

Addiction & Chronic Pain

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So You Have Been Diagnosed With Chronic Pain:

An accident, a fall, degenerative disk disease, migraine headaches, arthritis, temporomandibular joint dysfunction (TMJ), neuralgia, sciatica, fibromyalgia, back pain, neck pain... it doesn't matter... what matters is that you have been told by your doctor that the pain you are experiencing is chronic and that you will "have to learn to live with it." Some of us have surgery, some try physical therapy, some enter pain management programs, some learn biofeedback, and some learn relaxation techniques. We seek help from specialists such as orthopedic surgeons, neurologists and neurosurgeons. We seek psychiatric and psychological help. We try alternatives such as acupuncture and chiropractic adjustments. We are given a barrage of medical tests, which may identify the problem, but nothing can be done to "fix" the problem.

The fact is that over 80 million Americans suffer from chronic pain. It is estimated that Americans lose one billion work days per year due to pain conditions, one-third of which is lower back pain. As an example of the financial burden of such conditions in the United States, it has been noted that low back pain alone costs at least 16 billion dollars per year.

Chronic pain devastates our lives and everyone around us. We have been complaining about our pain for so long that people around us begin to doubt that such pain really exists. We lose careers, incomes, self-esteem, happiness, families and friends. We suffer from depression and anxiety. We feel hopeless, angry, frustrated, sad, disgusted, useless, guilty, and abandoned by God. Some of us have thoughts of suicide and self-harm. Below are some of the things we go through on a day to day basis:

Anger:

We have every right to be angry. Our pain has taken away almost everything we hold dear. It has stripped us of our personalities and created new ones. When we display our anger in inappropriate ways, those around us suffer the most. We take our anger out on those we love and make them miserable. We become impossible to live with no matter how much our loved ones support us. Our anger soon turns to resentments and we turn



that toward people or God. We also become very impatient and that feeds our anger. To top it all off anger causes stress, which only makes our pain worse.

Denial:

We tend to believe we are capable of doing things that we used to do before the onset of pain. Our denial is so strong that we will injure ourselves over and over again and still believe we can do what everybody else does. Our pride gets in the way when it comes to previously simple chores such as housework, mowing the lawn, picking up our children, or recreational activities.

Self-pity:

“Why did this have to happen to me?” It is a question we constantly ask ourselves. Self-pity creates negative thinking. Soon we feel hopeless, our self-esteem suffers, we lose life motivations and we become stagnant. Everyone and everything now becomes centered around our pain.

Depression:

This is the most common side effect of chronic pain. When months or years of medical treatments fail to improve our situation, all of our negative feelings combine to leave us clinically depressed. While antidepressants can help, the source of the problem is still active, and the depression will return.

Fear:

This comes in various forms and can cripple us more than the pain itself. The first fear is often after an injury or accident. We fear further injury or death. We then avoid doing many things that we fear could lead to more pain. The third fear is the most destructive. Nobody is in intense pain all of the time yet we act like we are. This is caused by the fear of the pain returning at any given time. We become disabled by it as it totally consumes us.

Anxiety:

This is usually brought on by intense feelings such as fear and anger. We lose sleep, not only because of the pain but also by the anxiety brought on by it. We begin to suffer other anxiety-related pains such as headaches and sore muscles not associated with the chronic pain site. The anxiety sometimes becomes worse than the pain itself and we often seek psychiatric and psychological help for the anxiety, not the pain.

Isolation:

When we are miserable and in pain we do not feel like socializing and we often pull away from supportive people. We also hurt our friends and loved ones to the point that they no longer want to be with us. This becomes worse when self-pity and fears set in, which only makes the pain worse. We become loners to an extreme, which feeds depression and anxiety.

Loss of sex drive and sexual intimacy:

Who wants to have sex when they are in pain? The thought makes us cringe. When we are not in pain, the fear of the pain is so intense that we cannot be aroused and do not want sexual contact. This causes us to isolate even further.

