

Dear Parents,

**Any information contained in this letter is not intended as medical advice, but simply to alert families to the existence of alternatives to opioids and that any such choices should be discussed with their physicians.**

In 2014 nearly 2500 Pennsylvanians died from drug overdoses, many from opiate-based drugs. I am sure many of you know of people that have died in your area due to an overdose.

Unfortunately, many have kept silent due to the social stigma, but that has only fueled an increase in deaths. Heroin does not discriminate among race, ethnicity, gender, nor socio-economic status. If you have chance, please watch this episode from CBS's *60 Minutes*, which originally aired in October, 2015. <http://www.cbsnews.com/videos/heroin-in-the-heartland-2/>

An increasing number of heroin overdoses are being experienced by young adults that have become addicted to opiate-based pharmaceuticals prescribed to them due to school sports injuries or common accidents. Oxycotin, Demerol, and Percoset, and many other opiate-based pain killers, can become highly addictive after an extended period of use. A person that is addicted could purchase Oxycotin on the black market for \$80 a pill. Due to that expense, many switch to heroin, which is now only \$5 per small bag. However, heroin transforms the brain to want this stimulus in ever increasing quantities. **No one can just experiment with heroin, once you use it you are hooked, and in most cases, heroin will lead to death from overdose.**

While we can not totally eradicate the drug problem, we can diminish its effects on society through education. That is the point of this letter. When your child is injured, you do not have to simply accept what the doctor is prescribing for pain. Below is a list of opiate-based drugs, and alternative non-addictive pain killers that can be prescribed instead. Please be aware of your options and ask your doctor or pharmacist these critical questions to save your child from the potential for addiction. Heroin overdoses have increased by over 400% in the last few years. By following this advice, we may finally start witnessing a decrease in opiate addiction, along with overdoses caused by addicts switching to the cheaper fix of heroin. Thank you for your consideration.

If you have any additional questions:

Schuylkill County  
Drug and Alcohol hotline [877-993-4357](tel:877-993-4357)

Carbon County  
Drug and Alcohol hotline [800-338-6467](tel:800-338-6467)

## Opiate Medication List

[www.fda.gov](http://www.fda.gov)

1	Avinza	Morphine sulfate extended-release capsules	Pfizer
2	Butrans	Buprenorphine transdermal system	Purdue Pharma
3	Dolophine	Methadone hydrochloride tablets	Roxane
4	Duragesic	Fentanyl transdermal system	Janssen Pharmaceuticals
5	**Embeda	Morphine sulfate and naltrexone extended-release capsules	Pfizer
6	Exalgo	Hydromorphone hydrochloride extended-release tablets	Mallinckrodt
7	Kadian	Morphine sulfate extended-release capsules	Actavis
8	MS Contin	Morphine sulfate controlled-release tablets	Purdue Pharma
9	Nucynta ER	Tapentadol extended-release oral tablets	Janssen Pharmaceuticals
10	Opana ER	Oxymorphone hydrochloride extended-release tablets	Endo Pharmaceuticals
11	OxyContin	Oxycodone hydrochloride controlled-release tablets	Purdue Pharma
12	*Palladone	Hydromorphone hydrochloride extended-release capsules	Purdue Pharma

\*No longer being marketed, but is still approved.

\*\*Not currently available or marketed due to a voluntary recall, but is still approved.

## **Generic Products**

	<b>Drug Name</b>	<b>Generic Name</b>	<b>Sponsor</b>
1	Fentanyl	Fentanyl extended-release transdermal system	Actavis
2	Fentanyl	Fentanyl extended-release transdermal system	Lavipharma Labs
3	Fentanyl	Fentanyl extended-release transdermal system	Mallinckrodt
4	Fentanyl	Fentanyl extended-release transdermal system	Mylan Technologies
5	Fentanyl	Fentanyl extended-release transdermal system	Noven
6	Fentanyl	Fentanyl extended-release transdermal system	Aveva
7	Fentanyl	Fentanyl extended-release transdermal system	Watson
8	Methadone Hydrochloride	Methadone hydrochloride concentrate	Roxane
9	Methadone Hydrochloride	Methadone hydrochloride tablets	The Pharmanetwork
10	Methadone Hydrochloride	Methadone hydrochloride tablets	Mallinckrodt
11	Methadone Hydrochloride	Methadone hydrochloride tablets	Sandoz
12	Methadone Hydrochloride	Methadone hydrochloride oral solution	Roxane
13	Methadone Hydrochloride	Methadone hydrochloride oral solution	Vistapharm
14	Morphine Sulfate	Morphine sulfate extended-release capsules	Watson
15	Morphine Sulfate	Morphine sulfate extended-release tablets	Endo
16	Morphine Sulfate	Morphine sulfate extended-release tablets	Mallinckrodt
17	Morphine Sulfate	Morphine sulfate extended-release tablets	Mylan
18	Morphine Sulfate	Morphine sulfate extended-release tablets	Nesher
19	Morphine Sulfate	Morphine sulfate extended-release tablets	Ranbaxy
20	Morphine Sulfate	Morphine sulfate extended-release tablets	Rhodes
21	Morphine Sulfate	Morphine sulfate extended-release tablets	Watson Labs
22	Oxymorphone Hydrochloride	Oxymorphone hydrochloride extended-release tablets	Impax
23	Oxymorphone Hydrochloride	Oxymorphone hydrochloride extended-release tablets	Actavis

