

The Connection Between Chronic Pain and Addiction

Recovery 2.0 Interviews Peter Przekop

Tommy Rosen: Welcome to the Recovery 2.0 online conference. I'm your host, Tommy Rosen and I'm so pleased to have a chance to speak with Dr. Peter Przekop. Peter is the director of the pediatric chronic pain and headache clinic at the Loma Linda University Medical School, where he is on the faculty in the departments of pediatrics and psychiatry. He developed and directed the pain management program at the Betty Ford Center for six years. His research interests include non-pharmacologic treatments of chronic pain and predisposing factors in both children and adults. He has published over forty peer-reviewed articles and recently published book about the treatment of chronic pain entitled, Conquer Chronic Pain. He serves on two editorial boards and is on the board of directors of the American Osteopathic Association Addiction Medicine Society. Peter, can't thank you enough for lending your voice to the Recovery 2.0 conference. Welcome.

Dr. Przekop: Thank you, very much.

Tommy Rosen: Yes.

Dr. Przekop: It's good to be here.

Tommy Rosen: Peter, you and I have have spoken, quite a bit, trying to answer this question of, "How did we get here?" What had lead to this incredible epidemic of addiction in general. Of course, the opioid epidemic we're in the middle of. Prescription medications, it goes on and on. Can you help our listeners, today, get a little bit of the understanding of the history of this thing? How'd we get here?

Dr. Przekop: Well, about 1992, people started to acknowledge that a lot of patients had chronic pain. There wasn't really a response. Two papers were published. One paper in the journal, Pain, that was a case report of about twenty patients that said, "These patients with chronic pain did okay long term using opioids." Soon after, another publication came out that said, "Patients on opioids long term did not become addicts." After that, there was strong strong recruitment of doctors and just pushing hard by companies who made opioids to use them. It just became a huge huge sort of a movement. Pain doctors were recruited to go out, give talks, and just acknowledge that this what we have to start doing. Two doctors, one in California, were sued for not acknowledging pain. Pain was acknowledged as the fifth vital sign. It just became this huge thing of, "Let's treat chronic pain using opioids." The one huge caveat is, is wasn't based on any research. After that, over and over, clinical trials showed that they didn't help. Pain didn't improve. Long term use patients didn't do well. There were dropout rates of about six weeks of half of the patients would drop out.

As you know, this is where we stand. As of today, there's like five-hundred thousand people who have died of overdoses.

Tommy Rosen: Now, that was '92 when those papers come out, when this momentum starts going and pushing the medical community towards this approach to chronic pain. At what point does Oxycontin come into the picture? How is that an important piece of this puzzle?

Dr. Przekop: I think Oxycontin came into the picture in the late nineties. I remember being a resident. I remember a person from Purdue coming, taking us out to Ruth Chris.

Tommy Rosen: Purdue Pharma.

Dr. Przekop: Yes. They are the ones who make the medication. Telling us that this drug does not have dependence as a problem. Just pushed it and pushed it. Pushed it, again, based upon research that was not strong. Based upon studies that were probably twenty-four hours or less. It just became this movement towards everyone should be on it. Again, instead of based on sound clinical evidence, base more upon sales and advertising and trends. Just pushing people into it. A big problem is, I think Tommy, is clinical school. There's no training for chronic pain. I remember we had three hours of addiction. Chronic pain, we had no training whatsoever. You go out there, 60% of people that you see in practice are as primary care doctor complain of chronic pain and you don't know what to do. It's a problem that's all around.

Tommy Rosen: It is basically undo- I mean, I guess what I'm hearing from you is that if I'm a medical doctor and a patient comes in to my office. They've got a chronic pain situation. Unless I have gone outside the box, unless I have somehow on my own explored, as you have, alternative therapies, I'm going to probably end up prescribing some form of pain killer to my patient.

