



Our Drug Problem: Fighting the Wrong Enemy by Dr. Christopher Kent

A [recent article](#) in *Scientific American*¹ poses the question, "Is drug research trustworthy?" The author proceeds to describe how drug industry influence corrupts research: "The entanglements between researchers and pharmaceutical companies take many forms. There are speakers bureaus: a drugmaker gives a researcher money to travel – often first class – to gigs around the country, where the researcher sometimes gives a company-written speech and presents company-drafted slides. There is ghostwriting: a pharmaceutical manufacturer has an article drafted and pays a scientist (the 'guest author') an honorarium to put his or her name on it and submit it to a peer-reviewed journal. And then there is consulting: a company hires a researcher to render advice."

The reason, as noted by Marcia Angell, former editor in chief of the *The New England Journal of Medicine*, is "[t]o buy a distinguished, senior academic researcher, the kind of person who speaks at meetings, who writes textbooks, who writes journal articles – that's worth 100,000 salespeople."¹

[Woodgett observed](#), "The inherent uncertainty of research provides a safe haven for data omission, manipulation or exaggeration. Because interpretation of data is an imperfect science, there are few consequences for those tempted to oversell their findings. On the contrary, such faulty embellishment can help to determine whether a study is published – and where. More-over, because failure to reproduce a published finding can be due to innocent factors, significant errors or falsehoods may be overlooked or simply pass unchallenged. As a result, modern science can churn out a flotsam of dead-end data that pollute the literature and waste precious resources."²

In spinal care, research abuses are rampant. [An article](#) in *The Back Letter* states, "Spinal research appears to be a poster child for research abuses."³

Recreational drugs, including cocaine and heroin, are responsible for an estimated 10,000 to 20,000 American [deaths](#) per year.⁴ While this represents a serious public health problem, it is a "smokescreen" for America's real drug problem. America's "war on drugs" is directed at the wrong enemy. It is obvious that interdiction, stiff mandatory sentences, and more vigorous enforcement of drug laws have failed. The reason is simple: Cause and effect have been reversed.

The desire to solve problems by taking drugs is a product of our culture. When a child is taught by loving parents that the appropriate response to pain or discomfort is taking a pill, it is obvious that such a child, when faced with the challenges of adolescence, will seek comfort by taking drugs.

Drugs are dangerous, pushed or prescribed. While approximately 10,000 to 20,000 per year die from the effects of illegal drugs, there is a new health concern: illicit use of prescription drugs. An ad sponsored by the Medicine Abuse Project⁵ states that 44 percent of teens report having at least one friend who abuses prescription drugs. By their senior year of high school, 20 percent of teens will have abused prescription painkillers, 9 percent will have abused sedatives and tranquilizers, and 10 percent will have abused ADHD drugs.



Nearly 15 years ago, [an article](#) in the *Journal of the American Medical Association (JAMA)* reported that an estimated 106,000 hospitalized patients die each year from drugs which, by medical standards, are properly prescribed and properly administered. More than 2 million suffer serious side effects.⁶

An article in [Newsweek](#)⁷ put this into perspective. Adverse drug reactions, from "properly" prescribed drugs, are the fourth leading cause of death in the United States. According to this article, only heart disease, cancer, and stroke kill more Americans than drugs prescribed by medical doctors. Reactions to prescription drugs kill more than twice as many Americans as HIV/AIDS or suicide. Fewer die from accidents or diabetes than adverse drug reactions. It is important to point out the limitations of this study. It did not include outpatients, cases of malpractice, or instances in which the drugs were not taken as directed.

Has the situation improved since the publication of this information? Hardly. In 2004, [Null, et al.](#),⁸ published the most comprehensive and well-documented study I have seen of deaths associated with medical practice. In this report, their research revealed some shocking facts. The findings are summarized in the abstract:

"A definitive review and close reading of medical peer-review journals, and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million. Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics. The number of unnecessary medical and surgical procedures performed annually is 7.5 million. The number of people exposed to unnecessary hospitalization annually is 8.9 million. The total number of iatrogenic deaths ... is 783,936. It is evident that the American medical system is the leading cause of death and injury in the United States. The 2001 heart disease annual death rate is 699,697; the annual cancer death rate, 553,251."

The authors conclude: "When the number-one killer in a society is the healthcare system ... that system has no excuse except to address its own urgent shortcomings. It's a failed system in need of immediate attention. What we have outlined in this paper are insupportable aspects of our contemporary medical system that need to be changed – beginning at its very foundations."

In a 2012 article, [Provonost wrote](#), "Can you imagine that most doctors learn little about the third leading cause of death in medical school? Most medical students receive little or no formal training on how to prevent medical errors and reduce preventable complications, which cause more than 250,000 U.S. deaths each year – a number topped only by heart disease and cancer."⁹

One proposed solution to the illegal drug problem was encouraging potential users to ignore peer pressure and "just say no." Interestingly, this strategy is not being recommended for prescription drugs. Bruce Pomeranz, MD, one of the authors of the 1998 *JAMA* paper, said he is not warning people to stay away from drugs. "That would be a terrible message," he said. Lucian Leape, MD, of the Harvard School of Public Health, said, "When you realize how many drugs we use, maybe those numbers aren't so bad after all."⁷



Does that mean that the number of deaths due to illegal drugs, suicide, HIV/AIDS, diabetes, accidents, and drunk driving "aren't so bad" either? Does it mean that we shouldn't discourage drunk driving or unsafe sex? The folly of such double standards should be obvious to all. It is time to address the real drug problem – the cultural notion that the first solution to seek for relief of life's problems is a drug. *That's* the drug culture we need to address.

References

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