

Inaugural Opioid Certification Program

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As many of you know, the Opioid Management Society, in association with the *Journal of Opioid Management*, staged their inaugural Opioid Certification Program on April 22-23, 2006, at the Conference Center at Harvard Medical in Boston, Massachusetts. And this two-day intensive conference was, I can say without hesitation, a great success! Over 90 percent of the attendees rated the conference as "excellent" or "very good."

Here then is a quick review of the weekend's program, led by a renowned group of pain specialists, academicians, and legal experts.

SATURDAY, APRIL 22

Robert Enck, our Editor-in-Chief, opened the conference by reminding us that pain is part of our human lot and a worldwide problem causing needless suffering and economic burden. Opioids are the cornerstone of pain management but are often underused and poorly understood.

A group supervisor from the office of diversion control, New England field division, Drug Enforcement Administration, made a brilliant and frightening presentation of today's condition of the controlled substance wars. The DEA is clearly educated, sophisticated, and working hard to control illegal use and abuse of prescription drugs by physicians, pharmacists, and particularly Internet scammers. Our intention is certainly to help our patients with these powerful medications, but the road to hell is still paved with good intentions, and this presentation is a very strong dose of education.

Attorney Jennifer Bolen came to the aid of the defense with a nicely balanced discussion of what documentation is needed, the importance of a detailed history and physical, the careful follow-up, and monitoring of patients for whom opioids are prescribed. All this done in good faith and with care, make it possible to use these powerful medications with safety to both patient and physician.

Professor of Law, Marshall Kapp, took up the challenge of legal and ethical issues for opioids in palliative care. Ethical and legal duties sometimes conflict, and the physician may be on his own to sort through them to do what is best for the patient. Again, there is the need for careful documentation and consultation. He points out

the need for changes in the law, particularly as it is interpreted and enforced.

Tomasz Stefaniak, from the Medical University of Gdansk, Poland, considered the matter of legal aspects of opioids in everyday practice. We are damned if we underprescribe and damned if we overprescribe, and where lies the happy balance? There is acute pain, chronic pain, and intractable pain, and each requires its own approach. He helps us through this thorny thicket, with a detailed and thoughtful presentation.

Paul Sloan, professor of anesthesia, oncology, and palliative medicine, presented a most interesting discussion on the use of opioids for chronic pain. Again the legal issues were there, and he led us through his own highly informed way of looking at them and treating the patient properly.

Robert Barkin, from the Rush University Medical Center, gave us an overview of pain management from the pharmacologist's viewpoint, differentiating acute from chronic pain and somatization. Appropriate medications and how to use them were part of the discussion.

Professor Enck reminded us that pain is a complex condition, filtered through each person's age group, culture, personal experience, and neurophysiology. Physicians tend to underestimate pain by a third, by failing to take into account confounding external and internal factors. One size does not fit all.

Gilbert Fanciullo, professor of anesthesiology, related that, while acute pain from cancer and other noncurable illnesses required opioids, there were other options for pain control in chronic conditions or when addiction is an issue. There are behavioral interventions, pharmaceutical measures that are nonaddictive, and a number of other modalities that may be safe and effective.

SUNDAY, APRIL 23

Ricardo Vallejo, of the Millennium Pain Center, started day two of the conference with a history of opioids and how this history of their use and abuse impacts present-day conflict among law enforcement, lay people, and physicians. This results in their underutilization in general, and for chronic conditions in particular.

Mellar Davis, from the Cleveland Clinic, took on the formidable task of the science of opioids. Opioids function under opponent process theory that centrally reduces effect, which is the same as building tolerance. He discussed opioid withdrawal syndrome, opioid facilitated pain, and some basic science issues and facts.

For a second presentation, Professor Fanciullo chose the rotation of opioids. Escalating requirement may be the result of worsening disease or tolerance, until a ceiling is reached. Rotation may result in a 40 percent dose reduction and the same or better control.

Gary Reisfield, from the University of Florida, contributed a clear and useful talk on the types of opioids. Natural vs. synthetic, strong vs. weak, various durations of action, analgesic vs. nonanalgesic, legal vs. illegal, etc.

George Wilson, the second member of the tag team and also from the University of Florida, took up the uses of opioids. These include analgesia, anesthesia, antitussive, antidiarrheal, antispasmodic, drug abuse, opioid maintenance and detoxification, vasodilatation, and antiterrorism. That this good and useful medication is so much at controversy is surely a reflection of the good and evil in our nature, and not in opioids.

Ramsin Benyamin, a staff anesthesiologist, presented interventional techniques in pain management. Back, neck, and head pain have common causes, and interventions include sacroiliac injection, facet/medial branch injection, and a host of others.

Robert Kulich, a psychologist, rounded off the conference with a contribution on nonopioid strategies in managing pain. Psychosocial issues and careful screening were discussed in relation to treatment of chronic pain with opioids. Behavioral strategies were presented to achieve better adherence to medical treatment regimens.

FUTURE CONFERENCES PLANNED

Because everyone agrees, from the registrants to the presenters to the sponsors, that this conference was an unmitigated success, the Opioid Management Society is planning a series of similar conferences in major US cities across the country scheduled for the fall of 2006 and spring of 2007. For more information about upcoming conferences, including the 2006 schedule, go to www.opioidmanagementsociety.org.



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Letter to the editor

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