

## DAVID KELLAR STORY - 2023

What a challenging subject to discuss. I was the unfortunate fallout of this crisis for several reasons. It all began in 2004 when an antidepressant adverse event indirectly triggered my first intractable pain disorder. My pain spread throughout my body and the pain's severity is equal to that of complex regional pain syndrome. The pain is on par with terminal cancer.

Most opioids were not effective. A relatively new opioid was gaining attention for its pain killing properties called Oxycontin. My pain was disabling and relentless. Burning, stabbing, aching, throbbing, it had no end. At the genesis of my pain, I purchased Oxycontin from my friends in desperation. During the first few months, I was willing to try anything to stop the agonizing pain. Quickly, I recognized that if I continued to buy them, it wouldn't look good.

Only at the beginning, I abused Oxycontin because it wasn't working for twelve hours as advertised. With acute chronic pain, I knew I couldn't continue to use it in that manner. Today, I'm responsible and have been ever since. Oxycontin earned a bad reputation for a good reason. First, the protective barrier could be bitten down on which produced a euphoric high not unlike heroin. It was dubbed the "Poor man's Heroin." Despite Purdue's best efforts, they failed with their second supposed twelve hour slow released formula which could still be abused. What a joke that turned out to be. Don't get me wrong, any opioid can be abused but Oxycontin was different. On a few occasions, I complained directly to my primary care physician about Oxycontin not living up to its twelve-hour formula as advertised. What I got in return was ignorance. My pain wouldn't be diagnosed for another eighteen years, which caused psychological torment and unnecessary suffering. After eight hours, I could feel the withdrawal symptoms creep in, and my pupils would dilate. In a mocking manner, my physician told me to take a picture to show him, but he was joking with me because the flash of a camera would cancel out dilated pupils. I was dealing with a fool.

The pain suicide disease is what I was dealing with and the Oxycontin wasn't helping because it was untrustworthy. After three years with undiagnosed and unrecognized pain, I attempted my life because the pain was intolerable, and no specialists provided me with any answers and the correct treatments. It's not an uncommon response with the "suicide diseases." Hospitalized with a life-threatening injury, I was moved away from Oxycontin, and my opioid was replaced with long-acting Morphine.

Unfortunately, my injury complicated my life which made it difficult, if not impossible for opioids to work for longer than three weeks at a time. I faced no other choice but to repeatedly withdraw to return to a state of analgesia. Despite the hell I was facing, I needed opioids to survive. To shorten a complicated story, I was forced to withdrawal and reintroduce my opioid 112 times over twelve years until I found a better method. Hell doesn't describe what I experienced during that time.

Where I reside in Canada, Oxycontin hurt many good people concerning addiction and many died in the process. Addiction centers were filled with new opioid addicts. Many questions need to be answered. Why was there so much Oxycontin on the street and where was it coming from? From what I understand, there were clinics in Florida where you could easily gain access without being

tracked so you could get more prescriptions the very same day from a physician down the street. Pill mills are the proper terminology.

Purdue corporation told the public that Oxycontin worked for twelve hours and in an unbelievable statement, they said it wasn't addictive. Of all the opioids at that time, Oxycontin was the most addictive of the opioid family. I'm aware that Oxycontin existed before 2004. Blatant lies and propaganda to make money. Fentanyl was being used for acute pain but not by many. From what I understand, Canada didn't have clinics like the United States where you could repeatedly get prescriptions unchecked.

Prior to the opioid crisis in Canada, physicians were prescribing without fear. Some physicians prescribed more than others. Think about it, drug representatives make profit from selling their drug and the physicians prescribing it take a cut. Not once have I dealt with a pain physician or family doctor who refused me opioids, minus one. The only place that raised a warning flag was the local hospital in my files without a valid reason because I binge drank in my youth and early adult life.

Oxycontin was making its way on the streets from physician's prescriptions. From what I remember, a single 10mg long acting Oxycontin sold for \$10 to \$20. Most users wanted the 40mg and 80mg tablets because of their potency. The reality was this; if anyone received a prescription with 150 times 80mg tablets, they made a fortune from a single prescription. Upwards of \$12,000 could be made from only one prescription. Pure insanity.

