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The War on Opioids: Digital Dystopia Edition

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Undeterred by the harm created by its futile war on opioids, government may next turn to a new technology that uses artificial intelligence to monitor patients while they sleep, to make sure they use their pain killers the way the government wants. This would form a good basis for a dystopian science fiction novel — except it's true.

Even while illicitly made fentanyl products sold on the black market comprise more than three quarters of opioid-related overdose deaths, state Prescription Drug Monitoring Programs (PDMPs) keep doctors, pharmacists and patients under constant surveillance.

Law enforcement raids doctors' offices if they deviate from government-mandated caps on the opioids they prescribe. Pain patients are abandoned by terrorized doctors, and in desperation turn to street drugs and sometimes suicide. Now a vendor offers to take surveillance to the next level.

If you've not heard of "OPOS-Fullpower," it's not surprising.

The announcement of "The first 24/7 opioid compliance solution" was on Jan. 2, and attracted little notice. The two companies involved — California-based Fullpower Technologies and OPOS — are trying to combine the power of the former's "hybrid Edge/Cloud AI, algorithms, big data, predictive analytics" with the latter's opioid patient monitoring expertise to create a round-the-clock digital opioid patient tracking system.

If all of this sounds somewhat terrifying, that's because it is.

The companies are proposing that Americans undergoing chronic opioid therapy for pain management 1) download their app onto their smartphones, 2) allow the companies to "track vitals, function and behavior" via "contactless biosensors" and 3) store and share that data with the treating medical provider." In other words, the companies want to incentivize participating doctors to convince their patients to give up their health data so the doctors and Fullpower-OPOS can profit. This is the Facebook user digital information-for-profit model applied to the health care sector. And there's one other third party that stands to benefit: local, state, and federal law enforcement.

It's worth remembering that the first electronic mass surveillance program started during the "War on Drugs" was the DEA's telephone metadata program.

Now, two companies are creating a system that would synthesize and store the most intimate medical and physiological data on millions of Americans suffering from chronic pain in a form that would be readily available to police under HIPAA's extremely broad law enforcement access legal

carve out. And with respect to other patient privacy protections — specifically data security — the Fullpower OPOS proposal is a non-starter.

The companies claim that “Fullpower and OPOS meet and exceed security protections required by HIPAA and HITECH. The companies are committed to continuously assessing data security controls through risk assessment and maintain a risk management program to address any vulnerabilities that are identified.” This is product marketing boilerplate, not a credible guide to the specific technologies employed to protect sensitive information.

For example, Fullpower-OPOS make no mention of the employment of encryption for their smartphone app — a requirement to avoid compromising a person’s private health information. Nor have the companies disclosed the kind of encryption, cyber intrusion or “insider threat” countermeasures and practices that their IT backbone and cloud systems will employ.

Finally, how secure from hacking or interception are the “contactless biosensors” and related IT system? Fullpower-OPOS offer no answers.

The reality is that the Fullpower-OPOS system is based on a flawed premise, the most important of which is how we got to where we are in this current chapter of the “War on Drugs.”

In the late 1990s, as prescribers and patients overcame fears of opioids, prescription volume increased, making them a popular item for diversion into the black market for non-medical users. Government interventions have forced prescription rates to drop precipitously since 2010. The black market responded with heroin and then fentanyl. Diverted prescription opioids by themselves are less than 10 percent of opioid-related overdose deaths.

The war on opioids began through the propagation of powerful anecdotes that suggested doctors created non-medical drug users by hooking them on pain killers. But government’s own data show no correlation between the volume of opioid prescriptions and non-medical use or addiction. The Director of the National Institute on Drug Abuse reported in the *New England Journal of Medicine* that addiction “only occurs in a small percentage of persons who are exposed to opioids — even among those with pre-existing vulnerabilities.”

The fact is, overdoses from non-medical drug use have been rising steadily since at least the late 1970s, with different drugs at the forefront. In the ‘70s and ‘80s it was heroin and cocaine. In the ‘90s and ‘00s, painkillers.

Now, 15 years after Congress thought it solved the “meth crisis,” deaths from it and other stimulants are at record highs. We are now making the same mistake with opioids. Approaches like the one from Fullpower-OPOS would worsen the situation. Providers and patients should just say no to this one.

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