

Zohydro will create new addicts, addiction medicine expert says

March 6 2014, by Ellen Goldbaum

(Medical Xpress)—Few benefits and many risks will result from the marketing of Zohydro, the extended-release formulation of hydrocodone, according to Richard D. Blondell, MD, vice chair for addiction medicine at the University at Buffalo and professor of family medicine in the UB School of Medicine and Biomedical Sciences.

Blondell founded the UB Department of Family Medicine's addiction fellowship, one of 23 postgraduate addiction medicine fellowships in the U.S. In addition to his expertise in addiction medicine, Blondell studies alcoholism and the relationship between chronic pain and addiction. He sees patients through UBMD, the university's physician practice plan.

"A certain percentage of these products will always be diverted to illicit use," Blondell says. "We already have a prescription drug problem and the way this drug is packaged makes it easy to abuse. Zohydro is just another opiate product in a market that's already flooded with them."

In 2008, Blondell and colleagues published a study in the *Journal of Addictive Diseases* that revealed a definite correlation between the quantity of prescriptions written for painkillers and the incidence of addiction-related problems.

"Why introduce a new product that will pose unnecessary risks for those who are already abusing prescription drugs as well as for patients who could become addicted simply by being prescribed these drugs?"

Blondell asks. "Although effective treatments are available and we are



working to increase access to those treatments, the best strategy is to prevent addiction in the first place."

Blondell heads a new national center at UB dedicated to addiction prevention and treatment. Sponsored by the American Board of Addiction Medicine Foundation (ABAMF) and funded by the Conrad N. Hilton Foundation, the ABAMF National Center for Physician Training in Addiction Medicine provides technical assistance to expand training programs for physicians who wish to specialize in addiction medicine. It is also developing curricula and outreach strategies to help primary care physicians better address substance abuse in adolescents, and it is working with other national medical organizations to integrate addiction care into the mainstream health care system.

Blondell also has been involved in efforts to educate practicing physicians on safer prescribing practices, and to develop monitoring systems that identify possible prescription misuse and diversion.

Provided by University at Buffalo

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