The Over Prescription of Opioids and Barriers to Alternative Treatment Options for Patients with Spinal Cord Injuries

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Abstract - The misuse of opioids is a serious public health crisis. This paper will explore how over-prescription has contributed to the crisis and why alternative treatment options are not being more widely explored. The United States healthcare system has become increasingly business-like in accordance with Karl Marx’s view of capitalism and its voracious appetite for profit. The prescription of opioids allows pharmaceutical companies to profit. Convinced by economically driven pharmaceutical companies that patients would not become addicted to prescription opioid pain relievers, healthcare providers began to prescribe them at greater rates. Despite the claims of pharmaceutical companies, these drugs proved to be highly addictive. Still, many physicians are quick to prescribe opioids for chronic pain because they receive payments from drug manufacturing companies. As such, over prescribing opioids for chronic pain has become a key driver of America’s epidemic. Spinal cord injuries (SCIs) are one of the most common sources of chronic pain and can cause significant quality of life issues. Although not as common as drugs, there are many non-pharmaceutical treatments for SCIs. One study found that people with SCI-related pain were more willing to use non-pharmaceutical treatments than opioid medications. If it is not the willingness of patients, then what are the major barriers to alternative therapies for SCIs? The answer often lies in the nuances of insurance company policies. Many companies restrict their coverage to allopathic medical techniques. Even treatments that are covered, such as physical therapy, are subject to prohibitively high deductibles and visit limits per year. Although several laws have been passed by the NYS Department of Health to address the epidemic, to reach a true solution we must recognize that healthcare is much more than a money-making business, and subsequently pass policies that make alternative treatments less prohibitive.

INTRODUCTION

Opioids can be helpful in getting patients through acute post-surgical pain, however they are not meant for chronic pain patients as each refill or additional week of use makes for a greater risk of misuse. According to the National Institute on Drug Abuse (NIDA), an opioid is defined as a medication that acts on receptors in both the spinal cord and brain to reduce the intensity of pain perception (NIDA, 2018). A culture of over prescribing aggravates the nation’s epidemic of opioid overuse and abuse. Tens of thousands of Americans are dependent on opioid medications. Estimates of the rate of opioid addiction among chronic pain patients have been on the rise since the ‘90s, and are currently as high as 26% (NIDA, 2018). Although there is little evidence of their long-term effectiveness, opioids continue to be prescribed for chronic pain.

One of the most common sources of chronic pain is pain from spinal cord injuries (SCI). The spinal cord is a bundle of nerves that carry messages between the brain and the rest of the body. According to Johns Hopkins Health Library, there are over 250,000 people living with a spinal cord injury, and about 12,000 new cases are diagnosed each year in the United States (What You Need to Know, n.d.). SCIs are significant because they can result in a decreased or absence of movement, sensation, and organ function below the level of the injury. The goal of SCI treatment is to help the patient return to the highest level of function and independence possible, while improving the overall quality of life.

This paper presents research regarding the over prescription of opioid medication, how it has contributed to the current opioid addiction healthcare crisis, and why alternative treatment options are not being more widely investigated and prescribed for chronic pain.

THEORETICAL FRAMEWORK

The prescription of opioids is beneficial for the pharmaceutical companies, but not always the patients. Karl Marx’s view of capitalism has become the new paradigm of prescription medication, where financial gain becomes the goal. Research suggests that pain medication can be a viable option for relieving pain and improving one’s quality of life. Doctor’s rely on this research, often funded by pharmaceutical companies, which determines the safety and efficacy of medications for their patients. The United States healthcare system has become increasingly interested in turning a profit, and the over prescription of opioids allows pharmaceutical companies to benefit financially, despite evidence that opioid use leads to addiction, which has
created a health crisis in America. As such, barriers to
prescribing alternative treatments must be explored in order
to end opioid addiction by providing unconventional
options.

According to a survey study conducted by
Cardenas and Jensen (2006), many SCI patients have
reported pain relief from alternative treatments such as
massage and acupuncture that lasted for days whereas relief
from medications lasted only hours. SCIs are often
accompanied by neuropathic pain, which is often refractory
to opioid treatment. Therefore, attempts to treat
musculoskeletal pain problems should focus on the
alleviation of underlying pathology or aggravating
conditions such as poor posture or overuse. This is
consistent with the biopsychosocial model of pain that
suggests a multidisciplinary approach to treatment,
including physical and psychological interventions
(Cardenas & Felix, 2009). Often patients are willing to try
other treatments, however barriers to alternative therapies
for SCI reside in insurance company restrictions to health
coverage. Alternative treatments may be more effective than
medication for improving daily functioning, eliminating
expensive medications, and reducing one’s reliance on
addictive medications. Multiple research reports regarding
the efficacy of some non-pharmacological interventions,
such as exercise, massage, and acupuncture, suggest that
these may be promising treatments for chronic pain after
SCI.

However, these alternative treatments continue to be underutilized and the reason lies in the business-like
culture of the American healthcare system. America runs on
a capitalist economy. The capitalist mode of production is
categorized by privatization, as exemplified by the
privatization of healthcare. Philosopher Karl Marx was
famous for his criticism of capitalism. Marx claimed that the
voracious appetite of capitalism would eventually
impoverish the working class (The Marxist Criticism, n.d.).
Medical debt never happens by choice, but due to
privatization, health care costs have soared far beyond what
most people can cover on their own. The average U.S.
consumer spends more than $10,000 a year on healthcare,
which is 50% more than consumers in other countries in the
world (Medical Debt, n.d.). The cost for treating chronic
pain can cripple the budget of a working class family. To
make matters worse, while patients are struggling to pay,
many physicians are enjoying large six-figure salaries, and
the more opioids they prescribe, the more money they make.

