

# Pain and the Opioid Odyssey

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1


## Disclosure

- Bonti
- BDSI
- Cognifisense
- Ensynce Biosciences
- Elysium Therapeutics
- Insys Therapeutics
- Mallinckrodt Pharmaceuticals
- Merck
- Neurana
- Pain Therapeutics
- Pfizer
- RedHill
- Salix
- Shionogi
- Teva
- Trevena.

▪ Off-label use will not be discussed in this presentation.

2

## Objectives




**At the conclusion of this activity, participants should be able to:**

- ✓ Describe 3 reasons why the United States developed an opioid crisis.
- ✓ Understand how the national narrative about the opioid crisis has been mischaracterized and misleading
- ✓ Recognize unintended consequences of governmental interventions to the opioid problem
- ✓ Implement practice principles that could mitigate harm from opioids while meeting the needs of patients with pain

3

## Self-Assessment Question 1




**2020 Prescription Opioid-Related Overdose Deaths:**

- A. Exceed number of fentanyl-related deaths
- B. Are responsible for most drug-related deaths in Massachusetts
- C. Are primarily due to economic and social determinants
- D. Occur predominantly in people prescribed opioids for pain

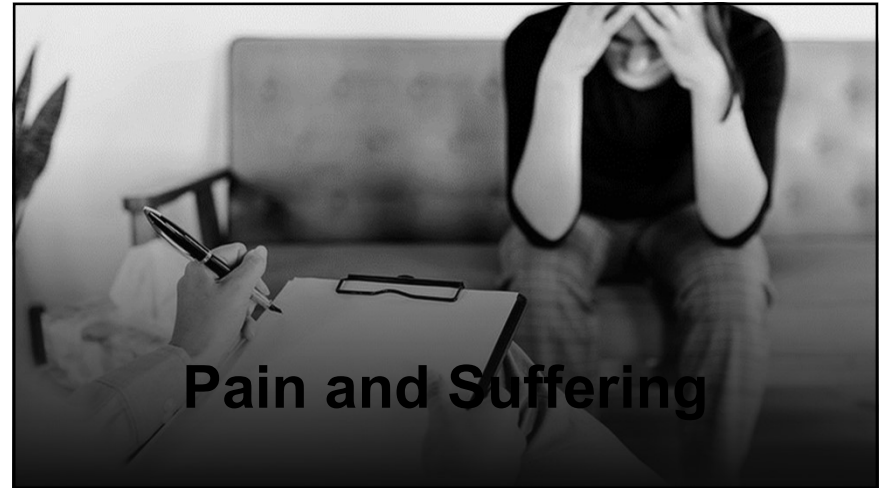
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## Self-Assessment Question 2

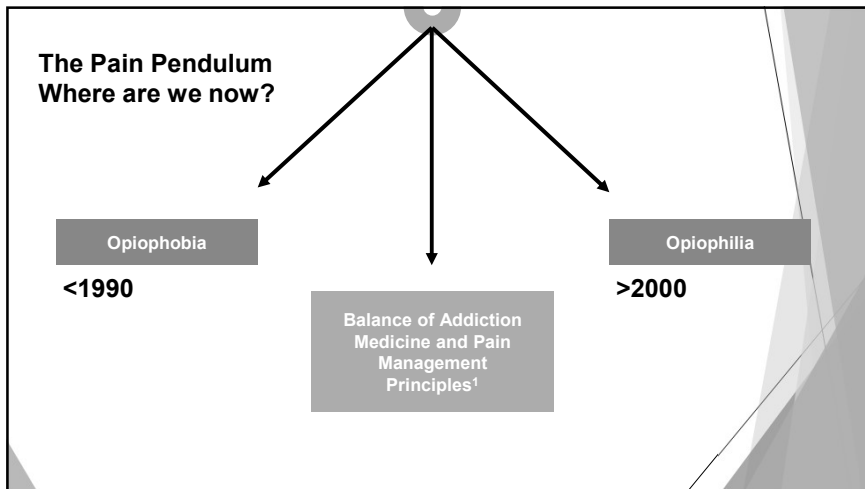
 **Morphine Milligram Equivalents :**

- A. Is based upon well characterized research
- B. Is used to determine maximum effective dose
- C. Is related to risk of addiction
- D. Is used to determine if an opioid is for a legitimate medical purpose

