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Dynamics of the opioid crisis in the Netherlands

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Stellingen

Behorende bij het proefschrift

Dynamics of the opioid crisis in the Netherlands

1. Prescribing practices of analgesic medication in the Netherlands is shifting from non-steroidal anti-inflammatory drugs (NSAIDs) to opioids. (This thesis)
2. Apart from opioid overdose death, which is the obvious risk of opioid use, many other hazards of opioid use may be anticipated. (This thesis)
3. Fewer NSAIDs prescriptions to prevent NSAIDs related side-effects does not mean reduced use of NSAIDs or side-effects. (This thesis)
4. The features of the opioid crisis in the Netherlands exhibit distinctive qualities that set them apart from other countries. (This thesis)
5. Chronic opioid use inherently leads to development of tolerance, physical dependence and addiction; there is no evidence to support safe chronic opioid use.
6. Opioids should be treated in medicine as antibiotics – they are as precious and as dangerous.
7. Pharmacoepidemiologic research into safety profiles of opioids is hampered by the lack of a suitable comparator.
8. However flawed, public health registers are still the best approximation of reality.
9. The first question in understanding of the opioid addiction is: “not why the addiction; it is why the pain?”. Therefore, the treatment of the opioid addiction should follow the same principle. (adopted from dr. Gabor Mate).
10. A well-defined research question is key in conducting reliable research. However, the definition of the study population and its setting are essential in the interpretation of the results. Otherwise, “one begins to twist facts to suit theories, instead of theories to suit facts.” (adopted from Arthur Conan Doyle, The Adventures of Sherlock Holmes)