# NONOPIOID TREATMENTS FOR CHRONIC PAIN

## PRINCIPLES OF CHRONIC PAIN TREATMENT

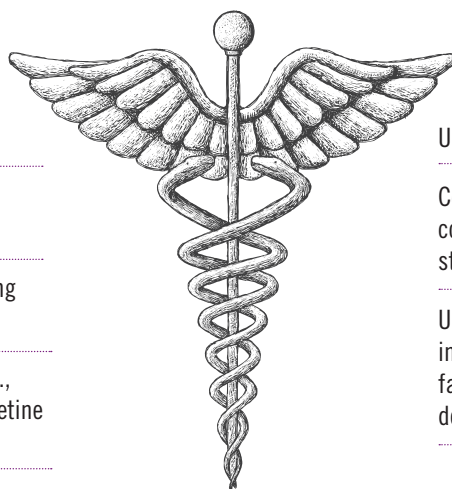
Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that nonopioid treatments, including nonopioid medications and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer. Effective approaches to chronic pain should:

Use nonopioid therapies to the extent possible

Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)

Focus on functional goals and improvement, engaging patients actively in their pain management

Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)



Use first-line medication options preferentially

Consider interventional therapies (e.g., corticosteroid injections) in patients who fail standard non-invasive therapies

Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors

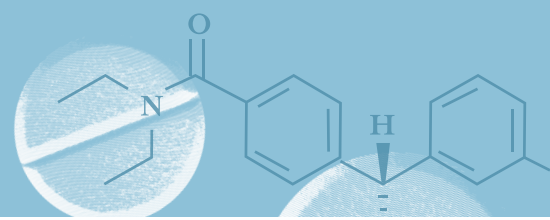
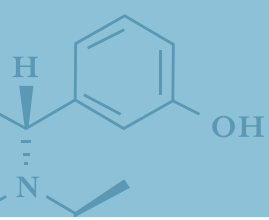
## NONOPIOID MEDICATIONS

Medication	Magnitude of benefits	Harms	Comments
Acetaminophen	Small	Hepatotoxic, particularly at higher doses	First-line analgesic, probably less effective than NSAIDs
NSAIDs	Small-moderate	Cardiac, GI, renal	First-line analgesic, COX-2 selective NSAIDs less GI toxicity
Gabapentin/pregabalin	Small-moderate	Sedation, dizziness, ataxia	First-line agent for neuropathic pain; pregabalin approved for fibromyalgia
Tricyclic antidepressants and serotonin/norepinephrine reuptake inhibitors	Small-moderate	TCAs have anticholinergic and cardiac toxicities; SNRIs safer and better tolerated	First-line for neuropathic pain; TCAs and SNRIs for fibromyalgia, TCAs for headaches
Topical agents (lidocaine, capsaicin, NSAIDs)	Small-moderate	Capsaicin initial flare/burning, irritation of mucus membranes	Consider as alternative first-line, thought to be safer than systemic medications. Lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)



## RECOMMENDED TREATMENTS FOR COMMON CHRONIC PAIN CONDITIONS

### Low back pain

**Self-care and education in all patients;** advise patients to remain active and limit bedrest

**Nonpharmacological treatments:** Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

#### Medications

- First line: acetaminophen, non-steroidal anti inflammatory drugs (NSAIDs)
- Second line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

### Migraine

#### Preventive treatments

- Beta-blockers
- TCAs
- Antiseizure medications
- Calcium channel blockers
- Non-pharmacological treatments (Cognitive behavioral therapy, relaxation, biofeedback, exercise therapy)
- Avoid migraine triggers

#### Acute treatments

- Aspirin, acetaminophen, NSAIDs (may be combined with caffeine)
- Antinausea medication
- Triptans-migraine-specific

### Neuropathic pain

**Medications:** TCAs, SNRIs, gabapentin/pregabalin, topical lidocaine

### Osteoarthritis

**Nonpharmacological treatments:** Exercise, weight loss, patient education

#### Medications

- First line: Acetaminophen, oral NSAIDs, topical NSAIDs
- Second line: Intra-articular hyaluronic acid, capsaicin (limited number of intra-articular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

### Fibromyalgia

**Patient education:** Address diagnosis, treatment, and the patient's role in treatment

**Nonpharmacological treatments:** Low-impact aerobic exercise (i.e. brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

#### Medications

- FDA-approved: Pregabalin, duloxetine, milnacipran
- Other options: TCAs, gabapentin

