VALLEY MEDICAL GROUP
Prevention & Medical Care To Help You Live Better, Longer.

Advisory Committee Update

Date: 3/28/23 *Subject: Persistent Pain and Substance Use*

Persistent Pain

The International Association for the Study of Pain defines pain as "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (7/16/2020). Pain becomes classified as chronic or persistent once it lasts for 12 weeks or more. Anyone who has worked with patients who experience pain can note the emotional component of the pain experience.

There is a large body of research happening in the field of persistent pain. Every current recommendation highly recommends a multi-disciplinary approach to persistent pain. Medications should no longer be the only treatment but just a small piece of a larger plan. This plan should include behavioral health, complementary and alternative therapies, social connections, and physical interventions.

This is the methodology we are using in the persistent pain SMA. We discuss the importance of sleep, nutrition, awareness of their body and what they are feeling, micromovements, CBT, and the social connection that the patients make with each other in the group. We highlight the importance of self-care and help patients understand safe ways to move beyond their perceived limits. We also have very frank discussions regarding medications, dangers and concerns of long-term opioid use, importance of safe storage and usage of their medications and why different medications could be recommended. Please keep referring patients to the SMA, which is also being done in a Spanish speaking only group as well. You can reach out to Laura Duffy or Robin McKeon for the SMA and if you have a Spanish speaking patient, reach out to Audra Winn or Lisa Rivera.

Substance Use

Beginning June 2023, all DEA registered providers will need to complete a mandatory 8-hour training on treating patients with opioid or substance use disorders. This will be linked with your DEA recertification. This is a one-time training. If you previously were X-waivered, that counts towards your required training.

The DEA has developed the One Pill Can Kill program. This is in regards to “pressed pills” which are in our communities currently. These pills are so realistic in appearance that the DEA often can not identify these pills as fentanyl laced substances until they analyze them. The color, imprints and shapes are consistent with the prescription version of these medications. The biggest fake pills are Percocet, oxycodone, alprazolam, and amphetamines. The latest numbers released by the DEA showed that 4 in 10 pills seized in 2022 contained lethal doses of fentanyl.

The substance use committee updated our suboxone guidelines, which are on the intranet page. In this age of Fentanyl, sometimes suboxone can be very difficult to switch someone over to due to the length of time that have to be off of opioid substances. It can take up to 7-8 days for fentanyl to get out of your system. If you start suboxone too soon, the patient will go into precipitated withdrawals, which can be quite unpleasant.

Last year, we introduced the outpatient alcohol detox guidelines. This is for patients who need help to stop drinking and have not ever had seizures or DTs. This is something that can be safely done at home with close virtual follow up.

Another substance that is now in our communities is Xylazine. Xylazine is considered an alpha-2 agonist very similar to clonidine. It is used in veterinary medicine for sedation and analgesia. It is being added to heroin and pressed pills. When humans inject Xylazine it can lead to coma, apnea, bradycardia, hypotension, and severe necrotic skin ulcerations. Xylazine does not respond to Narcan and needs to be considered in anyone suspected of using opioids who does not respond to Narcan. There is no antidote or testing to confirm Xylazine as with other drugs. We see these deep complex infections with “skin-popping” or subcutaneous injections of substances. These infections can take several months to years to resolve and can leave massive scarring.

Thank you,

Laura Duffy FNP-BC

Chair, Persistent Pain and Substance Use Advisory Committee