

Preface

Medicine is a forever changing field. The field of pain management is by some accounts the oldest field of medicine, while others would consider it quite new. Ancient Egyptian Kings are known to have been buried with poppy seeds. The use of controlled substances has waxed and waned over the decades, if not centuries. Prior to the controlled substance act of 1914 patients could freely use opioids for the treatment of a variety of maladies, from exhaustion and rheumatism to the management of pain. Undoubtedly, many patients were effectively treated for their pain using home remedies that included laudanum, or tincture of opium.

Unfortunately, problems with substance abuse did exist that required the passage of the Harrison controlled substance act. Between 1914 and 1970, 50 additional regulations were placed in the controlled substance act of 1970. In the 1970s there was grave concern with regard to opiates, leading to a great national restraint on their use. Nancy Reagan's well-intentioned campaign to stop the use of illicit drugs ("Just Say No") also led to the drive that no patients should receive opiates for the management of non-cancer-related pain.

In the 1980s, the pendulum began to swing back to pro opiates in certain settings. The cancer community noted that patients with cancer were dying with uncontrolled pain that could be potentially effectively managed with opiates, and encouraged the liberalization of their use of opiates. In the 1990s it was noted that patients with non-cancer pain may also benefit from the use of opiates. I heard questions like "Why should I have to get cancer in order to get control of my pain?" Studies were broadly quoted indicating that addiction was exceedingly rare. Prominent pain societies drafted guidelines indicating that it was appropriate to use opiates in certain settings. Physicians were told that the risk of addiction was extremely low in chronic pain patients. Pharmaceutical companies marketed the use of opiates as a means of controlling pain. Literally, hundreds of millions of dollars were spent on marketing to patients and physicians, and billions of dollars in profits were generated by sale of opiates for patients with non-cancer-related pain. However, we were all mistaken in underestimating the potential for abuse and misuse of prescription opioids.

In spite of the enormous costs, chronic pain remains one of the greatest healthcare crises affecting the world today. It costs the American people more than cancer and heart disease combined. The Joint Commission on Hospital Accreditation listed pain as the fifth vital sign. Hospitals are now reimbursed (among other things) on patient satisfaction, which includes the management of pain. Many employed physicians' salaries are also tied to patient satisfaction surveys. Poor pain control would potentially decrease reimbursement to hospitals and group practices. This in turn may have led to overprescribing of controlled substances by well-intentioned physicians who are improperly trained to manage pain. Unfortunately, clear guidelines on the management of pain do not clearly state how to manage the pain, or when to use opioids. In fact, quality evidence is lacking on the use of opioids in chronic non-cancer pain.

The combination of pressures from the government pushing pain control, pharmaceutical companies marketing opiates, the enormous size of the pain problem, and poor understanding of when to use opiates and how to use them safely has led to an explosion of deaths related to the use of prescription controlled substances.

In this text we have asked many world experts to contribute, specifically related to the area they have great expertise in. We hope to provide a balance and a framework for discussion on the appropriate use of opiates. Clearly, some patients require opiates for uncontrolled pain. But how do we do that safely? How do we keep both ourselves and our patients out of trouble? What are the limitations to the use of controlled substances, and what are some reasonable alternatives? We hope that this book and several others frame the discussion and where opiates fit in with pain management. It is our aim to help healthcare providers balance the discussion around appropriate opiate prescription, provide alternative strategies, minimize abuse diversion, addiction, and the unintentional deaths known to be associated with controlled substances.

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A Balanced Approach

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