Opioid Alternatives Making Headway But Won't Bring Full Phase-out, Physicians Say

By Michael Stone | June 27, 2017

As the U.S. continues to struggle with its growing opiate-painkiller problem (33,000 deaths in 2015, the most ever, and an annual $78.5 billion price tag on abuse), physicians and policymakers are ramping up their pushes on alternatives for patients seeking pain relief.

In 2016, St. Joseph's Regional Medical Center — a New Jersey hospital that bills its emergency department as one of the busiest in the country — began using opioids as more of a subordinate option.

Physicians there now first treat back pain, broken bones or kidney stones with other available pain tools: trigger-point injections, nitrous oxide, non-opiate medication or nerve blocks.

Nerve blocks involve injecting medicine with a needle — often guided by ultrasound for precise placement — to a specific area of the body to numb the pain-triggering nerves. This method has emerged as perhaps the most widely regarded and utilized opioid alternative.

A technique dating back a century-plus, nerve blocks have been shown as an effective relief choice for a host of illness-induced pains.

"I don't know that this is a direct response, but I think the movement toward new modalities ... has certainly been pushed by the opioid crisis," said Dr. Knox Todd, director of the pain-resource organization EMLine and a former chair of the Department of Emergency Medicine at the University of Texas' MD Anderson Cancer Center.

Also in 2016, the Centers for Disease Control and Prevention released its recommendations on opioids for physicians treating patients with long-term pain — outside of that caused by cancer or terminal illness.

Among the guidelines' main points:
• Non-opioid treatment for pain is preferred.
• When opioids are prescribed, patients should receive the lowest possible effective doses.
• Physicians should use caution with such prescriptions and should monitor their patients closely.

In line with non-opioid treatments, the state of Oregon — where three citizens die weekly from overdosing on prescribed opioids — now covers alternative pain therapies for its Medicaid patients.

"They have a lot of things in there: physical therapy, cognitive behavioral therapy, acupuncture, chiropractic, yoga, massage," said Cheryl Ritenbaugh, a retired professor of family and community medicine and of anthropology at the University of Arizona. "It's not a short list."

Though such treatments certainly aren't new, Western medicine moving toward them is revolutionary, especially considering how they were viewed up to the '90s and early 2000s, Ritenbaugh said.

Physicians who preached the benefits of these "completely woo-woo" techniques "were quacks," she said. But with supportive research, notably on acupuncture, such therapies shouldn't be denied as pain fighters.

"The non-believers, if you will, in acupuncture really have to be non-believers in science at this point," she said. "You have to say, 'I will not believe in the scientific result,' which as a physician is a hard thing to say."

Ritenbaugh also noted cannabis — which is now medically legal in 28 states and fully legal in eight plus Washington D.C. — as a burgeoning opioid alternative. She pointed to the 2014 study in the journal JAMA Internal Medicine that found that states with legal medical cannibas had a 25 percent lower rate of opioid overdose deaths than those without it.

Yet even as the discussion on alternatives widens, some physicians maintain that nothing of present compares to opioids — OxyContin, Vicodin, Percocet, morphine and the like.

"There's a real push for physicians to get people going in the other direction, to get them off opioids. It's real popular right now to say, 'Get them off opioids, and get them on to some other treatment,'" said Dr. Brian Ilfeld, a professor in residence of anesthesiology at the University of California San Diego.

"The problem is that ... we really don't have that some other treatment that's so great."

Nerve blocks, for example, are guaranteed to work when applied but not as a long-term solution, he said. And another alternative specific to back pain, spinal-cord stimulation via electrical signals, is non-addictive and can be used forever but isn't particularly effective.

So Ilfeld said he considers opioids a blessing to humans, and medicine wouldn't be the same without them.

Knox agrees about the effectiveness: "We have millennia of use of opioids, and there's nothing that works as well to control acute pain."

To envision what U.S. health care would look like sans opioids, all one has to do is turn to a country without them, Knox said.

In Ghana and Sudan, for example, few patients receive opioids. This lack of pain control can lead to a host of other issues, like trouble breathing, immobilization, failure to attend physical rehabilitation, and simply agony, especially in the dying, he said.

"That's the consequence of making opioids so hard to get that they can't be used," Knox said. "These are inhumane conditions that a first-world country ... would not tolerate."

There is, of course, opioid misuse, Ilfeld said. Patients sometimes sell their prescription pills or, if addicted, seek out heroin or other opioids on the street.

But such abuse, he added, isn't physicians' fault — for opioids or any other drug.

"Either a physician treats their patient as best they can, which we're sworn to do, or we don't," Ilfeld said. "Opioids are not inherently bad drugs, per se. Every single drug we have has side effects. There's no exception."

Despite overdoses and the illicit market, no experts suggest the immediate wholesale removal of opioids from health care. Even Ritenbaugh recognizes the monumental task.

"Big Pharma wants to keep selling pain relievers," she said. "Physicians only understand pain relievers. ... So I think we have a long way to go."

One thing, though, that might lead patients to a particular alternative — acupuncture — is cuts to health care under Republicans' proposed reforms because such

treatment is cheaper than traditional care at a hospital, Ritenbaugh said.

Knox figures providing opioids to patients being treated for intense, acute pain — like from severe burns, broken bones and ankle sprains — will "only diminish slightly." Any big changes will instead come from what those patients are later sent home with.

"Instead of prescribing 30 pills to a patient routinely, we'll see more often a person prescribed 10 or 12 pills," he said, adding that this will decrease the likelihood for dependence or the medicine ending up in the wrong hands.

It is likely opioids will always be abused to some degree, Ilfeld said, but long-shot efforts are being crafted in the form of roadblocks in the medicine itself.

He noted the special formula used in recent years for OxyContin pills that's said to stop them from being crushed. (Indeed, in a video demonstration by Forbes, the pill stays fully intact after being hit with a hammer.)

This indestructible pill prevents the user from creating powder for snorting or injecting — techniques that lead to an instant high as opposed to the time-released relief from ingestion.

"I think it's going to be very difficult to pharmacology our way out of this problem, although it's certainly being tried," Ilfeld said. "And God bless them for trying."