Sleeplessness:

Night after night we try to sleep to no avail. The pain keeps us from getting the rest we need. When pain causes us to keep awake, all we do is lie there thinking of nothing but the pain. This results in lethargy during the day, which robs us of our ambitions.

Before addiction takes over:

With all of these negative factors we experience, there is one solution, one savior, one messiah, one friend, one lover, one escape from reality... our mood-altering medications.

They relieve us of our pain in more ways than one. At first they relieve us of our physical pain. People with lower back problems can return to having sexual contact with their loved ones. People with TMJ can finally chew their food without pain. Arthritis sufferers can once again work with their hands. Neuralgia sufferers can walk without being in agony. Those suffering from migraine headaches can improve their quality of life. People feel they can accomplish things that seemed impossible when they were in pain. All of a sudden, we return to a somewhat normal lifestyle.

Tolerance:

Our bodies build a tolerance to narcotics and benzodiazepines (muscle relaxants). Eventually, it takes more of the drug to produce the original effect of pain relief.

There are three reasons why this occurs:

- 1) The liver induces drug-metabolizing enzymes, which cause the medication to metabolize at a faster rate.
- 2) The brain adapts to an often-used drug by increasing the number of receptors, which requires more of the drug to occupy them.

3) A process known as down regulation reduces sensitivity to the medication, and more of the drug is needed to alleviate pain. Tolerance leads to physical dependence, and without the medications, our bodies experience withdrawal symptoms. This is especially true with benzodiazepines, because their withdrawal symptoms are a true medical emergency.

And then it begins:

We soon begin to realize that pain medications and muscle relaxants also relieve us of our anger, frustrations, despair, depression, fears, anxiety, hopelessness, sleeplessness, and all other negative feelings and actions that we experience. We like the numbness the medications cause so we do not have to feel all of those negative feelings. We become confident and feel better about ourselves. We feel less depressed and our anger and resentments seem to fade away. We stop making our loved ones miserable and we begin to feel like we fit in with those around us. We begin to socialize and we no longer have to drag around those feelings of guilt that always nag us.

The vicious cycle:

All of the above are false hopes brought about by the medications. When they wear off we go right back to where we started from and worse. Depression becomes more severe, anxiety becomes much worse, and other negative feelings and actions return. This is due to our feelings and emotions no longer being numbed. The medications mask the pain and if we overexert ourselves while under the medication's effects, the pain becomes worse. The only answer seems to be more medications.

The cycle continues:

Emotional dependence begins when we take our pain medications to get "high" rather than for pain relief. Preoccupation soon sets in. We crave the medication and begin to watch the clock to see how much longer we have to wait until our next dosage. We think about the medication a good portion of the day and we begin counting pills to see how many days we have left before the prescription runs out. If we leave home we always make sure we have our medications with us.

Unmanageability begins:

We begin by taking two pills instead of one to produce the effect that we desire. The prescriptions run out before they were supposed to. We wonder whether the pharmacy will realize that we are taking too much of the medication when we request a refill. Two soon becomes three, and four, and five... Panic sets in because one physician will not provide all the medications we now require. We begin seeing other physicians and even make up different pain stories. We take the prescriptions to different pharmacies in order not to be discovered. We hope the pharmacies' computers will not expose us.

Eventually, we are taking enormous amounts of one or more medications. The “high” just isn’t the same anymore so we might use some other substance to give the medication a “kick.” Some of us turn to alcohol to combine with the medication. Others turn to illegal drugs such as heroin and cocaine. Others begin to steal prescription pads from physicians and forge prescriptions. Whatever the methods, the unmanageability reaches critical stages.

