Pain Medicine

Pain Medicine 2013; 14: 323–324
Wiley Periodicals, Inc.

Patient Abandonment in the Name of Opioid Safety

Disclosure: No conflicts of interest exist.

In the political arena, when two branches of government are headed in one direction, the other branch is often dragged along in the process. This also appears to be the case with prescription opioid policy, but instead of political branches, well-meaning researchers and politicians are dragging prescribers in a direction that could result in patient abandonment. While the pendulum is clearly swinging away from opioids and has left some patients behind, at least two things could help reduce the resulting harm: balanced policies and a good dose of humility among all concerned.

The Centers for Disease Control played a major role in sounding the first alarm about the morbidity and mortality associated with the use of prescription opioids [1]. Trend analyses from several states reported an alarming increase in opioid-related deaths [2]. In an effort to reduce the harm and diversion associated with opioids, states responded by passing laws targeting “pill mills” [3] or establishing dosage triggers, which required a mandatory pain consultation once a chronic pain patient had reached 120 mg morphine equivalent dose per day [4]. Not wanting to be left behind as the drug policy pendulum swung away from opioids, federal officials advocated for mandatory education of prescribers [5] and the investigation of patient advocacy groups and research organizations who had received funding from opioid manufacturers [6].

While reducing the harm associated with opioids should always be of one of our highest priorities, this newest policy crusade against opioids lacks two necessary elements when creating any good public policy: balance and humility. The misuse and abuse of opioids have caused harm, but all efforts to reduce those harms must recognize the real need to ensure access and the positive role that opioids have in the daily lives of suffering patients. Secondly, any stakeholder, advocate, or researcher-turned-advocate must also recognize that their model or preferred approach may be wrong as any action or inaction can lead to additional harm. This hubris and imbalance is not only evidenced by politicians who pander to a mobilized vocal minority about the drug abuse problem without giving any recognition to its complexity nor the positive role that opioid therapy has played in the lives of chronic pain patients [7], but it also appears to be evident in published articles where physicians are portrayed more as advocates for one particular policy solution rather than detached researchers [8,9]. Opioids remain one of many available therapies to treat the millions of Americans who are suffering in pain. The harm associated with drug abuse and opioids is serious and must certainly be addressed. But to champion one particular approach without regard to its potential or subsequent impact on pain patients is not only misguided and unbalanced; it may also suggest that it is more about the advocate than a particular program or intervention.

In the end, it appears that the pendulum has swung away from opioids [10,11], and the opioid train has left the station and abandoned some chronic pain patients on the platform [12,13]. Perhaps another train will come along soon, a train where everyone has equal access, participation, and is filled with people who recognize the need for balance and realize that they could ultimately be wrong. Until that time, however, we will likely be left with state and national drug policies or proposals that fixate on opioid-related deaths, with little regard to legitimate patients [12,14,15], while ignoring the hypocrisy of a national drug policy that supports the growth and sale of tobacco, a substance without any legitimate use, has not relieved suffering, and is linked to a staggering 443,000 deaths per year [16]. The root causes of opioid-related deaths are many [17], and there will never be a simple solution to reducing the harms associated with opioids while simultaneously ensuring their access. But efforts aimed at solving one problem without regard to the impact it will have on patients who rely on opioids to function are ultimately doomed to fail. Balanced policy interventions may not be perfect, but they are possible so long as these competing concerns are actively considered and addressed [14,18–21].

Stephen J. Ziegler, PhD, J.D.
Associate Professor of Public Policy
Department of Public Policy
Indiana University-Purdue University
Fort Wayne, Indiana, USA

References

1 Paulozzi LJ, Ryan GW. Opioid analgesics and rates of fatal drug poisoning in the United States. Am J Prev Med 2006;31:506–11.

2 Shah NG, Lathrop SL, Reichard RR, Landen MG. Unintentional drug overdose death trends in New Mexico, USA 1990–2005: Combinations of heroin, cocaine, prescription opioids and alcohol. Addiction 2008;103(1):126–36.

3 Pain-management clinics. Florida 458.3265 (2011). Available at: http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0458/Sections/0458.3265.html (accessed December 13, 2012).

