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ER doctors keep prescribing fewer pain pills. Is that good or bad for patients in pain?

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Think you need pain pills for an injury? Be aware: If you go to a hospital emergency room these days you're a lot less likely to leave with a prescription for them than before the opioid crisis.

The U.S. Centers for Disease Control and Prevention recently released [an analysis of emergency department prescribing](#) that shows rates dropped nearly a third from 2006-07 to 2016-17.

Since then, laws have cut even deeper into the power of doctors to prescribe pain killers.

So what does that mean to you? Will you have to endure more suffering? Will you be treated properly for your pain?

Dr. Mark Binstock, co-chief medical information officer for Bon Secours Mercy Health, said patients at the health system's 43-plus hospitals in the United States should feel safer.

The drop in prescribing comes with education for prescribers about how to deal with acute patient pain (the kind that comes with a broken bone or a shoulder dislocation, for example) without putting patients at risk for opioid dependence or misuse, he said.

"The patient can know, 'My encounter with the ED will ... lead to a good outcome. I will not be exposed to unnecessary threats ... downstream.'

"They will treat the pain in a safe way," Binstock said.

Dr. Shawn Ryan, who is both a certified addiction expert and a specialist in emergency medicine, says the drop doesn't mean people are getting shorted on treatment.

"It does not mean that the EDs are not treating pain," said Ryan, founder of BrightView Health centers in Ohio, which treat addiction. "It just means that they may consider alternative medicines or treatments for pain that are in the best interest of the patient."

Ryan said that, whether a patient still experiences pain, and how much, varies from person to person and the type of injury or illness. Those who end up with chronic pain may be referred to a pain-management specialist.

But some doctors watching the opioid crisis say the cutback in prescribing is not OK.

That group includes Dr. Jeffrey Singer, who practices general surgery in Phoenix and is a [senior fellow at the Cato Institute](#), a libertarian think tank in Washington, D.C.

"It means that a lot of people are getting under-treated for pain," Singer said. He says he's seen it repeatedly as a practicing surgeon.

"I get people coming to me from emergency rooms under-treated for their pain," he said, adding that some are told "use Tylenol" for an injury that requires surgery when what he believes they really needed was an opioid.

In Ohio, prescriptions for acute pain are limited to seven days (with some exemptions). Kentucky has further limited prescriptions to three days' worth, because of legislation.

And a whole host of states have created laws limiting prescribing to try to curb the epidemic, National Conference of State Legislatures research shows.

Bon Secours Mercy Health has chronicled a big drop in emergency department opioid prescriptions to adults from 2016-2019.

Its nine Cincinnati-area emergency departments reduced opioid prescribing by half, from 45,880 to 22,795 in that period, records show.

Add to that this change: Emergency department staff wrote 89% fewer high-dose prescriptions for pain pills, dropping from 847 to 91 during the same, 2016-19 period.

That's because it's a priority for the hospital system to address the opioid crisis, said Wayne Bohenek, chief ancillary services officer (which includes pharmacy). Bon Secours Mercy has taken several measures to combat the epidemic, including providing prescription drop-off bins throughout their hospitals, assessing all patients for substance use disorder, directing them to appropriate treatment for addiction and looking closely at prescribing.

As part of its broader goal, Mercy has streamlined information for its prescribers to closely monitor patients' past prescriptions at other prescriber locations and, in the same computer system, provide physicians with tools they need for prescribing appropriately, Binstock said.

Similar measures have been taken at other hospitals, the CDC numbers show and area hospital officials confirm.

Singer does not see benefit in the trend.

"This is cruel," he said.

And, he added, "Trying to legislate how to do medicine is wrong."

Singer advocates for harm-reduction strategies, which help people who use drugs stay safe. The strategies include syringe exchange, medication-assisted treatment, access and use of naloxone and safe-injection sites that have medical professionals who ensure the safety of those who use them.

He argues that legitimate prescriptions are less of a danger than black-market pills, which can be fentanyl powder pushed into molds that are designed to look like pain pills.

Pain prescribing rules, such as guidelines established by the CDC, actually help ensure that people are "appropriately treated for pain" rather than turned away without help, said Cameron McNamee, director of policy and communications for the Ohio Board of Pharmacy.

Beyond the impact on those who actually go to a hospital emergency department, he and Ryan say, is a positive societal effect: Having fewer prescription pain pills in circulation.

"There is a public health perspective that the volume of pills that were in the public presented a risk that someone who was not prescribed them would get them," Ryan said, "through no malice, no intent of the person prescribed them."

McNamee agreed, saying that as more pain pills are left in medicine cabinets unused, it's more likely for them to slip into the hands of those for whom they weren't prescribed, such as teenagers, neighbors, relatives or friends.

It just makes sense to watch prescribing closely, McNamee said.

"We have to keep our eye on the ball."