Dr. Przekop: Yes. You come in at eight o'clock. You have a schedule that goes until four, that has thirty-five patients. That gives you, for each patient, half-hour or less. Chronic patient comes in and complains, "You gave me hydrocodone before. I'm still in pain. The pain is getting worse." I keep on complaining. You don't have an answer. The only thing you can do is increase it or prescribe more. This is a big problem that we don't have an answer to. If you send them to a pain specialist, that are usually anesthesiologists, they'll give opioids as well. They'll give a standard opioids. Opioids for breakthrough pain. They can add a pump. It's just ... the answer that we've used for the last thirty years doesn't work. We haven't had an acknowledgement that it doesn't work. We haven't acknowledged that something has to be done.

Tommy Rosen: I want to make a connection for people watching this important interview between chronic pain and addiction. You are, there you are, you're presiding over the chronic pain program at Betty Ford Center, where people come for a variety of reasons. Not the least of which is to treat addiction in a variety of forms. What are you seeing come in there, in terms of chronic pain? How does that relate to addiction?

Dr. Przekop: It's important to acknowledge that chronic pain is pain that is persisted for three months or more. When pain becomes chronic, it sort of transitions over to "It hurts here." To, probably, something's changed in the brain and mind.

The people I see, who would come in, have gone from using on their own, being prescribed opioids, to using more than they should to have having their use be completely out of control. Maybe, adding benzodiazepine, marijuana, alcohol, other street drugs. Life is completely out of control, but the pain is getting bad. I don't have control over it. Most of the people I would see, if you would ask them, if you gave them a choice, "Go on like this or you would die, which would you prefer?" 60% told me that they'd prefer to die. It's that bad. When you see these people, they look okay. When you start to meet them, they suffer just horribly.

Tommy Rosen: People are in pain. Physical. Emotional. Human beings, as we do, we try to treat our pain. Some of us treat that by connecting with a doctor and being prescribed a certain drug. Others of us, take matters into our own hands and medicate ourselves with street drugs or whatever we can get. Getting that we have this connection where so much addiction is just simply coming from the fact that the people are in either physical or emotional pain. It seems like the importance of this issue has not been clearly presented to the public. In other words, the chronic pain piece of this addiction puzzle, I've never heard it presented in the way that you present it.

Dr. Przekop: As far as we know, about 60% of addicts have chronic pain. If we define pain a little differently than a doctor has said that I have pain and I have diagnosis x. I posit that most addicts have been in pain long before they entered the cycle of addiction. That something inside didn't feel okay. They might have had some sort of abuse or adversity, anxiety, depression. If you think about it, all of that hurts. When someone rejects you, parents, friend, girlfriend, it hurts. In terms of the brain, it processes all that exactly the same. All it knows is that something hurt. It doesn't know the whole story, that it's something in our minds. I think it's important that we explain to people that pain can be a lot of different things.

Tommy: Specifically getting into chronic pain and examples of it, what are the kinds of things that you see?

Dr. Przekop: I see a lot of fibromyalgia, lower back pain, post surgical pain, headaches, joint pain, osteoarthritis, Crohn's disease. A lot of the different things. Most of the people I see have three or four of those. It isn't just one. It's multiple pain complaints.

Tommy: Yes, and it makes perfect sense that, both from the perspective of the doctor, most of whom can't really see beyond the prescription of drugs, and the patient, who kind of puts their faith into the hands of the doctor, that this is not going to end up well.

Dr. Przekop: It's also that of 368 patients we looked at who came through our program [inaudible 00:11:49]. Even though they go into addiction treatment the pain is not acknowledged. They're looked at as solely addicts. It's a problem as well.

Tommy: Do people in chronic pain, in your experience, diminish or deny how long they've been in pain, or do they amplify it? Are they able to tell what's been going on with them?

Dr. Przekop: Yeah, they can usually tell what's going on with them but they keep it strictly medical. They don't acknowledge that there's a lot of emotions. They try to hide those. That actually amplifies pain, physical pain.

Tommy: The repression of emotion?

Dr. Przekop: Yes. As you may have experienced, if you're on opiates the emotions are just sort of repressed. When you come off these emotions have magnified 100 X and people don't know what to do. They never have learned the skills of this is how I feel, this is how I process emotion.