4 WAC 246-919-860 (2012). Recommendations and requirements. Available at: http://apps.leg.wa.gov/WAC/default.aspx?cite=246-919-860 (accessed December 13, 2012).

5 Office of National Drug Control Policy. The 2011 Prescription Drug Abuse Prevention Plan; 2011. Available at: http://www.whitehouse.gov/ondcp/prescription-drug-abuse (accessed September 16, 2012).

6 Ornstein C, Weber T. Senate panel investigates drug companies′ ties to pain groups. Washington Post, May 8, 2012. Available at: http://www.washingtonpost.com/national/health-science/senate-panel-investigates-drug-companies-ties-to-pain-groups/2012/05/08/gIQA2X4qBU_story.html (accessed December 13, 2012).

7 2012. U.S. Senator Joe Manchin (D-W.Va), Manchin's Mailbox, Episode 4; 2012. Available at: http://www.youtube.com/watch?v=hFKZXVQ1gYU&feature=youtu.be (accessed December 13, 2012).

8 Haddad A. "An act relating to pain management" passes the Washington State Legislature. New law faces opposition over fixed-threshold opioid dose. Top Pain Manage 2011;26(8):7–10, 12.

9 Haddad A. Conversation: Alex Cahana, MD, on Washington State's new law on pain care and opioid prescribing and the relevance of measurement-based care. Top Pain Manage 2011;26(9):7–10, 12.

10 Von Korff MR. Opioids for chronic noncancer pain: As the pendulum swings, who should set prescribing standards for primary care? Ann Fam Med 2012; 10:302–3.

11 Buckley B. The Great Opioid Debate: PROP vs. PROMPT. Pharm Pract News 2012;10(11):1–6. Available at: http://www.anesthesiologynews.com/ViewArticle.aspx?d=Pain+Medicine&d_id=2&i=December+2012&i_id=915&a_id=22232 (accessed November 12, 2012).

12 Meringola MP. Just what the doctor ordered? Washington state's regulatory barriers to chronic pain treatment. Washington Legal Foundation. Leg Backgrounder 2011;26(20):1–4. Available at: http://www.wlf.org/Upload/legalstudies/legalbackgrounder/09-09-11Meringola_LegalBackgrounder2.pdf (accessed November 12, 2012).

13 Meier BA. New painkiller crackdown targets drug distributors. NY Times, October 17; 2012. Available at: http://www.nytimes.com/2012/10/18/business/to-fight-prescription-painkiller-abuse-dea-targets-distributors.html?pagewanted=all (accessed November 12, 2012).

14 Fine P, Webster L, Argoff C. American academy of pain medicine response to PROP petition to the FDA that seeks to limit pain medications for legitimate noncancer pain sufferers. Pain Med 2012;13:1259–64.

15 Fishman SM, Webster LR. Unintended harm from opioid prescribing guidelines. Pain Med 2009;10(2): 285–6.

16 Centers for Disease Control. Fast facts, smoking andtobacco use; 2012. Available at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm (accessed September 16, 2012).

17 Webster LR, Cochella S, Dasgupta N, et al. An analysis of the root causes for opioid-related deaths in the United States. Pain Med 2011;12:S26–35.

18 Center for Practical Bioethics. Balance, uniformity, and fairness: Effective strategies for law enforcement for investigating and prosecuting the diversion of prescription pain medications while protecting appropriate medical practice; 2009. Available at: http://www.fsmb.org/pdf/pub_bbpi_policy_brief.pdf (accessed November 12, 2012).

19 Brushwood DB. Should the DEA conduct a "patient impact assessment" when promulgating new restrictions on controlled substance distribution? J Pain Palliat Care Pharmacother 2008;22(4):322–6.

20 Albert S, Brason FW 2nd, Sanford CK, et al. Project Lazarus: Community-based overdose prevention in rural North Carolina. Pain Med 2011;12(suppl 2):S77–85.

21 Gilson AM, Joranson DE, Maurer MA, Ryan KM, Garthwaite JP. Progress to achieve balanced state policy relevant to pain management and palliative care: 2000–2003. J Pain Palliat Care Pharmacother 2005;19(1):13–26.