

ANONYMOUS DELAWARE, OH

How is the opioid epidemic affecting you, your family, and your neighborhood? :

My relationship with unrelenting pain first dates back to a 1993 accident, when I was just 16. The vehicle was not recognizable, but it left me with a fractured spine and pelvis, among other injuries. The paralysis was temporary, but I had a long, painful recovery ahead. Fast forward to the year 2011, when my vehicle was struck by a drunk driver traveling in excess of 90 mph. I suffered a head injury, spinal injuries, and hip injuries. The pain from this accident haunts me to this day- severe back pain, hip pain, leg pain, and hemiplegic migraines. In 2014 I was ejected from a jet ski while partaking in a guided tour traveling at about 70 mph in North Carolina. A few of my injuries from this accident included another head injury, spine fractures, and a shattered (yes, shattered) right shoulder. Several surgeries and 2 ½ years of physical therapy weren't effective. Acetaminophen was ineffective and caused my liver enzymes to become dangerously elevated. I took several different prescribed NSAIDS. A few of the many other treatments I tried include medical massage, acupuncture, acupressure, essential oils, and many non-opioid/opiate prescription medications including gabapentin.

In 2016, I was in end-stage renal failure related to NSAID use at normal doses. I had a severe GI bleed as well. This was my third GI bleed since starting NSAIDS, but this time I qualified for hospice. This was the fight of my life. My family was called in to say goodbye. I survived, and was told to never again take any NSAIDS. I was referred to pain management. As a healthcare worker, I knew the stigma associated with being a pain management patient. I went because my life and my family depended on it. A host of invasive procedures and non-opioid/opiate meds were tried. According to my pain management provider, I exhausted every plausible treatment. I even tried prolotherapy, which cost me \$500 per week, but I was willing to try anything. I now suffer from compression fractures of unknown etiology, and many feel it is a result of all the steroid injections I underwent. Along with constant compression fractures in my spine now, I am told I need a hip and shoulder replacement.

In late 2017, the emotional conversation was had. I had been out of work on total disability for a few years and was having minimal interaction with my family due to being confined mostly to bed by pain. I finally agreed to try tramadol. The maximum dose of tramadol resulted in very little change in my pain, and was still bedbound. I tried Butrans, a transdermal form of buprenorphine which is typically very expensive. It worked slightly better than the tramadol but still left me confined to my bed most days. Eventually it was recommended I try methadone- I had seen methadone work very well in my own practice over the years for the type of pain I have. About a month after starting methadone, and after 3 years of being totally disabled, I returned to working full-time as a healthcare provider. About a month later, concerned that I was missing many days of work, but pleased with the fact I was working at all, my provider increased my methadone. About a month later I was no longer missing days of work, but was having to leave early and go home to bed because of my pain. My doctor added an as-needed Percocet 5/325 mg to be to allow me to stay at work my full shift and spend time with my family or perform light household chores in the evenings and weekends. Since starting my current regimen- far

less than the arbitrary 90 MME daily limit- I have continued to work full-time. I have been able to perform light household chores, and most importantly spend time with my family. This medication does not take away my pain entirely, but has provided me with quality of life, being able to work again, and has restored my family.

Even though my doctor is an expert at treating pain, he is being bullied with legislation. I live in a constant state of fear- I cannot go back to suffering like I did previously. Without my medication, I will be rendered permanently disabled, and will not be able to interact with my family. These are basic human rights if you ask me. I am currently supporting my family, and if I'm not able to the government will bear this responsibility. I am also a healthcare provider who works in hospice/palliative care, as well as addiction medicine. To say people with all sorts of painful conditions are suffering is an understatement. Many non-cancer patients appear to be in more pain than some of those with malignant pain sources, but all people with pain are suffering. If they aren't suffering from lost access to effective treatment, they are suffering from the anxiety of when that might happen. Suicides among the pain community are on the rise- so are heroin overdoses, even when opioid/opiate prescribing are at an all-time low. I know these things are true, as I spend my days working in the trenches of addiction and physical suffering. Of the thousands I have treated with MAT, not one person has named their origin of addiction as a prescription for legitimate pain. Yet the government wants to punish those who are prescribed pain medication. As a chronic pain patient whose ability to function and work was restored by opiates after 2 ½ typewritten pages of other treatments failed, I plead with you to stop the war on pain patients and their providers. Opiates/opioids do work for all sorts of painful conditions, and for many are the only effective remedy in controlling pain and restoring functional status in some way. People who are in pain generally will not abuse, misuse, or divert their medications- they need it. Taking away effective pain control is inhumane and evil. I hope you never have to spend one day in the pain so many live with, but I pray that if you do the option for effective pain control is there.

What do you see as causes of the epidemic in your community and in Ohio? :

I feel the "opioid crisis" is a mental health emergency- one which will only be resolved with improved access to mental health treatment and acceptance of mental health conditions to lessen the stigma. Chronic pain patients and their providers never caused the illicit heroin and fentanyl crisis. Research shows less than 3% of addicts started with prescription painkillers. Further, even among that less than 3%, the disease of addiction was present before the painkillers were ever prescribed. You could talk to those individuals and find they have a history of excessive drinking, sex, gambling, fitness, or other addictive behaviors OR had a strong family history. As one who treats addiction, I've yet to have one individual whose addiction started with a prescription for legitimate pain, yet this is the population who is being sacrificed to save the opioid epidemic. Well, research shows opioid prescribing is down by about 25% yet illicit drug overdoses have been largely unaffected by the war on pain patients and their providers.

What steps might we take as a state to combat the opioid epidemic? :

As a state, you have created unfathomable collateral damage by the legislation against opioid prescribing. People in pain are suffering- many have gone from fully functional to totally disabled and in many cases bedbound. All for what? To combat an illicit drug crisis. There is plenty of research to support the efficacy of opioids/opiates in treating acute and chronic pain, and the fact that millions

who have lost access to effective pain control have lost their ability to function is evidence enough that this cannot continue. It's inhumane and very barbaric what's happening to millions of innocent pain patients, who have followed the rules and have NEVER misused, abused, or diverted their medications. It's a disgrace that our legislators have chosen to sacrifice an innocent, weak, and vulnerable population whose disease differ vastly from the disease of addiction. There exist many addiction screening tools which are rather effective when utilized in the practice of pain management, psych, and family practice (among other specialties who prescribe controlled substances). The proper intervention would be to mandate the use of these tools and offer guidance (not strict laws) on how to proceed based on the information obtained through such screening tools. It is not fair to punish an entire population of individuals (chronic pain patients), when less than 3% of all addicts started with prescription painkillers (and many of that 3% likely stole or otherwise illicitly acquired the painkillers to begin with). Encourage people to lock up their pain meds, encourage providers to use screening tools and other safeguards like random pill counts, random and regular drug screens, prescribing a limited supply at a time. Most (if not all) pain patients would rather be inconvenienced by making repeat trips to the pharmacy than to lose access to effective pain control altogether.

What might we do as individuals and a community to reduce opioid abuse?:

Recognize that the current approach is completely unfounded, unethical, and inhumane. One population should not be sacrificed to save another completely unrelated population of folks. This crisis must be recognized as the mental health emergency that it is.

Anything else you'd like to share?

I want to shed light on the other side to the opioid crisis- the one where innocent people are suffering needlessly. This part is never covered, yet it is incredibly common.