

Opioid Addiction 'Solution' Becoming Problem for Persons in Pain

The Wired Word for the Week of January 6, 2019

In the News

In mid-December, *The Wired Word's* senior editor Stan Purdum entered the hospital for some scheduled spinal surgery. He remained in the hospital for two days following the procedure, where he first received IV pain medications, but transitioned to the pain tablet Percocet, an opioid, before coming home. The initial prescription for 30 tablets got him through the first week, when the pain was significant, though the pills never made him pain free. But Purdum said he knew his pain was temporary and toughed it out.

When the doctor ordered a refill on the prescription, the druggist where Purdum was getting it filled seemingly did her best to tell him he was a drug addict for wanting the refill. "She even took the fact that I had walked up to the counter instead of sending my wife as a sign that I didn't need the drugs," Purdum said. "My wife had driven me to the pharmacy, but I had decided to walk in myself to help the recovery. The druggist had no idea what it was costing me in pain to actually walk, but now she was using it against me," Purdum said.

Purdum understands that the pharmacist was bound by law and the rules of the pharmacy chain not to freely hand out opioids, but Purdum had a legal prescription and a legitimate need. Still, she sent Purdum away empty handed, telling him she was going to have call his surgeon and would then notify him when -- or if -- the prescription would be filled.

Purdum later learned that the surgeon's office did confirm for the druggist Purdum's need for the medication and told her that he was still in the acute stage of recovery.

When Purdum was notified that the prescription was ready, he went back and found that she had filled the order not for the 40 tablets that the surgeon had ordered, but only for 30 tablets. She told Purdum, that bound by rules of her pharmacy chain, the other 10 would not be forthcoming.

Fortunately, Purdum is making a good recovery, and is now mostly getting by on over-the-counter Tylenol and taking an opioid tablet only on a "rescue" basis when the pain becomes intense, generally no more than once a day.

We are aware that there are significant issues of drug abuse related to opioids, and there are deaths resulting from such abuse. In fact, *The Wired Word* had a lesson titled "President Declares Opioid Crisis a Public Health Emergency" on November 5, 2017 (it was the second lesson for that Sunday), in which we discussed the issues related to abuse of opioid drugs. "But," said Purdum, "as a foot-soldier in the war against such abuse, the druggist had only a one-size-fits-all picture of the problem."

The TWW team is more concerned about people such as the woman we know who has chronic pain that started from an auto accident 50 years ago, and has since had several major surgeries on her spine and now has neuropathy pain running down one leg. For years, she has been on a regimen of pain meds, supervised by a pain specialist doctor, and through all this time, she has continued to

work -- right up to her retirement at age 65. She also bore and, with her husband, parented three children.

That woman has no addiction problem, but now each time she goes to get her prescriptions refilled, the pharmacy gives her a hard time, and it's only because her pain doctor stands firm when the pharmacy calls him that she finally gets them. And now, though the doctor orders a 90-day supply, they will only give her a 30-day supply at a time. They do refill it, but only after a belittling quizzing and "scolding" at the pharmacy counter each time. She tells us of her fear that one day, they'll refuse her the medications.

And then we began noticing headlines on recent articles and blog posts about this issue, such as this one: "The Worst of Both Worlds: The War on Opioid Abuse Becomes the War on Pain Patients" -- and this one: "As Doctors Taper or End Opioid Prescriptions, Many Patients Driven to Despair, Suicide." (See links list below.)

We read the articles, both of which seem well supported and neither of which seems to be bearing fake news or crying "Wolf!"

The Centers for Disease Control (CDC) has addressed the problem of withholding medications from severe pain sufferers who have responsibly taken opioids, noting that a drastic change can lead to withdrawal and serious illness. The CDC issued guidelines warning against forcibly tapering or abruptly cutting off opioids to such persons.

These guidelines seem, however, to have been overlooked amid the news about deaths due to opioid abuse. We quote from the *Fox News* article:

Political leaders and government officials often failed to note the bulk -- at least 60 percent, according to the U.S. Department of Health and Human Services -- of the overdose epidemic was caused by illicit drugs, not prescription painkillers.