Tommy: Here we are now, it's 2016 and we're 20 years plus since this sort of push toward opioid drugs and prescribed drugs from doctors. The surgeon general this year, later on this year, is going to release a report on addiction, the first time anyone in his office has ever done that. I have a feeling we're going to learn quite a bit there. I hope anyway that we will. We're in the worst epidemic in our country's history and yet a year ago, and I've asked this question of one or two other people, a year ago the FDA, after everything we've seen and all of the pain of the situation we find ourselves in, the FDA has approved the use of Oxycontin for children ages 11 to 16, I think I understand.

Dr. Przekop: Right.

Tommy: How could that be, that a governing board, what information could that possibly be based upon?

Dr. Przekop: It's unclear. There was a few clinical studies, I think six week studies, that showed that kids seem to improve on it who have chronic pain. Again, it's going to be the same as the adult studies. Six weeks they're improving but over time things change and actually get worse. It's another way of acknowledging that probably 25% of kids have pain. 30% to 40% of kids complain of pain every week so it's a lot of kids. It's probably epidemic but we don't know what to really do.

Tommy: What do we know about the effect on the brain of these powerful opiate drugs, not just in adults but in children?

Dr. Przekop: We don't know a lot about children. The big fear I have is that the child's brain and the adolescent's brain is still changing. It still has to grow, develop. In adults we know that within the first 24 hours areas of the brain that are very important with thinking, processing emotions, being able to choose the right thinking so you can accomplish goals, are starting to change. These medications are changing our brain in ways that aren't good. I suspect it's doing the same in the kid's brain and the kid's brain still isn't completely developed so it really scares me.

Tommy: Yeah. I don't want to envision this but one of the possibilities is essentially we're creating addicts in our future by introducing these kinds of drugs to young people at this point. Is that possible?

Dr. Przekop: It is. There's been some studies. If you're prescribed an opioid before 12th grade your chances of misusing opioids by age 21 are dramatically increased. Opioids are being given for dental work, a lot of things that they shouldn't be given for. We know that if you're given an opioid early on your chances of getting into problems in adolescence, early 20s, are dramatically enhanced. It's very scary.

Tommy: I know that both you and your wife are involved in work to support non-pharmacological solutions to pain, particularly in kids.

Dr. Przekop: Yeah.

Tommy: I have to imagine you're some of the most unpopular people amongst your colleagues because you're presenting all this new information that flies in the face of how people have been acting as doctors over the last 20 plus years.

Dr. Przekop: Actually there's certain colleagues that, yeah, we're unpopular but most colleagues are happy that someone wants to take these kids on. Most of our colleagues have no idea what to do so they go from primary care to rheumatology to pain specialist to psychiatry. It's like a rotating sort of a door. These kids are frustrated, their parents are extremely frustrated so there's actually someone who wants to try to change and help them is actually a big deal.

Tommy: Yes. As you know, we want to support your work in every possible way that we can and this interview is part of that. Really getting people to understand this connection. I'm going to bring it home to a personal anecdote. I have a dear friend who is stuck in chronic pain for a long, long time. The addictive outcropping of that chronic pain was opiates and other drugs. I sent that person to you. That's an overstatement. I strongly suggested that this person seek help and this person ended up in your program at Betty Ford. That would be more accurate.

That person today is ... you almost couldn't recognize her from the person that showed up. She has done so well and has made so much progress. It's through her and that example that I began to become familiar with your work and your way. Now I've had the pleasure of sitting with you and watching you work on another very close friend of mine. I've seen a little bit of how you do it and I would like you to talk about how can a doctor, a healer, approach a chronic situation, a person in chronic pain, stuck in addiction from a different spot than we're going to keep you on drugs because you need to be on drugs in some way, shape, or form for the rest of your life. How do you get out of that rut into a new way of being?

