Dear Board Members,

I hope that as you come to make these important decisions, you acknowledge the fact that not all patients misuse their medications, that opioids actually help a vast majority of chronic pain patients, and that if a medication is stopped, it should be done so in a safe and responsible manner. Regulating agencies have effectively all but eradicated over-prescribing and pill mills. Now the pressure needs to come off so responsible doctors can treat patients and so chronic pain sufferers can live their lives without fear of losing their primary form of effective pain management.

**Separating Drug Abuse from Prescribed Use**

To start, it must be addressed in this comment as well as among the public that the opioid problem is not one problem, and it does not require only one solution. There is a problem with illegal and highly addictive opioid drug abuse and addiction on the streets, and then there is a problem with a lack of education among chronic pain patients. There once was a major problem with over-prescribing and pill mills, but regulating agencies have already eradicated the majority of these. Separate from all that, there are patients who use opioid medications to responsibly and safely manage chronic pain long-term. They should not be considered a part of the problem.

Many agencies, individuals and medical professionals have come to view and treat any patient taking opioids as an addict. This has caused undue guilt, shame and confusion for pain patients and their families. What’s more, there has been a complete denial of the positive impact of opioids. This is in spite of evidence that suggests that overall prescription opioids are not the problem.

The Washington University in St. Louis, Department of Psychiatry recently published a study that showed that people who experiment with illegal drugs are no longer starting out with prescription opioids like oxycodone and hydrocodone, the rate having dropped from 42.4 percent to 24.1 percent and 27.8 percent from 2005 to 2015. Simultaneously, the choice of first time drug use being heroin has increased from 8.7 percent in 2005 to 33.3 percent in 2015. Source: [NCBI](https://www.ncbi.nlm.nih.gov/pubmed/28582659).

Patient Advocates like Andrea Anderson, the director of the Alliance for the Treatment of Intractable Pain (ATIP), argue that the increase in regulations on prescription medicines have not decreased drug abuse but have simply decreased the abuse of specific type of drug, prescription opioids. Drug abuse, she said, continues but abusers use whatever is accessible which are now specifically drugs that cannot be regulated, like heroin.

“Prescription rates are at a 10-year low and overdose is at a 10-year high,” Anderson said. “Once you start looking at the logic of this, you start to see how wrong it is … We keep trying to control the substances as if they were at fault …”

On the opposite side of opioid abuse is positive opioid prescription use to manage debilitating chronic pain. Some claim that we do not have evidence that opioids are successful in pain management; however, doctors and patients would argue we have plenty of empirical evidence. In the study “Do Patients Perceive Opioid Treatment as an Effective Way to Manage Chronic Low Back Pain?,” on [Advanced Pain Managment](https://apmhealth.com/news-updates/apm-blog/item/108-study-what-patients-think-about-opioid-use-for-back-pain) only 12% of patients reported that opioids were completely ineffective in managing their pain. The rest reported that opioids helped their pain slightly, moderately or completely.

Although this study is significant, some would say we need more data, and the argument is that without such data we cannot possibly accept any positive use of opioids. This lack of evidence is not proof of the ineffectiveness of opioids in managing pain. It’s proof that we are missing half of the picture.

According to another study published in [Pain Medicine](https://academic.oup.com/painmedicine/article/17/11/2036/2447887): “No common nonopioid treatment for chronic pain has been studied in aggregate over longer intervals of active treatment than opioids. To dismiss trials as ‘inadequate’ if their observation period is a year or less is inconsistent with current regulatory standards. The literature on major drug and nondrug treatments for chronic pain reveals similarly shaped distributions across modalities. Considering only duration of active treatment in efficacy or effectiveness trials, published evidence is no stronger for any major drug category or behavioral therapy than for opioids.”

Why are regulating agencies removing a pain management tool without the entire picture? How many pain patients responsibly use their medication? How many people are helped by opioids? How many people who use opioids for pain management on a long term basis never become abusive addicts? Some of these questions are beginning to find answers …

**An Over-Reaction to an Over-Correction**

As a result of actions taken to shut down unethical practices and remove over-prescribing doctors’ licenses, many physicians now fear prescribing all together or they face so much difficulty when prescribing that they avoid it completely. Many doctors have begun to refuse prescriptions while others have abruptly ended prescriptions even when patients relied on them for years. This has created an extremely unprofessional and unsympathetic string of patient neglect and the negative consequences that follow.

On the least extreme side of this, patients transitioning from one pain doctor to another, say in response to a relocation, will almost always face a doctor’s refusal to continue their prescription even if they have relied upon it for years. The new doctor will generally deny that medication regardless of the patient’s history, records or state of dependence.

Although addiction is a problem among those who abuse opioid drugs, chronic pain patients usually take these medications cautiously and carefully, but physical dependence can and will still occur as a result of long-term use. An individual who is physically dependent can easily monitor and manage their dependence. They do not suffer from cravings, the obsessive need to abuse or the unpredictable behavior associated with addiction; however, they will suffer from physical withdrawal if cut off as opposed to being weaned off. Despite this fact, many doctors are doing just that.

“For the first time in the history of medicine, physicians and pain patients are adversaries,” Anderson said.

On the extreme side of this consequence, people are dying not from overdose but from the results of untreated pain.

