

Sen. Ron Wyden Smears Opioid Task Force. Why?



By Josh Bloom — December 28, 2018



Image: Drinking From the Saucer [1]

It is now indisputable that the *CDC Guideline for Prescribing Opioids for Chronic Pain, United States, 2016* was a catastrophe by any measure. Not only have the "guidelines," predictably, metastasized into laws, but they are also scientifically without any merit. (See [Opioid Policies Based On Morphine Milligram Equivalents Are Automatically Flawed](#) [2]). One size fits none.

The past two years have been a bloodbath for both users and abusers of opioids. Since 2016, chronic pain patients, even those who had been treated successfully for decades with opioid analgesic drugs, have been **forcibly** tapered from their medications or denied them entirely. These patients, many of whom have become disabled without the drugs they need, exist in a state of constant terror. What happens when their meds run out? Increasingly, the only alternative is suicide. Most of the pain patients I have spoken to or corresponded with -- hundreds of them -- have a suicide plan in place; indeed, stories of suicides of undertreated patients are becoming all too common.

Addicts, who were supposedly going to be protected by these laws, have fared even worse. Within the past five years, the number of opioid prescriptions has decreased by 25%. The result? The number of deaths from these drugs has remained constant, while during the same time, the number of overdose deaths from fentanyl and heroin -- the real killers -- has increased by five-fold. The conclusion is inescapable: as prescription opioid analgesics become more difficult to obtain, those who are dependent upon them, both addicts and patients, increasingly turn to the streets where a fatal dose of illicit fentanyl can be waiting in any bag or vial.

Fortunately, there is now an ongoing effort to undo some of the damage. Two years ago, the Pain Management Best Practices Inter-Agency Task Force was formed by the U.S. Department of Health and Human Services (HHS), to reexamine the original guidelines. It's about time. right?

Maybe not. Some policymakers apparently don't want *anything* reexamined.

The task force's [draft report](#) [3] was issued today, but that didn't stop certain people and/or groups, who apparently are opposed to any changes, from starting a smear campaign against the task force and some of its members earlier this month. The smear was appallingly unoriginal, claiming that they were "bought off" by pharmaceutical industry money.

Is there any merit to these trite charges, or are they just baseless smears? Who is behind the smear campaign and why? You don't have to look far, just West. Specifically, 405 E 8th Ave. # 2020 in Eugene -- the Oregon office of Senator Ron Wyden (D-Ore.) **(1)**.

Sen. Ron Wyden's (D-Ore.) [December 18th letter](#) [4] to Alex Azar, the head of HHS, objected to the composition of the Task Force, claiming that some people in the 29-member committee should not serve because they have been bought off by money from the pharmaceutical industry. In other words, corruption.

That's a serious allegation and should be backed up with serious evidence. Is there any? That's an easy one. No.

The entire 29-person task force was vetted for conflicts of interest. And they all passed. The vetting process was no different from that of all other panels and groups. Wyden certainly knows this, yet that didn't prevent him from writing the following about one of the members:

In this case, Open Payments data show that Purdue paid Dr. Jianguo Cheng a consulting fee of \$24,600, on March 1, 2017.⁵ This payment appears to have been the only consulting fee that Dr. Cheng received since Open Payments was implemented in 2013. The Purdue payment also is many times larger than any other payment he received from any entity for any sort of activity. Open Payments data further shows the payment to Dr. Cheng was the eighth largest stand-alone payment that Purdue reported making in 2017. Furthermore, of the more than 16,000 doctors Purdue reported paying in 2017, fewer than 25 received more in aggregate payments that year than Dr. Cheng did.

Dr. Cheng addresses these charges:

*I was on a scientific review committee that reviewed investigator-initiated research proposals on **non-opioid alternative treatment** for chronic pain. All the research proposals were submitted by investigators from academic institutions in the US. None of the proposals were submitted by Purdue Pharma employees or affiliates as specifically defined by the request for applications (RFA). **In this role, my sole involvement was to review and critique the scientific merit of the research proposals, nothing else.** I was not involved in any way or shape in any Purdue Pharma's promotion of its products. In the end of 2016, I was elected president-elect of American Academy of Pain Medicine. So I divested from industry involvement as required. At that time and still to this date, I have no financial relations to industry... there has been no conflict of interest between my work in HHS and industry.*

Cheng was not alone. Dr. Rollin Gallagher, who has a long and distinguished record in pain management, also got slimed:

