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The future of opioids…more of the same…but maybe it includes GLPs and GIPs!

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We have seen tremendous upheaval in the opioid management field over the past decade. The villains and heroes have filled many books and it will take another decade to bring light to all the nuances, causes, and interconnections. The bird's nest of interdependencies was well documented in Dr. Lynn Webster's paper on this topic.[1]

In the attempts to reign in aberrant prescribing and reduce opioid deaths and abuse, pain patients now suffer a host of indignities including drug testing, opioid-phobia and stigma, reduced access to needed opioids, and lesser quality of life.[2] That is the apparent price to pay to reduce the overall opioid load in the general public.

Abuse deterrent opioids, a potential magic bullet, fell short of the FDAs goals and our hopes.[3] The good news is that we see signs of some new techniques and pharmacology to create truly abuse-deterrent opioids.

Buprenorphine with its unique properties continues to be pigeonholed into the SUDs field despite its excellent pain management qualities that Dr. Cowan created when he designed the drug, and that current delivery technology finally delivers.

The pendulum has swung from very liberal prescribing to hyper conservative.[4] From a public health perspective, the number of opioids and access are down.[5] But, has the underlying public health actually improved?

I THINK THE FUTURE OF OPIOIDS INCLUDES GLPS AND GIPS!

We know that the public has become heavier on average than at any time during modern medicine.[6] We know that the mental health of the public has suffered from market crashes, depressions, recessions, pandemics, job off-shoring, and political turmoil. Coping skills seem to be in short supply or the decrease in exposure to early traumatic events has left the populace unable to deal with trauma. We also know that opioid consumption (including alcohol and other drugs) over the past 100 years tracks physical and mental insults.[7] The results include a public that is the heaviest and least active we have ever seen.[8] The two are locked in a vicious battle that starves the life out of the patient.

INTRODUCING GLPS AND BY EXTENSION GIPS

As an "n of one," I can personally attest to the increase in mobility, dexterity, stamina, flexibility, energy, and reduction in inflammation with a 25-pound reduction in weight because of prescribed GLPs. By extension, anyone who is morbidly obese or just overweight may enjoy the same benefits. And while I am not on long-term opioids, the desire for a total knee replacement, due to continual pain, has been sidelined because of my reduction in weight. If we can reduce the BMI and increase activity, I believe that opioid consumption can and will be reduced. We stand by our original mantra when the journal was created. We believe in the use of opioids when medically necessary and when prescribed responsibly by the doctor and taken by an informed patient. If a patient can shed weight, increase activity, improve self image and motivation and many other benefits, that patient should be able to reduce or shed their opioids.

GLPs have myriad other benefits including reducing cardiovascular risks, adult-onset diabetes, etc.[8] There was mention in a research article that GLPs may actually reduce the urge to abuse opioids.[9] That needs substantial research to prove in humans but we do know what is in front of us. A reduced BMI across the broader population may reduce opioid load with a corresponding reduction in potential abuse, diversion, death, etc.

The data seems to support a broader adoption of GLPs to reduce comorbidities in the public health.[10] The insurance companies, caught with their myopic

one year ROI glasses, are unable to see the long term benefits of GLPs and more importantly, a healthier population with lower long term health costs. At $300/month private pay, a GLP may replace a prescribed opioid, a BP med, a statin and a $150,000 bypass.

INTRODUCING THE OPIOID MANAGEMENT SOCIETY

Healthcare providers who safely and responsibly manage their patients on opioids need an organization dedicated to protecting their rights, and those of their patients, to utilize opioids when medically necessary. We propose a grass roots organization focused on supporting education on opioids across the medical spectrum. The organization will be self funded, clean of any external financial influence. The benefits will include a subscription to the ***Journal of Opioid Management***, a gated member only site, private mentoring and discussion groups, and a membership-validation program to make sure that only those who prescribe opioids will be accepted. If this appeals to you, we ask you to reach out and sign up at this link: *https://docs.google.com/forms/d/e/1FAIpQLSe_F7pqpRlISEOjTpKv8FP_sK9D0TmX-umXRpPjhNLKCYBlCQ/viewform?usp=header*. We look for people who share our same passion and want to lead the organization without ego, hubris, or power but to the benefit of all our members and by direct extension, the patient. We will create a repository of excellent education based on the published content in the journal and when needed supplemented from outside experts. We will seek ACCME certification as an educational provider and support our members. A longer-term goal will be a fellow in opioid management as other organizations have and a three year certification in opioid management. Again, if you share our passion, please sign up at this link: *https://docs.google.com/forms/d/e/1FAIpQLSe_F7pqpRlISEOjTpKv8FP_sK9D0TmX-umXRpPjhNLKCYBlCQ/viewform?usp=header*.

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