Remember all of those negative feelings we thought the drugs were relieving? Well, now that we are in our addiction, they have returned with a vengeance. Our world now revolves around our medications just the way it did with our chronic pain. We become very lonely. Our medication comes first and we once again alienate ourselves from our loved ones. Shame and guilt set in and our self-esteem lowers even more. Anger, resentments, fear, frustration, depression and anxiety once again dominate our minds. We now need the medications just to feel normal and if we try to stop the medications, we become ill. We have come full circle, and are now prisoners to both our medications and chronic pain.

If you are reading this pamphlet, chances are good you have met the diagnostic criteria for chemical dependency. You only need to relate to three of the following:



1) Tolerance as evidenced by a need for more medication to achieve the same effect, or decreased effect when taking the same amount.

2) Several failed attempts at stopping the medication.

3) Much time is spent obtaining the medication.

4) Other, healthy parts of life are sacrificed because of the medication.

5) Taking the medication for longer than intended.

6) Withdrawal symptoms.

7) Continued use despite negative consequences.

Treating addiction and chronic pain:

If our lives have become unmanageable, it's time to stop taking our mood-altering medications and receive the treatment we so desperately need, but that is not as easy as it sounds. The thought of living without our only relief creates fears that immobilize us and we may not ask for help until our lives are utterly devastated.

In order to work through these fears, we need to trust others. We have proven over and over that we cannot do this by ourselves. We need special people in our lives that can help us walk through the fears while we feel safe. If you are in an appropriate treatment setting it is essential that you trust the staff members, realizing that their only goal is to improve the quality of your life. It will mean confronting these overwhelming fears by taking risks.

Detoxification:

At first, your body will probably need to detoxify off the mood-altering chemicals, because a sudden stoppage can be life threatening. This is, by far, the most fearful part of treatment. In order to help you through this stage, let's look at some interesting information:

- 1) Mood-altering medications replace certain neurotransmitters in your brain's receptors. If abused or used for an extended period of time, they stop the brain from producing neurotransmitters that promote natural healing. It's a catch-22. We are taking the medication to relieve the pain, which stops the body's natural healing mechanisms.
- 2) Nobody would expect you to detoxify off your chemicals without replacing them with non-mood-altering alternatives. These alternatives are usually non-steroidal anti-inflammatory drugs that will not only help the pain, but also reduce painful inflammations.
- 3) Being with other people in treatment can help take your mind off the pain.
- 4) The fear of the pain is usually worse than the pain itself. We have learned to be in awe of the power of our pain, placing it on a pedestal and worshipping it as though it was a power far greater than ourselves. We think that if we stop taking our mood-altering chemicals, the pain will get worse. Both of these thoughts are irrational.

As the chemicals clear from your body, you will probably experience a wide range of feelings, both positive and negative. Your brain is trying to adjust to the chemical imbalance caused by your addiction. Depression is very common at this point, but should not last long. If needed, this could be treated with antidepressants.

Denial:

A symptom of the disease of chemical dependency is denial. People who are chemically dependent and in chronic pain are more susceptible to denial, because they think if the pain subsides, we will no longer abuse our medications. We must understand that we are now every bit as powerless over the medications as we are over the pain. Some of us will begin using our pain as an excuse to get “high.” In many cases, people with this type of denial have suffered more consequences before they finally accepted their powerlessness.

Sharing the pain:

Recovery is a “we” program. You never have to be alone again. The most effective part of treatment is the peer bonding that occurs. It is important to share your pain with your treatment peers. This is the spiritual concept of twelve-step programs. While they may not fully understand what you are going through, they will be able to support you and help get your mind off of any discomfort.



The Twelve Steps:

You will be introduced to the twelve steps of Alcoholics Anonymous. For more than 65 years, these steps have helped millions of chemically dependent people recover from their disease. The steps have also helped many other people suffering from a wide variety of addictions and disabilities, such as gambling addiction, codependency, sex addiction, eating disorders, and nicotine addiction.

The goal of treatment is living a quality lifestyle, which we have not been able to do because of our pain and our chemical dependency. The twelve steps can help us attain this goal in both areas. In order for this to happen, we must surrender to our afflictions.

