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TIME TO BRING BACK INJECTABLE AND SUPPOSITORY OPIOIDS

The Advantages of Injectable and Suppository Opioids

It is somewhat of a mystery. Why aren't injectable and opioid suppositories the standard for severe pain flares? They used to be. For example, the 1956 Merck Manual (9th Edition) states "more severe pain requires the oral or subcutaneous use of narcotics."

IRRATIONAL FEARS AND IGNORANCE OF AVAILABILITY

We hear about it every day. Most doctors somehow have the irrational and false idea that injectable opioids always cause overdoses and/or will be diverted into illegal channels. Most doctors are hardly aware that opioid suppositories are available from the local pharmacy and that they are far more effective for flares or breakthrough pain than are oral opioids.

ORAL OPIOIDS-UNPREDICTABLE, OVERDOSE PRONE, HIGH-STREET VALUE

Any oral opioid, tablet, capsule, or liquid innately carries unpredictable effects. Overdose and death are a constant risk with high dose oral opioids. Why? An oral opioid has four (4) barriers to overcome before it can provide relief. At best an oral opioid will need 30 to 60 minutes to provide pain relief. Barrier number 1 is stomach acid. Number 2 is intestinal enzymes. On any given day one's stomach acid and intestinal enzymes may over or under digest and not allow enough or even too much opioid to enter the bloodstream. Disorders such as Adhesive Arachnoiditis and Ehlers-Danlos Syndrome impair stomach and intestine metabolism making these even more problematic. Barrier number 3 is your liver, which must metabolize or modify the opioid to a compound that will alter and activate endorphin receptors. The 4th barrier is called the "blood brain barrier." Like waiting to board a plane or train; crossing it means you "wait in line" for your turn, and don't cross until you are allowed to.

ADVANTAGES OF INJECTABLE AND SUPPOSITORY OPIOIDS

Opioids administered by injection or suppository by-pass the stomach, intestines, and liver, and go right to the blood brain barrier. Pain relief will usually occur within 5 to 10 minutes. Pain relief is much better, even at a fraction of the oral dose, because the entire dosage reaches the endorphin receptors as the dosage is not filtered by the stomach, intestines, and liver. Pain is maximally controlled which allows functional activity, clarity of mental thought, and motivation to properly eat, exercise, and participate in therapy. Also, quick and short activation of endorphin receptors maintains their viability over time.

SAFETY OF INJECTIONS

Opioid injections have traditionally been prescribed by local, primary care practitioners who knew the patient and family. Also, they knew who a responsible patient was, and not a street person or drug addict. Patients and families were trained in the office and warned to keep the injectable away from children, pets, and guests. The authors of this chronicle are not aware of a single case of injectable opioid reaching the street or causing an overdose death in a bona fide IPS patient who was trained with their family.

KEEP DOWN THE OPIOID DOSAGE

Opioid injections and suppositories lower the total amount of prescribed morphine equivalence (MME) and help patients remain below the CDC Guidelines of 90MME.

HOW TO START

IPS patients and families can inquire of their local pharmacy as to which injections and suppositories are available. Then approach your personal MD, DO, or NP about starting an opioid injection or suppository for pain flares.

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