



Painkiller Abuses and Ignorance

By **THE EDITORIAL BOARD** MARCH 2, 2015

The epidemic of deaths and addiction attributable to opioid painkillers continues unabated even as an authoritative new review of scientific studies has found no solid evidence that opioids are effective in relieving long-term chronic pain.

The latest report from the National Center for Health Statistics on the use of prescription opioid painkillers among adults, issued last week, showed that usage of opioids more than doubled between the 1988-94 period and the 2011-12 period. The percentage of adults age 20 and over who use prescription opioids has leveled off in recent years but that is of little comfort given the size of the epidemic. From 1999 to 2012, opioid-related deaths more than tripled.

People are not just using more opioids; they're using stronger ones. The percentage of opioid users who took an opioid painkiller stronger than morphine, such as OxyContin or fentanyl, in the past 30 days soared from 17 percent in the 1999-2002 period to 37 percent in 2011-12 despite little evidence that there has been a commensurate increase in pain. The trend toward stronger drugs may be driving the increase in deaths.

Using a strong painkiller is appropriate if clearly needed but a review of the relevant scientific data,

published on Feb. 17 in *Annals of Internal Medicine*, casts doubt on how much opioid treatment is really necessary. The review was conducted by recognized experts in evaluating medical evidence and treating chronic pain at the Oregon Health and Science University, in Portland, Ore., and the University of Washington, in Seattle, Wash.

The researchers found little or no evidence that long-term opioid therapy (therapy lasting more than three months) relieves chronic pain, in part because almost all the studies are of short duration. It is extremely reckless to allow opioid usage and deaths to soar in the absence of proof that the treatment is effective. By contrast, there is considerable evidence of opioid therapy's dangers, including overdoses, opioid abuse, fractures, heart attacks and sexual dysfunction.

Rigorous research into both benefits and dangers is obviously needed. In the meantime, doctors and patients must approach long-term opioid therapy with great care. Many patients with chronic pain do not get enough painkillers at high enough doses, meaning that their pain is undertreated. Many others are overtreated and harmed by doses they probably don't need.

For the past two years, the Centers for Disease Control and Prevention has been underwriting programs to prevent prescription drug overdoses in a number of states. In his budget for fiscal 2016, President Obama asked for another \$54 million to expand the program to all 50 states. Congress should grant the request.

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