

## Statistical Correction needed in "Prescription Drug Abuse" article

### To THE EDITOR:

The recent review, "Prescription Drug Abuse: What is being done to address this new epidemic?" by Laxmaiah Manchikanti, MD (*Pain Physician* 2006; 9:287-321) provides valuable insight into the entire opioid issue including the lack of evidence for the long-term efficacy and safety of opioids for chronic non-cancer pain, the marked increase in sales of various opioids from 1997 to 2004, the rising numbers of opioid-related mortality figures from 1999 to 2002, and the striking statistics of new abuse of prescription opioids among teenagers.

However, one statistic that was in error in this report is in Table 6. The 449,562 grams of oxycodone sold in 1997 was actually 4,449,562 grams according to DEA [ARCOS] data which would also change the +6390% increase in grams of oxycodone sold from 1997 to 2004 to +556%, still a very significant rise. This

places methadone as the opioid having the greatest rate of increase between these years at +812%; this also corresponds to the marked rise in methadone-related deaths during this time frame. Perhaps this occurred since many patients with chronic non-cancer pain were started on methadone rather than OxyContin or switched to methadone because it was considered 'safer' and less prone to abuse, especially because of its use in opioid detoxification programs.

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### In Response:

Thank you for the nice comments regarding my article. I appreciate the attention to detail you have taken. Thank you for bringing this problem with the table to light. The typographic error has been corrected as well as all corresponding text.

The text and table found in *Pain Physician* 2006; 9: 284 should read as follows:

"Table 6 shows increasing retail sales of opioid medications in the United States from 1997 to 2004 with oxycodone increasing 556%, followed by methadone increasing 812%, followed by fentanyl base increasing 400%, with morphine, hydrocodone, and hy-

dromorphone increasing less than 200%.

Drug spending is skyrocketing. Significant amounts of Medicaid funds (\$110 billion in 2003) are spent on drugs (38). Drug spending in some states has increased by 65% in 2003. Further, the source of payment for specialty treatment or drug abuse and addiction treatment is highest for federal funds (Fig. 6)."

The corrected copy can already be found in the *Pain Physician* online editions.

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	1997	2004	% of Change
Methadone	518,737	4,730,157	812%
Oxycodone	4,449,562	29,177,530	556%
Fentanyl Base	74,086	370,739	400%
Morphine	5,922,872	14,319,243	142%
Hydrocodone	8,669,311	24,081,900	178%
Hydromorphone	241,078	655,395	172%
Meperidine	5,765,954	4,856,644	-16%
Codeine	25,071,410	20,264,555	-19%

Source: [http://www.deadiversion.usdoj.gov/arcos/retail\\_drug\\_summary/index.html](http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html)