

NEWS RELEASE

W5 STORY ON OPIOID ADDICTION ONE-SIDED A Statement from the Canadian Pain Society

For Immediate release

Toronto, Ontario - Jan 13, 2005 -- “The recent CTV W-Five story, *Deadly Prescription*, on the issue of addiction to prescription pain medication, emphasized only one side of the story and needlessly frightened and stigmatized the vast majority of patients in pain who use opioid pain medications appropriately.”

These words today in a statement from The Canadian Pain Society expressing concern about the recent W-Five story titled: “*Deadly Prescription*,” which aired January 8th, 2005. Dr. Gary Rollman is the President of the Canadian Pain Society.

The W5 story focused on the consequences of addiction to the prescribed opioid, Oxycontin in two unfortunate individuals, including one who tragically took his own life. The investigative reporter, however, failed to put the issue in perspective by answering the vital question: How many people who take prescribed opioids for pain **do not** become addicted and **do not** manifest behaviours such as taking more pain medicine than prescribed, seeing multiple doctors to obtain more medication, or buying opioid medication on the street. Moreover, there was no opinion offered on this issue by an expert in pain and addiction medicine.

Almost all patients taking opioids on a daily basis for pain will develop physical dependence. This is an expected adaptation by the brain to effects of the drug such that a sudden decrease in dosage or discontinuation of the drug will cause the physical symptoms known as withdrawal. On the other hand, only a small percentage of patients will develop a true addiction to prescribed opioids, characterized by the four “**C’s**”: loss of **C**ontrol, **C**ompulsive use, **C**raving, and **C**onsequences (or use despite harm). When true addiction to prescribed opioids occurs, it is almost always in those individuals with **underlying risk factors**. These risk factors include: a past history of addiction or abuse of legal or illegal drugs; a family history of addictive disorders; certain psychiatric illnesses; a history of criminal behaviour and others. Screening patients for risk factors prior to prescribing opioids can significantly lower the risk of addiction but can never totally eliminate it.

The vast majority of people in pain, who use their opioid medications properly, benefit from reduced pain and an improved quality of life. As a result of watching the W5 story, *Deadly Prescription*, patients who take Oxycontin appropriately to treat chronic pain have been stigmatized once again and made to feel like they might be doing something wrong. They may be needlessly frightened by such sensationalized stories and attempt to stop their opioids without advising their doctors. As well, patients who are doing well on this medication may worry that the adverse publicity might scare their doctors into stopping their pain medications.

Patients with moderate to severe pain from injuries, cancer or other medical conditions should not be denied medications that can provide needed relief, nor should they feel afraid or ashamed to take the medication they need because these legitimate products have become stigmatized as “drugs of abuse” by biased and often inaccurate media reporting. The news media have a responsibility to provide balance in their coverage of such critical issues by accurately reporting all sides of the story. The evolving crisis in pain management is exacerbated by sensationalistic reporting; media outlets can better help patients and their families by examining the high incidence of untreated pain in Canadian society and its great personal and economic cost.

The Canadian Pain Society does not in any way sanction the inappropriate prescribing or misuse of opioid analgesics. Physicians prescribing opioids for pain need to carefully assess and monitor patients to minimize, as much as possible, the risk of misuse and addiction. Currently, the best method available for

assessing both addiction risk and pain severity relies on the patient's self-report. Therefore physicians should not be blamed for the willful attempt on the part of patients to obtain opioids for illicit purposes. Regulatory measures that attempt to control the diversion and misuse of prescribed opioids should not do so at the cost of inadequate treatment of pain.

The tragic consequences described in the W5 story might have been avoided if the individuals had better access to adequate resources to treat their chronic pain and their developing addiction. More research is required to better understand the needs of people with both conditions.

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