

A Major Health Crisis: Opiate Use



By Maria E. J. Kuhn, MS, NCC
Managing Partner
[Benefit Performance Associates, LLC](#)

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During the past few weeks, there has been tremendous news coverage on the issues of opiate addiction and overdoses. Researchers indicate that in 2013 there were more deaths due to drug overdoses than car crashes. Just as alarming is the fact that opiate pain relievers accounted for almost 75% of prescription drug overdose deaths.

Recently, one of our IHAP teams was attempting to find both a detox and treatment program for a patient who had become addicted to opiates in the course of pain management treatment. His primary care physician requested that our team create a plan that would allow the participant to safely detox, to address the addiction issue, and to provide an alternative solution to cope with the chronic pain. One serious issue was finding accessible treatment, in that many clinics are not covered by insurance. Those clinics that do accept insurance have waiting lists that are painfully long. Additionally, some clinics recommend medications during detox, such as methadone. While methadone has been proven to be effective, it is my opinion that the treatment is effective only if coupled with other therapeutic modalities.

Addressing the addiction does not relieve the chronic pain that led the individuals to the addiction situation. There is no denying that chronic pain, typically musculoskeletal joint issues, are easily managed by opiate prescriptions. While convenient and effective, these prescriptions are not a long term solution. They are, however, much easier for patients to access, and are typically less costly in comparison to alternative treatments, such as physical therapy or massage therapy.

Initiatives suggested by President Obama include better education for physicians regarding pain treatment, as well as eliminating barriers to treatment for patients with an addiction. While these initiatives will be beneficial, hospitals and pain management clinics need a more patient-centered approach. At the Integrated Health Advocacy Program® (IHAP®), we have learned that patients with chronic issues benefit from an integrated system that provides individuals with pain-reducing tools, whether it be acupuncture, massage, mindfulness, biofeedback, etc. Unfortunately, these approaches are also not readily available in traditional healthcare plans. We need to find a way to enable individuals with chronic pain to utilize alternative methods, rather than ingesting opiates, to manage their discomfort.

Sources:

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