

-Information you can use to advocate for the use of opioid pain medication and dispel false and inaccurate about the “opioid crisis”

1) From: "Controlling pain and reducing misuse of opioids: Ethical considerations" by Jaro Kotalik, MD, MA, FRCPC (Can Fam Physician 2012;58: 381-5)

-“Addiction risk in chronic pain patients was estimated to be 3.3% by a report which reviewed all available studies. However, for patients who had no current or previous history of abuse or addiction, **the risk of abuse or addiction was only 0.19%**. Similarly, the percentage of patients who demonstrated aberrant drug-related behaviour was 11.5% for the whole group, but **this decreased to 0.6% if patients with a history of abuse or addiction were excluded**” (383).

2) “Opioid Abuse in Chronic Pain: Misconceptions and Mitigation Strategies” by Nora Volkow, MD and A. Thomas McLellan, Ph.D (N Engl J Med 2016; 374:1253-1263
DOI: 10.1056/NEJMr1507771)

-“Rates of carefully diagnosed addiction have averaged **less than 8%** in published studies”

3) From National Institute on Drug Abuse “Drug Overdose Death Rates”: “In 2021, the number of reported deaths involving prescription opioids totaled 16,706....A second line shows prescription opioids without any other opioid from 1999 to 2021 and demonstrates that commonly prescribed opioids are no longer driving the overdose crisis (Source: CDC Wonder)”

4) From the American Medical Association “Overdose Epidemic Report 2023”:

1) “Opioid prescriptions decrease for the 13th consecutive year while overdose and death related to illicitly manufactured fentanyl, methamphetamine, and cocaine increase.”

2) “49.4% decrease in opioid prescriptions from...2012 to...2022”

3) “Reductions in opioid prescribing have not led to reductions in drug-related mortality”

5) **“Australian Study on Opioid Prescribing Is the Latest to Challenge the False Narrative about the Cause of the Overdose Crisis” by Jeffrey A. Singer, The Cato Institute, August 14, 2023**

-“Results of this cohort study suggest that most individuals commencing treatment with prescription opioids had relatively low and time-limited exposure to opioids over a 5-year period. The small proportion [3 percent] of individuals with sustained or increasing use was older with more comorbidities and use of psychotropic and other analgesic drugs, likely reflecting a higher prevalence of pain and treatment needs in these individuals”

-“Research shows the overdose rate has been on an exponential growth trend since at least the late 1970s...”

-“A 2019 U.S. Congress Joint Economic Committee [report](#) found that the overdose rate began increasing in 1959.”

- "Data from the Centers for Disease Control and Prevention and the National Survey on Drug Use and Health (NSDUH) reveal [no correlation](#) between the volume of painkiller prescriptions and the nonmedical use of or addiction to prescription painkillers."

- "Furthermore, the NSDUH indicates that the prescription pain pill addiction rate for persons over age 18 has been essentially [unchanged at less than 0.7 percent](#) since the survey began in 2002."

- "The opioid overprescribing narrative also doesn't explain why overdose deaths involving stimulants like cocaine and methamphetamine have risen to record levels. Doctors don't prescribe these psychostimulants to their pain patients. And it also doesn't explain why opioid-related overdose deaths (mostly from illicit fentanyl) have soared to over 80,000 last year while the opioid prescription rate has dropped 60 percent since its peak in 2011"

6) "Netflix's 'Painkiller' tells only half the OxyContin story" by Jacob Sullum, The New York Post, August 24, 2023

- "But it dismisses the caveat: that there are legitimate medical uses for this drug and other prescription opioids that can make life bearable for patients who otherwise would suffer from excruciating pain"

- "Like the 2022 Hulu drama 'Dopesick,' 'Painkiller' embraces an indiscriminate aversion to opioids. The same attitude has inspired ham-handed restrictions on pain medication, which have helped drive drug-related deaths to record levels while leaving millions of patients to suffer needlessly"

- "According to federal survey data, however, nonmedical use of prescription pain relievers rose for 11 consecutive years before OxyContin was introduced"

- "During litigation, Purdue presented data indicating that OxyContin accounted for just 3.3% of pain pills sold in the United States from 2006 through 2012"

- "After adjusting for potency, ProPublica calculated that the product's 'real' market share was more like 16%"

