

BOOK REVIEW

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PRESCRIPTION DRUG DIVERSION AND PAIN: HISTORY, POLICY, AND TREATMENT

Author/s: John F. Peppin, John J. Coleman, Kelly K. Dineen, and Adam J. Ruggles (Editors)

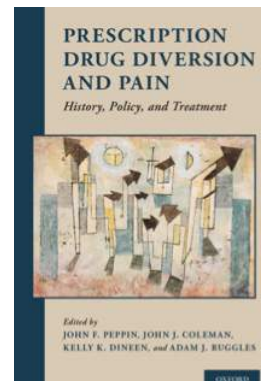
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Opioids have been used in both medical and recreational (non-medical) contexts for thousands of years. Using opioids for medical purposes has been a polarising issue for nearly as long. In the 1990's opioids had become the standard of care for treating non-cancer chronic pain. Yet by 2000, concerns about the increased frequency of opioid-related abuse and deaths were growing. These concerns have continued to develop over the last two decades and have resulted in a range of suggested approaches to reduce prescription opioid-related morbidity and mortality.

Prescription Drug Diversion and Pain discusses the history of opioid use in the treatment of chronic pain, the regulatory regime associated with opioid prescription, the evaluation and assessment of chronic pain patients, the complex nature of minimising risk factors associated with the use of controlled substances for the treatment of chronic pain, and the importance of interdisciplinary pain management from a multidisciplinary perspective. This book also includes an overview of factors occasionally ignored



by other authors of this genre including the dark side of drug diversion and abuse. It should be stated, however, that *Prescription Drug and Diversion* largely provides an American-focused overview of prescription opioid use – particularly with respect to monitoring and legal regulations associated with their use.

One interesting topic raised by *Prescription Drug Diversion and Pain* relates to opioid prescribing in stigmatised and special populations, such as patients with sickle cell disease. While healthcare providers are increasingly pressured from cultural, professional, and legal avenues to limit the prescription of opioids, removing prescription opioids from care can result in increased harm to patients. Such harms include secondary complex pain syndromes and complications from self-medication with alcohol and illicit substances. This chapter reminds us that there are simply some patients who

benefit from opioid use – an important consideration when discussing opioid regulation.

Prescription Drug Diversion and Pain also considers the demise of American interdisciplinary chronic pain management clinics and how this trend relates to the increase in prescription opioid-related morbidity and mortality. The authors of this chapter posit that the phasing out of these interdisciplinary programs had led to a greater number of healthcare providers prescribing more frequent and higher doses of opioids. I found this to chapter to be quite thought-provoking given the known benefits of multidisciplinary treatment approaches for chronic pain and the strong, multidisciplinary nature of the Australian Pain Society.

The overall aim of the editors and contributing authors is to provide the reader with a basis for understanding the regulatory schema surrounding the use of opioids as a treatment for chronic pain. *Prescription Drug Diversion and Pain* does not dismiss the concerns over prescription opioid-related morbidity and mortality. Rather, it discusses these issues while conveying an underlying message of not letting the fear of opioids completely define the way we treat chronic pain. In their epilogue, the editors state that the fear of opioids “approaches phobic levels among some and at times may cast the entire field of pain management in a bad light when, in fact, only a very small fraction of the many millions of pain patients and their caregivers are at fault” (p. 243). *Prescription Drug Diversion and Pain* seeks to educate the reader that due to the subjective and complex nature of chronic pain and its treatment, addressing issues of prescription opioid-related morbidity and mortality cannot be solved through simple or direct approaches. Multidisciplinary

and multimodal approaches involving all stakeholders – including regulators and legislators – are required moving forwards.

Declaration

Lincoln Tracy has nothing to declare.