5



6



7

# Misinformation

**Fake News**   **Bias**   **Deepfakes**  
**Alternative Facts**   **Analyze**

**Fact-Check**   **Media Literacy**  
**Privacy**  
**Disinformation**

<https://bit.ly/3hXn00R>

8



## Opioids Have No Pharmacologic Ceiling

- No pharmacologic ceiling does not mean there is no practical ceiling.
- Individualized dosing is needed (i.e., no policy that truncates range of doses on either the high or low end)

9

## TAKE 5

### Pain: The 5<sup>th</sup> Vital Sign

- The reification of the 0-10 pain score in the service of driving opioid doses was overly simplistic and harmful
- Overly aspirational to think that a sophisticated pain assessment could be done healthcare-system wide
- But the real damage wasn't done until pain scores were tied to patient satisfaction, which in turn became tied to hospital/clinician evaluations and financing

Pain: The Fifth Vital Sign, Department of Veterans Affairs, October 2000. Available at [http://www.va.gov/PAINMANAGEMENT/docs/Pain\\_As\\_the\\_5th\\_Vital\\_Sign\\_Toolkit.pdf](http://www.va.gov/PAINMANAGEMENT/docs/Pain_As_the_5th_Vital_Sign_Toolkit.pdf) Accessed August 13, 2018.

10

## John J. Bonica, MD – Father of the modern pain movement

- If we move away from "pain as a fifth vital sign", are we headed towards "don't ask, don't tell"?
- Decried "therapeutic nihilism" when it comes to pain decades ago
- Lesson to us: We need to communicate concern and manifest that concern and care with expertise and help – help that is not measured in milligrams

11

## Pseudo-addiction: origin, misinterpretation, proposal

- Concept was introduced in a paper published in 1989 in the journal Pain<sup>1</sup>
- This concept became over-extended, over-simplified and taught to aspiring pain providers in a naïve and incorrect fashion
  - Later publication in 1994 narrowing the use of the concept and bring it back to its roots<sup>2</sup>
- Is there a way to re-introduce the concept of pseudo-addiction that encourages clinicians to improve analgesia?<sup>3</sup>

<sup>1</sup>Weissman DE and Haddox JD. (1989). Pseudo addiction: an iatrogenic syndrome. 36 (3): 363-366  
<sup>2</sup>Weissman DE (1994). Understanding pseudo addiction. Journal of Pain and Symptom Management. 9(2): 74.  
<sup>3</sup>Passik, S.D., Kirsh, K.L., Webster, L. (2011). Pseudoaddiction revisited: a commentary on clinical and historical considerations. Pain Manag. 1(3):235-48.