Today, I suffer with four pain suicide diseases and several branching pain disorders. My life is painful. In 2009, while I was experiencing difficulty with opioids due to my abdomen, I checked into a rehab facility not knowing what my problem was. Opioids weren't necessarily my issue. I was fighting a double-edged sword. On the one hand, I didn't want them, but I couldn't live without them. Just one of my pain disorders called "adhesive arachnoiditis" is equal in severity with terminal cancer pain. With no opioid, I would die a horrible death from adrenal burnout and a resulting heart attack. These are the true statistics for undermedicated intractable pain patients. It was an upscale treatment center near Toronto. I was surprised by the ratio of drug addicts versus alcoholics and other substances. Most of the twenty or so patients were put on an opioid to stop their withdrawal from full opioid agonists called Suboxone. It shocked me that there were so many opioid addicts compared with all other substances. It opened my eyes.

For the lies told by Big Pharma and the accidental deaths, suicides, and involuntary addiction, they were sued with success in the United States and also in Canada. My own claim, although valid, doesn't appear to be a strong enough case. They didn't know the depth of my case and I didn't have the energy to fight. At the wrong time in history to acquire a pain disorder, I was prescribed Oxycontin because I needed pain control.

As a responsible opioid user, I look back and see how untrustworthy the painkiller really was. Oxycontin was leaving me in a constant state of withdrawal, always looking for that next dose to stop the pain. The ramifications of tolerance withdrawal can lead to many unfortunate circumstances, including suicide. Today, I can't honestly tell you if Oxycontin was responsible

for the attempt on my life in 2007 because I know for certain that my pain was a major contributor.

The question is: If I wasn't on Oxycontin and on a different, more dependable opioid, would I still have attempted my life? Honestly, I can't say for certain. Without a doubt, Oxycontin made my overall situation worse because it was too addictive and unreliable.

With a new pain disorder in my spine beginning in 2009, not unlike multiple sclerosis with respect to symptomology, my life took a nose dive and led to nearly a decade of couch and bed dependance. The cause wouldn't be discovered for thirteen years.

Fast forward to 2018. My state was such that my father took care of my affairs for disability and my medications because I couldn't walk well and my pain wasn't being treated properly. Up to a dozen pain disorders, I was managing each day. I don't feel comfortable telling people how desperate it got for me but in the interest of others, I'll reveal my story.

My mother passed away one year prior, in 2017. My pain was acute on a chronic basis, and I could barely walk. No formal diagnosis had been given but my pain physicians and family physician understood that my pain was intolerable. Adhesive arachnoiditis began at thirty years of age. Also nicknamed the "devil's disease" and "disease of no hope", I wanted assisted death to end my misery. Nobody wants to live with terminal cancer equivalent pain for the remainder of their lives. I was only thirty years old. Keep in mind that I wasn't aware that my spine was inflamed. Living in a bed, couch, or on the main floor of my father's house in nine out of ten pain didn't appeal to me.

The reason I revealed the way I was is due to what happened next. Not only was I dealing with four pain suicide diseases but also acute abdominal disorders that I have to this day. Eating is difficult to say the least. My opioid pain dose was very low. I couldn't tolerate long-acting opioids because of an abdominal disorder. My life was hanging by a thread. Opioids assist me with eating and pain in general.

My father advised me that my family physician who was prescribing my opioids at the time wasn't willing to provide me with the same amount of short acting Oxycodone. Also, at the time, I couldn't speak well due to unrecognized dysphonia of the throat. Unnecessarily, I was thrust into a state of panic. "Why is he doing this to me, I wondered?" After a decade of regular prescriptions, he made a rash decision to cut my dose in half.

My dosage at the time was five times five milligrams, for a total of twenty-five milligrams per day. In retrospect, it was a very low dose considering my conditions. The only choice I faced was cutting my dose in half at each meal which was four times daily and save a five-milligram tablet for sleep which was necessary or else I didn't have any hope of sleep. To say the least, I felt rage. The only thing I could do was make an appointment to straighten out whatever reason he had for lowering my dosage.

