Makenna Piper

Professor Fellinger

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Overprescribed and Underinformed

At age sixteen, as many people do around the same age, I had my wisdom teeth removed. After the surgery, I was given a few weeks' supply of Percocet, a combination of oxycodone and acetaminophen, to deal with the pain. I have a family history of opioid dependency, and I am therefore predisposed to addiction myself – in fact, children of opioid addicts are ten times more likely to become dependent on the same type of substance (Merikangas et al. 978). In addition to being given potentially dangerous medication, I was not provided with any information regarding how to properly use it, potential dangers, or side effects. I was simply handed a bottle of pills and given no further guidance. Thankfully, I did not misuse the medication, and I was lucky in that I avoided the grip of addiction due to my prior knowledge and resulting exercise of caution. However, the ease with which I could have abused the drugs that I was given so freely is terrifying to think about. For medical professionals to give me, a person prone to addiction, weeks' worth of easily habit-forming opioids is incredibly irresponsible in hindsight. Unfortunately, my story is the rule instead of the exception. When looking to treat pain, patients are frequently given opioids when they are unnecessary and given too many even when they are. Overprescription is one of the main contributing factors to the opioid epidemic, while it is also one of the most easily avoidable.

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It has been said that the road to Hell is paved with good intentions. Holding true to this sentiment, at the heart of the opioid epidemic is the sympathetic human desire to help others be free from pain. Attitudes toward pain have shifted many times throughout medical history. During the earlier half of the twentieth century, patients with unexplained pain were often dismissed as delusional and their suffering was not taken seriously. Until 1990, opioids were mainly only considered as a treatment for cancer pain, but it was later used to treat patients that lived with chronic pain. Between 1995 and 1999, the American Pain Society campaigned to recognize “pain as the fifth vital sign” (Jones et al.) and it was taken more seriously as an issue of its own, disconnected from any other disease or disorder. Relief of pain was prioritized by physicians, who consequently had fewer reservations when it came to prescribing stronger painkillers. The pharmaceutical industry also helped to promote the virtues of opioids, with OxyContin, the branded version of oxycodone, being pushed in particular. Companies understated the risks and overstated the benefits of these drugs, misleading doctors to prescribe them more prolifically, and easing patient concerns. Eventually, as the opioid epidemic began to be taken more seriously, pharmaceutical companies began to be the targets of punitive legal measures. Unfortunately, the court cases that criticized the companies’ misleading tactics were too little and came too late. The damage had already been done. The prominence of opioids had already created an abundance of addicts, questionable prescribing practices, and a thriving black market – and these constructs have proven to be much harder to break down than they were to build.

A common belief is that doctors are exempt from criticism when it comes to the opioid epidemic because prescribing opioids is simply a part of their job. While it is true that they do not directly cause people to become addicted to painkillers, they do hold significant

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responsibility with regard to irresponsible prescription. First and foremost, physicians swear to do no harm; even if the negative effects are unintended, when their treatments end up proliferating substance abuse, they are breaking this oath. Until recently, doctors were treated with very little scrutiny in their prescribing practices, though this attitude has shifted in the past few years. It is still a moral gray area, though; after all, "relief from suffering is a primary obligation of physicians" (Dineen and DuBois). It stands to reason that physicians who are guilty of overprescription may do so with only the purest of intentions. However, regardless of the logic involved, harm is being done. And, indeed, doctors are not inherently innocent in the eyes of the law. In fact, they can even be prosecuted with distribution charges in some cases. Utah physician Dr. Dewey MacKay, for example, was convicted of thirty-seven counts of distribution of controlled substances after a pattern of incredibly irresponsible prescribing practices (McClure 1727). Physicians are expected to have their patients' best interests in mind, and excess prescription of opioids does not reflect this sentiment. When a doctor's practices do more harm than they do help, it is worth reconsidering whether a treatment is the right one.

