

Summer 2014



A Multi-Disciplinary Approach to Chronic Pain

Dr. Ben Teoh, Medical Superintendent, South Pacific Private

Pain is something we have all experienced and it is an important message that the body is telling us that something is wrong and we need to pay attention and do something about it. In many cases, when the cause of the pain gets better, the pain goes away.

There are conditions when the physical cause of the pain cannot be completely treated and persist, for example, in people suffering from arthritis or cancer. There are other patients who suffer from chronic pain with no identifiable causes.

It is estimated that about 10% of the population report that they are suffering from chronic pain that is interfering with their daily life. Chronic pain can lead to relationship problems, financial difficulties, other physical conditions, insomnia, depression, irritability, low self-esteem, feeling helpless and inappropriate use of medication. At South Pacific Private, we have observed an increasing number of people admitted for opiates dependence associated with chronic pain.

The management of chronic pain requires a multidisciplinary approach – in addition to physical evaluation and treatment, there are often significant psychosocial factors that need to be addressed.

As the condition becomes chronic, clients need to learn skills and strategies to deal with their condition.

In the book, "Manage Your Pain" by Dr Michael Nicholas et al, the authors, outline practical and positive ways of ADAPTING to chronic pain. It highlights the importance of understanding the nature of the pain - clarifying the differences between chronic and acute pain. Many clients struggle with accepting that there are no cures available and that they need to learn to "live with it". Two chapters in the book address this very important issue.

The book describes how to set realistic goals and deal with obstacles. It also gives useful skills and strategies.

The ADAPT program is widely accepted and use by many treatment centres and clients, with good outcome. It is complimentary to medical treatment. We highly recommend the book to our clients.

South Pacific Private is developing a treatment program specific for clients with chronic pain.

We are also organising an industry briefing & a dinner for professionals focused on chronic pain in early 2015.

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INTERVIEW ON CHRONIC PAIN

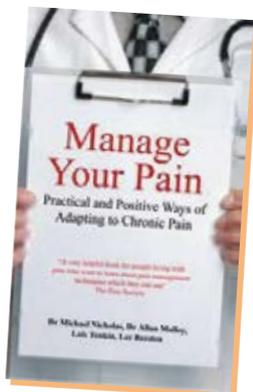
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South Pacific Private Launches Community Event

In 2015, South Pacific Private is hosting a series of community education nights. The first of which, in January, is focused on Bipolar Disorder. We will announce the topics for the rest of the year in our next edition.

SOUTH PACIFIC PRIVATE COMMUNITY EDUCATION

Wednesday 28th January
FREE Community Education Seminar
- ALL WELCOME -

Understanding Bipolar Disorder

Featuring Guest Speaker Anne Naylor – Artist, Author and Advocate

Join South Pacific Private and friends at our first community education seminar! Presented by Dr. Ben Teoh, Medical Superintendent, South Pacific Private and special guest, Anne Naylor, this presentation will include both a clinical introduction to Bipolar Disorder as well as a personal journey with Bipolar Disorder.

Bipolar Disorder (also known as Manic-Depression, or sometimes Bipolar Affective Disorder), is a category of serious mood disorder that causes people to swing between extreme, severe and typically sustained mood states which deeply affect their energy levels, attitudes, behaviour and general ability to function. Bipolar mood swings can damage relationships, impair job or school performance, and even result in suicide. Family and friends as well as affected people can become frustrated and upset over the severity of bipolar mood swings.

Join us for this free event to learn more about bipolar!

About the Speakers:

About Anne Naylor: Anne is a NAATI qualified Auslan (Australian Sign Language) interpreter and works part time as an Itinerant Teacher of the Deaf. A mental health and disability advocate, Anne is a Carer Representative for Carers NSW and the 2013 NSW Carer of the Year. In April 2013, Anne's memoir / information guide to mental illness, 'Art from Adversity: A life with bipolar', was published.

