



The Painful Truth About

OPIOIDS

*Breaking the Image of
“Safe and Acceptable.”*

By Marc Bonacci, DC, PMMTP

An estimated two million Americans are addicted to prescription opioids and drug overdose has exceeded car accidents in accidental deaths annually. No group is exempt from this epidemic — the rich, poor, all ages, occupations, races, and nationalities, from athletic teens with sports injuries to the lonely elderly suffering chronic pain. People who are most susceptible are those who have suffered childhood trauma, mental illness, or unemployment.

Various efforts are being made by federal and state administrators to stop overprescribing and set standards that make sense, but the bottom line is the prescription opioids image as “safe and acceptable” needs to be broken. These pills need to be viewed in their true light, as dangerous, highly addictive drugs that are almost molecularly identical to heroin.

Let's talk — opioid relationships

Opioids include heroin, oxycodone, hydrocodone, codeine, morphine, fentanyl, and many others, all of which are derived from opium poppy plants. These drugs interact with opioid receptors on nerve cells throughout the body and brain, and produce euphoria, relaxation, and pain relief. Regular use can lead to dependence, increased dosages, and eventually overdose. Long-term problems of opioid use are concentration issues, decreased tolerance to pain, and sleep-disordered breathing. Withdrawal symptoms among all the drugs in this group are identical and resemble a severe flu.

Not everyone who has a written script for hydrocodone will end up a heroin addict, but many stats show the relationship between these two drugs is very cozy. One 2013 study discussed on heroin.net shows that four out of five new heroin users had previously abused opioids, and those who had previously used opioid painkillers were 19 times more likely to begin using heroin in the 12 months prior to the study.

Teen athletes

Young athletes often feel great pressure to play through pain and injuries, ignoring the body's signal that it needs to rest and heal. On opioids, an athlete blocks the pain, risking greater damage due to missed signals. The injury is not allowed to heal properly, and the result can be chronic pain as an adult.

The developing brain of a teen is reward-driven, therefore more easily addicted to drugs. The brain enters a massive growth spurt from ages 11 to 19, and development comes in leaps; neuronal connections and the adolescent's experiences shape the brain's growth, reaching maturity about 25 years of age.

Drug abuse does irreparable damage to brain cells during this sensitive time, disrupting normal brain growth. This translates into problems with memory, heightened emotions, inability to set aside current pleasure for future gain, and inability to plan for the future. Additionally, the major long-term problem is that the brain freezes at this primitive growth stage of being emotion and fear-driven. As these teens grow into adults, they are immature, defensive, irritable, and illogical.

In fact, the CDC released guidelines in March 2016 that recommended primary care providers avoid prescribing opioid painkillers for patients with chronic pain. The CDC says that the risks greatly outweigh the benefits. CDC Director Tom Friedman, MD, MPH, believes opioids poorly control chronic pain, and other therapies should be sought out prior to resorting to opioids.

Andrew Colony, executive director for Physicians for Responsible Opioid Prescribing, said the new guidelines are a “game changer,” and “for the first time, the federal government is communicating clearly that the widespread practice of treating common pain conditions with long-term opioids is inappropriate.”



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The silent epidemic of addicted senior citizens

Since the 1990s boom in prescribed opioids, seniors have been receiving a disproportionate amount for age-related pain. Many become addicted but are allowed to continue receiving prescriptions because doctors consider it necessary. Seniors are susceptible to addiction because of loneliness, loss of a loved one, memory challenges, and chronic pain.

Signs of opioid abuse can be things like increased falls; headaches; changes in eating habits; neglected hygiene; loss of interest in family, friends, and activities; and mood swings. Often, seniors have feelings of shame and guilt about their addiction, and will not reach out for help. There is an old-fashioned idea of “airing your dirty laundry” among seniors, and many are not comfortable in a rehabilitation group-treatment setting.

According to the Agency for Healthcare Research and Quality, the hospitalization rate among seniors related to opioid overuse quintupled from 1993 to 2012. One analysis from Stanford University stated that people covered by Medicare are “among the highest and most rapidly growing prevalence of opioid use disorder.” Unfortunately, Medicare does not cover most types of addiction treatment. There is also a possibility that the number of seniors dying from opioid-related issues is underreported because many of the deaths are mistakenly attributed to illnesses or natural causes.

