

## RESOURCES for the presentation:

### **'Industry-Funded Provider Education as a Barrier to the Prevention of Opioid Use Disorder'**

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Joseph A. Adams, MD, FACP [joeadamsmd@gmail.com](mailto:joeadamsmd@gmail.com)

AHRQ: Agency for Healthcare Research and Quality 2020 report: Opioid Treatments for Chronic Pain, including updates through March 2022.

<https://effectivehealthcare.ahrq.gov/products/opioids-chronic-pain/research>

CDC Clinical Practice Guideline for Prescribing Opioids for Pain. 2022

<https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE USE OF OPIOIDS IN THE MANAGEMENT OF CHRONIC PAIN <https://www.healthquality.va.gov/guidelines/pain/cot/>

Review of observational studies:

Noble, M, et. al. Long-term opioid management for chronic noncancer pain. Cochrane Database Syst Rev. 2010 Jan 20;2010(1):CD006605. free: <https://pubmed.ncbi.nlm.nih.gov/20091598/>

Review of RCTs:

Busse JW, et al. Opioids for Chronic Noncancer Pain: A Systematic Review and Meta-analysis JAMA. 2018 Dec 18;320(23):2448-2460. Free: free: <https://pubmed.ncbi.nlm.nih.gov/30561481/>

(The only RCT of opioids in slowly recovering low back pain):

Jones CMP et al. Opioid analgesia for acute low back pain and neck pain (the OPAL trial): a randomised placebo-controlled trial. 402(10398): 304-312, JULY 22, 2023

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37392748/>

(THE ONLY LONG-TERM RCT OF OPIOIDS FOR CHRONIC PAIN):

Krebs EE, et. Al. Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain. The SPACE Randomized Clinical Trial free: <https://jamanetwork.com/journals/jama/fullarticle/2673971>

(The volume of prescribed opioids in MME is currently double what it was before the opioid epidemic: 110 billion MME in 2020 vs. 38 billion in 1992):

Aitken, M., et. Al. Prescription Opioid Trends in the United States: Measuring and Understanding Progress in the Opioid Crisis, IQVIA Institute for Human Data Science, December 2020.

(IQVIA Institute, "National Prescription Audit" extracted March 2021, U.S. Census Bureau.)As presented at a 2021 FDA workshop at at 1:15:00.

<https://healthpolicy.duke.edu/events/fda-public-workshop-opioid-prescriber-education>

(The great majority of fatal opioid overdoses occur in people with OUD):

(Kolodny 2015), (Washington Post 2023)

Kolodny, A. The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction *Annu. Rev. Public Health* 2015. 36:559–74;

Abstract: <https://pubmed.ncbi.nlm.nih.gov/25581144/>

Article: ‘Overdoses soared even as prescription pain pills plunged’ *Washington Post*. Sept 12, 2023

(The great majority of new cases of OUD result from the use of prescription opioids):

(Compton 2016), (Jones 2013), (Muhuri 2013), (Brands 2004).

Compton WM et. al. Relationship between nonmedical prescription-opioid use and heroin use. *NEJM*. 374 (2) (2016), pp. 154-163.

free: <https://www.nejm.org/doi/full/10.1056/nejmra1508490>

Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 2013;132(1-2):95-100. Abstract: <https://pubmed.ncbi.nlm.nih.gov/23410617/>

Muhuri PK, et al. Substance Abuse and Mental Health Services Administration. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. *CBHSQ Data Review*. Published August 2013.

free: <https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>

Brands, B., (2004). Prescription opioid abuse in patients presenting for methadone maintenance treatment. *Drug and Alcohol Dependence*, 73(2), 199.

free: <https://www.sciencedirect.com/science/article/pii/S0376871603002904>

(U.S. per-capita opioid consumption is greater than that of any other country in the world):

CRS: Congressional Research Service. Consumption of prescription opioids for pain: a comparison of opioid use in the United States and other countries

Washington, DC (2021). <https://crsreports.congress.gov/product/pdf/R/R46805> (pg. 1)

(Systematic evaluation of commercial bias in opioid REMS programs;

The program has not reduced opioid prescribing, nor harms):

Goodwin B, et. al. Increase your Confidence in Opioid Prescribing: Marketing Messages in Continuing Medical Education Activities on ER/LA Opioids. *Pain Physician*. 2021 Aug;24(5):E529  
free:

<https://www.painphysicianjournal.com/current/pdf?article=NzI4Mg%3D%3D&journal=137>

(Role of the Accreditation Council for Continuing Medical Education):

Fugh-Berman A. Industry-funded medical education is always promotion—an essay by Adriane Fugh-Berman BMJ : British Medical Journal Vol. 373, (Jun 4, 2021).

free: <https://www.researchgate.net/publication/352133867> Industry-funded medical education is always promotion-an essay by Adriane Fugh-Berman

Fugh-Berman, A. et al. CME stands for commercial medical education: and ACCME still won't address the issue. 2016 Mar;42(3):172-3.

free:

<https://www.researchgate.net/publication/287211552> CME stands for commercial medical education And ACCME still won't address the issue

(Opioid tapering was associated with improvements in pain, function, & QOL):

Frank JW, et al. Patient outcomes in dose reduction or discontinuation of long-term opioid therapy: A systematic review. Ann Intern. Med 2017.

free: <https://www.acpjournals.org/doi/10.7326/M17-0598>

("Complex persistent opioid dependence" - patients who may not be able to taper off of opioids after developing physical dependence):

Manhapra A, et al. Complex Persistent Opioid Dependence with Long-term Opioids: a Gray Area That Needs Definition, Better Understanding, Treatment Guidance, and Policy Changes. J Gen Intern Med. Dec 2020; 35(Suppl 3):964-971.

free: <https://pubmed.ncbi.nlm.nih.gov/33159241/>

Ballantyne JC et al. Opioid Dependence vs Addiction: A Distinction Without a Difference? Arch Intern Med. 2012 Sep 24;172(17):1342-3.