About Dr. Ben Teoh: MBBS FRANZCP FACHAM GAICD FAICD, Chairman of the Board & Medical Superintendent, South Pacific Private. Dr. Ben Teoh is a Psychiatrist and Physician specialising in Addiction Medicine. He is a Fellow of the Royal Australian and New Zealand College of Psychiatrists, Fellow of the Royal Australasian College of Physicians, Chapter in Addiction Medicine and Fellow of the Australian Institute of Company Directors.

Where:
South
Curl Curl
SLSC

When:
28th Jan
6.30 - 8.00pm
Refreshments
and free
information
handouts

**Bookings
Essential**

To register please call

02 9919 0506 or email

registrations@southpacificprivate.com.au



SOUTH PACIFIC PRIVATE
Australia's Leading Treatment Centre

Upcoming Events for Health Care Professionals

Please join us for our series of professional events in 2015. If you would like to register for any of these events please email our Events Coordinator on registrations@southpacificprivate.com.au clearly stating the event for which you'd like to register.

MENTAL HEALTH PRACTITIONERS NETWORK MEETING

Ice Addiction under the Microscope:

Hosted by South Pacific Private and in Conjunction with the MHPN

When

Wednesday 18th February, 6.30 - 8.00pm

Where

South Curl Curl Surf Life Saving Club

The Mental Health Professionals' Network is a unique initiative targeted at improving interdisciplinary mental health practice and collaborative care within Australia.

They support primary mental health practitioners through local networks and through their webinar program. South Pacific Private is delighted to host the local MHPN meetings.

Find out more:

www.mhpn.org.au/participate If you'd like to join this meeting please email **registrations@southpacificprivate.com.au** and we can connect you with the local MHPN representative to coordinate your attendance.

www.southpacificprivate.com.au

Recovery & Relapse in Co-Occurring Disorders: Definitions, Dilemmas and Discrepancies



SOUTH PACIFIC PRIVATE

Where IMAX complex, Star Room, Darling Harbour

When Thursday 5th February 2015 6.30 - 9.00pm

What Psychiatrists Dinner & Discussion

Numbers are limited due to space and RSVP is essential. Attendance is complimentary and places will be reserved on a first come first served basis.

Recovery in both addiction and mental illness is not always a smooth path. Psychiatrists and other mental health clinicians can often view recovery and relapse for psychiatric disorders differently from addiction. This presentation will discuss what we really mean by recovery in addiction and mental health treatment. It will invite participants to examine their attitudes about recovery and relapse; and the language and jargon we use in treatment.

About your Speaker:

David Mee-Lee, M.D. is a board-certified psychiatrist, and is certified by the American Board of Addiction Medicine (ABAM). Based in Davis, California, he trains and consults both nationally and internationally.



Invite you to join us at

Co-Occurring Chronic Pain and Addiction: DINNER & DISCUSSION

Guest Speaker:

Dr. Mel Pohl

When:
Tuesday 3rd
March 2015

From:
6.30pm - 9.00pm

Where:
Darling Rooms 1&2,
Dockside,
Darling Harbour

About the Speaker:

Mel Pohl, MD, FASAM is a Board Certified Family Practitioner. He is the Medical Director of Las Vegas Recovery Center (LVRC). Dr. Pohl was a major force in developing LVRC's Chronic Pain Recovery Program. He is certified by the American Board of Addiction Medicine (ABAM), and a Fellow of the American Society of Addiction Medicine (ASAM).



Industry Briefing: Chronic Pain and the Cycle of Suffering

Forum on Chronic Pain, Diagnosis, Treatment Planning and Prescribed Medication Misuse.

SPP will host an expert panel of speakers discussing the issues facing individuals and families living with chronic pain.

When:
Tuesday 3 March 2015

Where:
Holmes Room, Sutherland
Building Sydney University

Time:
1.00pm - 4.30pm
(afternoon tea will be served.)

