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By fpamed Forensic Psychiatrist David Kan, MD

**Opioids and Litigation:  
10 Bullet Points Every Trial Attorney Needs to Know**

1. Opioids refers to the universe of opioid-type medications. Opiates refer to the naturally occurring analogues (e.g. Opioid, morphine, and codeine). Opioids include the naturally occurring analogues as well as synthetics such as fentanyl.
2. Opioids are medically indicated for short-term acute pain.
  - a. Post surgical or acute injury
3. Opioids have limited medical indication for Chronic Non-Cancer Pain (CNCP).
  - a. A recent study (JAMA 2018) compared opioids with Non-Steroidal Anti-inflammatories (NSAIDS) and found no difference in functional restoration in chronic back, hip, and knee pain.
4. Functional restoration is a critical concept.
  - a. Suffering is the patient experience. Opioids help reduce suffering but do not improve functionality (work, relationships, adherence with treatment such as physical therapy) in CNCP.
5. Future opioid prescribing is well predicted by the first dose.
  - a. The higher the dose and the longer-acting the opioid, the more likely a patient will continue on opioids in the future.
6. Opioid Beliefs (what people think opioids will do).
  - a. Sedating
  - b. Good for all pain conditions
  - c. Non-addicting if prescribed and monitored
  - d. Pain is the 5<sup>th</sup> vital sign
  - e. Improve Sleep Quality
  - f. Impossible to stop once started
  - g. Will get people back to work
  - h. Nobody should take opioids because of risks
7. Opioid Realities (what really happens).
  - a. Activating after some period of time
  - b. Indicated for acute but not chronic pain in most
  - c. Rates of aberrant use in chronic prescribing 15-45%
  - d. Pain is subjective and cannot be tested. However, functional restoration can be measured
  - e. Decrease sleep quality
  - f. Majority of patients taper off opioids without problem
  - g. Early use is associated with increased disability

h. Majority of patients use opioid therapies responsibly and to good effect

**8. Chronic opioid use changes the brain.**

- a. Chronic opioid exposure (addiction or therapeutic) causes brain changes
- b. Opioid receptors increase
- c. Brain stops producing enough endorphins and dopamine (manages pain and motivation)
- d. Brain chemistry disrupted until chemicals are replaced or brain recovers

**9. Opioid Risks.**

- a. Overdose, oversedation
- b. Constipation, hormonal disruption
- c. Risks are dose-dependent

**10. Medication Treatment is the treatment of choice for Opioid Use Disorder (Opioid addiction).**

- a. Buprenorphine, methadone, and naltrexone have all shown positive evidence for reducing the risk of return to use and increasing safety (reducing overdose) in patients.

SEE DR. KAN'S [SLIDESHOW PRESENTATION ON OPIOID ADDICTION](#)

**About Dr. David Kan:**

Dr. David Kan graduated from Medical School at Northwestern University. Dr. Kan completed his psychiatry and forensic psychiatry fellowship at University of California, San Francisco. Dr. Kan is Board certified in general and forensic psychiatry as well as addiction medicine. Dr. Kan is an original member of the forensic psychiatry team at Forensic Psychiatric Associates Medical Corporation ([www.fpamed.com](http://www.fpamed.com))

Dr. Kan is an Associate Clinical Professor of Psychiatry at UCSF where he teaches trainees of all levels. He has won multiple teaching awards with the UCSF Department of Psychiatry.

Dr. Kan is the current President of the California Society of Addiction Medicine, a 500 member state chapter of the American Society of Addiction Medicine. He chairs the Committee on Opioids within CSAM.

Dr. Kan is the Medical Director of Bright Heart Health, a telemedicine company that is active across the nation in addressing the nation's opioid epidemic to get treatment access for all patients.

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