Dr. Przekop: There's two ways of approaching someone. You could approach someone who's chronically ill as always going to be chronically ill. I don't. I've taken that paradigm and just thrown it away. I think that everybody has the ability to heal. Some extreme patients it's extraordinarily hard. End stage cancer, bad stroke. I understand. People in chronic pain, we, as doctors, have created some of the pain. In the way they approach life, process inflammation, process emotions, is creating more pain. A lot of things that they're doing is keeping them in pain. They've been told that they have x in their back that's creating pain, but all the studies have shown that it's much, much more. So the approach is how do I bring this person from being chronically ill onto a path that they're heading towards a trajectory, "Oh, I can heal." It's not treating them and taking control of their disease. It's teaching them skills so they can take control and go from being chronically ill to a person who's recovering and healing.

Tommy: What are some of these skills that you teach?

Dr. Przekop: I do a group where I try to get them to understand the contributions that they make to them being in pain. I teach an ancient Chinese technique called qi gong that's simple: movement, breathing, quiet the mind. I teach a lot of qi gong mindfulness techniques. That's just how you quiet your mind and view energy, or qi, and move it out so that everything is clear.

Probably the most important thing that I've figured out how to do is create a community where people acknowledge that they can heal, so creating that environment or community, that's the key.

Tommy: It turns out believing you can heal actually is part of the healing.

Dr. Przekop: Exactly.

Tommy: I have to ask: For a person who's so grounded in medical science, who's written so many peer-reviewed papers and has done so much work in the field of medical science, how did you come to learn and even be open to some of these Eastern techniques for healing?

Dr. Przekop: I actually started doing this stuff when I was a kid. At age six, I started doing Chinese kung fu. I had a real bad case of ADD, was extraordinarily shy, introverted. My instructor's cousin would come from China and do these external qi gong treatments on me, and I felt like a human for the first time. I got to the point where I knew I had to figure out how to do this.

Medical school, I started to see chronic pain patients. I was the only one who said, "Yeah, I'll go in and see those." Everybody else said, "No, I don't want to see a chronic pain patient. We can't help them. They moan and complain." I came to the conclusion that everything we're doing does not help these patients. In fact, it might make it worse. We have to create something new. I was determined to try to figure out how to do that.

I learned as much as I could. I read as much as I could, spent as much time around people with chronic pain and approaching them just in sort of a Western method that's trying to reduce it to something biological, I had to go way beyond that.

Tommy: I'm so grateful for whoever that teacher was from China that turned you onto that at six years old because I've seen you do it, and I want to speak with you about your one-on-one approach that I've seen personally. I know that you have group approaches, one-on-one approaches, and such. Could we do a little role playing?

Dr. Przekop: Yeah, sure.

Tommy: I come from a history of chronic back pain, and thank god I've now healed that pain in my own body, but imagining ... I can very clearly remember what that felt like and what I sounded like having that, so I'm just going to present that now.

Dr. Przekop: Yeah.

Tommy: All right. I'm in extreme pain.

Dr. Przekop: Mm-hmm (affirmative)

Tommy: I'm feeling it in my back. I can't move.

Dr. Przekop: Mm-hmm (affirmative)

Tommy: I've been athletic my whole life. I don't know what's happened to me.

Dr. Przekop: Mm-hmm (affirmative)

Tommy: Can you help me? Can you fix me?

Dr. Przekop: I can. The only caveat I have is that you have to be actively involved in the process. You have to be willing to learn new things that you haven't learned before, and you have to be willing to change the approach that you have to life, probably dramatically. If you can do those three things, you don't have to be in pain.

Tommy: I've tried so many things. I've tried so many new things. People have tried to teach me so many things, and nothing has worked.

Dr. Przekop: Well, these things that you will learn, I'm certain will work because I've changed thousands. All you have to do is acknowledge that you have the ability to heal, and we have to get to a place where you learn how to do that. It's as simple as that.

Tommy: I'm not sure that you understand what I'm trying to say here. I'm somebody that's an addict. I came from a history of drug abuse, and now the doctors are telling me that I have to have surgery and be on drugs for the rest of my life. I'm trying to be a sober person. My relationships are up in arms ... I'm really, really scared.

Dr. Przekop: It's okay to be scared. Everybody is scared. I'm scared, but I know that this is something that you can do if you just give it a try. I promise you that this will change dramatically, absolutely.