Chronic pain is defined as, "pain that extends beyond the expected period of healing". Most patients who suffered acute pain recover when the cause of the pain is managed. It is estimated that for about 1 in 5 Australians, the pain does not go away. The incidence of chronic pain is increasing, especially in the elderly. This industry briefing will highlight different perspectives around the identification, treatment and influence of chronic pain drawing on the experience of a panel of both national and international experts.

There is no cost to attend but RSVPs are essential. For information or to register to attend, please contact **registrations@southpacificprivate.com.au** or call the PR dept. on **(02) 9905 3667**

Register by email: **registrations@southpacificprivate.com.au**

Q & A with Dr. Mel Pohl



Why is chronic pain so prevalent and such a problem?

As we get older as a culture, there is more time to sustain injuries and illness that result in chronic pain. The prevailing attitude about pain in the USA is that it must be taken away – resulting in some very negative results. Specifically, chronic pain results in opioid use and overuse, dependence and addiction. Also, in the quest for pain relief and in our attempts to AVOID pain – we often create more.

Describe the cycle of suffering.

Pain exists. It is subject to interpretation by each individual and is based on experience, upbringing, belief systems, mood, and physical conditions. Our attitudes about pain dictate how each person suffers. If pain is regarded as awful, the enemy – or the beast – we expend energy to get away from the experience. Our brain creates worry, fear, anger, sadness and stress – this all makes the pain worse.

What are the first things a person can do if in chronic pain?

The key to healing begins with acceptance, you must allow the pain to exist – coexist, if you will, with your being. This can start, simply, with a deep breath. Next is to begin exercising through the soreness to allow the body's natural clearance system to help get rid of toxins. Next, look at what's coming into your body- food, fluids, and medications. Nourishing and hydrating the body are paramount for good health – opiates, if they are used can result in serious problems and should be examined with the help of an understanding health practitioner. Lastly, be open to different methods that are nontraditional can benefit a person in chronic pain.

How does chronic pain turn into a “syndrome”?

Not everyone with chronic pain develops chronic pain syndrome – perhaps some are constitutionally (or genetically) predisposed to have problems dealing with chronic pain – more than others. As a consequence, progressive searching for pain relief leads to increasing problems. People with chronic pain syndrome treat emotional and physical pain with medications, typically opioids. They tend to search for a cure and continue to pursue this end with a variety of doctors and procedures.

Does gender play a role in how we experience pain?

Studies have shown that several areas of male and female brains reacted differently when given the same pain stimulus. The female brain showed greater activity in limbic regions, which are emotion-based centers. In men, the cognitive regions, or analytical centers, showed greater activity. Studies also show that women report pain more often than men do, and in more body regions. They also have more severe and more persistent pain. When women and men are given the same pain stimuli in laboratory studies--gradually increasing heat, for instance--women say “ouch!” before men do. Women discriminate better between types of pain. Despite their greater pain burden, women handle pain better than men do. Women use more coping strategies, honed perhaps by their more frequent encounters with pain, in menstruation and in labor and childbirth. Women prepare better for pain. They plan tactics to handle it. Men more often say, “I’ll deal with it when I have to.”

What are the two groups of pain medications?

There are a large number of non-opioid pain medications including anti-inflammatory medications (ibuprofen-like), Tylenol, muscle relaxants, ant-seizure medicines, antidepressants and topical preparations, all of which enhance pain relief. The mainstay of treatment for chronic pain has always been the opioids – habit-forming pain killers (or narcotics) that are effective in diminishing pain but which can cause side effects and result in physical dependency, in some cases addiction, and sometimes worse pain with continued use of the opioids (opioid induced hyperalgesia).

How does someone get addicted to pain medications?

If someone becomes addicted to pain medications, they had a predisposition because of their brain chemistry from an early age. Many are born with this tendency. It seems like the key is that when someone with this predisposition takes a drug, in this case, an opioid, they feel something unique and almost “magical” an effect on their brain that causes them to feel good – out of pain, both physical and emotional. The cycle of addiction occurs when, in an attempt to re-experience these feelings, the person uses more and more of the drug, with increasing problems as a result of using. Eventually they will experience loss of control and craving which drives them to continue to use despite negative consequences.