We can begin doing this by working Step One, and we can rewrite it to read:

“We admitted we were powerless over mood-altering chemicals and chronic pain - that our lives had become unmanageable.”

Accepting powerlessness and getting honest with ourselves is the key. How many times did we try to control or stop the usage of our chemicals? How many physicians and alternative medicine specialists have we been to? Can we really accept our lives the way they were when we sought help?

Step Two gives us hope:

“Came to believe that a Power greater than ourselves can restore us to sanity.”

We have certainly had enough insanity for one lifetime! We have become “spiritually bankrupt” and have turned our backs to God, as we understand him. The guidance of a Higher Power will allow us to experience openness, willingness, humility and honesty - the four essentials of spirituality.

Step Three reads:

“Made a decision to turn our will and our lives over to the care of God, as we understood him.”

This step counteracts the self-will that made our lives unmanageable. We can learn to let go of things we have no control over. In order to let go, we must have some conceptualization of something or someone to let go to.

The first three steps will begin the process of recovery, and we will learn a great deal more of these steps and others throughout our treatment and recovery experience.

Long-term treatment:

Ideally, treatment should consist of chemical dependency and pain management. This could be accomplished at a treatment center equipped to handle both afflictions, or at a chemical dependency center that consults with a pain management program. The most effective treatment for chemical dependency and chronic pain is long-term, anywhere from three to six months. This time is needed for our bodies to fully adjust, once they are off mood-altering medications. As soon as we become abstinent, our brains begin to adjust the levels of neurotransmitters that were lacking during our usage, which will help the body fight chronic pain in a natural way. We also need to learn about pain management and building twelve-step support systems. Many of us live alone and tend to overexert ourselves just by doing daily chores or working. The treatment environment can keep us safe from worsening or reinjuring the affected pain area.

Managing the pain:

There are many techniques for pain management that are very effective, both while we are in treatment and afterwards, if we just give them the chance to do so. Listed below are just some of the many useful and effective tools. A qualified physician should approve all techniques before you attempt them:

1) PHYSICAL THERAPY: This is the most effective treatment of all. Most of us have been through many forms of physical therapy before, but chances are good we were abusing chemicals at the same time, nullifying or weakening the therapy. The form of treatment can also strengthen other parts of our bodies that can be used to

physically support the pain area, such as back, leg and stomach muscles. Posture exercises are essential in chronic pain therapy.

2) HEAT OR ICE THERAPY: I have two reusable ice packs in the freezer at all times. Ice is fast acting and very effective. Heat is very soothing to sore muscles. Always follow the suggestions of a physician, to be sure this type of therapy will help you and is safe.

3) RELAXATION TECHNIQUES: Stress causes pain and pain causes stress. Relaxation helps reduce stress while helping reduce muscle spasms. There are various methods of relaxation, and some are more effective than others, depending upon the source of the pain. Deep breathing exercises can work wonders, since deep breathing is the body's natural way to relax.

4) BIOFEEDBACK: This is a specialized form of relaxation that can help you relax the area that is the source of pain. This is taught by pain management programs or professionals in private practice.

5) MASSAGE THERAPY: This works well when used alone or combined with other pain management techniques. The majority of us suffer from muscle pain even though our injury sites may be elsewhere. It is usually the responding muscles that hurt the most.

6) ALTERNATIVE MEDICINE: Many of us receive relief from alternative sources such as chiropractic adjustments, acupuncture, reflexology and other forms of alternative medicine. This type of treatment is usually done when in-patient treatment is complete, however your particular program may make exceptions.

7) PROPER DIET: Depending upon the person, a nutritionist can be consulted for healthy eating habits. If we are overweight, chances are we are making the pain worse by putting extra strain on the body.

