

Point paper for national centers for accident prevention and control, Board of Scientific Counselors - December 2019 meeting

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Abstract

Point papers are a long-standing tradition in military and government policy making circles. Unlike most medical journal papers, they are formatted with a minimum of verbiage to summarize an issue for decision making. The authors write in that tradition, adding references for key points. We speak on behalf of millions of people in pain and their healthcare providers, who have been predictably and unnecessarily harmed by the 2016 CDC Guidelines on prescription of opioids to adults with chronic non-cancer pain. Guidelines were not only "misapplied" but factually in error on multiple issues : Sweeping conclusions were drawn from very weak data or unsupported opinion. Rarity of long term trials was falsely conflated to insinuate that opioids are ineffective in the long term. Well known genetic factors in opioid metabolism were ignored; these factors invalidate generalization of dose thresholds in effectiveness or risk. Real risk of addiction or mortality from prescription opioids was grossly over-magnified and hyped. Patient addiction from medical exposure is in fact rare. Over prescribing of opioid pain relievers by physicians to their patients did not create America's public health crisis -- and data published by CDC prove it beyond contradiction. Seniors over age 62 are prescribed opioids for pain six times more often than youth under age 19. Youth have overdose mortality six times higher than seniors. Overdose mortality among seniors has been relatively stable for 20 years while skyrocketing in youth. Prescribing cannot possibly account for this demographic inversion. Morphine Milligram Equivalent Daily Dose (MMEDD) is not a useful measure of merit in opioid prescribing -- and has been repudiated by the AMA. Many patients benefit from opioid therapy at dose levels exceeding thresholds proposed in 2016 guidelines -- often for years. Individual genetic variations in opioid metabolism render generalizations on dose levels meaningless. AMA House of Delegates Resolution 235 [November 2018] and AMA Board of Governors Study 22 [June 2019] apply directly. American Academy of Family Physicians and five other medical associations declared on behalf of front-line physicians [April 2019]: that law enforcement must be removed from doctors' offices. Proven-reliable and safe alternatives to opioid therapy for moderate to severe pain do not yet exist. Medical evidence for effectiveness of non-pharmacological therapies is very weak; no direct comparisons with opioids, no Phase II or Phase III trials.

Biography

Richard A Lawhern is a non-physician writer, research analyst, patient advocate, and website moderator for chronic pain patients, families, and physicians. His wife and daughter are chronic pain patients. His 20 years of experience has produced articles and critical commentaries at the US Trigeminal Neuralgia Association, Ben's Friends online communities for patients with rare disorders, US National Institutes for Neurologic Disorder and Stroke, Wikipedia, WebMD, Mad in America, Pain News Network, National Pain Report, the American Council on Science and Health, the Global Summit for Diagnostic Alternatives of the Society for Humanistic Psychology, Psychiatric News and Psychology Today. This article has benefited from review and input by a correspondence group of 25 chronic pain patients and medical professionals qualified in pain management. However, responsibility for content remains solely that of the author.

Publications

1. Richard A Lawhern, What are the options for treating pain? (2019) Pharmacy Times
2. How would opioid prescription guidelines read if pain patients wrote them?

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