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Norman S. Miller: Real issue is how doctors handle pain medication

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Medical marijuana advice isn't worth what you think

While Dianne Byrum advocates strenuously for "medical marijuana," (Viewpoint, Feb. 23) she based her rationale erroneously and dangerously on physicians' competence as knowledgeable and skilled in prescribing addicting medications for therapeutic medical care.

Unfortunately, physicians are poorly trained and not inclined toward assessing the risks and benefits of addicting drugs whether legal or illicit in their medical practices. As the American Academy of Family Practice publicly declared that addiction to prescription opioid medications is a "myth," particularly when prescribing for pain.

Because the physician is the major supplier of prescription opioid medications (painkillers), the epidemic of escalating medical drug use as Americans use 80 percent of the world's supply of all opioids and 99 percent of hydrocodone (Vicodin, Lortab). In addition, hydrocodone is the most commonly prescribed medication in the U.S.

Since the "politics" of pain gained traction, the retail sales of opioid medications has soared (increase from 1997 to 2005): hydrocodone 198 percent; oxycodone (OxyContin) 588 percent; methadone 933 percent. Predictably chronic use of opioid medications leads to addiction, and paradoxically, increased pain symptoms. Annually 500,000 opioid users seek treatment for detoxification and addiction from 1.5 million who are dependent and addicted to opioid medications.

Importantly, the physician is the ultimate source for most sufferers of prescription opioid problems and addiction. Thus, physician prescribing of marijuana will further expand the already epidemic use of marijuana among teenagers, and eventually adults. And more legal and health-related problems, including deaths.

Because addiction inevitably arises with repeated use of marijuana, the adverse consequences include mood depression, cognitive memory loss, apathy, physical debilitation and pallor. In addition, a person's performance and function will be drastically reduced, as marijuana effects dominate minds and bodies of their addicted users.

In 2006, 1,229,000 marijuana users received treatment for their marijuana addiction from 4,172,000 who were dependent and addicted to marijuana, among adolescents and adults. (U.S. Department of Health and Human Services 2006 survey results)

Currently, medical schools offer as little as two hours of lecture time devoted to drug and alcohol addiction/problems, and residency programs offer little or no training in addictions. The alarming lack of education and training for doctors continues despite 25 percent to 50 percent of their patients suffer from drug and alcohol addictions and their medical complications.

Although drug and alcohol addictions account for more than 800,000 deaths a year, doctors are severely underprepared to treat alcohol and drug disorders. And they cannot be relied on to advise on public policy and to prescribe and monitor adverse consequences of addicting medications, particularly, marijuana.

While barriers to educating physicians on addictions, imposing further debilitation and death from greater drug supply in the name of ill- founded medical care is dangerous to public health.

How many parents and children must pay for loss of life and liberty from poorly guided and uninformed public policy? When will we demand better medical care from and education for our physicians? How much will that cost us until we do?