8) PSYCHOLOGICAL AND PSYCHIATRIC SUPPORT: Any program specializing in addiction and chronic pain will have appropriate counselors and psychiatrists to aid in pain management. Counselors and psychologists give emotional and spiritual guidance. They can also provide healthy support in therapeutic activities such as group therapy. Psychiatrists can prescribe antidepressants that can relieve depression and contribute to pain relief.

9) MEDICATIONS: All treatment programs of this nature have staff physicians than can provide pain relief by prescribing appropriate non-mood-altering medications that are just as good as, if not better than narcotics and benzodiazepines. It may

take some trial and error before the best overall medication is found for each individual. Just remember, mood-altering medications are not effective once tolerance builds, and chances are the medications you abused stopped providing physical relief.

10) OCCUPATIONAL THERAPY AND VOCATIONAL GUIDANCE: Many of us are distressed because we can no longer function at work. Some of us must make occupational changes because of our chronic pain. Pain management treatment should include services that can help you return to work, or guide you toward new trades. Occupational therapy may be required if you intend to eventually return to your line of work. This involves training your muscles so they can cope with the stress of a particular job. Vocational counseling can help you change careers. These counselors specialize in this form of therapy, which includes a variety of testing and guidance.

11) SETTING GOALS: Once we have arrived at a level of acceptance of our pain, it is imperative that we begin setting specific goals that, once we reach, gives us hope and raises our self-esteem. Setting specific goals is a major function of treatment planning. Your counselor will provide guidance and help you set these goals.

12) FAMILY THERAPY: This is an essential part of treatment because the family plays such an important role in addiction and chronic pain. This form of therapy will help the family work through fears, and help them understand how they enable destructive behaviors in both areas.

Support groups:

One of our biggest stumbling blocks is that we try to manage our pain and addiction by ourselves. The Big Book of Alcoholics Anonymous states, “Without help it is too much for us.” In moving toward a solution, the book also states, “Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their needs.” There are many people who have suffered as you are suffering, and whose very lives depend on helping people who are where they used to be, such as you. There are thousands of Alcoholics Anonymous/Narcotics Anonymous meetings scattered throughout the United States. There are also Chronic Pain Anonymous groups, although they are usually found in larger cities, being that they are fairly new.

There are many pain support groups that are not twelve-step in nature, but they offer the support we need from other people who also suffer from chronic pain. Treatment centers will usually help you locate these meetings, and can sometimes provide you with the name of a person who can help you get started.

The dawn of a new day:

Reading this pamphlet may have made you angry or sad. Many of us who are taught the tools of recovery initially think that we will be enslaved by it, that recovery is

a prison sentence where we have to carry a ball and chain the rest of our lives. We do not realize that recovery is a quality way of life that can provide us with many rewards that most people do not receive. The Big Book states, “We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will know how to handle situations, which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.”

These are known as the Promises. They are not called “maybes” for a reason. These are not things that might happen to you if you enter recovery, they are things that have to happen to you... I promise!

ABOUT THE AUTHOR

In 1989, Jeffrey G. Gorin was in a devastating car accident. He was critically injured in his upper spine and neck. While surgery was successful, he was diagnosed with permanent nerve damage resulting in chronic pain. He became addicted to pain medications and muscle relaxants and his life rapidly became unmanageable. He eventually entered treatment and is in recovery today, both from his addiction and his chronic pain. He is currently on staff at Hanley-Hazelden at St. Mary’s in West Palm Beach, Florida as an addictions and chronic pain counselor.

AUTHOR’S NOTE

If you are about to read this pamphlet, chances are good you are as miserable, fearful and skeptical as I was. Please give the recommendations in this pamphlet a chance! I was fully disabled for four years and it was the mood-altering chemicals that were keeping me stuck. I was ready to give up, but decided on one last attempt – the treatment of my chemical dependency. My life has changed because I had the courage to face my fears. Today, I still live in chronic pain, but it does not affect the quality lifestyle I have been fortunate to receive. If you are in treatment, you still have some tough times ahead of you, but it should get better each day. Hang in there – you deserve the rewards you are about to receive!