WIRED VOLUNTEER: DAVID WRIGHT

The Pain of Being on a Painkilling Drug

David Wright, a WIRED volunteer and user advocate, documents some of the problems that individuals receiving methadone scripts, or using street heroin, can face when entering the medical system requiring pain relief.

My friend was off to score some smack. On these occasions, he drove 'like a man possessed'. A car pulled out on him, he hit the brakes, swerved, and hit a tree. Trees don't move, so he became entwined in the front end of his car. He had been in a car crash before, which left him with a metal plate in his ankle. This was the ankle that took the full force of the impact. He was screaming with pain as the paramedics arrived, so their first objective was pain relief. The paramedics told him not to worry - they had morphine for the pain.

It was at this point that my friend decided to tell the paramedics that he was on a methadone script and he might need a little bit more than a non opiate/opioid dependent person. He told them this because he was frightened that the standard dose might not kill or dull the pain.

I should at this point briefly explain that someone who is regularly taking opiates, prescribed or otherwise, will require a higher-than-normal dose of any opiate-based pain relief medication to receive the same analgesic effects as someone who is not.

The year was 1992, so I don't know how paramedics were taught to respond to this situation at this time. However, they withdrew the morphine and told him he would have to see his consultant psychiatrist before any opiate pain relief was given. He was now a very frightened man, begging for pain relief. The paramedics would not budge.

The firemen cut him out of his car and he was rushed to hospital with his consultant psychiatrist supposedly being informed of the situation, prior to his arrival. From this point on, I bear witness to what happened next as I met my friend at the hospital.

After A & E had done their checks for internal bleeding and so on, he was placed in a wheelchair and wheeled into the psychiatric department. There was no sign of his psychiatrist who prescribed him methadone and now he was in full view of psychiatric patients, nurses and doctors as he screamed in agony. We had to wait as the manager of the department tracked down his psychiatrist so he could be treated for pain relief. I am sure that part of the reason the manager got things moving was he could see the pain my friend was in. However, I could also see that my friend was drawing attention that reflected bad on the manager's department (a man with blood soaked wounds screaming in pain in the waiting room of a

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psychiatric hospital department). Whatever his motivation, at least someone was doing something.

Eventually, the psychiatrist appeared but as we all found out later he had got the wrong message. He was told my friend had been given morphine and wanted more! So, the psychiatrist gave my friend an injection of 'God knows what', but as he was giving it to him he said, "This will not you get you high".

Whatever he was given, it was not pain relief. So, it was left down to us, his friends, to find him some pain, and by now, agitation relief. I had to tell his mother what we had in mind and, looking at her screaming son, she gave us the funds to get him heroin and Valium off the black market.

O.K, this was 1992, but how far have things moved on for people on methadone scripts or those who have a street heroin habit, who require pain relief in hospital? I have asked this question when appropriate and the general reply is that if you are on a methadone script you MAY get the right amount of pain relief but it depends on the doctors who pulls out your file in A&E. If you have a street heroin habit, forget it, as the doctors have no proof of how much you are using and will, therefore, not administer. So, unless you get an understanding doctor, and I use the two meanings of understanding (knowledge about drug issues and empathetic), you will suffer.

As far as pain management teams go, I have found that few in my local area have an understanding that opiate-dependent patients need more opiate-based pain killing drugs than non-opiate dependent patients (Treatment of Pain In Methadone Maintained Patients-Taken from "The Mount Sinai Journal of Medicine October/November 2000 p 410-422").

As for the bigger picture, we need people to understand that a methadone script is for opiate withdrawals and NOT pain relief. In fact, they need MORE opiate-based pain relief, as I have cited earlier. As methadone maintenance has become established as one proven successful method of getting people away from street heroin, we must acknowledge that we now have an ageing population undergoing methadone treatment. Therefore, these cases of people needing pain relief will become a 'norm'. Hence, we need people and organisations to take on the responsibility of informing the medical profession and working to ensure that people do not suffer unnecessary pain, because they are opiate / opioid dependent.

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