

Opinion

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Industry's Contribution to the Current Opioid Epidemic

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To combat the escalating opiate epidemic in the US, the Centers for Disease Control and Prevention (CDC) released updated guidelines in March 2016. One However, the CDC's long-awaited announcement has not been without its critics, who have criticized its scope as being shortsighted and favoring corporate interests.² The pushback is not surprising, especially in light of the concerning rise in the prevalence of opioid and opiate-derivative prescription addiction and mortality in modern culture.

About 14,800 overdose deaths were thought to have been caused by prescription medicines in 2008; this number exceeded the number of deaths attributable to cocaine and heroin combined.³ In the US, the figure rose to 28,657 in 2014.⁴ This figure includes overdoses from the opioid heroin. However, considering that four out of five heroin addicts started with prescription opioid medications, heroin is not without significance in this area.⁵ An intriguing comparison is Europe, where overdose deaths decreased from 7,100 in 2009 to 6,100 in 2013.⁶ CDC Chief of Mortality Statistics Robert Anderson says the situation has gotten similar to the HIV outbreak in the late 1980s and early 1990s.⁷ More than 61% of overdose deaths in 2014 were caused by opioids (increases in drug and opioid mortality).

Sales of prescription painkillers and admissions for substance use disorder treatment have increased in tandem with drug overdose, the primary cause of unintentional mortality in the US.⁸ The overdose death rate increased 400% between 1999 and 2008, prescription painkiller sales increased 400% between 1999 and 2010, and substance use disorder admissions increased 600% between 1999 and 2009.³ Similarly, between 2000 and 2013, the number of heroin overdose deaths doubled.⁵

Sordid marketing strategies frequently employed by pharmaceutical companies account for a portion of the rise in prescription painkiller sales.⁹ The maker of the narcotic painkiller Oxycontin, Purdue Pharma, entered a guilty plea in 2007 for unlawfully marketing the medication as less prone to addiction and abuse than competing products.¹⁰ The business acknowledged giving employees instructions to promote the medication for uses not authorized by the US Food and Drug Administration (FDA) and to explain to medical experts that it is safe. The Department of Justice penalized it \$600 million, which, given Oxycontin's \$31 billion in revenue, was more of a cost of doing business than a punitive deterrent.

According to the Los Angeles Times' investigation, Purdue had knowledge about illegal drug trafficking that was withheld from law authorities. Indeed, under the aegis of Representative Judy Chu (D-Monterey Park), the business was keeping an eye on an illicit distribution operation in a California district. According to the Center for Responsive Politics, Chu collected more than \$31,000 in contributions from the pharmaceutical sector as illegal distribution continued undetected for years.¹¹

High-level authorities, including members of Congress and the White House, have responded to mounting pressure in recent years to implement change by passing legislation to increase grants for prescription drug addiction and treatment in addition to the CDC draft guidelines.

Twelve In fiscal 2017, the president requested \$1.1 billion from Congress to combat the addiction of heroin and prescription opioids. To combat drug misuse, the Senate recently enacted the Comprehensive Addiction and Recovery Act (CARA). Not unexpectedly, the pharmaceutical industry has fought back against perceived risks to the opioid business, which is worth \$9 billion.¹³

The Washington Legal Foundation (WLF), a non-profit organization backed by the business, for instance, used a number of tortuous legalisms to criticize the new standards. As a public organization, they contended that the CDC ought to have included more outside parties in the drafting process. The WLF identifies as a "public-interest law firm and poli-cy center" that focuses a significant amount of its funds on upholding free-enterprise ideals.¹⁴ Among their customers have been Purdue Pharma, the company that makes Oxycontin, and Johnson & Johnson. Charles and David Koch, the billionaire financiers who are well-known for their financial and political support of ultra-conservative causes, have donated more than \$1 million to the organization.¹⁵ Which outside parties the group had in mind may only be inferred.

Despite the generally strong political support for the treatment of addiction, it has been noted that significant attempts to restrict access to these drugs—the root of the issue—have not occurred in legislative chambers. This is a clear win for industry interests.¹⁶ In fact, Congress and the Executive Branch signed measures to limit the DEA's (drug enforcement agency) authority to take action against manufacturers, pharmacies, and wholesalers suspected of improperly distributing drugs at the same time that lawmakers were putting forward measures to address addiction and drug abuse.¹⁷ Supporters assert that the Ensuring Patient Access and Effective Drug Enforcement Act of 2016 will promote collaboration between law enforcement and industry, despite the fact that it is clearly another benefit for the pharmaceutical industry. It should come as no surprise that the chief DEA official in charge of regulating drug producers quit during the test.

The aforementioned evidence points to an industry broker's role that goes beyond garden variety market participants. Since misconduct in the pharmaceutical sector frequently hits the top news worldwide, it is quite easy to continue—one only needs to pay attention. Since we supply about half of the opioid painkillers used in the US, primary care doctors, including emergency medicine specialists, should be especially watchful.¹⁸

Medical professionals and laypeople alike agree that opioid analgesic overdose is a potentially fatal but completely preventable condition that arises from improper prescribing practices, patient ignorance of the risks of medication misuse, medication administration errors, and pharmaceutical abuse.¹⁹ But the downstream effect

Only recently have mainstream academics who are included in the literature on toxicology and forensic medicine begun to clarify and analyze the effects that destroy modern civilization. Naturally, when we witness our patients in agony, we have a professional and moral obligation to alleviate their suffering. However, we must acknowledge our professional and moral obligations as scholars and privileged intellectuals to look at the power dynamics that underlie our clinical practice if we are serious about preventing opioid toxicity for the good of society. The author believes that this understanding of the doctor's role applies to all areas of medicine, regardless of the opioid epidemic.

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