My father drove me to the appointment that day and I asked him to accompany me during the meeting. My dosage was well below the safety limit the government proposed which was 60 to 90 mg morphine equivalent. When I questioned him why he lowered my dose, he wouldn't respond

with a straight answer. He knew the reason why I didn't take a long-acting variant. He told me that he wouldn't prescribe more than 15mg of the short acting Oxycodone which reduced my dose by 10mg. The long-acting versions of opioids play havoc on my gut and my abdominal disorders, and it made it tough to go to the bathroom which was paramount to my health.

Something was wrong and I knew it. I could sense it from him. It was impossible to hold in my anger. He wouldn't budge, so I told him he was afraid of being audited and he admitted that he was. After ten years, he was leaving me in the cold in the worst possible condition. Thank the Lord there was a silver lining, or I wouldn't be where I am right now composing this article. What he was doing with my opioids was wrong. I was well within the guidelines. He told me to take a long-acting variant or not receive anything at all. My abdominal complaints fell on deaf ears. My life was constantly in danger because my weight didn't exceed 110 pounds because of my abdomen.

If that wasn't bad enough, he advised me to fill out forms in the waiting room to qualify for opioids. In the waiting room, I had a sensory meltdown and yelled at him. It wasn't like me to yell at a professional, but I do have autism. It was too much.

In June of 2018, I decided to give long-acting continuous Oxycodone a try. To my surprise, the pain properties was evident within 45 minutes. They were only 10mg but it was twice as strong as the 5mg I had been taking. I hadn't allowed myself to use long-acting opioids for a number of years because of the troubles I faced in my gut. What a pleasant surprise. No matter if they worked or not, my physician left me in the dust. When I look back, I wonder if it was God who intervened. The short acting version wore off too quickly and I was only burning out.

Without any notice, my physician had to leave the province in a rush because of his wife's job. It was a blessing in disguise. My new physician understood my issues at hand. To shorten my own experience, I was finally diagnosed with intractable pain disorder(s) in 2021 and 2022 with consecutive diagnosis which helped my confidence after many years of neglectful and ignorant physicians.

What's occurring in North America with Fentanyl is frightening. The United States border is wide open, and the Mexican cartels are selling and pushing endless amounts of opioids. The cartels are the delivery system and China is the supplier. It's a tragedy that the administration won't fight it. Now, it's laced with horse tranquilizer which makes it next to impossible to use Narcan for the frequent overdoses. One hundred thousand plus lives isn't enough for the Biden administration to act decisively. The President won't even acknowledge that there's a problem at the southern border.

Despite the carnage created by Fentanyl and other opioids, the unfortunate fallout isn't just the grieving families of loved ones, it's first and foremost the pain patients who desperately need them for pain control. How can they ignore the people they were designed for? The governments have put practicing physicians in a position and fear of being audited. Take for instance the man who diagnosed my spine. Practicing in California for forty years, the government removed his license for refusing not to treat cancer and severe intractable pain patients of the worst kinds.

I've learned a thing or two in my journey. I understand what it's like to have my skin on fire, burning, stabbing, throbbing, aching, electrical shocks, and hard to move the body. Some hospitals will only supply intravenous Tylenol from what pain patients have told me in some states. That's how far this has gone. I used to make videos about pain and also joined many pain groups on places like Facebook. I've read many stories. What would you do if you suffered with cancer, and you were refused pain medication?

If you can't relate to what I'm saying, imagine this. You wake up because you have a kidney stone. You get in an accident and break your arm. Your eyes turn yellow because you have sudden pancreatitis. You take an ambulance ride to the hospital but when you get there, they only offer you Tylenol or something a bit stronger. In that state, how would you feel and what would you do?

When the opioid crisis really took off, it didn't surprise me that the first group of pain patients that I envisioned committing suicide was the suicide diseases and I was correct. Complex regional pain syndrome, trigeminal neuralgia, severe fibromyalgia, or any neuropathic pain conditions that cause unreasonable levels of pain.

Nobody stopped to think what might happen to the people it was designed for. Not once did I hear of any stipulations in place that could help pain patients navigate around the obstacles. A complete failure. Fear took over and the only thing you could rely on was a good physician who knew what they were doing because it could mean the difference between life and death. The most fragile people, no matter how you view this, are the pain communities because we depend upon it to live in any level of comfort.