The pharmaceutical industry was listed as one of the “Contributors to the Current Crisis” in the final report of President Trump’s Commission on Combating Drug Addiction and the Opioid Crisis. The report cites decades of aggressive marketing and industry-sponsored physician “conferences” aimed at expanding opioid use by minimizing the dangers of addiction. Lawsuits by state attorneys general, counties and local jurisdictions allege that the industry fostered the epidemic by overpromoting its products, while raking in billions as Americans became addicted and overdosed. “To this day,” the commission says, “the opioid pharmaceutical industry influences the nation’s response to the crisis.”

It sure does. In its response to an epidemic that now kills 50,000 Americans a year, the Trump administration wants to spend tens of millions of dollars in part to help the industry responsible sell ostensibly nonaddictive pain medications and “abuse deterrent” opioids that are as addictive as the original opioids.

In a recent speech, President Trump praised a new public-private partnership involving the National Institutes of Health and pharmaceutical companies to develop nonaddictive painkillers and new treatments for addiction and overdoses. “I'll be pushing the concept of nonaddictive painkillers very, very hard,” he promised. The N.I.H. says it hasn’t set a budget for its “public-private initiative”
but spent roughly $600 million on research into pain and opioid use and abuse in 2016.

The federal Centers for Disease Control and Prevention recommends that prescribers avoid opioids for most chronic pain. Experts not affiliated with the pharmaceutical industry urge doctors to make greater use of over-the-counter analgesics and non-pharmacological pain relief methods like physical and spinal manipulative therapies, movement retraining and electrical stimulation.

In September, at a meeting in Trenton with more than a dozen pharmaceutical manufacturers to explore solutions to the crisis, the opioids commission’s chairman, Gov. Chris Christie of New Jersey, said developing nonaddictive drugs was a priority. Among the companies he hosted was Purdue Pharma. In late October New Jersey’s attorney general joined 10 other states in suing Purdue, owned by the Sackler family, alleging that Purdue deceptively marketed its drug OxyContin as safe for long-term use. “The attorney general makes those judgments, not the governor,” Mr. Christie said.

Purdue executives call abuse-deterrent opioids, along with highly effective non-opioid pain products, the “holy grail” for the pharmaceutical industry.

“Abuse-deterrent is a marketing term used to mislead,” says Dr. Adriane Fugh-Berman, a pharmacology and physiology professor at Georgetown University who directs PharmedOut, a group that monitors pharmaceutical industry marketing efforts. “At least half of prescribers think that abuse-deterrent means less addictive.” It does not; abuse-deterrent pills are simply harder to crush or alter for injection or snorting. “It doesn’t prevent you from swallowing them, which is the most common way of abusing opioids,” Dr. Fugh-Berman said.

In an email, a Purdue spokesman cited support by the N.I.H., the Food and Drug Administration and the Drug Enforcement Administration for its approach, saying that along with other pharmaceutical companies and “stakeholders” the company believes that “abuse-deterrent technologies can be one of the many effective components of a multipart approach toward combating prescription opioid abuse, misuse and diversion.”

Purdue says it supports the C.D.C. guidelines, and its chief executive, Craig
Landau, said in Trenton, “I firmly believe there are too many opioids prescribed in this country.” True. And Purdue owns a large share of the responsibility for that.

The N.I.H. began its public-private initiative this summer with a series of closed-door meetings with pharmaceutical companies and academics. An N.I.H. spokeswoman, Renate Myles, said the research would include work on non-pharmacological approaches, but “we need to develop new nonaddictive medications for pain. These medications can only be brought to market with the active participation of the pharmaceutical industry.”

Purdue participated in the N.I.H. initiative. In June, in response to a call for public comments, J. David Haddox, the company’s vice president for policy, sent a letter to the commission outlining Purdue’s proposed “policy options,” including recommending that the F.D.A. “convert” the opioid market to predominately abuse-deterrent formulations.

The commission’s report includes important recommendations like expanding Medicaid coverage for inpatient treatment; expanding treatment with buprenorphine, methadone and other medications, including some still being developed; establishing a national curriculum and standards for opioid prescribers; and expanding an alternative system of drug courts that encourage treatment. Those should be the immediate priorities, not channeling money for more meds to drug companies, from the pockets of Americans whose pain was the industry’s gain.

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