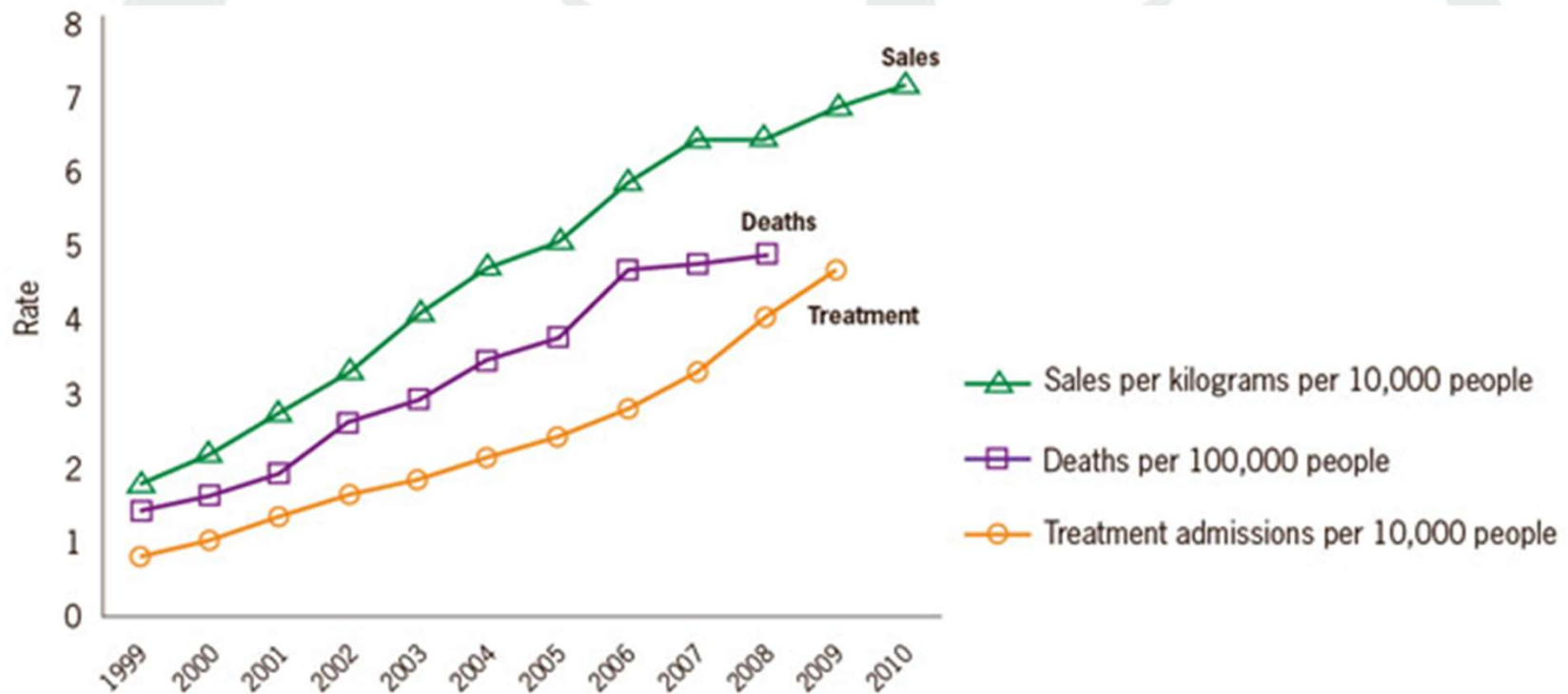
Source: CDC

Source:  
CDC

**LVRC**<sup>®</sup>  
LAS VEGAS RECOVERY CENTER



# Rates of Prescription Painkiller Sales, Deaths and Substance Abuse Treatment Admissions (1999–2010)



SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009



## Industry-influenced “Education” on Opioids for Chronic Non-Cancer Pain Emphasizes:

- Physicians are needlessly allowing patients to suffer because of “opiophobia”
- Opioids are safe and effective for chronic pain
- Opioid therapy can be easily discontinued
- Opioid addiction is rare in pain patients



*“Only four cases of addiction among 11,882 patients treated with opioids.”*

Porter J, et al. *Addiction rare in patients treated with narcotics. N Engl J Med.* 1980;302(2):123.

Cited 693 times (Google Scholar)

*N Engl J Med.* 1980;302(2):123.

