

Time
6-15-15

and morphine, like their pharmacological cousins heroin and opium, provide powerful short-term relief from broken bones or for recovery from surgery. But because the drugs were viewed as dangerously addictive, legal and professional restrictions meant only those suffering from terminal cancer were likely to have long-term access to opioids.

This began to change in the late 1980s. Researchers started publishing anecdotal surveys suggesting that those rules meant that millions of people might be suffering needlessly. One particularly influential 1986 paper by Dr. Russell Portenoy and Kathleen Foley looked at the experience of 38 patients and concluded, cautiously, that if you were in pain, you might be able to safely take opioids for months or even years without becoming hooked. "Drug abuse is highly prevalent, especially in some cities, in some subpopulations and in some patients with psychiatric diseases," Portenoy tells TIME. For others with no personal or family history of addiction, he says, drug abuse is a "very, very low risk."

That was a hypothesis some drug companies were ready to test, and soon enough they were applying to the government for permission to do so. Figuring out whether prescription drugs are safe and effective is the job of the FDA, but with the long-term use of opioids, the agency faced a challenge. There were no reliable studies proving opioids worked safely against chronic pain, because it would be unethical to require pain patients in a control group to go months on end without medication. "It's not practical for us to require people to go for a year on a placebo," says Janet Woodcock, head of the FDA's Center for Drug Evaluation and Research.

Instead, Woodcock says, the FDA followed its practice of extrapolating short-term studies to long-term use. When Purdue Pharmaceuticals sought permission from the FDA in 1994 to market a powerful new opioid, OxyContin, to treat moderate to severe pain for extended periods of time, the FDA signed off and went so far as to tell doctors the drug "would result in less abuse potential" since it was absorbed more slowly than other opioid formulations. Over the next 20 years, the FDA would approve more than two dozen new brand-name and generic extended-release opioid products for treating long-term pain, including Endo Pharmaceuticals' Opana in 2006. "No one anticipated," says Woodcock, "the clinical community would take to this and start giving it out like water."

At the same time the new drugs were coming on the market, medical associations and legislatures were telling doctors they should use them. More than 20 states passed laws and regulations designed to expand opioid prescription, including by requiring doctors to inform patients of the drugs' availability and by making it harder to prosecute physicians who handed them out liberally. In 1998 the Federation of State Medical Boards (FSMB) issued new guidelines for doctors prescribing opioids, saying they could be "essential" for the treatment of



Faces of the crisis

Public-health nurse
Brittany Combs,
top, hands out
clean needles by the
bagful, but getting
addicts like John
Baker, above, off the
powerful prescription
painkillers is a
challenge

chronic pain and neglecting to warn of the risk of overdose. The standard-setting Joint Commission on Accreditation of Health Care Organizations in 1999 required doctors to measure pain as part of their basic assessment of a patient's health, which had the effect of elevating pain to the same level of importance as objective measurements like temperature and heart rate. Hospitals began displaying posters bearing smiley and frowny faces to help patients indicate levels of pain. (The FSMB says it had to offer doctors its best guidance for using opioids once the FDA approved the drugs.)

In many ways, opioid advocates were pushing on an open door, as many doctors and patients welcomed the loosened environment. With insurance companies limiting the duration of patient visits to increase efficiency, prescribing opioids became an easy option for treating a patient complaining of pain.