Why do chronic pain and addiction often go hand in hand?

Pain comes in emotional and physical forms. For many who use opioids, they achieve relief of both types of pain as well as suffering in the short run. The brain regions where pain is experienced and where opioids work are tied to the region where reward is experienced – hence, by taking opioid medications for pain relief, some inadvertently trigger the pleasure center as well – when the drug wears off, they are drawn to repeat the experience again and again at higher and higher doses, often finding they cannot stop the drug.

Does everyone who takes pain medication get addicted?

Not everyone – maybe 15-25 % - depending on the studies you read – a percentage of people who take pain medications become addicted – unable to stop, continuing to use despite problems, preoccupation, spending time getting drugs and neglecting other life responsibilities. The key to the diagnosis is loss of control and has to do with the effect the drug has in an individual's brain – if the drug fits a certain way, the person gets an effect that they are driven to search for again and again – eventually losing control.

What constitutes addiction to pain medication?

See above. Continued use despite consequences and getting a euphoric effect from the opioid are characteristics of addiction. Often this occurs in conjunction with use and abuse of other substances like sedatives, anti-anxiety drugs, stimulants, marijuana and alcohol.

Explain drug tolerance... physical dependence...and addiction.

Tolerance means you need more of the drug to achieve the desired effect. Physical dependence means you can't stop with experiencing withdrawal symptoms, usually the opposite of the drug's effect. Addiction may involve tolerance and dependence but also includes loss of control, continued use despite consequences, inability to cut down or quit, and problems in life function as a result of using the drugs.

Is it true that chronic pain changes the brain?

Yes. The brain is plastic or changeable. If exposed to a certain stimulus, the brain changes in response. If the stimulus is pain, chemical levels change and eventually the actual neurocircuitry of the brain transforms. This may or may not be reversible – certainly continuous use of opioid medications changes the brain.

Why is it important to move the body even if doing so hurts more?

If we have pain, and we don't move, and hold the painful part of us in just the right position.... just right at just the right angle...it may not hurt. If we continue to hold our body in a particular position, eventually, if and when we try to move, we are either stuck in that position (like a frozen shoulder) – or when we do move, it hurts worse than before. One of the cardinal rules of treatment of chronic pain is "move it or lose it" –in other words, we must move or the pain will get worse. Moving and exercising temporarily hurts more, but eventually loosens the tissues and decreases the level of pain.

What is TENS?

Transcutaneous Electrical Nerve Stimulator is an electronic device that works through the skin by sending a painless electrical current to specific nerves. The current may be delivered intermittently or continuously. The mild electrical current generates heat that serves to relieve stiffness, improve mobility, and relieve pain. The treatment is believed to stimulate the body's production of endorphins or natural painkillers.

How do you as a doctor respond to patients who say, "It's never going to get better?" and "I can't do it?"

This is a commonly expressed sentiment by people who are suffering with chronic pain. When I work with someone with a painful condition, the first thing I let them know is that any statement containing "never" or "can't" is simply a lie. The lies we tell ourselves are fear-based. The truth is that with a variety of techniques the pain will change – at times be better. For some, simply stopping opioid medications makes it a little better. Everyone can do something about their pain – many don't want to or are afraid they won't be successful – and there's no denying that it's harder than taking medications and not moving – but the returns on investment of time and energy are bountiful.

You write about faith and spirituality in this book. What is the link to your work? I've rarely heard this reference when reading about chronic pain?

Faith and spirituality are always helpful forces in seemingly intolerable situations. I'm referring to our own individual concept of spirit – not associated necessarily with organized religion or even religious beliefs. By allowing ourselves to step out of the center and broaden our view of the world, realizing we are not the only one suffering – we are part of a bigger universe and there is some force greater than ourselves, most people take some solace and find a unique brand of relief from their suffering.