Tommy: Peter, I feel so safe in your presence. I don't know what to tell you. I just do. I'm sure you hear that, but I've watched this a number of times now with you, and there's this inquiry that goes on between you and another person, and I feel like you are sincerely curious how a person has come to work themselves into this corner.

Dr. Przekop: Yeah, yeah.

Tommy: Can it be worked out through the inquiry, similar to what we were just doing?

Dr. Przekop: Yeah, each time I meet a person, they think I'm crazy because I'm the only one who told them that they can change this. They've been told that there's degeneration in their lumbar spine. They have to have surgery. They've shown me stacks and stacks of MRIs and reports. I said, "I have no interest in seeing that. I want to know you. The person I'm interested in is sitting in front of me. I want to know who you are and what you're contributing, and the fact that you're worried and anxious is telling me a lot. The fact that you don't think that this can happen, that you've gone to this place of 'everything is bad, everything is going to go bad,' that's the thing that we going to change. That's what's going to get you out of pain. You judge and judge and judge and judge, and that's what's keeping you in pain."

Tommy: Just to stay on the lower back for a moment, why is that in particular such a chronic problem in the United States? I see, there's so many men and women that communicate to me that they're in pain and the pain they're feeling is in the lower back. Why?

Dr. Przekop: I think it's an area where people put a lot of stress. My whole theory behind this is that chronic pain starts because we forget how to handle stress. Life is stressful everyday.

You know the things you go through; I know the things I go through. People have jobs, people have families, people have things that they have to accomplish, and they don't stop everyday and acknowledge, "This is stressful. I have to feel what stress feels like." A lot of times, it hides in different spots. For some people, it hides in their lower back. That's the best explanation I can give. I don't have a biologic explanation. I don't think anyone does.

Tommy: I want to ask about emotions for a minute. When people have repressed something for awhile, sometimes it can come out as violence. Sometimes it can come out as anger. Sometimes it comes out as grief or sadness.

Dr. Przekop: Right.

Tommy: You encourage those kinds of releases?

Dr. Przekop: This is how I approach it, and see if this makes sense. When you experience an emotion, there's two components. There's a component you feel inside of your body. That component is something that doesn't really have a narrative that's in your mind. Then all of a sudden, at the same time, there's sort of a story that comes out in your mind that this is what the emotion is about. It can be something great, I'm in love, I accomplished something, or it can be something painful. We have a tendency to put our attention on this narrative, and we have a tendency to shut the story inside of us off.

I think, from a qi gong perspective, that energy gets stuck there. Sometimes the energy gets stuck in the lower back, in the abdomen, and different places. For me, it's always upper abdomen; that's where the stress hides, and when I've internalized a lot of stress, I know. At some point, people have to learn through skills to release that stress because it will kill you. It makes you sick.

Tommy: I want to ask you now about some of the complex and complicated mixtures of drugs that people are taking and try to bring some awareness to that, shine a light on that, because I'm seeing, in the people that I'm working with in recovery, there are some very inherent idiosyncrasies to treating a person. For example, one of the things I'm seeing is, lately, it seems like a lot of the heroin addicts or opiate addicts somehow also end up on benzodiazepines.

Dr. Przekop: Yeah.

Tommy: There's that combination there, and that seems to carry a particular difficulty for a person in trying to get sober. Can you speak to that a little bit?

Dr. Przekop: Probably about 70% of the pain patients I see are on that combination. Part of the problem I think is that, over time, when you're on opioids, it actually makes you more anxious. It makes you more depressed, gives you the inability to fall asleep and stay asleep. Doctors start to hear, "I can't sleep. I'm anxious all the time," add a benzodiazepine. It's a very difficult combination to come off of as you know, because you're coming off of an opioid that has changed your brain. You're coming off of a benzodiazepine that has kept this anxiety and negative feelings in check, and all of the sudden, you don't have that anymore. Someone has to teach you a lot of stuff to be able to process that. It really changes the brain and mind. [inaudible 00:31:13] There's a lot of studies I've seen that if you're on benzodiazepines long term, the part of your brain called the cortex actually gets smaller. It's like being on alcohol.

Tommy: Yes. Can you name some of the most popular benzodiazepine drugs for those who aren't aware?

