

# 4 Out Of 5 Want To Avoid Opioids After Surgery? A Painful Lie

The story of what we call the "opioid epidemic" has been distorted by lies and deception, resulting in incalculable harm being done to both pain patients and those who abuse drugs. The last thing we need is more anti-opioid propaganda. Unfortunately, an article in Healthline provides just this.

Josh Bloom

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Just when you think that maybe people are finally starting to figure out that the war on prescription opioid analgesics has instead been a war on pain patients and the doctors who treat them, a tidy package of misinformation shows up in the form of a Healthline article by science writer George Citroner. The misinformation begins with the title:

### **HEALTH NEWS**



## 4 Out of 5 People Say They Want to Avoid Opioids After Surgery

But the title is only the beginning of a biased and misleading article that reads a bit like an anti-opioid screed. Citroner's piece supposedly covers the results of a survey conducted by the Orlando Health organization about patients' concerns about post-operative pain control. It does nothing of the sort.

You've seen the title above. Now compare it to the *real* title of the original Orlando Health article, which was supposedly the basis of Citroner's article [emphasis added]:

"Survey: Patients willing to forgo opioids if their pain can be managed"

Quite a difference, no? It's even difficult to imagine that those two titles refer to the same study.

The article's semantic skullduggery doesn't end with the title. It's filled with errors, biases, and fallacies.

For starters, there is *nothing* anywhere in the article about 4 out of 5 people wanting to avoid opioids after surgery. Zero. What patients *really* want is to have their pain controlled after surgery [emphasis added]:

"The survey found that 65 percent of Americans are more worried about managing their pain than the risks of opioid addiction...but more than two-thirds would be willing to try opioid-free pain management after surgery...Nearly 80 percent of survey respondents believe opioids are necessary to manage pain after surgery, but almost 70 percent would avoid these medications if better options were available."

Source: Orlando Health

Does the fictitious "4 out of 5" claim might have anything to do with the 80 percent figure? It's hard to tell because it's made up; it's not even mentioned in the Orlando Health report.

Here's some more nonsense:

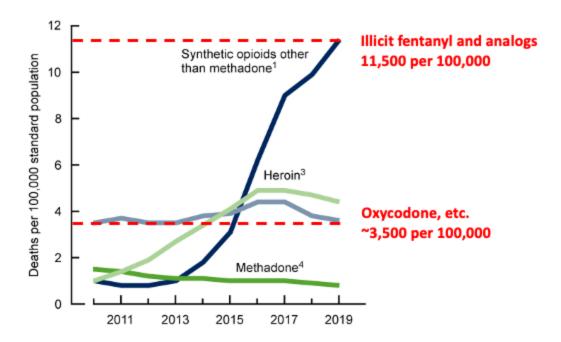
"More than 70 percent of overdose deaths in 2019 — or over 49,000 deaths — involved opioids"

Although this is technically true, it's badly misleading. Throwing together medical opioids with street drugs like heroin and fentanyl is an old but still effective trick. It's a bit like saying, "fatalities from drunk driving and choking on prunes increased by 20% in the past decade."

Citroner also included opinions from "experts." One of them is Dr. Robert Glatter from Lennox Hill Hospital (1) in New York. Glatter's specialty is emergency medicine.

"[Dr. Robert] Glatter said while the use of prescription opioids like oxycodone is responsible for many deaths, it's the availability of illegal opioids containing fentanyl bought online that are likely responsible for more overdoses."

Is it true that oxycodone is "responsible for many deaths" while illicit fentanyl is only "likely" to be responsible for more? Hardly.



In the past decade, despite a 50% reduction in prescriptions, deaths from prescription opioids remained unchanged while deaths from illicit fentanyl and its analogs increased ~12-fold. Original source: CDC National Center for Health Statistics

To his credit, Citroner does include a much-needed, rational opinion from a surgeon:

"It's very important for us to keep in mind that people do have pain and people do need pain control. The solution is not to just pull opioids away from people and leave them to fend for themselves."

Luke Elms, M.D., Dr. P. Phillips Hospital, Orlando, Florida

Imagine life if Dr. Elms and his opinions were widely-known rather than those of know-nothing ideologues like Andrew Kolodny and Jane Ballantyne.

Finally, one claim was so ridiculous that I also sought the opinions of experts.

"Cutting down on using opioids to manage pain after surgery may help decrease the potential for dependence and addiction."

#### Dr. Jeffrey Singer:

"This statement betrays an embarrassing lack of understanding of the difference between dependency and addiction. Dependency refers to physiologic adaptation to a drug in such a way that abrupt cessation causes a withdrawal reaction. Addiction is defined as continued,

compulsive use despite negative consequences. It is a behavioral disorder exhibiting an unhealthy relationship between a person and a drug."

Cato Institute's Dr. Jeffrey Singer, an ACSH advisor, and practicing surgeon.

### Richard (Red) Lawhern:

"We presently have no scientific evidence that 'cutting down on using opioids to manage pain after surgery may help decrease the potential for dependence and addiction.' In fact, the opposite may be true. As we are informed by Dr Nora Volkow, Director of the National Institute on Drug Abuse, 'addiction is not a predictable result of opioid prescribing. Addiction occurs in only a small percentage of persons who are exposed to opioids — even among those with pre-existing vulnerabilities.'

Richard Lawhern, Ph.D., ACSH advisor, subject matter expert on public policy for pain treatment, and patient advocate.

I've written countless times about the immense harm, both to users and abusers of opioids, that has resulted from our catastrophic policy of cracking down on these vital pain medications. The last thing that the pain community needs is more biased reporting full of deceitful wording and obvious fallacies. Enough already.