Another factor that contributes to overprescription is simply the volume of pills provided to patients. In many cases, the amount of medication given is more than should be necessary. In an assessment of six studies concerning excess medication in opioid prescription, it was found that between sixty-seven and ninety-two percent of patients reported unused pills. Around half of all prescribed medication was unneeded and left unused (Bicket et al.). The fact that so many pills are left over after their intended use has been exhausted is extremely concerning when considering the havoc they have the potential to wreak as a player in the opioid epidemic. When opioids are no longer used for their planned purpose, they are either disposed of or, more ominously, kept. Some patients choose to hold onto the remaining medication for off-label use

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later on – sometimes for valid medical issues, though not always. Of course, having a reason to use the remaining pills is not an excuse for misusing medication, as opioids (and medicine in general) should only be used for their prescribed purpose. Instead, some people consume the remaining medication unnecessarily, whether the goal is to avoid potential waste or to feed an already-present dependency.

Regardless of the intent behind keeping them, opioids often end up stashed in a cupboard somewhere, and this is where the issue lies. When they are not being carefully stored – and, in the majority of cases, they are not – the potential for abuse skyrockets. It is far too easy to take the bottle and sell it for a hefty profit, in turn funneling more drugs into the black market. After all, some people reason, why flush the pills down the toilet or throw them in the garbage when there is such demand for them at high prices? One study gathered data from crowdsourcing, law enforcement, and online marketplaces to estimate the price per milligram of commonly abused opiates and opioids. While prices ranged from five cents per milligram to over three dollars depending on the drug, a median example would be the popular choice of oxycodone. It averages almost a dollar per milligram on the black market (Dasgupta et al.). Extrapolating from this data, one can estimate the potential profit held in a single bottle of pills. A typical prescription of thirty tablets, each containing ten to thirty milligrams of oxycodone, could net between three and nine hundred dollars if sold at average prices. Though the logic required to sell drugs on the black market is flawed, morally repugnant, and incredibly concerning, there is simply enough promise of monetary gain is enough for some people to justify abandoning their morals and supplying addicts with their next fix. It is worth considering that this issue could be largely diminished or even if physicians simply prescribed fewer pills. Patients should be given the number of pills that they need and no more. When in doubt, it would be better to prescribe less and have the patient

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refill the medication if necessary. While it is a minor inconvenience to have the prescription refilled, more responsible prescribing practices would greatly help to staunch the flow of illicit opioids being sold on the black market.

There are a plethora of concerning issues related to overprescription, and extra pills are only one part of the story. Another of the most pressing issues related to the opioid epidemic is prescription that is outright unnecessary. Patients are often given habit-forming painkillers for minor surgeries such as removal of the wisdom teeth, or for temporary pains that can be handled in other ways. In these cases, while the drugs accomplish their assigned task of diminishing pain, the risk of becoming dependent greatly outweighs the benefits. Pain of this kind, while it may be severe for a while, will be relieved in a relatively short period of time; contrastingly, addiction is often a lifelong battle that may never truly be won. While it can be managed, “treatment for drug addiction usually isn't a cure” (“Drugs, Brains, and Behavior: The Science of Addiction”). Even recovering addicts still deal with relapses long after detoxification. It truly is a disease, and once someone is dependent on a substance, they are unlikely to ever have a healthy relationship with that substance again. It is terrifying to consider that, for example, a teenager that begins to misuse opioids after being given them for a minor surgery could be majorly changing their life for the worse without being fully cognizant of the situation.

It is easy to recommend that patients undergoing minor procedures and temporary pains avoid opioids in favor of non-habit-forming medications, but this approach must hold more nuance when dealing with chronic pain. Since patients with chronic pain usually have no foreseeable relief from their pain like other patients might, they tend to rely more heavily on painkillers in the long term. In fact, around one in four patients prescribed opioids for chronic pain misuse them, with eight to twelve percent developing an addiction (Vowles et al.). When a

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treatment ends up doing harm in such a significant proportion of cases, it is debatable if the treatment is worth continuing at all. This trend is directly contradictory to the oath that physicians take to do no harm. The sheer proportion of damage done to patients sets it apart from the normal risks associated with medical treatments. Doctors that prescribe opioid medications are making a conscious decision to supply patients with addictive drugs, often ignoring less dangerous alternative treatments.

