

HHS Inter Agency Task Force on Best Practices in Pain Management

September 25, 2018

Richard A. Lawhern, Ph.D.

Good Day. I am Richard Lawhern, Director of Research for the Alliance for the Treatment of Intractable Pain.

As I noted in May before this group, CDC data show us that there is very little relationship between rates of opioid prescribing by doctors, versus opioid-related overdose mortality. Today, I offer further insight on the demographics of chronic pain, addiction, and opioid mortality.

If medical prescribing contributes substantially to opioid mortality, then we should expect to see higher mortality in groups prescribed opioids most often. But we don't. People over 50 are prescribed opioids 250% more often than young adults. But over the past 17 years, mortality has skyrocketed in youth, while remaining stable among seniors at the lowest level for any age group. Patients who benefitted the most from liberalized prescription policy before 2010 have shown no increased risk of opioid mortality.

Where is cause and effect here?

The typical initiating drug abuser and the typical chronic pain patient are very different people. Beginning drug abusers are most often young males from economically distressed areas, sometimes with a mental health history. By a ratio of 60/40, chronic pain patients are most often women of middle age. If the patient's life is stable enough to see a doctor, they are almost never found to be abusers.

Large scale studies also show that risk of abuse or chronic prescribing among post-surgical patients prescribed opioids is 0.6% or less. Yet prevailing public policy seeks to "save" this small minority by restricting pain treatment to 99.4% of patients.

Where is the justice in that?

You need to be guided by a quote from Dr Nora Volkow, who addressed the Task Force in May (NEJM, March 2016):

Unlike tolerance and physical dependence, addiction is not a predictable result of opioid prescribing. Addiction occurs in only a small percentage of persons who are exposed to opioids — even among those with preexisting vulnerabilities. Older medical texts and several versions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) either overemphasized the role of tolerance and physical dependence in the definition of addiction or equated these processes (DSM-III and DSM-IV). However, more recent studies have shown that the molecular

mechanisms underlying addiction are distinct from those responsible for tolerance and physical dependence...

From this background, I urge the Task Force *NOT* to further restrict availability of opioid analgesic therapy to people in agony. The medical evidence does not support such action.