Prince did not die from pain pills – he died from chronic pain

=By= Lorraine Berry

From McGill

Thanks to Ms. Berry for stepping up and countering the "opiate addiction epidemic" (OAE). As one of the tens of millions of people who suffer from severe chronic pain, I can't tell you how angry the most recent national campaign to clamp down on "opiate addiction" makes me. I am not arguing that there are not people who once needed opiate therapy and no longer do, but focusing on this population damages more people than you can imagine,while fulfilling a number of hidden issues and programs.

It distracts from huge problems within our healthcare system. The constant drum beat of "opiate addiction epidemic" totally ignores the very real chronic pain and lack of decent medical care epidemic. It gives a bye to a medical model that gets a 'D' at best for its ability to identify the SOURCE of

problems, and often diagnoses by whether a given medication "works" or not. The OAE agenda totally ignores the folks with alcohol and "illegal" drug addictions who are SELF TREATING for an array of life disabling conditions. Instead, they criminalize and stigmatize that population, and I guarantee you that the OAE agenda will drive more people into illicit drug use and suicide.

One of the devastating consequences of these "crackdowns" of prescription pain medication users is that it causes untold damage to the people needing those medications. It can take people from a state of being able to function to making them dysfunctional. It can (and does) drive people into the use of "illegal" drugs whose purity and safety are not even testable. While destroying lives, it also broadens the population for "The War On Drugs," and sends a new stream of people into the ever hungry (increasingly privatized) US prison system where they can be put to work for pennies on the dollar all on the tax payers dime.

This "consequence" of shifting people into the illegal opiate market is that it nicely increases the money flowing into the coffers of the covert "intelligence" community. One major source of funds for the CIA's operations around the world is the illegal drug trade – particularly heroin and cocaine. The use of the money from illegal drugs is and has been a major component of our military-industrial-corporate complex for a very long time (going back to at least WWII). It was a major component of our invasion of Vietnam (The Golden Triangle); it is a major component of our actions and continued presence in Afghanistan, and it is the foundation of much of our foreign policy with governments across Central and South America.

Lastly, I find the use of Prince – who was a shining example of an activist artist – to push this OAE agenda particularly disgusting. It is a clear attempt to tarnish the reputation and demean his efforts to create a better world. It is an attack on a positive role model as does a disservice to us

all. -rw

Prince did not die from pain pills – he died from chronic pain

The media can't seem to get its stories about Prince right. As the news feed overflows with stories with the word "Prince" and "addiction" in them, very few of them feature the word "chronic pain." Multiple reports mention that Prince had suffered from years with pain in his hips due to injuries racked up during his performances. His body wracked with pain, Prince relied on opiate pain medications to provide him some relief. And yet, even today, the stately New York Times features a long article about Prince seeking "help" with an "addiction."

Prince was not addicted to pain medication. Prince had a medical condition – chronic pain – which is criminally under-treated. It is also a medical problem that is more likely to be reacted to with stigma and condescension, even challenges about the patient's moral character, or, if male, masculinity. Pain is still the condition that we treat by telling its sufferers to just "suck it up," or "maintain a stiff upper lip," or to stop acting like a "wuss." And yet, when someone dies from complications of the disease – for that is what chronic pain is – we react with shock and pity and anger that the person died from a drug overdose. Some outlets make money off our confusion about overdose and medications and our fascination with drugs.

As early as 2009, reports surfaced that Prince was in chronic,

debilitating pain. His friends reported that he was taking pain medication to try to control the constant, excruciating pain from damaged hips. The supposed conflict between Prince' conversion to the Jehovah's Witnesses and his ability to accept a blood transfusion – should the need arise during hip replacement surgery – was bandied about by the vultures who pose as gossip reporters. The idea that Prince would forego surgery in order to serve his faith contributed to the undercurrent that Prince was "weird." Nevertheless, at least some news outlets report that Prince did have the double hip replacement surgery in 2010.

But it's not just about how the media doesn't understand how chronic pain works. They are also ignoring the realities of the impact of race upon the practice of medicine.

Into the mix must surely be added the element of race. Prince was a black man. Strong racial disparities in how doctors and other medical staff respond to pain in the emergency room has been documented. For example, a recent study published in one of the most prestigious pediatrics journals studied the treatment of appendicitis, a condition that is often initially suspected after a "chandelier test." In medical slang, if a doctor places her hand on the pain point in the lower abdomen affected by the pain of an inflamed appendix, the patient will try to jump up into the metaphoric chandelier on the ceiling above their head.

And yet, even here, black kids cannot get a break.

"Our findings suggest that there are racial disparities in opioid administration to children with appendicitis," wrote one of the lead researchers, Dr. Monika Goyal.

"Our findings suggest that although clinicians may recognize pain equally across racial groups, they may be reacting to the pain differently by treating black patients with nonopioid analgesia, such as ibuprofen and acetaminophen, while treating

white patients with opioid analgesia for similar pain."

Similar studies have documented that African Americans' chest pain is less likely to be diagnosed correctly as a heart attack. Other studies have attempted to measure whether African Americans have a "lower pain threshold." Similar studies about why women's pain is not taken seriously in emergency rooms have also been produced.

