

## RESOURCES for the presentation:

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

9/25/2023

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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: <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>