The American Geriatrics Society reports that 80 percent of long-term care residents have substantial pain. There is much controversy in how to handle their pain now that the CDC is not recommending opioids for chronic pain. The US National Library of Medicine explains that with aging, there are changes in body composition such as an increase in adipose tissue, and a decrease in lean body mass and total body water, which affect drug distribution. This causes drugs to be more potent and last longer in older people.

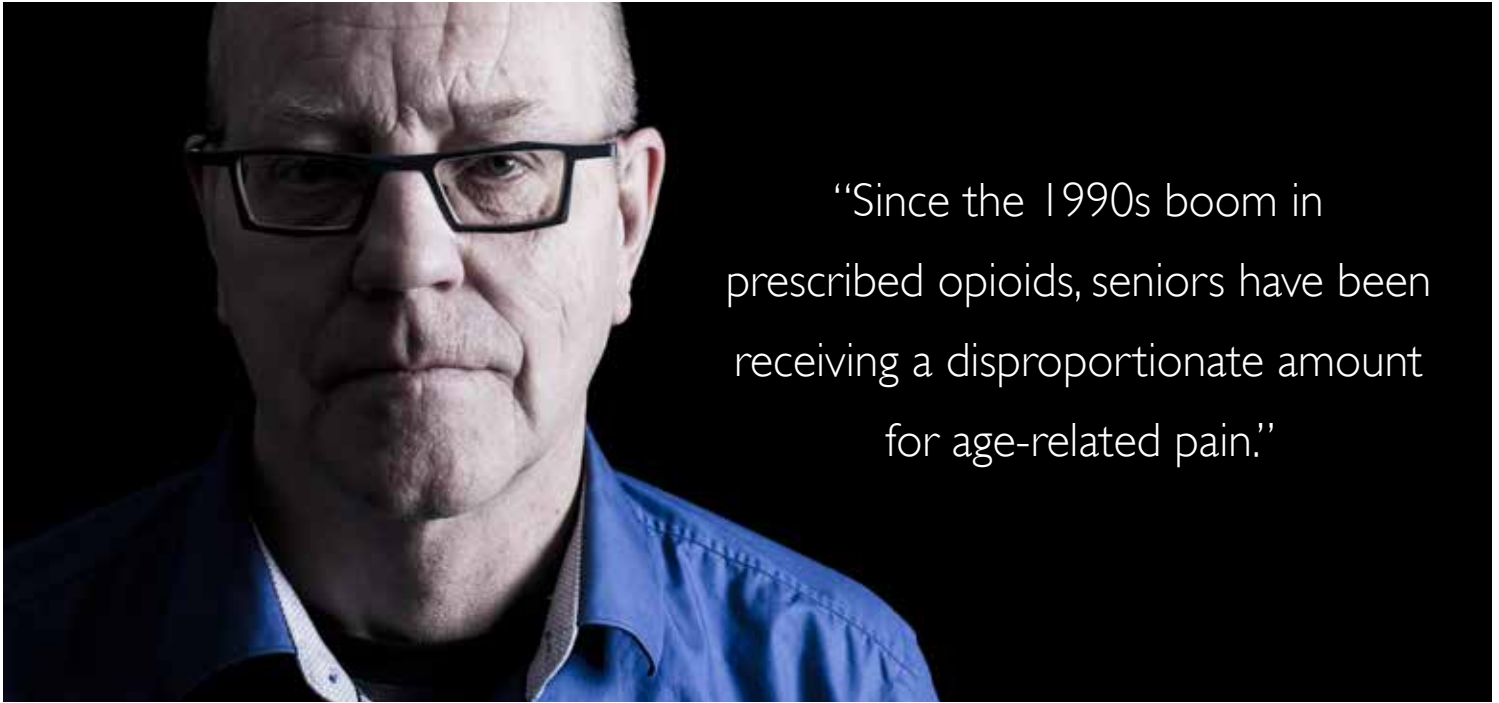
Many seniors take several medications, which increases the risk of harmful interactions. An opioid might not mix well with other medications, and could cause other health problems like respiratory depression and a higher risk for confusion or taking a fall.