ADDICTION RARE IN PATIENTS TREATED  
WITH NARCOTICS

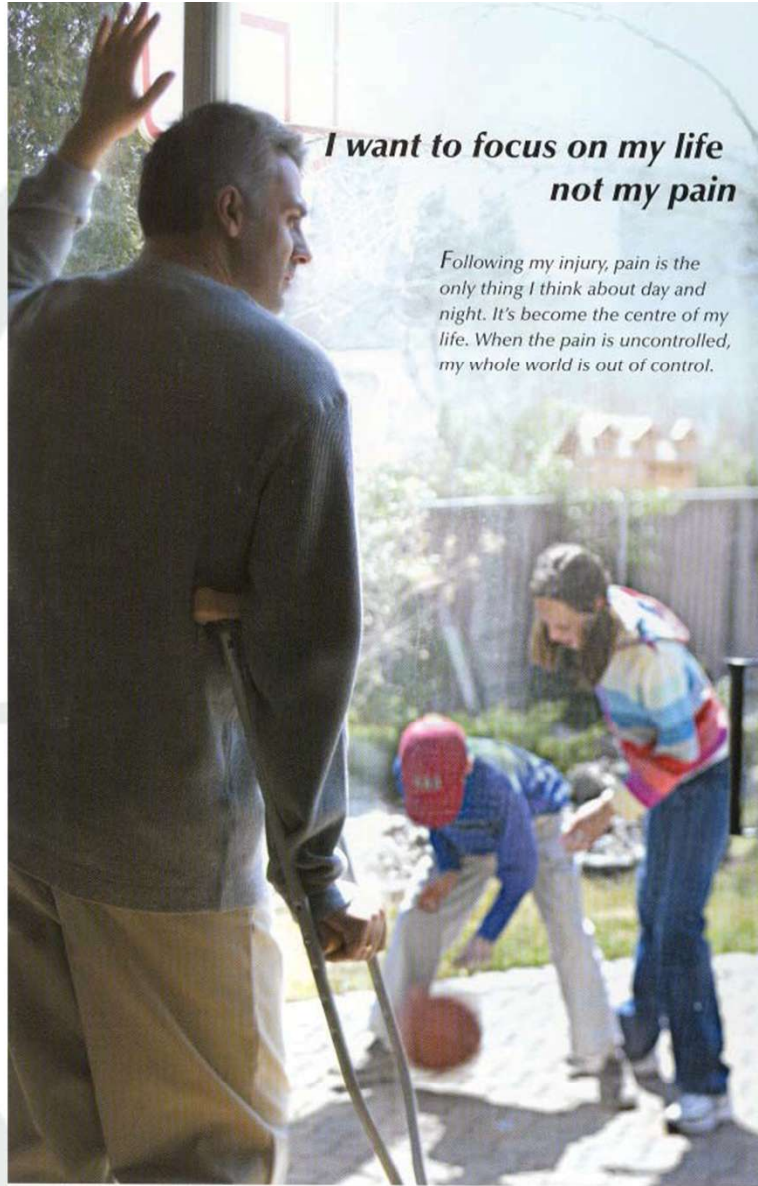
*To the Editor:* Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients<sup>1</sup> who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,<sup>2</sup> Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER  
HERSHEL JICK, M.D.  
Boston Collaborative Drug  
Surveillance Program

Waltham, MA 02154

Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. *JAMA.* 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. *J Clin Pharmacol.* 1978; 18:180-8.



***I want to focus on my life  
not my pain***

*Following my injury, pain is the only thing I think about day and night. It's become the centre of my life. When the pain is uncontrolled, my whole world is out of control.*

- Rapid onset of analgesia within 46 minutes<sup>1</sup>
- Full 12 hours of pain relief<sup>1,4</sup>
- Initiate with 10 mg<sup>2,3</sup>



Indicated for the relief of moderate to severe pain requiring the continuous use of an opioid analgesic preparation for several days or more. Side effects are similar to other opioid analgesics; the most frequently observed are constipation, nausea and somnolence. Dosage limitations may be imposed by adverse effects if they occur. Please refer to prescribing information.

**Warning:** Opioid analgesics should be prescribed and handled with the degree of caution appropriate to the use of a drug with abuse potential. OxyContin® 80 mg tablets are for use in opioid tolerant patients only. There is potential for fatal respiratory depression in patients not previously exposed to similar opioid doses. OxyContin® tablets should be swallowed whole and should not be broken, chewed or crushed since this can lead to rapid release and absorption of a potentially fatal dose of oxycodone.

