FACT SHEET: CONSTRAINTS ON MEDICAL PRACTICE

In 2001 the D.E.A established the OxyContin Action Plan in reaction to an escalation in the abuse of prescription opioid painkillers. Government policies regarding these drugs have not only created a medical establishment fearful of using one of its most effective pain management tools, but also an increasingly marginalized community of chronic pain patients.

• 19% of Americans live with chronic pain lasting more than three months, and 34% more live with recurrent pain.¹

• Before counting for medical expenses, pain costs American workers more than $61 billion in lost productive time."²

• Opioids, a class of drugs including morphine, codeine and oxycodone (e.g. OxyContin, Percocet), have been identified as the standard treatment for moderate to severe cancer pain and effective for patients with other types of chronic pain.³

• Close to 50% of chronic pain patients in the United States are undermedicated and the number of cancer patients receiving insufficient pain relief is above 50%.⁴

• In 2006, the D.E.A. investigated 735 doctors and arrested 71 for alleged crimes related to prescription drug diversion. Due to lost credibility and financial costs, even an investigation can be career crippling.⁵

• Surveys have shown 69% of physicians to be more conservative in using opioids for pain management due to a fear of disciplinary reprisal.⁶

• Fear of legal ramifications has also led doctors to prescribe a number of less effective and often far more dangerous alternatives to opioids. In the most infamous case, the prescription drug Vioxx brought in $2.5 billion in sales in the year leading up to its 2004 discontinuation for causing heart attacks.⁷

• While critics often cite addiction as a crucial drawback to opioid treatment, less than 1% of patients without a preexisting psychological addiction become addicted to opiates during treatment.⁸

• This year, the state of Washington advised non-specialist doctors not to prescribe more than 80mg of oxycodone per day without also referring patients to a specialist. The statewide directory of such specialists contained just twelve names.⁹
6 Hoffmann.
7 Skaggs.
8 Acello, Barbara. “Facing Fears about Opioid Addiction”. Nursing. 2003; May.
9 Rosenberg.