Oh-Klahoma! 8 Questions J&J Should Ask Andrew Kolodny

By Josh Bloom — June 18, 2019

The state of Oklahoma is smelling blood in the water and it is going after blood money. State Attorney General Mike Hunter has a very big "blood donor" in his sights: Johnson and Johnson, the maker and seller of opioid drugs, has been accused of deceptive marketing [2] that contributed to the state’s addiction problem. J&J has a whole lot of blood - a market cap of $372 billion [3] - and Oklahoma a whopping transfusion. According to the Wall Street Journal [4], the state is talking about approximately $17 billion for "abatement."

"[The company] used a deceitful, multibillion-dollar brainwashing campaign"

Oklahoma Attorney General Mike Hunter, May 28, 2019 (Bloomberg News [5])

Not surprisingly, Andrew Kolodny, a tireless self-proclaimed expert on drugs and addiction, has been chosen to testify for the state. How could it be anyone else? If you take the news at face value Kolodny is not only the expert on opioids but perhaps the only person on earth even remotely qualified to speak about them — which is, of course, a bunch of nonsense.
This is why I'm offering J&J's attorneys, eight questions that I would ask Kolodny if I had the chance.

No charge.

(Before you accuse me of being a J&J puppet or lackey, perhaps you ought to read this: "Johnson & Johnson's Shameless Exploitation Of The Opioid Crisis". I wrote it earlier this year.)

1. Opioids are used almost exclusively for control of pain. Do you have any formal training in pain management? Have you ever treated pain patients?

2. "When was last time you saw a patient? When was last time you prescribed a drug to a patient? What was the drug?"

3. "You and your organization PROP have recommended a 90 morphine milligram equivalents (MME) maximum dose per patient per day. Some states have enacted legislature based on MME limits. But critics have claimed that the concept of MME itself is flawed because of significant genetic variability in opioid metabolism from patient to patient. How do you answer those critics’? (1)

4. "All drugs have risks and benefits. Focusing on only the risks will necessarily give rise to an inaccurate portrayal of a given drug. What are the risks and benefits of alternative treatments for pain, such as NSAIDS, acetaminophen, systemic anti-inflammatory steroids, spinal injections, and gabapentanoids?"

5. "You have repeatedly referred to prescription analgesics as 'heroin pills.' Are you stating that Vicodin or Percocet are equivalent in analgesic potency, addiction potential, and overdose risk to heroin?"

6. "Chronic pain patients, even those who have been treated successfully for years, are being forcibly tapered off their medicines. Are you in favor of forced tapering? If so, why? You have also stated that 'the number of doctors who are inappropriately tapering pain patients is likely very small.' Do you have data to support this statement?

7. "You have also stated that “[pain patients are] being effectively manipulated to controversialize the CDC guidelines.” Do you have any proof or evidence to support this statement?"

8. "Will you, anyone in your family, friends or associates benefit financially from restrictions placed on prescription opioid drugs?"

Is Kolodny a believable witness, let alone an expert? I guess that depends upon how he answers questions like these. Assuming that Johnson and Johnson’s lawyers ask them.

Prediction: I have no idea what J&J did or did not do wrong, but the company is probably doomed no matter what. J&J has a big bull$eye on its back and Judge Thad Balkman, who will decide the case, is listening to a lot of bull.

But I could be wrong. After all, this is not an expert opinion.

NOTE:
See "Opioid Policies Based On Morphine Milligram Equivalents Are Automatically Flawed [7]"

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