There are a variety of treatments that can relieve pain that are not as potentially dangerous as opioids. Of course, other medications are a popular choice; most household medicine cupboards contain over-the-counter pain relievers such as ibuprofen and acetaminophen. While they are effective for treating pain, neither of these are habit-forming like opioids are. They are easily accessible and much less potentially dangerous than stronger painkillers, while still being effective as a treatment for pain. It is also worth considering other treatments that are unrelated to medication; among the options are things like yoga, massage, exercise, physical therapy, acupuncture, and cognitive behavioral therapy. On their own, these are not usually a substitute for medication, but they can be used as alternative and complementary treatments. Using these treatments in combination with one another and alongside other options, such as medication, can maximize their potential and provide significant pain relief. They also tend to have much less serious side effects – a patient cannot develop a physical dependency on, for example, exercise, in the same way that they can opioids. Even the Centers for Disease Control and Prevention recognize alternative treatments as valid choices, stating that “nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer” than opioids (Nonopioid Treatments for Chronic Pain). While they may not

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be as effective as medication in treating some patients' pain, they are always worth considering as options, especially given the relative lack of risk involved.

Patients often choose to take painkillers, and doctors choose to prescribe them, merely because of how easy it is. While developing and committing to a physical therapy routine takes a great deal of dedication and mental strength in addition to the physical demands, the effort is often worthwhile; however, this is not always immediately evident to patients. Seeking out alternative treatment such as acupuncture also requires more effort, as patients need to do research on the therapies and local providers. In the end, it is simply much easier to write a prescription and pop a few pills to numb pain than it is to commit to a long-term program, even when it may be more beneficial to the patient's health and wellbeing. In order to overcome the opioid crisis, physicians and patients alike need to focus on health alone and reject the notion of the easy way out. Alternative options should be offered and explained when discussing treatment options with patients dealing with either short- or long-term pain. If exercise, massage, and other therapies become normalized as options for dealing with pain, the demand for opioids will undoubtedly decrease.

Lack of information is another major contributor to the issue at hand. In order to make a reasoned medical decision for oneself, the patient involved must be fully informed of the gravity of their choices. Easy access to accurate and detailed information is fundamentally necessary in order for someone to make the best possible choice for their health. In the case of opioid medication, this is not always true. It should be assumed that the patient has no prior knowledge of the risks associated with opioid medication, and a thorough depth of explanation should be provided in an accurate way. At a bare minimum, physicians should clearly outline the correct method of using, storing, and disposing of the medication properly. This information should be

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provided without prompting, and patients should not be required to seek it out themselves. Risk of addiction and misuse should also be discussed seriously, alongside helpful resources for potential abusers who may wish to seek out treatment. There is, quite frankly, no downside to having patients that are better informed. The only party that may suffer from more information is pharmaceutical companies, and their wellbeing is not the priority in the case of patients' wellbeing or when concerned with the opioid epidemic. While they have valid medical purposes and can be beneficial in some ways when used correctly, opioids are a potentially dangerous medication, and patients have the right to fully understand that before they take them. The prescription of these drugs should be treated with the caution and respect that it demands, and at the moment, it is not.

Many people do not seem to fully comprehend the depth and seriousness of the opioid crisis. It is something that, collectively, we do not take as seriously as the situation demands. People tend to look at drug addiction as something that happens to other people, when in reality it is a problem that plagues our children, our parents, our families. While we sit on our hands and wait for the problem to solve itself, people are dying. Every day, lives are ruined or lost thanks to opioids. Families are being ripped apart. Realistically, the issues that plague us will not be fixed without action. Something that everyone can do is work to become more educated on the opioid epidemic and about opioids in general. As people who will likely need to make medical decisions for ourselves or others in the future, we deserve to understand their profundity as we choose how to care for ourselves and our bodies. Knowledge is power, and in this case, it is something that we are severely lacking. It is the responsibility of physicians to provide us with adequate information and to help us make the best decision possible, and this cannot happen unless they address the issue of opioid overprescription.

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