Surgeries can fail to repair the issues that trigger intense pain. And they fail often. In medical conditions in which pain has been long-standing, scientific evidence suggests that the brain's pain receptors "short out." After a while, regardless of even whether the painful part of the body has been removed – as in amputations – the brain's pain receptors continue to process signals that the body is under attack. Phantom limbs can cause severe pain. It does not make the pain fake. It is the brain that feels pain. And the brain can continue to experience pain even after surgery has been performed.

And yet, despite the evidence that Prince was being given Percocet for documented pain, the media narrative has shifted to a story in which Prince died of an overdose. An overdose is a self-inflicted wound. It's a moral judgment. That's how we react to it. "He was such a talented actor. Why overdose?" Or, "She had such a powerful voice. But she was a demon for drugs." That story allows us to distance ourselves, to see it as the fault of a weak personality, an "addictive" personality. It's part of the mythos we create around talented folks. The idea that the truly gifted are also the ones in the worse psychological pain, and their psychological "weaknesses" make them ripe for drug addiction.

Prince is being pushed toward that precipice over which we have pushed Amy Winehouse, Whitney Houston, Philip Seymour Hoffman, Michael Jackson and every other artist who has died from drugs in the past century – especially those who succumbed to heroin. But heroin and pain medication are not

the same thing. Undoubtedly, some will gain fame for their discussions of the “abuse” of pain medication.

Chronic pain management requires, in most cases, the taking of strong, often-opiate based medications. ANY patient who takes these drugs on a daily basis will become “physically dependent” in a short time. Physical dependence is not addiction. Diabetics are physically dependent on insulin, and yet we do not call insulin an addictive drug. Without it, diabetics would die. Stopping pain medication that has been used for chronic pain can kill you if it’s done abruptly. Under a doctor’s care, a change in pain medication is handled on a strict schedule in which the body is weaned off one drug in order to either start a new medication, or to determine whether the body is reacting in a different way to the condition causing the pain.

I am not Prince. And yet, I know chronic pain from the inside. And I know how it is treated by cynical doctors who suspect that everyone is just trying to score.

My own experiences in hospital emergency rooms have involved being willing to go through several treatment options before being given the IV opiate medication that I need when I have a cluster headache. Cluster headaches are nicknamed “suicide headaches” by doctors, for good reason. The pain of cluster headaches has caused me to hallucinate, to have trouble breathing, and, of course, to wish for death. And yet, in the midst of a cluster headache, or its cousin, migraine, I have been interrogated by emergency room physicians who want to get me to admit that I am faking my symptoms while on a “drug-seeking” mission.

Prior to moving to the state of Florida in January, I had spent 23 years living in New York state. For the past nine years, I have suffered with migraines and clusters. During that time, I have been hospitalized for more than 24-hours seven separate times. I have had every diagnostic test

available that might reveal why my head hurts so much. I have tried nearly every prophylactic treatment available. I have changed my diet. I avoid “triggers” that may cause a headache. I exercise, try to eat right, and wear prescription eyeglasses to make certain that it’s not eyestrain that make my migraines feel as if someone has inserted a bottle opener under my orbital bone and is trying to pry it out.

In New York, after all other treatments had failed, I was prescribed opiates. Yet, when I moved to Florida—which in a moral panic about its reputation as a state where it was easy to score drugs—has passed laws that make it near impossible for a family doctor to prescribe strong pain medications. Instead, I had to wait nearly two months to get in to see a specialist—in my case, a neurologist, who prescribes what I need. Triptans, the most common and effective way to treat migraine pain, are also expensive. My insurance company limits my triptans so that I can only use one of my pills for every three headaches I experience. Opiates are cheap. Guess which one my insurance company prefers to pay for?

Before the media narrative of the tortured genius who abused drugs takes over the story, there needs to be a pushback. Chronic pain patients should step forward and speak of their own experiences of living with the condition, and the constant barriers that are being thrown up to treatment. The latest obsession with white kids using heroin is stigmatizing those with chronic pain.

Chronic pain kills. It killed Prince. It’s time to talk about it.

Article Source: Raw Story

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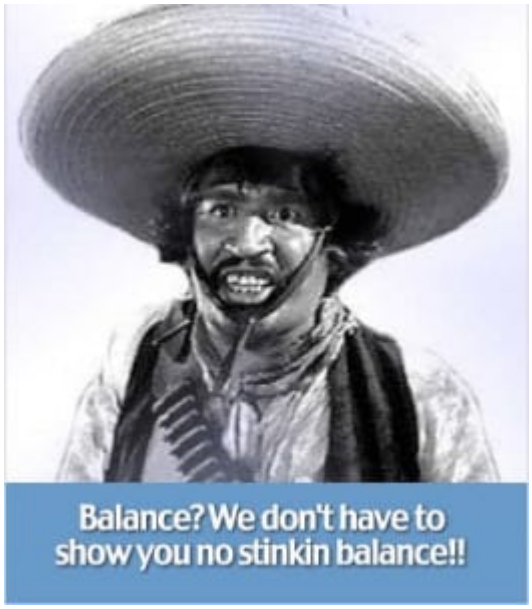

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