* Doug Hale, 53, of Vermont killed himself after his doctor cut him off of his pain medicine abruptly and without a wean-off plan. He suffered from interstitial cystitis, severe migraines and a back condition for which he was prescribed methadone and Oxycodone. It was the doctor’s fear of losing his license and not a medical reason that resulted in Doug losing his pain management plan. [Source: Slate](http://www.slate.com/articles/health_and_science/medical_examiner/2017/08/cutting_down_on_opioids_has_made_life_miserable_for_chronic_pain_patients.html).
* In 2016, William Weeks of Dartmouth Geisel School of Medicine wrote in the Journal of the American Medical Association of his sister’s death. Haley had been prescribed opioids and sedatives by her doctor for 14 years following a back injury after she was thrown from a horse. When her doctor retired, the replacement doctor immediately discontinued her pain management plan. She sought help elsewhere, but every doctor she saw refused to prescribe. Haley attempted to cope by using alcohol and ended up in an emergency room followed by a jail cell where she died. This was six weeks after her last prescription. Source: [Slate](http://www.slate.com/articles/health_and_science/medical_examiner/2017/08/cutting_down_on_opioids_has_made_life_miserable_for_chronic_pain_patients.html)//[Journal of the American Medical Association](https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2647077?redirect=true).
* Geriatric medicine specialist Thomas Kline of Raleigh, North Carolina keeps a list of chronic pain patients who have committed suicide after being denied pain management treatment or after being cut off from their long-term medication plan. You can view the growing list on [Medium](https://medium.com/@ThomasKlineMD/suicides-associated-with-non-consented-opioid-pain-medication-reductions-356b4ef7e02a).
* Anderson said that many of the patients she works with become depressed and suicidal as a result of untreated withdrawal and or from having to live with untreated pain.
* Anderson added that suicide is not the only cause of death among these patients. She said untreated pain can cause secondary conditions from anxiety and depression to heart conditions and high blood pressure.

People who are forced to suddenly discontinue opioids experience sudden drops in dopamine and serotonin that causes major depression and suicidal thoughts in addition to the discomfort of withdrawal and pain of their original condition. Those suffering from an increased sensitivity to pain due to opioid-induced condition called hyperalgesia are in even more agony than before.

This lack of compassion, assistance and even education has forced many patients to feel they have no choice but to pursue other methods of relief like alcohol. Anderson said she has patients who have resorted to illegal drugs. She noted one patient who had tried around 200 different doctors and even requested Saboxone, a narcotic used to fight heroin addiction, but which can also be used for pain. He was denied because he was not a heroin addict. Feeling abandoned by the medical community, he actually turned to heroin for relief, something which Anderson noted he could find on the streets as opposed to prescription medicines, which are no longer easily found illegally.

These patients feel isolated not only from friends and family but from their doctors and the whole of society. According to a study called “Do Patients Perceive Opioid Treatment as an Effective Way to Manage Chronic Low Back Pain?,” 41% of people surveyed reported feeling judged for using opioids when only 19% reported feeling judged for using antidepressants. Source: [Advanced Pain Managment](https://apmhealth.com/news-updates/apm-blog/item/108-study-what-patients-think-about-opioid-use-for-back-pain). Further, according to the National Institute of Drug Abuse, those actually suffering from Opioid Use Disorder feel so stigmatized that they consider themselves as “not deserving” of treatment or help. That same articles cites numerous studies that have found that many reported drug abuse deaths are actually not due to overdose but due to suicide. Source: [Drugabuse.gov](https://www.drugabuse.gov/about-nida/noras-blog/2017/04/opioid-use-disorders-suicide-hidden-tragedy-guest-blog).

This is not something that might happen. This is something that is already is happening.

“The idea that prescribing medicine is driving this crisis is wrong,” Anderson said. “They are fighting the wrong war.”

**Empowering Doctors & Patients through Education**

My suggestion is to acknowledge the initial success of curbing over-prescribing and eradicating pill mills and now take a step back. Return physicians’ authority and refocus their attention on educating and helping their patients.

According to Stanford Pain Specialist Sean Mackey, doctors receive about seven hours of training in pain. Veterinarians receive at least 40. Neither are educated in addiction. Mackey points out that in addition to a lack of education, there is also a trend to get patients in and out of the room as quickly as possible, which discourages doctors from properly informing them about their prescribed medications. Source: [Vox](https://www.vox.com/policy-and-politics/2017/5/2/15440000/sean-mackey-opioids-chronic-pain).

It is common for pain patients to be left in the dark regarding the safe use of opioids as well as the potential risks including hyperalgesia, Serotonin Syndrome and the differences between dependence and addiction. Doctors not only fail to inform patient before prescribing opioids for long-term pain management, but they also fail to inform them how to manage and stop taking those prescriptions. Any patient taken off of a long-term opioid should always be instructed on how to wean off slowly and carefully.

Overall, curtailing doctors’ ability to prescribe opioids has done all that it can and now it’s starting to do too much. When it comes to effecting change in the realm of opioid prescribing, we need to switch from discouraging prescriptions to acknowledging successful and responsible use, require education and management plans before new prescriptions for long-term use and offer wean-off schedules, alternatives and support for those ending a prescription.