



Politicians and Media Scapegoat Drug Companies as Driving Force Behind Opioid Crisis

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More studies of the opioid crisis are stressing that prescription painkillers are *not* the driving force behind increased drug abuse and overdose deaths, contrary to a hardening media and political consensus that doctors and drug companies are the primary villains of the opioid saga.

The question is being put to the test in court, as lawsuits have been filed based on the theory that the over-prescription of painkillers is turning people into drug addicts.

Daniel Horowitz at *Conservative Review* returned to the point in the latest installment of his series arguing that the real problem is South American drug cartels taking advantage of lax border security during the Obama administration to flood the streets with heroin and fentanyl.

Horowitz writes, with emphasis in the original:

The Nevada Department of Health and Human Resources recently put out a report that states, “Opioid-related deaths in Nevada have decreased slightly since 2010, but the number of fatal heroin overdoses has nearly tripled since then.” In other words, for the entire duration of “the opioid crisis,” prescription-related deaths have actually gone down, while the entire epidemic has been fueled by illicit drugs. This is the same story we’ve seen from data published in almost every state with high drug overdose death rates.

With prescription opioid deaths beginning to plummet before the epidemic levels of overdoses began to soar, everyone seeking the truth should ask the following question: **What happened from 2012 to 2015 to make the supply of heroin and new deadly synthetic drugs spike to stratospherically high levels?**

The notion that suddenly a bunch of people who broke their legs or who had painful, chronic illnesses decided to switch from oxycodone to heroin in a matter of a year or two is absurd.

Horowitz goes on to argue that the increased supply of high-quality heroin, distributed through a wave of migrants employed as drug mules or recruited into gangs in the United States, is a far more logical factor behind the new drug crisis. The timing of the youth migrant surge and the rise of “sanctuary cities” matches up with the spike in drug deaths much better than prescription drug use, which was beginning to wane just as the opioid crisis entered its dangerous new stage in the early 2010s. (As he explains, increased heroin purity is a major factor because it becomes cheaper for new users to get their first fix, and they can snort the drug instead of shooting up.)

Jeffrey Singer at the CATO Institute also stresses that blaming doctors for prescription painkillers is a “misguided and simplistic notion” that has unfortunately but predictably taken our media and political culture by storm:

Unfortunately, political leaders and the media operate in an echo chamber, reinforcing the notion that cutting back on doctors prescribing opioids is the key to reducing overdose deaths. As a result, all 50 states operate Prescription Drug Monitoring Programs that track the prescribing habits of doctors and intimidate them into curtailing the prescription of opioids. Yet multiple studies suggest that PDMPs have no effect on the opioid overdose rate and may be contributing to its increase by driving desperate pain patients to the dangers that await them in the black market.

Last month Arizona joined the list of 24 states that had put in place limits on the amount and dosage of opioids doctors may prescribe acute and postoperative pain patients. These actions are based on the amateur misinterpretation of the 2016 opioid guidelines put out by the Centers for Disease Control and Prevention and are not evidence-based.

And the Food and Drug Administration continues to promote the replacement of prescription opioids with abuse-deterrent formulations, despite an abundance of evidence showing this policy only serves to drive non-medical users to heroin and fentanyl while raising health care costs to health systems and patients.

Singer points out that studies have shown misuse and overdose rates for prescription painkillers are quite low. “The ‘war on opioids’ being waged by today’s policymakers is, in effect, a ‘war on patients in pain,’” he warns.

Those very words were used by patient Jaqueline Schneider in a February *USA Today* article about concerns that “opioid hysteria” is making it harder for people who truly need painkillers to obtain them.

“It’s like a war on chronic pain patients,” Schneider said. “Nobody mentions legitimate pain patients. It’s like we have the plague.”

The article argues that doctors and pharmacists have become fearful of prescribing painkillers, while politically-driven revisions to prescription guidelines specify dosages too low for people experiencing intense chronic pain. Once again, fentanyl and heroin rear their hideous heads in the *USA Today* piece as the real killers.