And when officials did address the portion of deaths due to prescriptions, advocates of safe opioid use argue, they often lumped together pain patients and people with addiction who illegally obtained someone else's prescribed opioids. That made for a perfect storm, which formed the basis for a slew of hardline state and federal policies, including a Trump administration vow to slash prescriptions by 30 percent over the next three years.

Either in response to the CDC guidelines or as a proactive measure to deal with the opioid crisis on their own, at least 33 states have enacted some type of legislation related to prescription limits, according to the National Conference of State Legislators. Health care providers and pain patients who have Medicare prescription plans are bracing for January, when the federal insurance program will give its insurers and pharmacists the authority to reject prescriptions that deviate from CDC recommended dosage.

"The CDC guidelines were geared to primary care doctors, but they have been hijacked and weaponized as an excuse for draconian legislation," said Michael Schatman, a clinical psychologist and director of research and development at Boston Pain Care, a multidisciplinary pain clinic, and editor-in-chief of the *Journal of Pain Research*. "Illicit opioids, not prescription opioids, are driving overdose deaths."

More on this story can be found at these links:

[The Worst of Both Worlds: The War on Opioid Abuse Becomes the War on Pain Patients. *NEO*](#)
[As Doctors Taper or End Opioid Prescriptions, Many Patients Driven to Despair, Suicide. *FoxNews*](#)
[Patients With Chronic Pain Feel Caught in an Opioid-Prescribing Debate. *HealthLeaders*](#)
[The Neuroscience of Pain. *The New Yorker*](#)

Applying the News Story

Around 20 percent of the people in the United States live with some type of physical disability, 1 in 6 Americans have chronic health conditions, and many have chronic pain. About 65 million Americans are caregivers of people with disabilities or chronic illnesses.

This lesson invites us to think about how our church should support disabled and chronically ill people and their caregivers.

The Big Questions

1. What entity should be the gatekeeper regarding opioid use for severe pain: doctors, pharmacists, individual patients, health-insurance companies, government agencies, government laws? Should it be more than one of these, and if so, which ones? Explain your choices. (The underlying questions can be summed up with these: Whose business is it? Who is most affected? Who is most competent to decide? What differing incentives do each of these have? Who can best apply varying solutions to differing situations?)
2. How does it happen that something intended for good (such as medicine for pain alleviation) can turn into a curse when misused? How does theology address this human failing?
3. Why do so many changes undertaken to fix widespread problems fail to take into account the effect of those changes on people who are not part of the problem? Is this the result of inadequate thinking about the ramifications of the changes, attempts to score political points in the process of finding a solution, inability to empathize with people who are affected by the problem, or something else, and if so, what?
4. When does the Christian community impose a "one-size-fits-all" solution to spiritual issues?
5. How might God transform suffering from solely an experience of pain to something with also positive elements in the life of a Christian? What might we be able to learn through affliction that we might not be able to learn any other way?

Confronting the News With Scripture and Hope

Here are some Bible verses to guide your discussion:

Job 30:17, 26-28

*The night racks my bones,
and the pain that gnaws me takes no rest. ...
But when I looked for good, evil came;
and when I waited for light, darkness came.
My inward parts are in turmoil, and are never still;
days of affliction come to meet me.
I go about in sunless gloom;
I stand up in the assembly and cry for help. (For context, read 30:16-28)*

The suffering of Job is legendary for good reason: He lost his wealth and possessions in one calamity after another, then all his children were killed, and finally he was afflicted with horrific, unending physical pain.

Questions: Have you ever experienced pain so severe and unrelenting that you would have done just about anything to make the pain stop? How did you explain your pain to others? Did you feel that they understood the depth of your pain? How should "the assembly" respond to those who stand up in their midst and cry for help?

Revelation 21:3-4

And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away." (For context, read 21:1-5.)

In John's vision of the new heaven and the new earth, the pain and suffering of this world are things of the past. The thought of God himself tenderly wiping every tear from the eyes of his people is riveting. The day is coming when those who have suffered excruciating agony will be freed from their pain.

Question: What does this promise mean *today* to the suffering believer who sees no end to his or her pain here on this earth?

Prayer

Thank you, O God, that you are with us in times of suffering as well as in times of ease. Whatever our circumstances, we trust in your abiding love and faithfulness to keep your word. Strengthen our faith, that we may delight in your presence when darkness falls as well as when the sun is shining. In Jesus' name. Amen.