<sup>1</sup> For moderate to severe pain.  
<sup>2</sup> Median time to onset of analgesia after single dose OxyContin® 10 mg (N=31/180) and OxyContin® 30 mg (N=30/180) was 41 minutes and 46 minutes, respectively (N=6/180) (P50.05) in patients following abdominal or gynecologic surgery (n groups of 30 each).  
<sup>3</sup> Low frequent dosing compared to short-acting opioid analgesics.  
<sup>4</sup> The usual initial adult dose of OxyContin® for patients who have not previously received opioid analgesics is 10 or 20 mg every 12 hours. Dose adjustments can be made every 24 hours with no ceiling dose.  
 Product monograph available on request.

**OxyContin<sup>®</sup> q12h**  
 Controlled release oxycodone tablets

*For pain lasting several days, weeks, months or more\**

Purdue Pharma Inc.  
 Division of Johnson & Johnson  
**Purdue Pharma**  
 Kalamazoo, Michigan 49001



[www.painCare.ca](http://www.painCare.ca)



**LVRC<sup>®</sup>**  
 LAS VEGAS RECOVERY CENTER



# FDA used to permit drug manufacturers to advertise opioids as safe and effective for chronic pain.

## FREEDOM FROM PAIN!

**Extra strength pain relief free of extra prescribing restrictions.**

- Telephone prescribing in most states
- Up to five refills in 6 months
- No triplicate Rx required

**Excellent patient acceptance.**  
In 12 years of clinical experience, nausea, sedation and constipation have rarely been reported.<sup>1</sup>

COMPARATIVE PHARMACOLOGY OF TWO ANALGESICS					
	Constipation	Respiratory Depression	Sedation	Nausea	Physical Dependence
HYDROCODONE		X			X
OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. Semin Oncol 1975; 2:379-92 and Neuler JS, et al. The chronic pain syndrome: misconceptions and management. Ann Intern Med 1980; 93:95.

**The heritage of VICODIN<sup>®</sup> over a billion doses prescribed.<sup>2</sup>**

- VICODIN ES provides greater central and peripheral action than other hydrocodone/acetaminophen combinations.
- Four to six hours of extra strength pain relief from a single dose
- The 14th most frequently prescribed medication in America<sup>3</sup>



(hydrocodone bitartrate 7.5mg (Warning: May be habit forming) and acetaminophen 750mg)

**Tablet for tablet, the most potent analgesic you can phone in.**

Please see brief summary of prescribing information on adjacent page.

<sup>1</sup> Data on file, Knoll Pharmaceuticals.  
<sup>2</sup> Standard industry new prescription audit.

## Maintain control of your patient's therapy.



Rx Specify

Do not substitute



(hydrocodone bitartrate 7.5mg (Warning: May be habit forming) and acetaminophen 750mg)

It's your prescription – not a suggestion.

