5 myths about opioids

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ABSTRACT (ENGLISH)

When I was in medical training in the 1980s, physicians were taught that opioids were useful but dangerous drugs that should be used only for severe injuries, after surgery or in terminally ill patients. Since the 1990s, however, pharmaceutical companies have systematically distorted perceptions about opioids, through paid speakers, sponsored “education” and bought-off organizations. [...]physicians were persuaded to prescribe opioids inappropriately by pharmaceutical companies that paid opinion leaders to convince physicians that opioids weren’t so addictive after all, and that physicians who withheld opioids from patients with arthritis or back pain were “opioiphobic” and not providing the best care to their suffering patients. [...]abuse-deterrent” simply means the pill is difficult to dissolve into an injectable form.

FULL TEXT

When I was in medical training in the 1980s, physicians were taught that opioids were useful but dangerous drugs that should be used only for severe injuries, after surgery or in terminally ill patients. Since the 1990s, however, pharmaceutical companies have systematically distorted perceptions about opioids, through paid speakers, sponsored “education” and bought-off organizations. Opioid manufacturers are directly responsible for the current opioid addiction epidemic and continue spreading misinformation that will feed rather than stem this epidemic. Here are five myths that opioid manufacturers would have you believe:

1. Opioids are the most effective drugs for chronic pain.

Not true. In fact, opioids may be the worst drugs for chronic pain. They don’t work better than other drugs and actually increase pain sensitivity over time. While patients become tolerant to the painkilling effects, they don’t become tolerant to the adverse effects. Long-term use of opioids increases the risk of addiction, respiratory arrest and cardiovascular death.

We have many effective, underused and inexpensive nonopioid medications, including ibuprofen, acetaminophen, diclofenac, ketorolac, lidocaine, capsaicin, gabapentin, low-dose antidepressants and many others. Studies show that exercise, spinal manipulative therapies, acupuncture and transcutaneous electrical stimulation are all helpful for chronic pain. Some of these treatments are as effective or more effective for pain than opioids.

2. Pharma hasn’t caused the addiction epidemic; doctors are at fault for prescribing opioids inappropriately.

In fact, physicians were persuaded to prescribe opioids inappropriately by pharmaceutical companies that paid opinion leaders to convince physicians that opioids weren’t so addictive after all, and that physicians who withheld opioids from patients with arthritis or back pain were “opioiphobic” and not providing the best care to their suffering patients. Pharmaceutical companies also confused prescribers about addiction by inventing the concept of “pseudoaddiction,” which looked exactly like addiction but was easily treated by higher doses of opioids.

3. Addiction to prescribed opioids occurs only in patients who are already addicts.

Not true. Even people with no personal or family history of addiction can and have become addicted through a doctor’s prescription. Once addicted to prescription opioids, patients may eventually become heroin users. Nine of 10 patients in treatment for opioid addiction turned to heroin as a cheaper, more readily available drug than prescription opioids, according to a report in the JAMA - Psychiatry. Another study found that 4 of 5 heroin users reported that their opioid use began with opioid painkillers.

4. Abuse-deterrent formulations are part of the solution.

“Abuse-deterrent” is a marketing term that is terribly misleading; a 2014 survey of 1,000 practicing internists, family physicians and general practitioners in the United States showed that 46 percent of them (and, probably, even more patients) think the term means less addictive. In fact, “abuse-deterrent” simply means the pill is difficult to dissolve into an injectable form. This is a solution to a problem that doesn’t exist; most addicts swallow rather than inject opioids. The real purpose of abuse-deterrent formulations is to extend the patents on opioids, keep prices high (there are no generic “abuse-deterrent” formulations), and mislead prescribers and patients into believing these drugs are less addictive. If the term “abuse-deterrent” were reserved for less addictive drugs, none of the currently marketed drugs with this moniker would qualify.

5. Public-private partnerships will help solve the opioid problem.

Federal agencies should focus on providing comprehensive care to addicted individuals and on reducing new cases of addiction by educating prescribers about opioids and alternatives to opioids.

Pharmaceutical companies will focus on new, expensive drugs or patent-protecting tweaks on older drugs, neither of which is necessary. We need expanded use of —and research comparing —proven painkillers and nonpharmacologic therapies. Partnering with the industry that created the opioid epidemic and now wants to profit from solutions does not make sense. In this opioid epidemic, public-private partnerships means allowing private corporations to undermine public health.

Adriane Fugh-Berman is a physician and professor of pharmacology and physiology at Georgetown University Medical Center.

Editor’s note: This has been updated with the correct name of the publication, JAMA Psychiatry.

Credit: Adriane Fugh-Berman

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