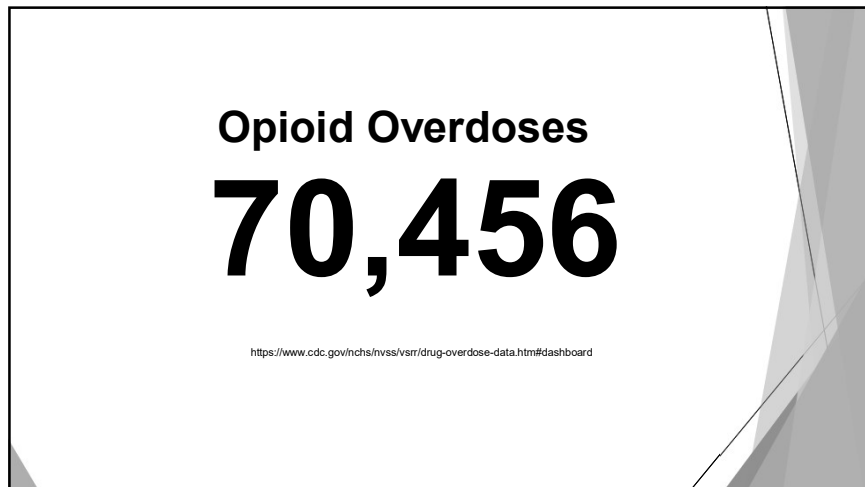
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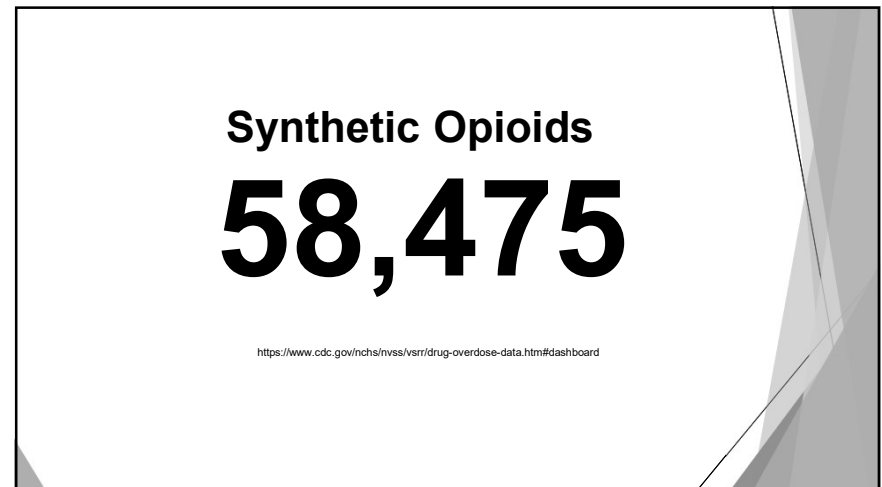
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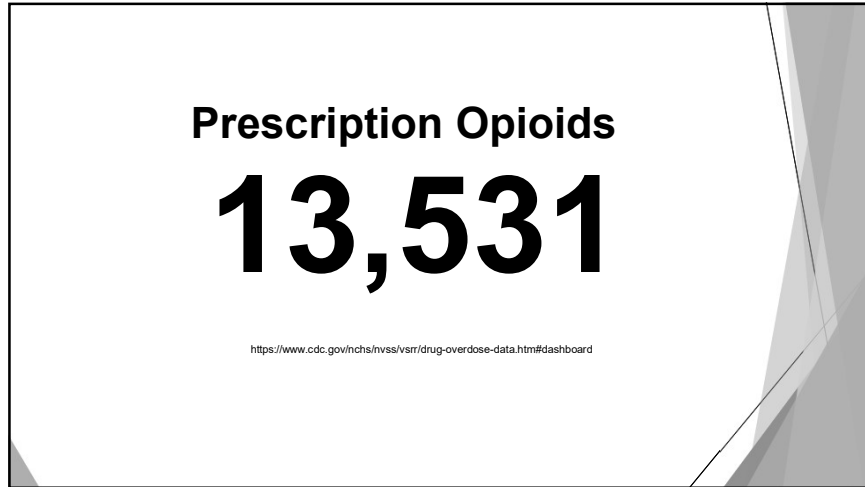
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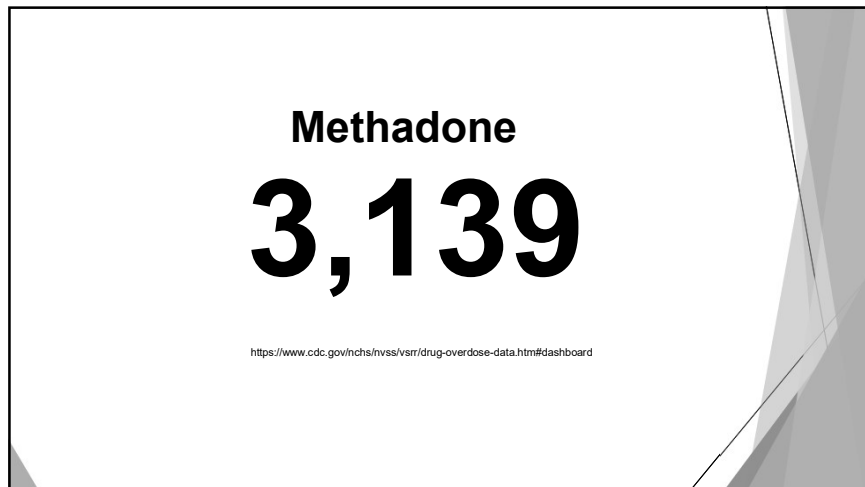
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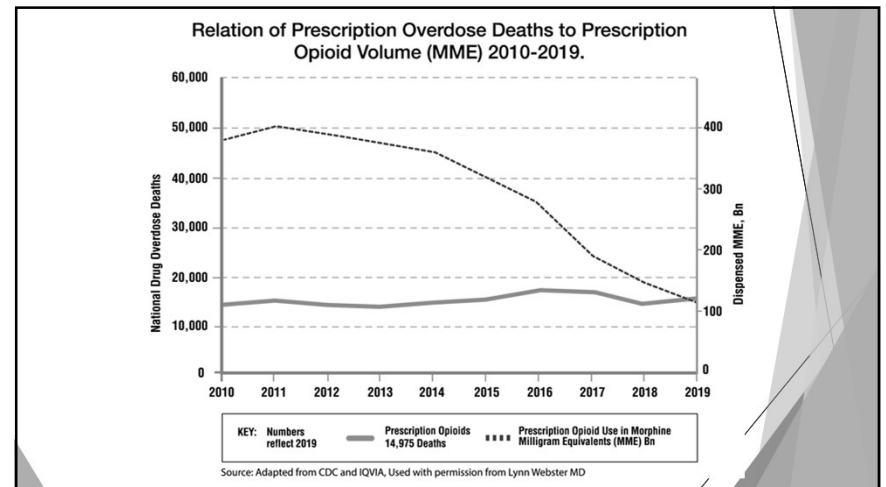
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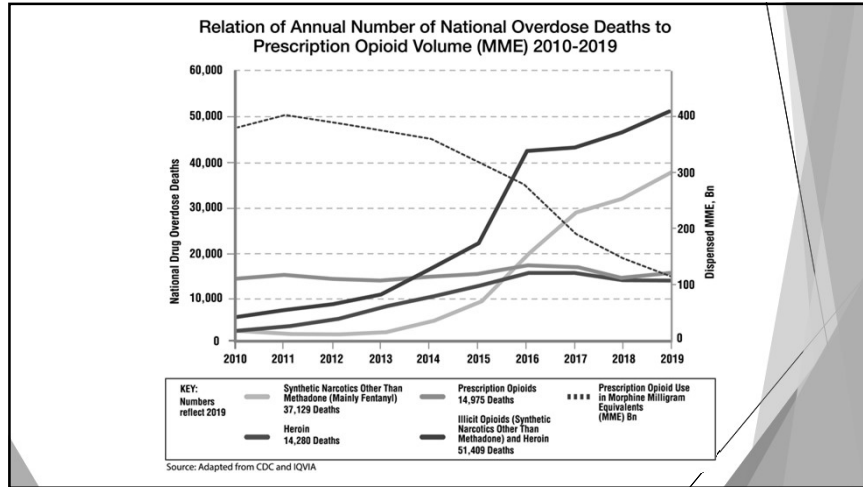
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19



