Life & Times

Books

reminds me of an old Tom Lehrer song containing the line 'once they go up, who cares where they come down. It's not my department says Wernher Von Braun'.

The \$16.3 billion that the government spent supporting graduate medical education in 2017 has not addressed the deficiency of primary care physicians and has resulted in an overproduction of medical and surgical subspecialists. Any business with a similar return on investment would fire its leadership, replace its board of directors, and demand results that customers want. Evidently not the federal government. The Association of American Medical Colleges, in the meantime, is asking for 'more study,' which is an old strategy for ignoring a report and hoping it just goes away.

However, there is a danger that Trump might find out and use the money to build a wall to keep out doctors from other countries.

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American Overdose. The Opioid Tragedy in Three Acts

Chris McGreal

Guardian Faber Publishing, 2018, PB, 336pp, £12.99, 978-1783351688

BUSTED

This book describes health and social devastation caused in the US by the rapid growth of potent opiate analgesic prescribing. It analyses the intensive marketing and lobbying of federal regulating bodies, state and federal government, and the powerful influence on medical and pharmacy professional bodies. And the large profits the pharmaceutical industry have made. It looks at experiences of people harmed and how their concerns were ignored by regulating authorities, state and national government. It describes how medical professionals and pharmaceutical companies constructed an epidemic of untreated pain with opioids as a safe and effective first-line treatment.

The author is a journalist. How robust is the evidence he draws on? His analysis draws from a wide range of sources: interviews and testimonies from those involved, including people affected, family, health professionals, members of the regulatory Food and Drug Agency, the Drug Enforcement Agency, the Centers for Disease Control (CDC), and politicians; national and state statistics; policy documents and research papers. He draws on a research paper and a review that question the effectiveness of opioids for the treatment of chronic pain.^{1,2} A clinical guideline for opioid prescribing from the CDC suggested a different approach to prescribing of opiates.³ And a policy document from the Trump administration recognised that the epidemic had occurred and the harm it had done.⁴ The author brings this together to present a strong case for how the epidemic came about and was sustained, and the consequences for individuals, families, and communities. Is the US experience applicable

to the UK? National statistics show a growing number of people taking increasing amounts of opiate analgesics, both prescribed and over the counter. Recent analysis of general practice prescribing data 1998–2016 found the number of prescriptions for opioid analgesics had increased by 34%, rising from 568 per 1000 patients per year in 1998 to 761 in 2016.⁵ The number of more potent opioids prescribed, such as morphine, fentanyl, oxycodone, and buprenorphine, have also increased. There has also been a growth in gabapentin and pregabalin use, to treat an increasing wide range of chronic pain, even though the evidence for treating its actual indication of neuralgic pain is poor. There has been an increase in the number of reported drug deaths attributed to gabapentoid and prescription opioid drugs. The influence of pharmaceutical companies is perhaps more subtle in the UK compared with the US, yet remains substantial; for example intense marketing of Subutex (buprenorphine) following its introduction in 2006 for heroin addiction treatment; including lobbying for inclusion in NICE 2007 technology appraisal TA114 and for it to be prescribable on FP10 (MDA) prescriptions.

This year I received an invitation to attend a national conference 'Changing the Face of Opioid Dependence' chaired by Professor John Strang, leading researcher/policymaker in substance misuse. The meeting is organised and funded by Camurus Ltd, a pharmaceutical company currently marketing the first long-acting depot treatment for opiate dependence in the UK, Europe, and Australia —Buvidal.

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