Dr. Przekop: Yeah. Xanax is a huge one, Klonopin, Valium, and there's all the ones that are taken in the evening that are short-acting. There's a lot of people, too ... It isn't exactly a benzodiazepine, but it's very dangerous, called Ambien. So many people are on that for sleep, but works kind of the same in the brain and just puts you to sleep, but coming off of that is very hard as well.

Tommy: Is your protocol similar if you're working someone who's an alcoholic versus a heroin addict versus someone who's on a combination of things?

Dr. Przekop: Yeah, it's broadly similar, but every protocol has to be adapted to what the person brings to the table.

Tommy: When people are coming off of these drugs, especially in combinations, there is legitimately the complaint of, "I'm so uncomfortable. I can't even sit still in my own skin. I actually am not able to sleep."

Dr. Przekop: Yeah.

Tommy: In the unraveling of some of these complex chemical situations, is it part of your protocol that sometimes you're going to need to use pharmacological approaches to come off of these more complicated pharmacological situations?

Dr. Przekop: Yes. At times I give people medication to help them sleep. I seldom use medications for anxiety, although people want it. Early on, I teach mindfulness techniques, Qigong techniques, to quiet the mind. I'll do a three week course of something, and then sometimes even extend it, to try and get people to fall asleep. Not being able to sleep is the most stressful thing that a person can have.

Tommy: I know it's terrifying for people, and it's really one of those things that I can only relate to through my own cocaine use when I was a cocaine addict. The psychosis of that situation, just the chemical, but also not being able to sleep, so, so painful.

Dr. Przekop: Yeah. It's horrible.

Tommy: Yes. Peter, I want to bring us up to the current events now.

Dr. Przekop: Yeah.

Tommy: There have been some good things that are happening, I like to say, in our country, because the problem has gotten so bad that people now have to pay attention.

Dr. Przekop: Right.

Tommy: Can you tell me from your perspective some of the good news? How have people been waking up? Can we hope for anything?

Dr. Przekop: About, I think in the early spring, Congress passed the Comprehensive Addiction and Recovery Act.

That is going to actually help people who have entered the opiate epidemic. It was signed by the President about a month ago. It's the first time anyone has acknowledged that there's a problem and Congress has stepped up and done anything. That's a new thing. You know addicts have always been pushed aside, so that's a great thing.

Tommy: Yes. I'm guessing that in the bill that just passed there's not an understanding of or any mention probably of chronic pain and its connection with the addiction puzzle.

Dr. Przekop: Yeah, that's the part that scares me. It's kind of that, "Chronic pain is probably part of this. We don't know how to absolutely treat it," and it's being pushed to the side. I have fear that people who are addicts and also have chronic pain aren't going to be treated as they should.

Tommy: Yes.

Dr. Przekop: People who [inaudible 00:35:42] probably do okay. People who are opiate addicts, and have [inaudible 00:35:49] chronic pain, the [inaudible 00:35:54] are probably not going to help them, and that scares me.

Tommy: I want to talk about harm reduction, or what's referred to as harm reduction, and the use of the drugs that you spoke of just a moment ago, naltrexone, buprenorphine, methadone. As I understand it, well, methadone has been around for a long time. When I speak to some doctors who prescribe it, they explain that this is ... They explain all the reasons why this is a positive thing for certain people. When I speak to junkies who are using it, I can't find too many people who are grateful for being on methadone.

Dr. Przekop: Right.

Tommy: I listen to the junkies rather than the doctors on this one.

Dr. Przekop: Right.

Tommy: With suboxone buprenorphine, this was a drug, a miracle drug that came out, as I understand, to help junkies, heroin addicts come off of opiates.

Dr. Przekop: Yeah.

Tommy: I thought it was meant to be prescribed for a seven to fourteen day period, and then a person could begin a process of recovery after that. What happened? Now it's being prescribed long term.

Dr. Przekop: Yeah. A number of studies starting in 2006 started to look at how did opiate addicts do if they were maintained on it? About 30% to 40% long term seemed to do okay. It became, "This is something we can do," that there was a number of studies that looked at how they did at six months, twelve months, twenty-four months, as much as forty-eight. On forty-eight months, about 32% are still doing okay. For treatment of addiction, 32% is a big deal.