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21

## Opioid Overdoses Massachusetts 2020

# 2,104

<https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-may-2021/download>

22

## Prescription Opioid-Related Overdose Deaths Massachusetts

# 341

<https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-may-2021/download>

23

## Non-Medical Misuse Prescription Drugs

# 18 Million

<https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/what-scope-prescription-drug-misuse>

24

**Non-Medical Use Prescription  
Pain Medications**

**2.0 Million**

<https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/what-scope-prescription-drug-misuse>

25

**Advance to Heroin**

**4%**

▪ N Engl J Med 2016;374:1253-63. DOI: 10.1056/NEJMra1507771

26

THE NEW ENGLAND  
JOURNAL of MEDICINE

**Addiction Rare in Patients Treated with Narcotics**

TO THE EDITOR

Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients<sup>1</sup> who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,<sup>2</sup> Percodan in one and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

Jane Porter  
Hershel Jick, M.D.  
Boston Collaborative Drug Surveillance Program Boston University Medical Center, Waltham, MA 02154

January 10, 1980 N Engl J Med 1980; 302:123  
DOI: 10.1056/NEJM198001103020221

27

**Become Addicted**

**<1-8%**

▪ N Engl J Med 2016;374:1253-63. DOI: 10.1056/NEJMra1507771



28

## American Opioid Moral Panic

A moral panic is a widespread fear, most often an irrational one, that someone or something is a threat to the values, safety, and interests of a community or society at large.

