

To treat pain, study people in all their complexity

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Last month, the US National Institutes of Health (NIH) formally launched a multi-agency effort to combat the country's opioid-addiction crisis. Funds for research into controlling opioid misuse and treating pain will nearly double in 2018, to US\$1.1 billion.

The forces behind this epidemic extend beyond overprescription: most of the tens of thousands of deaths caused by opioid overdose in the United States each year result from illicit use. Still, an inadequate understanding about how to treat pain has certainly contributed. We need to characterize patients better, and we need more studies that incorporate non-drug treatments alongside any form of medication.

Consider this crucial question: what is the first treatment you should give a person for chronic pain, or even many acute injuries? Most clinicians now agree that the answer should not be opioids. Fewer recognize that the question is not which pill to use instead, but what system of interventions — including medication — and monitoring to implement.