The Press: Incorrect Medical Information, Dire Consequences!

By Wolfgang Vogel — October 16, 2019

Reporters and editors have the duty to inform the public about current events. In fulfilling this duty, every journalist must follow the journalistic code of ethics; reports must be based on proven facts or when personal opinions are used they must be clearly be labeled as such.

The press is a major tool in informing the public and in shaping public opinions. Most of what we know about the world around us comes from the press (as well as TV as well as other sources). But even more important than informing the lay public is the fact that the news also influences politicians and lawmakers to create and formulate new laws that affect all of us. Lately, the integrity of the press has been questioned; many reports are either slanted or downright false in order to sway public opinion in the intended direction.

Focusing on the opioid crisis, articles often did and still do contain misleading statements, half-truths and sometimes completely false information. This is because while reporters do represent some (but not all) of the facts, that they lack scientific and medical knowledge to interpret the data correctly. Furthermore, they use medical phrases without explanations and accept outdated false beliefs as facts without checking their accuracy.

All of this, unfortunately, gives the public a slanted picture of the true causes of the opioid crisis, stigmatizes patients, and has led government officials to enact damaging regulations and laws. So let us look at a few examples.

Reports on the opioid crisis typically focus foremost on the drug abuser and the many deaths
conveying the impression that these opioid drugs are indeed “evil.” However, it is seldom if ever mentioned that these drugs have been exceedingly helpful to millions upon millions of acute and chronic pain patients who have used them properly without experiencing significant ill effects, let alone, deaths. These patients not only obtained relief from pain but also regained some of their lost activities and functions. Instead, reports constantly label these drugs as “highly addictive”.

But what is highly addictive? How many patients become addicted when using these drugs? Let’s put a number on it! According to the CDC, these drugs have been used by way more than 100 million individuals and about 1 million of them developed an abuse problem - and these latter individuals most often use other drugs like cocaine or heroin. This means that the abuse potential is less than 1 percent.

Scientific studies have come to similar conclusions; that the chance of an adult acute or chronic pain patient becoming addicted is less than 1%. Compared to alcohol and nicotine with an abuse potential of about 5%, these drugs are addictive but certainly do not deserve to be labeled highly addictive.

There is additional misleading information commonly reported – that these drugs are also frequently described so glibly as being deadly citing all the drug-related overdose deaths. Again, what is deadly? Potassium cyanide and certain mushrooms if ingested are certainly deadly. What about our opioid drugs? As I wrote above, more than 100 million legitimate pain patients have used these drugs without the occurrence of any significant numbers of adverse reactions or drug-related deaths; these patients used the drugs as indicated. In contrast, opioid related drug deaths are not caused by the use of these drugs per se but by their inappropriate uses.

The causes of deaths are generally taking more than the recommended dose, injecting an oral dose IV and/or using them in combination with other drugs (often as many as 10). As a matter of fact, up to 80% of all overdose deaths are caused – according to the medical examiners conclusion – by polydrug abuse.

Another fallacy – physicians are blamed for writing too many prescriptions which fueled the opioid crisis. This fallacy is based on older studies which showed a correlation between the number of prescriptions written and overdose deaths. However, correlations do not mean cause and effect – something that is known by anyone who has even a rudimentary knowledge of statistics. Nevertheless, reports cite these findings now as an established cause – despite the fact that it is not.

Perhaps physicians have overprescribed but this did not lead to the crisis as evidenced by the extremely low number of pain patients who became addicted. Studies have also shown that the vast majority of patients would use none or only a fraction of the prescribed drugs. Unfortunately, based on these published accusations and the stigma afflicted on physicians, they now are hesitant to prescribe such drugs leading some patients to suffer unnecessary pain and some of them to commit suicide to escape their suffering.

It is hardly surprising that the pharmaceutical industry is blamed for the opioid epidemic for falsely promoting their drugs. While it is true that pharmaceutical companies promoted their drugs aggressively – as do all companies with their products – can they be held responsible for the
deaths involving their drugs? If a drunk driver causes an accident – we rightfully blame the driver. If a drug abuser uses a drug contrary to directions and warnings and dies – reports blame the company but not the user. Does this make sense? Nevertheless, thousands of lawsuits are underway which according to scientific and medical evidence are without any scientific foundation – but are based on wrong or biased information from the press. All this wrong information has led prosecutors to file thousands of lawsuits and will finally be used by judges and juries.

Looking into the future, a company would be stupid to manufacture and sell these drugs again—and the vast majority of us will then suffer unnecessary pain and might die a painful death. A recent newspaper article accused Purdue of "pushing" higher instead of lower doses of its drugs. Again, the numbers are correct but the implications are false and show a lack of pharmacological knowledge by the reporter.

Higher doses prescribed do not necessarily mean that patients consume higher amounts of drugs. Previous preparations contained, for instance, one 40 mg tablet to be taken every 5 hrs or 2 tablets in 10 hrs for a total of 80 mg for pain relief. The slow release preparations like Oxycontin contained 80 mg but lasted for 10 hours. Indeed, 80 mg is higher than 40 mg, but the patient uses the same overall dose.

Furthermore, one reporter in a headline of the article called Oxycontin, a slow release preparation, more addiction prone than earlier immediate release tablets. Again, this is completely wrong. Immediate release tablets cause high spikes in drug blood levels which results in more intense euphoric feelings. Slow release preparations release the drug more slowly without major spikes and, thus, cause less of a euphoric feeling. This is why abusers do not like the intact tablets and —against company warnings— crushed them and often inject the dissolved drug. Thus, Oxycontin is less “addictive” than previous preparations.

Finally, even worse is that every time I have contacted the editors of newspapers to inform him/her of such mistakes and offered a correction – there has been no reply and no correction. The editors let the misinformation persist and uninformed readers continued to have a false or misleading picture.

News should not only be accurate but if mistakes occur they must be corrected. The news is partially to blame for the general public to have a slanted and often false picture of the current opioid epidemic. But it is mostly to blame for unjustifiably stigmatizing physicians and have lawmakers enact laws which do not help the crisis but actually are hurting thousands and perhaps millions of legitimate patients not to get their unrestricted pain relief.