Typically, perpetuated by the news media, fueled by politicians, and often results in the passage of new laws or policies that target the source of the panic.

In this way, it can foster increased social control.

29

## Five Stages of Developing a Moral Panic

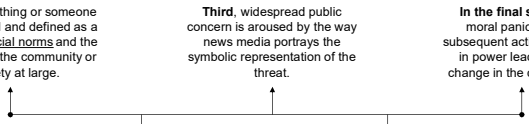
**First**, something or someone is perceived and defined as a threat to social norms and the interests of the community or society at large.

**Second**, the news media and community members depict the threat in simplistic, symbolic ways that quickly become recognizable to the greater public.




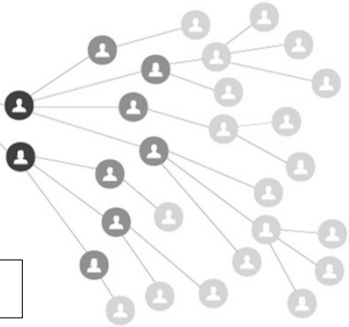

**Third**, widespread public concern is aroused by the way news media portrays the symbolic representation of the threat.

**Fourth**, the authorities and policymakers respond to the threat, be it real or perceived, with new laws or policies.

**In the final stage**, the moral panic and the subsequent actions of those in power lead to social change in the community.






30

Sources of Disinformation	Mavens Primary	Mavens Secondary	Recipients of Misinformation
 			

31

## Key Players in a Moral Panic

-  "Folk devils," and the enforcers of rules or laws, like institutional authority figures, police, or armed forces.
-  News media plays its role by breaking the news about the threat and continuing to report on it, thereby setting the agenda for how it is discussed and attaching visual symbolic images to it.
-  Politicians, who respond to the threat and sometimes fan the flames of the panic, and the public, which develops a focused concern about the threat and demands action in response to it.

32



## Beneficiaries of Social Outrage

- **Those in Power since it leads to increased control of the population**
  - Reinforcement of the authority of those in charge
  - Gives a cause to enact legislation/laws that would not be a concern if not for the perceived threat of the moral panic
- **News Media via a symbiotic relationship with the state**
  - Reporting on threats that become moral panics increases viewership and makes money for the news organization
  - Reporters get accolades for breaking news stories




33

## Example of Moral Panic

The Salem witch trials, which took place throughout colonial Massachusetts in 1692.

Women who were social outcasts faced accusations of witchcraft after local girls were afflicted with unexplained fits.

This served to reinforce and strengthen the social authority of local religious leaders since witchcraft was perceived to be a threat to Christian values, laws and order



34

## War on Drugs: Outcome of Moral Panic


During a 1994 interview, President Nixon's domestic policy chief, John Ehrlichman, provided inside information suggesting that the War on Drugs campaign had ulterior motives, which mainly involved helping Nixon keep his job.

In the interview, conducted by journalist Dan Baum and published in *Harper* magazine, Ehrlichman explained that the Nixon campaign had two enemies: "the antiwar left and black people." His comments led many to question Nixon's intentions in advocating for drug reform and whether racism played a role.

Ehrlichman was quoted as saying: "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities.

We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."

<https://time.com/5638316/war-on-drugs-opium-history/>



35

## President Nixon Played the Fear Card

In June 1971, Nixon officially declared a "War on Drugs," stating that drug abuse was "public enemy number one"

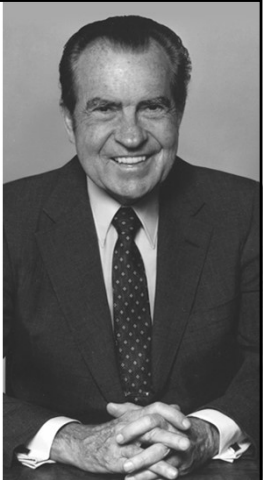
President Richard M. Nixon signed the Controlled Substances Act (CSA) into law in 1970. This statute calls for the regulation of certain drugs and substances.

