

Study reveals lack of data on opioid drugs

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Credit: AI-generated image ([disclaimer](#))

A National Institutes of Health white paper that was released today finds little to no evidence for the effectiveness of opioid drugs in the treatment of long-term chronic pain, despite the explosive recent growth in the use of the drugs.

The paper, which constitutes the final report of a seven-member panel convened by the NIH last September, finds that many of the studies used

to justify the prescription of these drugs were either poorly conducted or of an insufficient duration.

That makes prolific use of these drugs surprising, says Dr. David Steffens, chair of the psychiatry department at UConn Health and one of the authors of the study. When it comes to long-term pain, he says, "there's no research-based evidence that these medicines are helpful."

Yet despite this, prescriptions for [opioid drugs](#) (also known as [opiate drugs](#); the two terms are technically distinct, but most physicians use them interchangeably) have more than tripled in the past 20 years, with more than 219 million prescriptions written in 2011, according to the study.

At the same time, the abuse of these drugs has also skyrocketed, leading some to refer to [prescription drug abuse](#) as an epidemic. More than 16,000 people died from prescription opioid overdoses in 2012, according to the Centers for Disease Control, and drug overdose now causes more deaths than [motor vehicle accidents](#) for people ages 25-64.

This level of opioid use and abuse is unprecedented in the world: the United States, with just 4.6 percent of the world's population, consumes 80 percent of the world's opioid drugs. That, says Steffens, makes this "a peculiarly American problem."

Steffens, like the other members of the panel, was surprised by many of these findings, since he is not an expert in opioid drugs, in drug abuse, or in pain management. The members of the panel were experienced clinicians with expertise in other areas; Steffens' specialty is geriatric psychiatry. "The NIH intentionally invited people from other fields of medicine," he says, "in order to avoid potential conflicts of interest, and to get a fresh perspective on the issue."

Over two days, the panel listened to evidence presented by an outside agency, which had conducted an exhaustive search of all the available studies about the use of opioid drugs. The panel's draft report was made available for public comment late last fall, and today the NIH published the full [final report](#).

Steffens notes that one of the great challenges in grappling with this issue is the fact that opioid drugs clearly are an effective treatment for some people dealing with pain, but it is hard to predict where trouble will crop up. Part of the problem, he points out, is the need for better communication about best practices to physicians who are prescribing these drugs.

"There are certain syndromes, like fibromyalgia, where opioids are less likely to be effective and patients are more likely get into trouble with abuse," says Steffens.

Another issue both for patients and for society at large is that pills from the pharmacy don't always end up in the hands they were prescribed for. The process of medicine being sold or given away (known as diversion) has long been identified as a key driver in the rise of prescription [drug abuse](#).

Says Steffens, "I wish that doctors treating people for sports or workplace injuries would be cautious with the amount of pills they dispense."

Provided by University of Connecticut

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