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Prescription Opioid Abuse, Addiction Less Common Than Many Believe

According to a review from Pain Treatment Topics, establishing medical policies or practices in pain management based on a presumption of high rates of opioid analgesic abuse or addiction could be misguided, resulting in added costs for healthcare delivery and the undertreatment of pain.

Glenview, IL; January 2009 – The abuse and addiction potentials of opioid analgesics prescribed for patients with chronic pain have been of great concern. However, current research indicates that these problems are not as common or widespread as many seem to believe.

In an evidence-based review for *Pain Treatment Topics* (Pain-Topics.org), editor Stewart B. Leavitt, MA, PhD, summarizes the findings of major research investigations of these problems. “The research is extensive, but requires careful examination,” he notes. “Unfortunately, news media, government agencies, and others have portrayed abuse and addiction associated with prescribed opioids as problems of much larger proportions than seems warranted by the evidence.” Several comprehensive investigations support this assertion:

>> In an extensive review, combining results from 24 clinical studies, the overall rate of prescribed opioid analgesic abuse or addiction in patients with pain was about 3.3%. However, fewer than 2 out of 1,000 (0.19%) patients *without* a current or past substance-use disorder experienced problems with opioids prescribed for pain.

>> Similarly, a clinical investigation of patients receiving daily opioid therapy for chronic noncancer pain prescribed by primary-care physicians found that only 3.7% of patients had a confirmed opioid-use disorder. However, whether or not any of these patients also had prior substance-use problems was not examined.

>> A systematic review, encompassing 17 studies of patients with moderate-to-severe chronic noncancer pain who were treated with opioid analgesics for at least 6 months, found opioid *abuse* in only 0.4% of patients. Signs of opioid *addiction* were evident in only 1 case out of 2042 subjects evaluated (0.05%). Whether these extremely low rates were

in the overall patient population or solely in those patients *without* prior substance-use problems is unknown.

Estimates of substance-use disorders among the general public range from 5% to as high as 67%, depending on the population examined; although, the exact percentages of those disorders involving solely opioids has been poorly defined. At the least, it seems fairly certain that the rate of opioid-use problems in patients prescribed those drugs for pain would be no greater than in the population at large, according to Leavitt's review. And, according to other experts, the data suggest that news media accusations of increased opioid abuse being associated with greater numbers of patients being prescribed opioids for chronic pain management are unfounded.

This area is worthy of further investigation and debate; however, the preponderance of available evidence suggests that establishing medical policies or practices in pain management on a presumption of high rates of prescribed opioid-analgesic abuse or addiction could be misguided, resulting in added costs for healthcare delivery and the undertreatment of pain. Healthcare providers can be reasonably assured that only a very small percentage of their patients with chronic pain, if any, will exhibit abuse/addiction when receiving long-term opioid analgesics. And, this would be especially so in those patients who have not experienced substance-misuse problems in the past.

The complete article -- titled "**Opioid-Analgesic Abuse & Addiction Prevalence Still Uncertain**" -- with references, can be freely accessed at:

<http://pain-topics.org/pdf/e-Briefing-Vol3-No1-2008.pdf#opioidabuse>

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