

1 VERMONT MEDICAL SOCIETY RESOLUTION

2  
3 Changing the Paradigm for the Use of Opioids in Chronic Non-Malignant Pain Control

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5 *Adopted November 5, 2016*

6  
7 Whereas, Physicians have both a desire and obligation to alleviate pain; and

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9 Whereas, It is not currently possible to eliminate all pain; and

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11 Whereas; High-quality medical evidence should guide medical treatment decisions when such  
12 evidence is available;

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14 Whereas; Opioid treatment for chronic nonmalignant pain originated in the 1990s as a result of  
15 efforts by regulating agencies, the pharmaceutical industry, physicians and patients;<sup>1</sup> and

16  
17 Whereas; Such treatment was recommended in the absence of adequate medical evidence of  
18 long term efficacy and safety;<sup>2</sup> and

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20 Whereas; Subsequent experience has documented a major public health problem of opioid  
21 diversion, accidental overdose and death resulting from use of opioids;<sup>3</sup> and

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23 Whereas; The actual benefit to patients has not been adequately researched and is very difficult  
24 to assess clinically;<sup>4</sup> and

25  
26 Whereas, There is evolving but incomplete evidence on the utility of various non-  
27 pharmacologic treatments for pain;<sup>5</sup> now therefore be it:

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29 **RESOLVED, The Vermont Medical Society will endeavor to change the paradigm of**  
30 **using opioids for chronic non-malignant pain so that such use is guided by high quality**  
31 **medical evidence with regard to efficacy and safety both for individual patients and for**  
32 **society at large; and be it further**

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34 **RESOLVED, The Vermont Medical Society endorses the United States Surgeon**  
35 **General's Turn the Tide Campaign<sup>6</sup> launched in August 2016 and supports the national**

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<sup>1</sup> Alexander GC, Frattaroli S, Gielen AC, eds. The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015  
<http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf>

<sup>2</sup> Chou R, Deyo R, Devine B, et al. The effectiveness and risks of long-term opioid treatment of chronic pain. Evidence Report/Technology Assessment No. 218. AHRQ Publication No. 14-E005-EF. Rockville, MD: Agency for Healthcare Research and Quality; 2014. <http://www.effectivehealthcare.ahrq.gov/ehc/products/557/1971/chronic-pain-opioid-treatment-report-141007.pdf>

<sup>3</sup> [Dart RC, Surratt HL, Cicero TJ, et al. Trends in opioid analgesic abuse and mortality in the United States. N Engl J Med 2015; 372:241.](#); [Okie S., A Flood of Opioids, A Rising Tide of Death. N Engl J Med 2010; 363:1981-1985.](#)

<sup>4</sup> Supra note 2.

<sup>5</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

<sup>6</sup> <http://turnthetidex.org>

- 1 call for prescribers to: (1) follow the United States Center for Disease Control and
- 2 Prevention 2016 Guideline for Prescribing Opioids for Chronic Pain; (2) screen patients
- 3 for opioid use disorder and provide or connect them with evidence-based treatment; and
- 4 (3) talk about and treat addiction as a chronic illness.