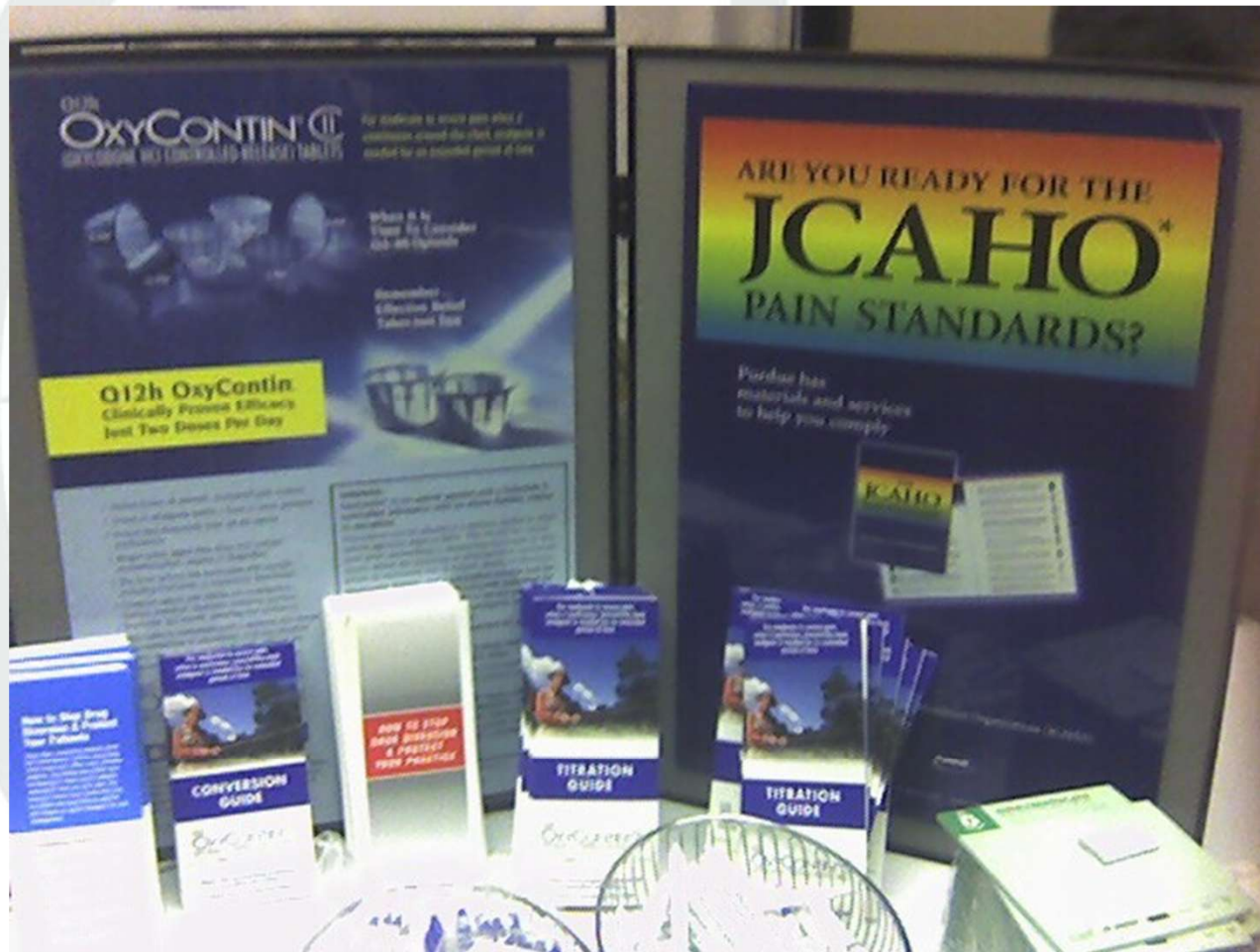
**INDICATIONS AND USAGE:** For the relief of moderate to moderately severe pain. **CONTRAINDICATIONS:** Hypersensitivity to acetaminophen or hydrocodone. **WARNINGS:** Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression, head injury and increased intracranial pressure. The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries. **Acute Abdominal Conditions:** The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions. **PRECAUTIONS:** Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. **Cough Reflex:** Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease. **Drug Interactions:** Patients receiving other narcotic analgesics, antipsychotics, antiemetic agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus. **Usage in Pregnancy:** **Teratogenic Effects:** Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Neonatal/Postnatal Effects:** Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased bowel sounds, vomiting, sweating, and fever. **Labor and Delivery:** Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used. **Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** Safety and effectiveness in children have not been established. **ADVERSE REACTIONS:** The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more pronounced in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include: **Central Nervous System:** Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes. **Gastrointestinal System:** The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above). However, some phenothiazines have been shown to antagonize the analgesic and sedative effects of narcotics, and some phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation. **Genitourinary System:** Urinary spasm, spasm of vesical sphincters and urinary retention have been reported. **Respiratory Depression:** Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of full-strength hydrocodone. Apply other supportive measures when indicated. **DRUG ABUSE AND DEPENDENCE:** VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/VICODIN ES Tablets should be prescribed and administered with caution. **OVERDOSEAGE:** Acetaminophen Signs and Symptoms: In acute acetaminophen overdose, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis, and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion. **Hydrocodone Signs and Symptoms:** Serious overdose with hydrocodone is characterized by respiratory depression (respiratory rate and/or tidal volume), Cheyne-Stokes respiration, cyanosis, extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdose, apnea, circulatory collapse, cardiac arrest and death may occur.

Knoll Pharmaceuticals  
A Unit of BASF K&F Corporation  
Whippany, New Jersey 07981

Revised March 1992 5890

© 1992, BASF K&F Corporation V3057-4-92 Printed in USA BASF Group

# Photo taken at the 7th International Conference on Pain and Chemical Dependency, June 2007





# Heroin: Making a Big Comeback Since 2010!



Batches of Heroin can be as different as night and day.