- "OxyContin likewise accounted for a relatively small share of nonmedical use: about 17% in 2009, the year before it was reformulated"

- "It's hard to reconcile these numbers with the idea that OxyContin was 'the origin of America's opioid epidemic'"

7) From "Drug Overdose Death Rates" on nida.nih.gov:

- a) "Synthetic opioids other than methadone (primarily fentanyl) were the main driver of drug overdose deaths..."
- b) "From 2020 to 2021, the number of deaths involving prescription opioids remained steady"

8) From "Trends in U.S. Drug Overdose Deaths (1999-2021) from HHS Overdose Prevention Strategy via hhs.gov:

- a) "Synthetic opioids excluding methadone overdose deaths increased **97-fold**; Psychostimulants with abuse potential (primarily methamphetamine) overdose deaths increased **59-fold**; Cocaine overdose increased **6.4-fold**; RX opioid overdose deaths increased **4.9-fold**"

9) From “Fentanyl overdose death rate nearly quadrupled from 2016 to 2021” by Sabrina Moreno, Axios, May 3, 2023

- a) “...the CDC report found **overdose death rates involving oxycodone**-an early driver of the opioid epidemic-**continued to decline** as the death rate from methamphetamine, cocaine and fentanyl increased”

10) From “CDC Study Shows Oxycodone Plays Minor Role in Overdose Crisis” by Pat Anson, PNN Editor, Pain News Network, May 5, 2023

- a) “In 2016, the year the CDC released its controversial opioid prescribing guideline, there were only 1.9 deaths per 100,000 people that involved oxycodone. By 2021, the rate had fallen 21% to 1.5 deaths-well below the death rates of fentanyl, methamphetamine, cocaine and heroin
- b) “The literal text method is not foolproof, but it’s an improvement over the ICD-10 codes, which the CDC admitted in 2018 ‘significantly inflated’ the number of deaths involving prescription opioids-flawed data that Frieden used to make his ‘key driver’ of the epidemic claim in 2016.”

“How inflated were the overdose numbers back then? Using the old ICD-10 method, *which counted illicit fentanyl as a prescription opioid*, Frieden’s CDC estimated that nearly 32,500 Americans died from overdoses of opioid medication in 2016. The death toll was later revised downward to about 17,000 overdoses after the CDC came clean about its flawed methodology.”

11) Rapid response to:Bad medicine: pain; *BMJ* 2010; 340 doi: <https://doi.org/10.1136/bmj.b5683> (Published 06 January 2010); Cite this as: *BMJ* 2010;340:b5683

-Yet it is clear that subgroups (of correctly chosen) patients can do well with opioids with on a number of measures including addiction rates of less than 1%

-Quite simply carefully chosen opioids prescriptions in carefully chose patients per se are unlikely cause long term morbidity and mortality

12)Guidelines for Prescribing Controlled Substances for Pain: California Medical Board, November 2014

-“Nociceptive and Neuropathic Pain: A more useful nomenclature classifies pain on the basis of its patho-physiological process. Nociceptive pain is caused by the activation of nociceptors, and is generally, though not always, short-lived and is associated with the presence of an underlying medical condition. It is a “normal” process; a physiological response to an injurious stimulus.”

- "Pain associated with cancer is sometimes given a separate classification, although it is not distinct from a patho-physiological perspective."

- "Opioid pain medications are the mainstay of cancer pain management, and are appropriate to consider for cancer patients with moderate to severe pain, regardless of the known or suspected pain mechanism."

- "At the heart of much of the current controversy over the use of opioid analgesics for chronic pain are beliefs about the degree to which these pain medications are potentially addicting. Unfortunately, it is difficult to quantify the degree of addictive risk associated with opioid analgesics, either for an individual patient or the population of pain patients in general."

- "Rigorous, long-term studies of both the potential effectiveness and potential addictive risks of opioid analgesics for patients who do not have co-existing substance-use disorders have not been conducted."

- "The potential of adverse effects and the lack of data about the addictive risks posed by opioids do not mean these medications should not be used. Common clinical experience and extensive literature document that some patients benefit from the use of opioids on a short or long term basis. Existing guidelines from many sources, including physician specialty societies (American Academy of Pain Medicine, The American Pain Society), various states (Washington, Colorado, Utah), other countries (Canada) and federal agencies (Department of Defense, Veterans Administration), reflect this potential clinical utility."