The CSA outlines five "schedules" used to classify drugs based on their medical application and potential for abuse.

Schedule 1 drugs are considered the most dangerous, as they pose a very high risk for addiction with little evidence of medical benefits. Marijuana, LSD, heroin, MDMA (ecstasy) and other drugs are included on the list of Schedule 1 drugs.

Nixon's dehumanization and demonization of drug offenders had been a smashing success.

DEA created.




36

## “Just Say No”

In the 1980s, President Ronald Reagan reinforced and expanded many of Nixon’s War on Drugs policies. In 1984, his wife Nancy Reagan launched the “Just Say No” campaign, which was intended to highlight the dangers of drug use.

President Reagan’s refocus on drugs and the passing of severe penalties for drug-related crimes in Congress and state legislatures led to a massive increase in incarcerations for nonviolent drug crimes.




37

## The Washington Post

*Democracy Dies in Darkness*

### More than 100 billion pain pills saturated the nation over nine years:


By Steven Rich, Scott Higham and Sara Horwitz



38

## Detoxification as Performance Art

1st June, 2019 | By Lynn Webster, M.D.




<https://youtu.be/8lR12fx7CKA>  
<https://www.lynnwebstermd.com/2019/06/01/detoxification/>

39

## Hollywood Romanticizes Addiction

20th January, 2019 | By Lynn Webster, M.D.



<https://www.lynnwebstermd.com/2019/01/20/hollywood-romanticizes-addiction/>

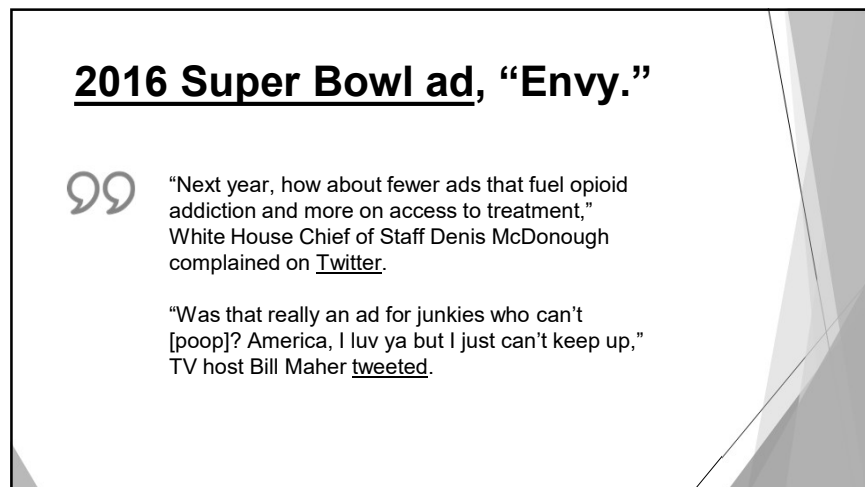
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41



42



43



44

## What Drives Demand

Untreated mood disorders


Psychoactive Seekers

Mental Health


Tang, Salkovskis et al., 2009; BJCP, 48; 1-20      Webster LR. *Anesth Analg*. 2017 Nov;125(5):1741-174

45

Princeton professors, **Anne Case** and **Angus Deaton**  
 “cumulative health and personal problems often lead to addictions, overdoses, and suicides that they call *"deaths of despair."*”



Anne Case



Angus Deaton

https://www.brookings.edu/wp-content/uploads/2017/03/6\_casedeaton.pdf?\_sm\_byip=VVZ47sv0Vik6n2R