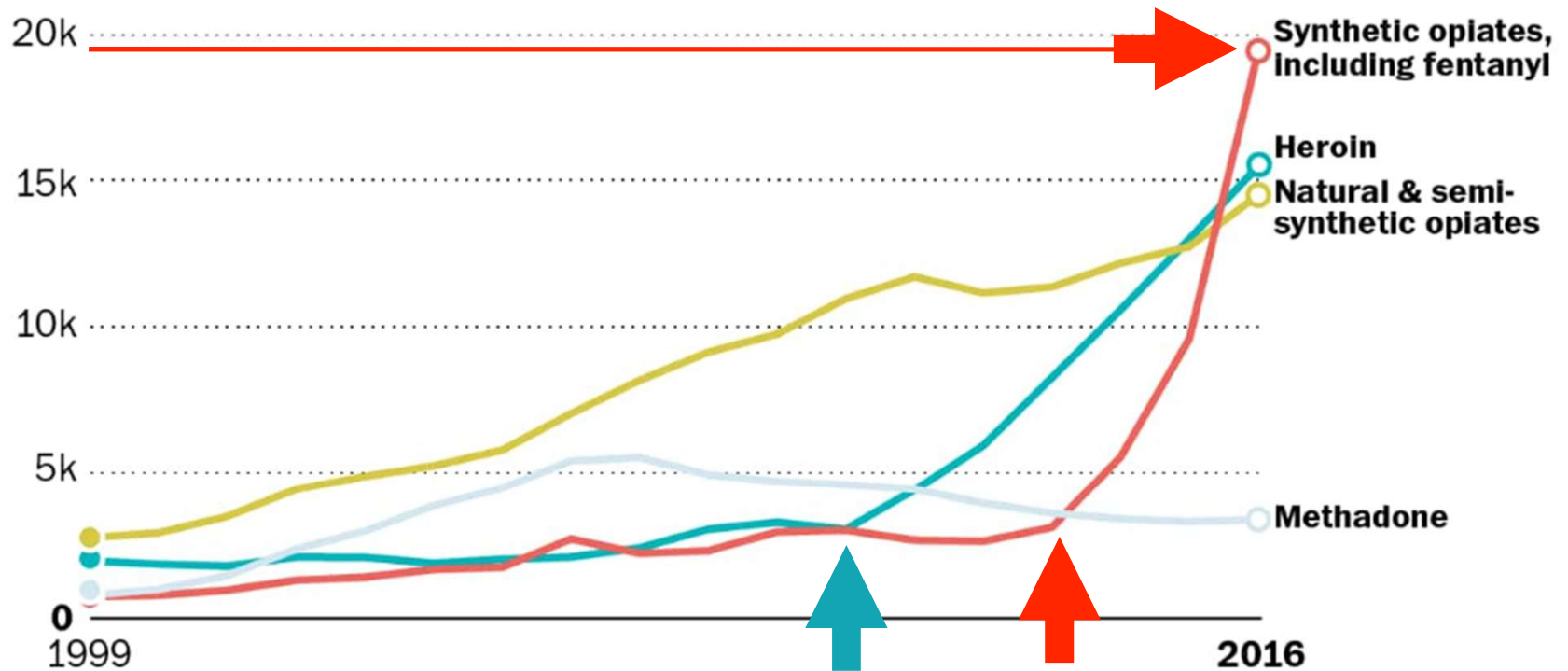


**Texas “Cheese Heroin”:  
Black Tar Mixed with Tylenol PM**

Black Tar heroin

# Opioid deaths surge in 2016

Number of opioid overdose deaths by category, 1999 to 2016



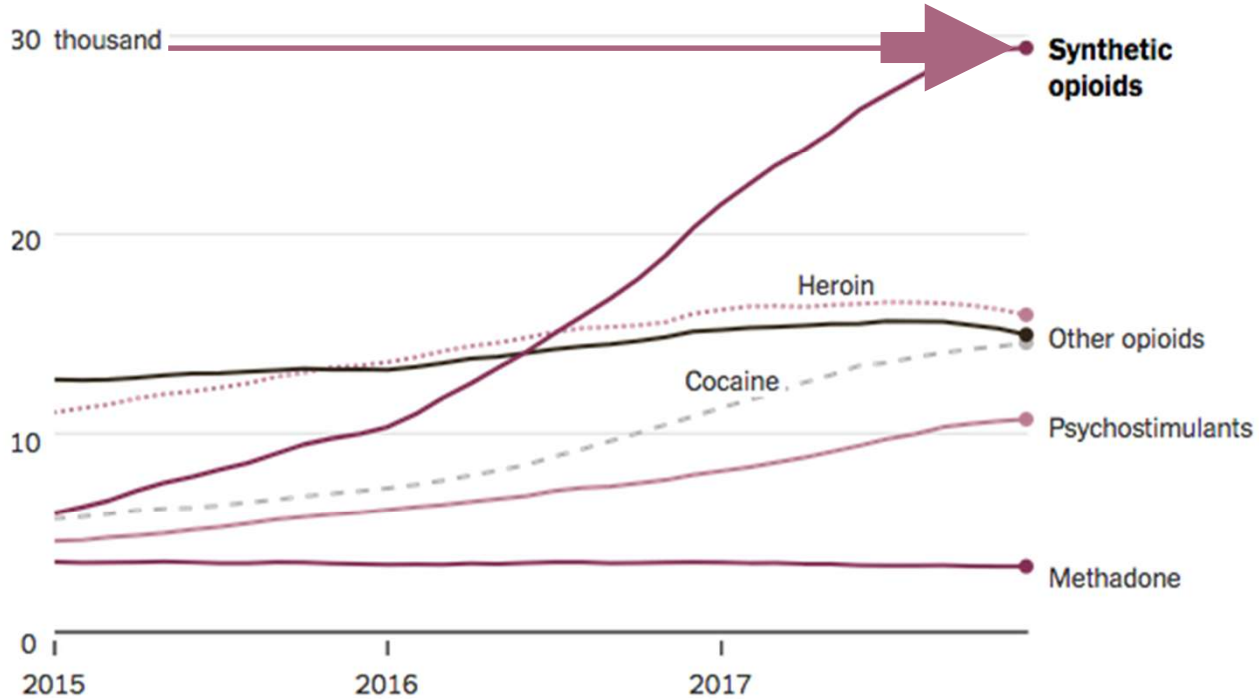
WAPO.ST/WONKBLOG

Source: CDC

Source:  
CDC

# Synthetic Opioids Are Driving Up the Overdose Rate

Overdose deaths in thousands in preceding 12 months



Note: These numbers are adjusted to account for some death investigations that are not completed. Some deaths involve more than one drug.

By The New York Times | Source: The Centers for Disease Control and Prevention

# Medication-Assisted Treatment

- Methadone
- Buprenorphine
- Naltrexone
- Naloxone



"What's the difference between being addicted to painkillers and just really, really liking them a lot?"



# ASAM Short Definition of Addiction

Addiction ...

is reflected in an individual

**pathologically pursuing reward and/or relief**  
by substance use and other behaviors...

asam.org

**LVRC**<sup>®</sup>  
LAS VEGAS RECOVERY CENTER



# Ways to Reduce Pain Intensity

- Cognitive-Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)/Acceptance and Commitment Therapy (ACT)
- Attention/Distraction
- Control/Placebo effect
- Fear reduction

# CDC: Non-opioid Therapies

Use alone or combined with opioids, as indicated:

