ALLIANCE NEWS

Alliance for Better Communities

ARE THERE VIABLE ALTERNATIVES TO OPIOIDS FOR EF-

FECTIVE PAIN RELIEF?

BY: Martin J. Rothschild, J.D. Opioids have been a mainstay of pain treatment for decades, but the recent crisis has called into question not only their safe-



ty, but their efficacy. The search for alternatives to these highly addictive medications has been fraught with controversy and confusion.

Recent statistics show that 130 people per day die of opioid overdoses in the U.S..¹ Opioid abuse alone is estimated by The Centers for Disease Control and Prevention to cause an "economic burden" totaling \$78.5 billion a year in this country when the costs of healthcare, lost productivity, addiction treatment, and criminal



justice involvement are all figured in.²

However, there is a controversial theory about the origins and perpetuation of the opioid crisis referred to as *"more restrictions, more deaths"* which holds that those receiving pain relieving narcotics legitimately from physicians or pain clinics hardly ever become addicted. Substance

abusers are said to obtain their drugs primarily through diversion, i.e. from friends and relatives. Users turn to illicit and often deadly Heroin and Chinese produced Fentanyl when the supply of prescription drugs dries up. Proponents of this theory contend that this situation leads to a substantial increase in overdose-related deaths. They advocate for the legalization of all drugs to eliminate the black market entirely.³

On the other hand, in the North Country, Dr. Bruce L. Baird, orthopedic surgeon with North Country Orthopedic Group, advocates for less opioid use and has been utilizing an injectable nonopioid drug called Exparel to treat immediate post-surgical pain. Exparel is non-addictive and less sedating than narcotics like oxycodone, and it is injected around a surgical site. Patients typically are released from the hospital earlier given the relief the drug provides. However, it does not eliminate completely the need for **SPECIAL EDITION, JUNE 2019**

Illiance for Better Communities x

Vision: To have a community that is fully committed to the health and safety of its residents.

Mission: To reduce underage drinking and substance abuse and expeditiously address any emerging threats.



opioids. Dr. Baird still gives a supply of oxycodone for one week following surgery, but the quantity is two-thirds less than he used to give. The theory is that patients' recover faster and do not develop addiction with this regimine.⁴

Exparel is actually a long-lasting sustained release formulation of bupivacaine liposomal injectable suspension, a local anesthetic. It is intended for single dose injection with effects lasting from 24 to 72 hours.⁵ Controversy has arisen over the use of Exparel, because it is simply a re-formulation of bupivacaine hcl, an older version, and several pain studies have found that Exparel's \$285.00 price tag does not justify it's use over the \$3.00 original formula-



tion.⁶ Nonetheless, there seems to be consensus that bupivacaine in one form or another does in fact significantly reduce post-operative pain and dramatically reduces the need for opioids.⁷



A new scientific approach to finding opioid alternatives has been undertaken at Yale School of Medicine where the goal is to target pain not through opioid receptors, but through what are known as sodium channels. Local anesthetics such as Novocain, commonly used by dentists, work by blocking the sodium channels of neurons where pain signals are transmitted. The problem with using these drugs in pill form to treat chronic pain is that they cause serious side effects when ingested. Neurologist Stephen Waxman at Yale Medical School has been

collaborating with different pharmaceutical companies to develop sodium channel blockers that are safe and offer equivalent or better pain relief when compared to opioids. Progress is being made, and these new pain killers should become available in the near future.⁸

Use of non-steroidal anti-inflammatory drugs such as Ibuprofen, as well as steroids and acetaminophen, have been shown to offer long-term relief from musculo-ligament pain better than opioids. Non-drug methods of pain control, including physical therapy, acupuncture, and nerve blocks have also proven highly effective. High tech methods being increasingly utilized include radio waves, electrical signals, spinal cord stimulation, and pain pumps. Anesthesiologists are generally considered to be the best source for chronic pain treatment of all kinds.⁹

Illinois has recently undertaken a novel program which allows access to medical cannabis for individuals who have or could receive a prescription for opioids as certified by a physician licensed in the state. The program which launched in January 2019 was created under the State's Alternative to Opioids Act. This law amended the original statute in Illinois legalizing medical marijuana by eliminating the requirement of fingerprinting and criminal background checks on applicants for medical use of the drug. Several studies are cited on the State's website which purportedly back up the pain relieving claims made by advocates of marijuana for medicinal use.¹⁰

The urgency to develop opioid alternatives is increasing, and non-narcotic pain treatments will likely become increasingly commonplace in the coming years.

ALLIANCE ACTIVITIES

DIRECTOR ANITA ATTENDS SISTERS OF ST. JO-SEPH MEETING OF GROUP WORKING TO PRE-VENT SEX TRAFFICKING AND REHABILITATE VICTIMS

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ANITA WORKS WITH SHERIFF O'NEIL ON RECORDING OF RADIO SPOT WARNING OF DANGERS OF TEEN DRINKING PARTIES HOSTED BY ADULTS





MAY ALLIANCE MEETING











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DRUG TAKE-BACK DAY YIELDS 275 LBS OF DRUGS COLLECTED AT KINNEYS' STORES