**FINDINGS**

In a 2018 New York Times article, Appleby
describes doctors giving out painkillers “like candy.” A
prime example is Dr. Barry Schultz, whose records show
that one patient was prescribed nearly 17,000 pills in a
seven-month period; another got more than 23,000 over
eight months – that's more than 100 pills a day (Whitaker,
2018). While Dr. Schultz was making over $6,000 a day
prescribing and selling opioids to his patients, his patients
paid the price, not only with money, but for some their lives.
David Train was one of Dr. Schultz’s victims. David went
to Dr. Schultz for pain management after a car accident and
subsequently died of an overdose of opioids prescribed by
Dr. Schultz (Whitaker, 2018). David’s mother Carol
reflects, “He didn’t even examine him. He just wrote out the
scripts.” This can be related to Weber’s Theory of
maximizing results with minimum effort. It takes physicians
much less effort to write out a prescription than to take the
time to actually examine the patient and think of alternative
treatment options. Dr. Schultz is now serving 157 years in
prison. While it is right and just that Dr. Schultz be
punished for fueling one of the most devastating public
health crises of the 21st century, it was not until after the
death of a patient.

The Obama administration has sent hundreds of
doctors to jail for their roles in the opioid crisis. But so far,
note one executive of an opioid manufacturer or distributor
has been sentenced to a single day in jail. Researchers at
Harvard University found that opioid manufacturers are
paying physicians huge sums of money for prescribing huge
sums of opioids. Among the biggest opioid prescribers by
volume - those in the top 1% - 95% received payments.
Doctors in the top 1% of opioid prescribers received, on
average, four times as much money as the typical doctor
(Kessler, Cohen, Grise, 2018). When CNN spoke with
patients who struggled with opioid addiction, they described
a “sense of betrayal” when they learned that their doctors
had received large sums of money from the drug
manufacturers that had created such havoc in their lives
(Kessler, et al, 2018). It is illegal for doctors to prescribe
drugs in exchange for kickback payments and the Justice
Department has formed a task force targeting opioid
manufacturers and distributors (Whitaker, 2018).

While doctors and pharmaceutical companies
undoubtedly play a role in the opioid crisis, there is another
force at play: insurance companies. Insurance companies are
mainly profit-making enterprises. They enhance their profits
by restricting payments for the people they cover. As T.R.
Reid points out, “it is cheaper to send out a form letter
saying “claim denied” than to write a check to the doctor or
the patient” (2010, p. 39). This quote further reflects
Weber’s Theory of minimizing costs. Generally, insurance
plans restrict their coverage to allopathic medical
techniques, including medications. Alternative treatments
don’t attract the headlines or win the science projects like
wonder drugs do.

While visiting industrialized democracies around the
world, Reid (2010) found that global doctors from countries
like Germany and France offered less drastic and less
expensive treatments including physical therapy, therapeutic
massage, and acupuncture. In the United States, however,
the costs of these therapeutic services restrict patient access.
For example, physical therapy co-pays can reach as high as
$75 per visit (Carvalho et al., 2017). Requiring a physician
referral to therapy services also increases costs. Medicare
Part B, which covers outpatient rehabilitation services, currently has a yearly therapy cap of $1,980 for physical therapy (Carvalho et al., 2017). In addition, patients are often subjected to arbitrary visit limits per year that do not account for severity of the SCI or the variability in rehabilitation progress.

ANALYSIS

Based on the research compiled, there is an obvious need for change in public policy regarding healthcare and the practice of medicine. The findings are consistent with the original hypothesis: that the U.S. healthcare system has become increasingly business-like. The potential for pharmaceutical companies to make a profit has put money above what’s best for the patient, further enforcing the original claim that the prescription of opioids is beneficial for pharmaceutical companies, but not always the patient. Opioids are an ineffectual way of treating SCI patients with chronic pain, yet they continue to be prescribed at rates higher than ever.

In the past few years, several laws have been passed in an attempt to curb the over prescription of opioids. For example, as of July 22, 2016, a practitioner may not initially prescribe more than a 7-day supply of an opioid medication and as of July 1, 2018, all distributors must report transaction information for all opioids sold within New York State to the NYS Department of Health’s Bureau of Narcotic in accordance with the Opioid Stewardship Act. (Opioids: Regulations and Legislation, 2018). In addition, prescribers licensed in New York to prescribe controlled substances must complete at least three hours of course work or training in pain management, palliative care, and addiction (Opioids: Regulations and Legislation, 2018). However, while these laws are beneficial, there is still much more that needs to be done in order to prevent over prescribing opioid medications.

CONCLUSION

As restrictions on prescriptions increase, the United States must find a way to make treatments other than drugs more available to patients. This means the government will have to change its attitude towards healthcare. Healthcare is much more than a money-making business, it is the quality of people’s lives. In addition, the doctors practicing medicine need to educate themselves and understand that the quickest, cheapest option is not always what is best for the patient, especially when it comes to chronic pain. The tendency of doctors to over prescribe should be addressed not only in one three-hour training session, but also in medical schools, in an attempt to enhance physicians’ education on effective, evidence-based prescribing, reduce the stigma of pain, and promote comprehensive assessment and treatment. Through education and fundamental policy reform the American culture of over prescribing can be eradicated.

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REFERENCES


