



## Is Your Doctor Enabling Your Addiction To Pain Pills?



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Primary care practitioners may inadvertently be enabling individuals with substance use disorders or causing others to become addicted to prescription medications.

While other physicians may be to blame as well, primary care practitioners, in my opinion, are ill equipped to fully diagnose pain, anxiety or even attention deficit hyperactivity disorder (ADHD) enabling individuals with substance use disorders to obtain prescriptions for addictive opioids, benzodiazepines or amphetamines/stimulants used to treat the above conditions relatively easily. They also do not receive sufficient training in prescribing opioids and other controlled substances used to treat these conditions, and, possibly, keep patients on these medications longer than necessary.

Analysis of prescription data (1) reveals that greater than 50% of prescriptions for addictive opioid pain pills (Fentanyl, Oxycodone, Hydrocodone, Morphine, etc.) and benzodiazepines (Xanax, Klonopin, Valium) originated from primary care practitioners (family practitioners, internists and nurse practitioners). In fact, nurse practitioners, in aggregate, wrote more prescriptions for opioid pain pills than even pain management physicians!

Below are some general guidelines that may help you identify situations where your physician is inadvertently enabling addiction:

1. **Pain:** Opiate pain medication should be utilized only for acute pain. Your physician should discuss risks and benefits of being on opiates at the outset and at 3-month intervals. If opiate treatment is needed for a longer period of time, a substance abuse evaluation should be done to rule out potential for addiction. If you have not had such conversations with your physician for months on end, it may be time to talk to your doctor about moving to non-addictive medications and supporting it with physical/rehabilitation therapy, massage therapy or acupuncture. For information on CDC guidelines for primary care practitioners prescribing opiates: <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
2. **Anxiety:** Long-term use of benzodiazepines to treat anxiety is not recommended due to the risk of developing dependence and tolerance. If your physician did not discuss a short-term treatment plan with you at the outset and you find that you are on benzodiazepines for an extended period of time, you may want to talk to your physician about utilizing non-addictive medications instead and adding alternate treatment modalities such as cognitive behavioral therapy (CBT) and relaxation techniques to your treatment plan.
3. **Attention Deficit Hyperactivity Disorder (ADHD):** Commonly used medications (stimulants) to treat ADHD such as Adderall, Ritalin, Vivance and Concerta have high abuse potential and are addictive. If you are on any of these medications, it may be a good idea to ask your doctor if you could be moved over to non-stimulant medication, such as Strattera. Substances of abuse have many acute and chronic effects that mimic the symptoms of ADHD (and other psychiatric disorders). Consequently, diagnosing individuals who are actively using substances or those who recently initiated abstinence with ADHD is a challenge. Apart from testing, your physician should have made an effort to find out if you had ADHD symptoms in early adolescence (family, school performance reports) and, to err on the side of caution, prescribe you non-stimulant medication for the condition. Refer to this article for ADHD/Substance Use Disorder discussion: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2676785/>
4. **Co-occurring Conditions:** It is not uncommon for individuals on benzodiazepine treatment for anxiety to be prescribed opiates for acute pain. Benzodiazepines and opiates are both central nervous system depressants and, as per CDC, concurrent use quadruples the risk of overdose death. While the combination of these two medications may be required under certain circumstances, the treatment plan should be to taper off at least one (preferably opiates first) as quickly as possible.