Be empowered: pain patients face a slippery slope and have safer options

As a culture, we need to look back at how we handled pain before the mass marketing of opioids. In every chronic pain situation, a patient should try alternative therapies, natural solutions, and non-opioid painkillers first before resorting to a potentially harmful and highly addictive opioid pill.

OPIOID FACTS

- **The United States uses 80 percent of the opioid painkiller supply**
- **An estimated 517,000 Americans suffer from heroin addiction**
- **Almost 13,000 people die each year from heroin overdose**
- **1.9 million are addicted to opioid painkillers**
- **About 20,000 die from opioid painkiller overdose a year**
- **Over 1,000 people are treated in ERs daily for misusing prescription opioids**
- **Heroin is often a less expensive alternative to prescription painkillers**
- **In 2015, the FDA approved OxyContin for children as young as 11 years old**



“Since the 1990s boom in prescribed opioids, seniors have been receiving a disproportionate amount for age-related pain.”

A PERSONAL STORY OF AVOIDING OPIOIDS

Lois Cullum, a 93-year old from New Jersey who suffered a hip fracture, was prescribed Vicodin for her pain, and was wrongly told by her doctor that the opioid would help heal the area. She did not like taking the opioid, and instead took Tylenol and rubbed specific pain-relieving essential oils on the area three times a day. She grew to love the soothing smell of the oils and still uses them for her arthritic knee. She healed well and has resumed swimming laps daily. Exercise and diet go a long way toward healing and longevity.

For soothing pain relief from arthritis, use a base oil such as 4 to 6 oz. jojoba oil or almond oil, mix 15 drops of each of the following essential oils:

Ginger — Analgesic, anti-inflammatory, anti-ulcer, anti-oxidant
Turmeric — Anti-inflammatory, curcumin prevents rheumatoid arthritis

Myrrh — Anti-inflammatory, specifically good for joints

Frankincense — Prevents breakdown of cartilage, anti-inflammatory

Orange — Anti-inflammatory, anti-oxidant

Rub the mixture on the area topically three times per day, deeply breathing in the aroma. Place a diffuser near your bedside and let it mist the oils while you sleep. It's important to use only reputable, high-quality oils.

Check with your physician to find out if essential oils are right for you.

Some alternative pain-relief options with few side effects include the following:

- Physical therapy
- Massage therapy
- Acupuncture
- Cognitive therapy
- Essential oils
- Platelet-Rich Plasma (PRP)
- Manual therapy
- Yoga and tai chi
- Meditation
- Breathing techniques
- Prolotherapy

Eating a non-inflammatory diet based on organic fruits and vegetables can prevent and alleviate chronic pain. Exercise produces endorphins that can negate pain. There is a whole world of natural solutions.

Common sense and caution are critical during this opioid epidemic. Begin with the least invasive, least risky options before accepting more invasive, riskier treatments rather than jumping right into a dangerous situation. If patients and physicians demand non-opioid and non-pharmacologic therapies to give patients safer options, insurance companies may catch on that covering the natural, preventive therapies will end up saving them money in the end.

The patient and doctor should work as partners to create positive healing momentum. If patients are willing to take responsibility for their pain, empower themselves to heal, make changes in their lives toward wellness, dig into the root cause of the pain and try various therapies, there is usually no reason why a person can't heal. Our bodies were made to heal, and if given the proper atmosphere, healing will begin.



Dr. Marc Bonacci is a chronic pain-focused chiropractic physician certified in physical medicine modalities and therapeutic procedures. He frequently helps patients reduce their intake of opioids by determining alternative courses of integrative treatment. For 18 years, his compassionate and creative approach to solving chronic pain issues has led him to develop a system in which he manually aligns nerves, muscles, connective tissue, and joints to re-train the posture and allow healing. Learn more about the Bonacci Method of Regenerative Alignment at www.arizonapainandposture.com.