Prescription pill abuse is not a *nonexistent* problem, and many of those who argue the role of painkillers in the current opioid crisis is greatly overstated also concede that over-medication and the criminal abuse of prescription drugs *was* a more serious problem in the previous two decades than it is today. In some ways, the media-political consensus is lagging behind, responding in 2018 to alarms that were sounded in 2008 or 1998.

Also, some individual communities may continue to face problems with prescription drugs, while the enormous number of overdose deaths driving the statistical nightmare of the opioid crisis is due to heroin and fentanyl abuse in other areas. The nightmare chronicled in books like *Hillbilly Elegy* is different from the horror stories told by doctors and police in big cities haunted by heroin.

These considerations are finding their way into court cases. The *Dallas Observer* in February wrote of a doctor viewed as a “kind-hearted” savior by thousands who obtained painkiller prescriptions from him, but pursued as a drug dealer responsible for eleven overdose deaths by law enforcement. The doctor, Daniel Maynard, was eventually cleared of all charges, but his wife said the stress of clearing his name killed him in 2016.

The Justice Department is rolling out a tough new opioid fraud and abuse unit that analyzes reams of data to isolate doctors who are writing too many opioid prescriptions. Physicians have launched a website called Doctors of Courage calling on doctors and pain patients to resist the unfair stigmatization of prescription drugs. Among other activities, the group organizes “White Coat Protest Rallies” against the unfair prosecution of medical professionals for prescribing pain medication.

A major point of contention is the use of statistical analysis to target doctors for scrutiny, rather than investigating specific allegations of abuse. Doctors and researchers quoted by the *Dallas Observer* compared the new federal crusade to McCarthyite witch hunts, and warned that fear of appearing as a statistical blip on the wrong Justice Department spreadsheet is causing many physicians to shy away from prescribing needed medications... which in turn obliges pain specialists to shoulder the burden and prescribe more painkillers, turning *them* into spreadsheet blips that draw the attention of drug abuse task forces.

Lawsuits have been filed alleging that drug companies willfully misrepresented the addiction dangers of pain medication and used certain influential doctors as paid agents to sell opioid therapy to the medical community. It seems likely that questions about how widespread prescription drug abuse and overdose deaths truly are will be asked by the defense in these courtrooms.

Other major pending legal actions involve Indian tribes, including the Cherokee Nation and Muscogee Nation, filing suit against prescription drug manufacturers and distributors for the epidemic of overdose deaths among tribal populations. The Senate Committee on Indian Affairs held a hearing in March on the opioid crisis in Indian communities, at which Vice Chairman Sen. Tom Udall (D-NM) declared the crisis is “straining already overtaxed Tribal systems.”

The defense has argued that the companies targeted by the suit were following government orders as contractors to federal agencies like the Department of Veterans Affairs and the Indian Health Service, and as such should be immunized from prosecution or protected from large damage awards. Another defense argument is that drug manufacturers and distributors have no business telling doctors how to prescribe treatment to their patients.

Analysts who believe the role of prescription drugs in the opioid crisis is overstated worry that for political and practical reasons, drug companies and doctors are emerging as the deep-pocketed, easily demonized scapegoat for a problem that currently has more to do with street dealers, heroin, and fentanyl. Good luck organizing a high-profile protest outside the home of a South American cartel kingpin, or suing street-level drug dealers for flooding the streets with high-quality heroin, or buttonholing illegal alien drug mules for ambush interviews asking if they feel guilty about the surge of overdose deaths!

There is no part of the media-political-lawsuit nexus that wants to look at the opioid crisis as a question of border security, illegal immigration, sanctuary city lawlessness, vicious drug cartel strategy, and street-level crime.

Prescription drugs might not deserve to be written off as a complete non-factor, but the anti-painkiller crusade has a whiff of the old joke about a man looking for his car keys under a streetlamp because the light is better there, even though he knows he was elsewhere when he dropped the keys.