46

AJPH

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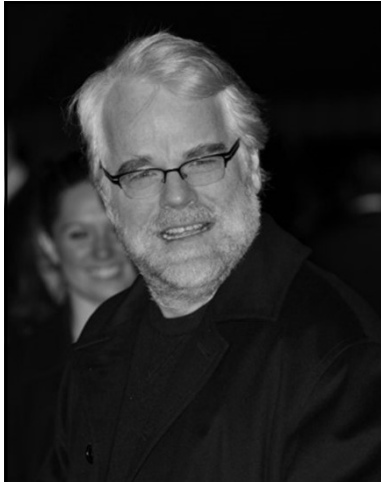
Opioid Crisis: No Easy Fix to Its Social and Economic Determinants

Nabarun Dasgupta PhD, MPH, Leo Beletsky JD, MPH, and Daniel Ciccarone MD, MPH

[+] Author affiliations, information, and correspondence details

Accepted: October 14, 2017    Published Online: January 10, 2018


47



Why?

WHY?

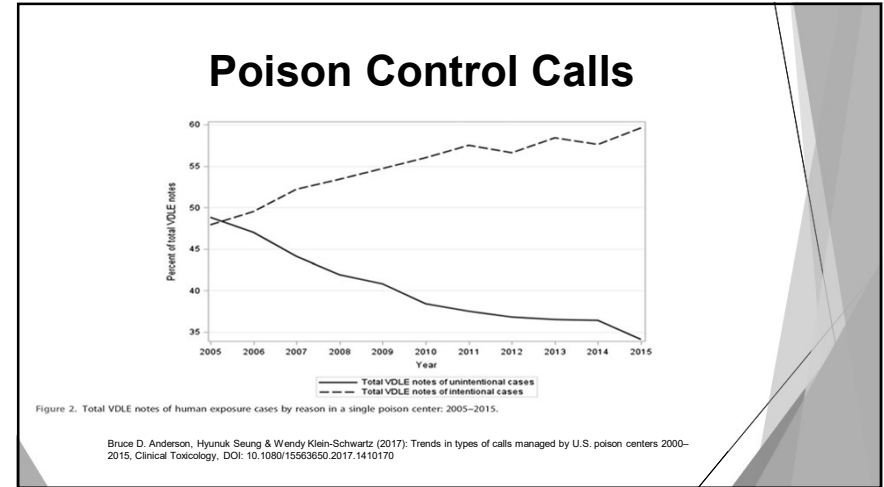
48


**The NEW ENGLAND  
JOURNAL of MEDICINE**

**Perspective**  
**Suicide: A Silent Contributor to Opioid-Overdose Deaths**  
 Maria A. Oquendo, M.D., Ph.D., and Nora D. Volkow, M.D.

N Engl J Med 2018; 378:1567-1569 DOI: 10.1056/NEJMp1801417

49



50

## What “Rocketman” Tells Us About Pain and Addiction

15th June, 2019 | By Lynn Webster, M.D.



<https://www.lynnwebstermd.com/2019/06/15/rocketman/>

51


## Trying to Get to a Rational Opioid Policy

- Most policy on the state and federal level attempts to limit the number, length and extent of opioid exposures.
- What is the optimal level of opioid prescriptions or exposure in the absence of non-opioid modalities of treatment that is effective for long-term, around-the-clock pain that has not been adequately managed with other therapies?
- While a correction was necessary, equal attention should be paid to the need to make the exposures that do occur as safe as they can possibly be.

52

## Opioid Prescribing and the Healthcare System

- What has increased opioid prescribing exposed in our healthcare system?
- Where does our healthcare system fail?
  - Chronicity
  - Conditions with major motivational/psychiatric component
  - CARE COORDINATION: Communication among professionals
  - Ongoing risk assessment
  - Conditions that intersect badly with socioeconomic status
  - Stigmatization



53



54



55

## Thank you!

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[www.LynnWebsterMD.com](http://www.LynnWebsterMD.com)

56

## Self-Assessment Question 1



**2020 Prescription Opioid-Related Overdose Deaths:**

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- B. Are responsible for most drug-related deaths in Montana
- C. Are primarily due to economic and social determinants
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57

## Self-Assessment Question 2



**Morphine Milligram Equivalents :**

- A. Is based upon well characterized research
- B. Is used to determine maximum effective dose
- C. Is related to risk of addiction
- D. Is used to estimate the dose comparisons of different opioid molecules

58