Tommy: Well, I speak to, again, people who have been on these drugs, and it's difficult to come off suboxone as well, long term.

Dr. Przekop: Think of this: Again, you're seeing all these patients as a doctor who has a full schedule. You don't have the time to do the stuff I do. Insurance won't pay. You don't have the skills. For doctors who are seeing these, if you can put them on a medication, and a lot of them are doing okay, it's great. It takes more skill to be able to take these people, take them off of everything, and teach them the skills that they need to actually heal and become people in recovery.

Tommy: It makes ... Those people in recovery that you're referring to, it seems to make for a much fuller and happier life. Shouldn't we be shooting for that?

Dr. Przekop: I don't think enough people it can be done. I think our job is to educate people that it can be done. I just presented a study I did over three years, where at forty-five days, all people are doing extraordinary well. At one year, 74% are doing well. At two years, about 76% are doing well. I have to bring that out there and get more people to see that this can be done. It's a comprehensive program. I see these people for three hours every day for twenty-five days, and it's extensive. It's a paradigm shift, instead of seeing them for a half hour, giving them a prescription, and sending them out.

Tommy: Okay. Well, so obviously I'm not one of those documentary filmmakers that is trying to document without an opinion. I have an opinion on this stuff, and it's my greatest hope that the work that you're doing, and people like you who are doing similar work, can be championed and recognized so that we're not throwing the towel in on a human being's development. It just seems to me like ... I'm on the other side of this stuff.

Dr. Przekop: Right.

Tommy: I was a terrible heroin addict, cocaine addict, crack addict. I was given a gift of seeing beyond addiction, of a way you could get beyond it. It becomes a bit of a frustration for me ...

Dr. Przekop: Me too.

Tommy: When people don't see, or have a modality, or a system set up so that we can treat these people in better ways.

Dr. Przekop: I think you'll acknowledge that for most doctors, and most people, medicine means a pill.

Tommy: Of course.

Dr. Przekop: I think that's the paradigm shift for certain diseases that we need to try and get out there. For addicts, medicine does not necessarily mean a pill, and a pill might not be the optimal option. That's the message that we have to get out, and it's hard.

Tommy: Yes. Can we speak about Pain-Free Kids, and where you're headed with your work in the future?

Dr. Przekop: Sure. About five years ago now we started a foundation called Pain-Free Kids, because in 2007, I started seeing children who had chronic pain. About 25% of kids have chronic pain. It's a lot. These kids aren't being adequately treated, and if they're not adequately treated, their lives aren't going to go okay.

We started this foundation to try to help these kids, because a lot of them don't have insurance for the services that we offer. The program that we offer is a lot like the same I do in terms of adults. Our goal is to try to start a comprehensive program for children, to help them with chronic pain.

Tommy: Yes. Where can people connect with you, your work, and support you moving forward in what you're doing?

Dr. Przekop: There's a website called Pain-Free Kids. It's painfreekid.org that you can actually go to and it explains. We have on there seven kids who I've seen who explain their story. When you see these kids, it's dramatic. There's one kid who is starting college Monday, and Pain-Free Kids is helping her to go to school. Her story is just dramatic. It's a good thing. There's another kid that we've helped who starts medical school in two weeks, who changed his life around dramatically. We're starting to slowly make inroads.

Tommy: Beautiful. Beautiful. Well, painfreekid.org is the site, you guys. Please check it out if you're called to do so, and let's try to contribute to this paradigm shift. Peter, I can't thank you enough for your heart, your wisdom, your love, your presence. Thank you for lending your voice to Recovery 2.0.

Dr. Przekop: Thank you, Tom.

Tommy: Yeah.

Dr. Przekop: This actually gives us a chance to explain all these things that I don't often have. I appreciate that much.

Tommy: Absolutely. Well, we'll do it again and again. We'll just keep going.

Dr. Przekop: Thank you very much.

Tommy: Thank you so much, Peter