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anticonvulsants, topicals)
- Physical treatments (eg, exercise therapy, weight loss)
- Behavioral treatment (eg, CBT, DBT, ACT, mindfulness)

And don't forget to talk to your patients and believe them...

# Non-Medication Treatments at LVRC

- Exercise – Physical Therapy
- Chiropractic Treatments
- Therapeutic Massage
- Reiki
- Acupuncture
- Nutrition
- EMDR, hypnotherapy, alpha stim, biomat
- Individual + group therapy
- Mindfulness-Based Stress Reduction (Kabat-Zinn)
- Yoga - Chi Gong
- EMDR, Hypnotherapy, and Biofeedback



**Research confirms that  
drugs give the same benefits  
as *yoga* !!!**

# Halasana

Excellent for back pain and insomnia.





# Balasana

Position that brings the sensation of peace and calm.



# Savasana

Position of total relaxation.



# QUESTIONS?

**Mel Pohl, MD, DFASAM**

**702-271-1734**

**mpohl@centralrecovery.com**

**drmelpohl.com**

# Key Points:

- All pain is real
- Emotions drive the experience of chronic pain
- Opioids often make pain worse
- Treat to improve function
- Expectations influence outcomes

**MA'AM, YOUR HUSBAND IS  
SUFFERING FROM A VERY  
SEVERE STRESS DISORDER.**





What did the doctor say ?



You're going to die!



# Thank You!

**Mel Pohl, MD, DFASAM**

702.271.1734

[mpohl@centralrecovery.com](mailto:mpohl@centralrecovery.com)

[drmelpohl.com](http://drmelpohl.com)