Recovery in the Real World

Australian Life in Recovery National Survey Sheds Light on the Lives of Persons in Recovery from Addiction to Alcohol and Other Drugs

By Jacquie Grant - Relationship Manager, South Pacific Private

In 2012, the US recovery advocacy organisation, Faces and Voices of Recovery (FAVOR) published the findings of an online survey of people in recovery to measure the changes in a range of aspects of their wellbeing from the time of their active use to their recovery.

This survey was of great significance as it represented the **first-ever USA nationwide survey of persons in recovery from addiction to alcohol and other drugs**. Conducted by Alexandre Laudet, PhD, the survey documented dramatic improvements in all areas of life for people in recovery from addiction and documented the heavy costs of addiction to the individual and to the nation. Importantly, and also for the first time, it measured, tracked and quantified the effects of recovery over time (to the individual and to the nation).

To do this the survey gathered information on 3,228 participants' socio-demographics, physical/mental health, substance use, and recovery history, as well as 44 items representing experiences and indices of functioning in work, finances, legal, family, social and citizenship domains.

The results of the survey were empowering, significant and revealing. Some of the key statistics that emerged clearly indicated that addiction recovery is associated with dramatic improvements in all areas of life but also that there are definitive long term benefits that impact individuals, but also society. This survey documented, for the first time, that investing in Recovery not only makes sense, but is actually critical to the health of the nation.

Some of the impacts of the USA Survey include:

- Involvement in illegal acts and involvement with the criminal justice system (e.g. arrests, incarceration, DWIs) decreased by about ten-fold
- Steady employment in addiction recovery increases by over 50% greater relative to active addiction
- Frequent use of costly emergency room departments decreases ten-fold
- Paying bills on time and paying back personal debt doubles
- Planning for the future (e.g. saving for retirement) increases nearly three-fold
- Involvement in domestic violence (as victim or perpetrator) decreases dramatically
- Participation in family activities increases by 50%
- Volunteering in the community increases nearly three-fold compared to in active addiction

- Voting increases significantly
- Reports of untreated emotional/mental health problems decrease over four-fold
- Twice as many participants further their education or training than in active addiction

(Source: www.facesandvoicesofrecovery.org/resources/life-recovery-survey)

In early 2013 a group of researchers at Turning Point (part of Eastern Health) began to consider whether the same implications might be true of the Australian Recovery demographic.

They approached FAVOR and with their support and blessing began to determine how this American survey might fit in the Australian context.

To date, it is true that there is relatively little evidence (particularly in Australia) about what the experiences are of people who have made this transition in their lives. There is regular media coverage, documented stories and editorial dedicated to active addiction and its impact on families, livelihoods, society, welfare and more. However, by comparison, very little coverage is dedicated to those in Recovery and the transformative nature of that Recovery financially, psychically, emotionally, educationally and economically.

"Recovery introduced me to myself. The hardest but most rewarding journey I have ever undertaken."

Recovery from alcohol and drug addiction is now widely recognised as a journey that takes place over time and in a multitude of ways that reflect personal circumstances, supports and resources. Turning Point saw an opportunity to mirror the insights now available about the American Recovery population and to raise awareness of our growing nationwide reality regarding addiction to alcohol and other drugs.

In conjunction with South Pacific Private, they began a journey to pilot and develop an Australian version and to capture the Recovery experiences of the Australian population.

As a first step to documenting the benefits of recovery to the individual and to the nation, Turning Point and South Pacific Private carefully designed the Australian version of the Life in Recovery survey, but were also conscious to ensure that the two surveys (American and Australian) were closely enough aligned so as to be able to compare and cross-reference the outcomes.

The survey, conducted both online using a tool called Survey Monkey, and in print format, was conducted between November 1 and December 31 2013 and gathered information on participants' socio-

"Recovery introduced me to myself. The hardest but most rewarding journey I have ever undertaken."

demographics, physical/mental health, substance use, and Recovery history.