<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/1309576>

(New onset of long-term opioid dependence is one of the most common complications of routine surgery;

Two million people per year who are opioid naïve may initiate long-term opioid use following elective surgery):

Brummett CM, et al. New persistent opioid use after minor and major surgical procedures in US adults. JAMA Surg. 2017;152(6):e170504

free: [www.ncbi.nlm.nih.gov/pubmed/28403427](http://www.ncbi.nlm.nih.gov/pubmed/28403427)

(etc.)

Michigan Open ((Opioid Prescribing Engagement Network) <https://michigan-open.org/>

(An important risk factor for OUD and for overdose deaths is the availability and volume of prescriptions of opioid pain medication):

Strang J, Volkow ND, et al. Opioid use disorder (Review). Nat Rev Dis Primers. 2020 Jan 9;6(1):3

Abstract: <https://pubmed.ncbi.nlm.nih.gov/31919349>

(Possibly the best online training course on pharmacological treatments of chronic pain):  
Online Course: 'Pain & Addiction: Essentials'  
Available online from ASAM: The American Society of Addiction Medicine.  
ASAM.org - 'education' - 'e-learning center'. Module 4 (of 6): Pharmacological Treatment  
Approaches presented by Donald Teater, MD, MPH

#### PAIN REPROCESSING THERAPY (PRT)

Ashar YK, Gordon A, Schubiner H, et al. Effect of Pain Reprocessing Therapy vs Placebo and Usual Care for Patients With Chronic Back Pain. A Randomized Clinical Trial JAMA Psychiatry. 2022;79(1):13-23.

Free: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2784694>  
[www.painreprocessingtherapy.com](http://www.painreprocessingtherapy.com)

Podcast Episode: Unlearning Your Pain w/ Dr Howard Schubiner.  
[https://www.youtube.com/watch?v=rYz\\_ApWYeg0](https://www.youtube.com/watch?v=rYz_ApWYeg0)

#### PAIN NEUROSCIENCE EDUCATION (PNE)

Lin LH et al. Pain neuroscience education for reducing pain and kinesiophobia in patients with chronic neck pain: A systematic review and meta-analysis of randomized controlled trials. Eur J Pain. 2023 Sep 11

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37694895/>

(Excellent 2-page handout for patients):

Leyde S, Azari S. 'What Should I Know About Opioids and Living With Chronic Pain?' JAMA internal medicine 2020. PMID: 32453391.

free: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2765691>

Excellent 5 minute video for patients on the role of modifiable nervous system sensitivity in chronic pain: free: [https://www.youtube.com/watch?v=C\\_3phB93rvI](https://www.youtube.com/watch?v=C_3phB93rvI)

#### Lucid Lane

An organization that can provide virtual tapering services for opioids if needed, and behavioral health services, billing most commercial insurance carriers. <https://lucidlane.com/>

#### PharmedOut

A project at Georgetown University Medical Center that advances evidence-based prescribing and educates health care professionals and students about pharmaceutical and medical device marketing practices. Provides education and information about CME courses free of industry sponsorship.  
<https://sites.google.com/georgetown.edu/pharmedout/home>

## Physicians for Responsible Opioid Prescribing (PROP)

A non-profit organization comprised of healthcare professionals whose mission is to reduce opioid-related morbidity and mortality by promoting cautious and responsible prescribing practices  
[www.supportprop.org](http://www.supportprop.org)

### 'DOCTORS RECEIVE OPIOID TRAINING. BIG PHARMA FUNDS IT. WHAT COULD GO WRONG?

It doesn't look like promotion. It looks like education.'

Julia Lurie Mother Jones magazine April 2018.

Free: <https://www.motherjones.com/politics/2018/04/doctors-are-required-to-receive-opioid-training-big-pharma-funds-it-what-could-go-wrong/>

Fugh-Berman, A. Industry-funded medical education is always promotion—an essay by Adriane Fugh-Berman BMJ 2021;373:n1273.

Abstract: <https://www.bmj.com/content/373/bmj.n1273>

Fugh-Berman A and Batt S "This May Sting a Bit":  
Cutting CME's Ties to Pharma. VIEWPOINT. JUN 2006

free:

<https://journalofethics.ama-assn.org/article/may-sting-bit-cutting-cmes-ties-pharma/2006-06>

("Profit motives ... will continue to generate harmful over-provision of addictive pharmaceuticals unless regulatory systems are fundamentally reformed. . .")

Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission.' The Lancet. 2022;399(10324):555-604.

free: [https://www.thelancet.com/article/S0140-6736\(21\)02252-2/fulltext](https://www.thelancet.com/article/S0140-6736(21)02252-2/fulltext)

(Buprenorphine as a frontline agent for chronic pain):

Davis, M. P. (2012). Twelve reasons for considering buprenorphine as a frontline analgesic in the management of pain. The Journal of Supportive Oncology, 10(6), 209-219.

free: <http://accurateclinic.com/wp-content/uploads/2016/03/Twelve-Reasons-for-Considering-Buprenorphine-as-a-Frontline-Analgesic-in-the-Management-of-Pain-2012.pdf>