In addition to Dr. Cheng, three other AAPM members are on the Task Force.¹³ One is Dr. Rollin Gallagher, a current board member¹⁴ and former president¹⁵ of the organization. While Dr. Gallagher has not reported receiving payments directly from pharmaceutical manufacturers, he is a highly paid independent contractor for AAPM, which, as mentioned above, receives substantial funding from opioid manufacturers. According to tax records reviewed by staff, AAPM paid Dr. Gallagher more than \$975,000 from 2011 through 2017 for oversight of its flagship publication,¹⁶ the Journal of Pain Medicine, where he remains editor-in-chief.¹

But Dr. Gallagher tells quite a different story:

My salary as Editor in Chief of Pain Medicine has by contract always been paid by AAPM through a stipend for editorial services from the publishers of Pain Medicine; it is not paid by industry funds as Senator Wyden suggests. This arrangement assures independence of the editorial peer-review process from sponsoring societies. Furthermore, I voluntarily stopped all relationships with industry, consulting or advisory, more than 10 years ago, to assure the editorial independence of Pain Medicine. Finally, authors are required to disclose any industry involvement in their research when submitting their papers for peer-review. I have held leadership roles in Federal Medicine for more than a decade, including National Director for Pain Management for the VA. Industry relationships are not permitted.

Rollin Gallagher, M.D. Private communication, 12/28/2018

Given the strict vetting process and the response from both physicians, it is not a stretch to conclude that Wyden knowingly put out false or misleading information to throw a wrench into the work of the Task Force. But why? Could it possibly be due to this?

	Industry	Contributions
1	Securities & Investment	953,749
2	Lawyers/Law Firms	842,404
3	Insurance	627,507
4	Real Estate	583,636
5	Health Professionals	525,685
6	Hospitals/Nursing Homes	507,538
7	Pharmaceuticals/Health Products	440,275
8	Lobbyists	373,847
9	Health Services/HMOs	361,934
10	Electric Utilities	306,752

Table 1. Ron Wyden's top contributors by industry for the 2015-16 election cycle. Source: [OpenSecrets.org](https://www.opensecrets.org) [5]

Table 1 is rather revealing. Three (red) of the 10 top contributors (by industry) to Wyden's campaign would financially benefit by restricted use of opioid drugs. Three others (yellow) may or may not; there is no data to prove or disprove this, although OpenSecrets.org says that lawyers and lobbyists may act to pass through money from industries to campaigns. Perhaps most interestingly, Wyden, who equates the pharmaceutical industry (green) with the devil himself, gets a substantial amount of money from it.

And then there's this:

Industry Favorite

Ron Wyden is a top recipient from the following industries in the 2013-2014 election cycle

- **Electric Utilities** (#3)
- **Health Services** (#3)
- **Medical Devices & Supplies** (#3)

And for the 2015-2016 election cycle

- **Forest Products** (#1)
- **Hospitals/Nurs Homes** (#4)

Sen. Wyden was a top recipient of contributions from three health-related industries between 2013-2016. (Source: [OpenSecrets.org](https://www.opensecrets.org) [6])

It would seem that Sen. Wyden received substantial support from companies and industries that stand to gain financially by restriction of opioid drugs. Of course, none of this was in his letter to Secretary Azar.

Who is more believable? A Senator who smears a thoroughly vetted Task Force while himself taking substantial sums of money from industries that stand to benefit from his discrediting of the group? Or the Task Force itself, which, as pointed out by Drs. Cheng and Gallagher has no conflict

of interest whatsoever?

You decide.

NOTES:

(1) It is probably not a coincidence that Wyden is an Oregonian. Oregon is arguably the worst of all states for pain patients, especially if they are poor (See [Shades Of Tuskegee - Oregon's Monstrous Experiments On Poor Pain Patients](#) [7]). The state is so anti-opioid that a proposal by Oregon's Health Evidence Review Commission (HERC) would have ended Medicaid payments for long-term pain relief starting January 1, 2019, had they not backtracked, but not by much.

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Links

[1] <https://frkasch.com/2016/06/15/hypocrite/>

[2] <https://www.acsh.org/news/2018/10/23/opioid-policies-based-morphine-milligram-equivalents-are-automatically-flawed-13529>

[3] <https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html>

[4]

<https://www.finance.senate.gov/imo/media/doc/121818%20Senator%20Wyden%20to%20Secretary%20Azar%20re%20>

[5] <https://www.opensecrets.org/members-of-congress/industries?cid=N00007724&cycle=2016&type=l>

<https://www.opensecrets.org/members-of-congress/industries?cid=N00007724&cycle=2016&type=l>

[6] <https://www.opensecrets.org/members-of-congress/industries?cid=N00007724&cycle=2014>

[7] <https://www.acsh.org/news/2018/08/15/shades-tuskegee-oregon-experiments-poor-pain-patients-13315>