In addition, the survey also collected information regarding social networks and social media which both Turning Point and South Pacific Private believed to be particularly important in reference to an individuals' recovery journey.

These questions focused upon the following:

- **Health and quality of life**
- **Substance use**
- **Treatment and Recovery**
- **Recovery supports**
- **Life experiences in active addiction and recovery**
- **Social networks, peer networks and identity**

A total of 573 surveys were completed and respondents represented a broad range of individual characteristics, recovery durations and life histories.

Currently, South Pacific Private and Turning Point are collaborating to finalise the survey results; to be released in early 2015 in full.

The purpose of this article is to highlight our early findings and to begin the discussion that is required around Recovery treatment, stigma and the state of the nation as regards Recovery statistics. They hope this survey will contribute to educating the public, governments and treatment services about recovery. In addition, through the release of this survey in 2015 they hope to help address stigma and the discrimination of people in or seeking recovery from addiction to alcohol and other drugs.

"My addiction was hell. My Recovery has been amazing. It took a long time to feel a part of the world when coming out of addiction. I have been able to break the cycle."

Early key statistical indicators:

- Marked improvements in financial situation from active addiction to recovery signified by; paying bills on time, having a place to live, credit ratings, and paying taxes.

- Marked improvements in changes to family and social life from active addiction to recovery specifically underpinned by a dramatic reduction in incidences of family violence (from around half of participants during active addiction to less than 10% in recovery).
- Marked differences in health functioning with clear improvements in self-care activities such as GP visits, regular dental check-ups, improved diet and nutrition and regular exercise.
- 90% reduction in imprisonment from active addiction to recovery as well as dramatic reductions in offences such as driving under the influence (DUI) (82.9% reduced to under 5%).
- Striking number of comments representing support of 12-Step groups such as AA. In conjunction, there were also a number of respondents who spoke about the importance of blended support from both mutual aid groups and professional treatment services.

It is clear, even from these preliminary survey findings, that the long term benefits of Recovery not only benefit the individual and their families but also reverberate on a much more widely reaching scale. The scope of impact includes the legal and criminal system, the health care system and emergency services, social / welfare services and other support services and finally, the economy and overall mental health of our nation.

Summary – A Life in Recovery Unveiled

In summary, this survey will document a cross-section of the Recovery population in Australia in terms of the many costs of active addiction to the individual and to society but also, notably, the dramatic improvements people experience in all areas of life once they are in addiction recovery.

The full survey report and findings will be published in early 2015. If you would like to receive a copy of the report in full please email Jacquie Grant (email below).

jgrant@southpacificprivate.com.au

For more information regarding the American Life in Recovery Survey please visit: **www.facesandvoicesofrecovery.org/resources/life-recovery-survey**

Our network of professionals is growing! Follow us to keep up to date with the latest news, events and commentary as it relates to SPP & the general therapeutic field.



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Follow us on **LinkedIn**

www.linkedin.com/company/south-pacific-private

South Pacific Private Questionnaire

South Pacific Private values our relationships and the feedback we receive from clients, stakeholders and professionals. As part of our commitment to continuous improvement we are now seeking your views about our newsletter. We are interested in how we can improve the information we provide quarterly and in how better we can support your needs and interests. We would be grateful if you can complete this short questionnaire and return it to Jacquie Grant at the details below.

Which publications do you read?

Which websites do you regularly visit?

Which blog and social media sites do you follow?

How do you remain updated on research and scientific developments?

What member associations are you affiliated to?

Are there any events you attend annually / regularly?

What content would you like to see covered in a professional grand round?

What is the value of this newsletter?

What content would you like to see included that is not currently covered?

Any other comments / feedback or suggestions for South Pacific Private?

If you have recently updated your details please share so that we can update our records:

Jacquie Grant, Relationship Manager

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