

A painful recommendation by the American Academy of Neurology

By ACSH Staff — September 30, 2014



There is no doubt that the use and abuse of opioids narcotics

related to morphine, oxycodone, hydrocodone, etc. is on the rise. There is also no doubt that the rate of addiction and overdose deaths are also headed upward.

So, what do you do about it? And, does what you're doing make sense?

The American Academy of Neurology (AAN) thinks that it has a solution: stringent restrictions in the legal use of narcotic painkillers.

In a new policy statement, the group said the risks of opioids far outweigh their benefits in chronic pain conditions such as headache, fibromyalgia, and lower back pain.

This quote is attributable to [Gary Franklin, MD](#) ^[1], of the University of Washington in Seattle in his paper in the journal *Neurology* ^[2], where he notes that during his tenure at the [Washington state's workers' compensation program](#) ^[3], there was a sharp increase in opioid overdose deaths.

ACSH's Dr. Josh Bloom, whose 2013 [op-ed](#) ^[4] in the New York Post, [New painful casualties of the drug war, argued that restrictions on narcotics would also affect patients in need, says This issue is not straightforward at all. Yes, by restricting easy access to prescription narcotics, you will definitely see fewer fatal overdoses from them. But, the authors don't emphasize the downside of this action.](#) ^[4]

He continues, This experiment has already been run, and the results were predictably awful. Until 2010, the narcotic of choice was OxyContin, a time-release version of oxycodone (found in Percocet). Addicts found a way to defeat the time-release properties of the drug and obtain large (40-80 mg) doses of oxycodone at once. But, in 2010, Purdue Pharma, the maker of OxyContin, finally came up with a way to make it virtually abuse-proof. When addicts tried to grind it up to get to the drug, it turned into a useless gum. Great, right? Or maybe not.

The graphic below indicates otherwise.

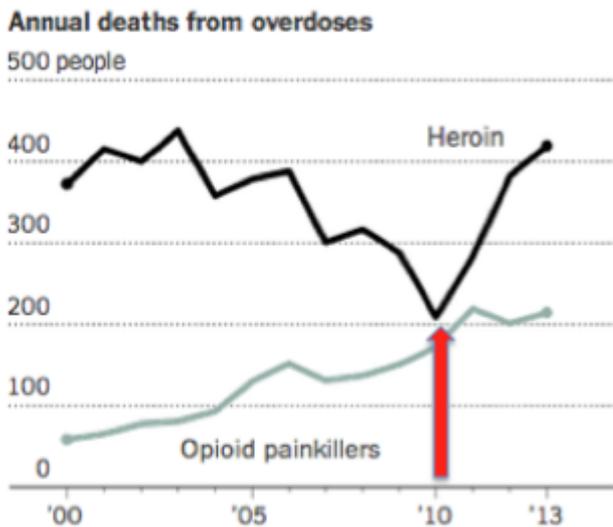


Fig. 1: Annual heroin deaths in New York City. Source: New York City Office of the Chief Medical Examiner
The arrow indicates August 2010, when abuse-proof OxyContin was approved.

It is no coincidence that in August, 2010 when Purdue received FDA approval for their new formulation, addicts

dropped OxyContin like a hot rock and moved on to heroin en masse, and heroin overdoses skyrocketed. What a surprise! The graph could not be more clear. Didn't work out all that well, did it?

Franklin also says that For long-term use of opioids there's little evidence for use of opioid therapy for longer than 16 weeks, and studies have shown that they are not effective for migraine, other types of headache, or generalized pain, and some alternative pain therapies may be cognitive-behavioral therapy, exercise, spinal manipulation, and interdisciplinary rehabilitation.

To which Dr. Bloom replies, You must be kidding me. People with chronic, serious spinal nerve pain are supposed to go to a chiropractor? Yeah- that will work.

Perhaps worse, is a statement from [Lynn Webster, MD](#) [5], a past-president of the American Academy of Pain Medicine: "I believe the overall message is that people in pain need access to safer and more effective therapies than opioids."

To which Dr, Bloom replies, Duh. No kidding. This is a fine idea, but please let me know exactly what these drugs are (there aren't any) and where they will come from.

ACSH s Dr. Gil Ross says, The sad truth is that management of chronic pain is a serious unmet medical need even more than 200 years after these drugs were first used in the U.S. for pain control. While these academic experts may feel it s just fine and dandy to talk about safe alternatives, the sad fact is that they don t exist. Nor will we be seeing them anytime soon. Opioid addiction is a serious problem and so is chronic pain. This is, unfortunately, a case of the lesser of two evils. It is not clear which is worse.

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Links

[1] http://sph.washington.edu/faculty/fac_bio.asp?url_ID=Franklin_Gary

[2] <http://www.neurology.org/>

[3] <http://onlinelibrary.wiley.com/doi/10.1002/ajim.20191/abstract>

[4] <http://nypost.com/2013/12/02/new-painful-casualties-of-the-drug-war/>

[5] <http://www.lynnwebsterpain.com/>