COMMENTARY

Addiction, Empathy, and Opioid Alternatives
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Introduction

It's not news that we're in the midst of a national opioid epidemic. According to figures compiled by the American Society of Addiction Medicine, 1.9 million American citizens are presently living with prescription opioid abuse or dependence, while another 517,000 Americans are living with heroin addiction. The human toll is catastrophic—both for those in the grips of addiction and for those who know someone affected. Recently Massachusetts Governor Charlie Baker signed a new law aimed at stemming Massachusetts' opioid addiction crisis that will limit prescriptions and mandate student screenings, substance abuse evaluations in emergency departments, and monitoring programs to reduce doctor shopping. As the rate of opioid addiction—and opioid-related deaths—has skyrocketed, these measures must go hand in hand with new trainings for healthcare workers in productive and potentially life-changing conversations that will transform how drug-dependent patients are treated. The finger pointing at both patients and doctors has become rampant. This type of thinking is counterproductive. As hospital visits for opioid use soar, medical professionals need to be equipped with communication toolkits that will truly benefit patients.

First, a little background.

Since the 1990s, society has castigated physicians for minimizing the pain expressed by patients. As a result, pain management became a primary target for physician training, which resulted in overprescribing rather than withholding or underprescribing pain medications.[1,2] Opioids are medications that work by reducing the intensity of pain signals reaching the brain. By diminishing the effects of painful stimuli, they also affect brain areas controlling emotions associated with pain. For some patients, once introduced to a dramatic disappearance of pain, their desire to remain pain free—both physically and emotionally—can lead to overwhelming addiction, with its many associated antisocial behaviors. Oftentimes with drug-addicted patients, there is an additional undercurrent of problems: sexual and physical abuse, depression and mental illness, socioeconomic hardship, and more.

Patients struggling with addiction are some of the most difficult patients to treat—and even for seemingly impenetrable physicians, a stigma surrounding addiction persists. Empathic, skilled conversations by medical professionals with their patients can help save many lives of patients who are facing potentially hopeless and devastating futures. However, most physicians aren't trained to enter into productive and empathic conversations with drug-addicted patients. These patients are often viewed as weak, self-indulgent, and lacking willpower and therefore refusing to help themselves. Additionally, drug-addicted patients often use manipulative tactics to get the substances they crave. Manipulative tactics usually backfire, leading medical professionals to further distance themselves and dislike the patients who employ them. The helplessness in the addict gets transferred to helplessness in the physician caring for the addict. Therefore, physician training in these difficult conversations is essential. Too often, more prescriptions become the "solution" to mediate the helplessness that is at the core of the drug-addicted individual and their physicians.

Opioid Alternatives

What gets lost here is the desperation, shame, and self-loathing that accompany drug addiction. Medical doctors must not lose sight of the desperate person behind the behaviors, which can be extremely off-putting and lead to feelings of disgust, helplessness, and even contempt for the drug seeker. Empathy is crucial. Training programs are available and must be prioritized by medical institutions to address this culture-made crisis. When medical professionals aren't equipped with the tools and skills to meet the desperate person behind the wall of addiction, conversations are abruptly
ended, and relationships are severed, often before the problem is named and a dedicated team is mobilized to help the individual.

True empathy does not mean continuing to write prescriptions. Empathy means asking questions and humanizing the patient, which can result in finding hope for a drug-free future by showing an alternative pathway to recovery. These alternatives will not immediately be desired or accepted by drug addicts. However, when there is a uniform message throughout the medical world that recovery is attainable by addressing the underlying anxiety, fear, and hopelessness that drug addicts face, there is hope for a new future.

Studies show that opioids are not always the best treatment for chronic pain.\[^{3,4}\] Rather, for some patients, mind-body states achieved through a variety of practices such as meditation, breathing exercises, mindful living, self-empathy,\[^{5}\] spiritual practices, and yoga are safer means of managing physical and psychic pain. Additionally, access to mental health services, group treatments, substance abuse services built on platforms of abstinence such as Alcoholics Anonymous and Narcotics Anonymous, and empathic and/or spiritual communities are essential for managing chronic states of pain and anxiety associated with drug abuse.

The new 2016 Centers for Disease Control and Prevention (CDC) guidelines emphasize use of nonopioid therapies, such as exercise and cognitive behavioral therapy, alone or in combination with nonopioid pharmacologic therapies for first-line management of chronic pain. Furthermore, when opioids are used, the CDC recommends combining them with nonpharmacologic or nonopioid pharmacologic therapies, such as anti-inflammatory agents. The CDC also recommends prescribing the lowest possible effective dose with immediate-release opioids rather than extended-release/long-acting opioids and providing only the quantity needed for the expected duration of pain. Regular monitoring and tapering and ultimate discontinuation of opioids are recommended.\[^{6}\]

Additional tried and true remedies for pain reduction include ice and elevation of affected joints, physical therapy, acupuncture, spinal adjustments, and portable transcutaneous electro-nerve stimulator units, which use pads placed on the skin surrounding the painful area to provide stimulation and may alleviate some types of pain syndromes.\[^{7}\]

In Massachusetts, the crisis has reached fever pitch. Last year, Governor Charlie Baker convened a task force to make recommendations on the crisis—and one of those must be empathy training for physicians dealing with drug-addicted patients. There is hope for patients and physicians when these vital skills are learned, and it is time to make this learning a national priority.

References


