

To my patients taking opioids (pain medicine) for chronic non cancer pain:

You are receiving this letter because the prescribing of opiates has become highly controversial, highly regulated and difficult for AIPD to comply with the ever increasing scrutiny of pain care. We are in the process of tapering opiate prescription writing for our chronic pain care patients. We have assumed opiate prescribing over the years as other prescribing physicians have either left our area or stopped prescribing altogether. It has never been our intention to prescribe opiates indefinitely to any patient, the only exception being intractable pain for which no other treatments exist and for palliative pain care. We recognize that chronic pain and suffering is the result of many complex medical and developmental disorders. Chronic pain lacks a definitive understanding and treatment, and by the use of interventional techniques and strategies we hope to achieve a decrease in pain with improved functionality.

I do not completely agree with the current “opiate crisis” narrative, but my opinion really does not matter. The state has made it very clear that most patients must reduce or stop opiate use for chronic pain. I have to comply with this narrative whether I agree with it or not.

Current patients that I am maintaining on opiate therapy need to know that I have little choice but to decrease your opiate dosing to as low a dose as possible. There may be clinics that come into our area that specialize only in chronic pain care and I encourage you to visit these clinics if they can provide for your chronic pain care needs that I cannot.

This clinic’s purpose has always been to complement your referring physicians' care plan to improve functional outcomes and decrease all medication use, including opiates.

This is a good time to challenge everyone taking opiates for chronic pain to assess whether one can decrease their opiate/controlled substance use. If you are concerned about addiction (taking the opiates for psychological relief and not physical pain) we have recommendations for addiction treatment.

Stopping opiates is not easy, but most patients who have succeeded uniformly state that they feel better in general health while pursuing non pharmacological therapies of wellness, bio-feedback and other non pharmacological strategies noted in the CDC analysis which is linked to our website www.adv-pain.com .

I encourage everyone to revisit their own wellness plan including weight management, proper nutrition, regular exercise and avoidance of personal excesses, including alcohol, tobacco and risky lifestyle choices that only worsen any medical disorder and chronic pain.

Chronic pain has few good answers, but many bad ones. If you choose to stop opiate therapy, again, I will assist in stepping down dosing. Current recommendations to taper opiates are to decrease dosing gradually. Usually within 2 weeks after someone has completely stopped opiates the physical and psychological dependency diminishes. We will continue to write post procedure pain medications if needed for short term and episodic use, however current recommendations are quite clear about prescribing for less than seven (7) days for post procedure or surgical pain (ideally 3 days are recommended per the CDC).

I recognize that many patients will disagree with the government recommendations on opiate prescribing. The current government and media narrative makes little effort to distinguish proper pain care prescribing and the worsening substance abuse problems in our culture that has resulted in epidemic death rates from combining prescription opiates, sedatives, illicit substances, alcohol and many other poisons that are plaguing our nation.

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