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## Misplaced blame for opioid epidemic harms pain patients

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With all eyes focused on the COVID-19 pandemic, it is easy to lose sight of the other epidemic, one that claimed an estimated <u>76,000</u> lives during the 12 months ending this past April: drug overdoses. Opioid-related overdoses were responsible for more than 50,000 of a total of 71,327 drug-overdose deaths in 2019 and will <u>exceed</u> that number in 2020. There is strong <u>evidence</u> that the stress and isolation of the pandemic and its stay-at-home orders are <u>exacerbating</u> the problem.

One group endures particular suffering during these difficult times: pain patients. On top of the physical and psychological harm that is plaguing the rest of us, pain patients, many of whom are already isolated because of debilitating disease, must also cope with <u>lack of access to multimodal pain therapeutics</u> and, especially, <u>critical pain medications</u> exacerbated by shelter-in-place orders and restrictions on nonemergency medical services. The combination of the two is well beyond inhumane.

There is now indisputable evidence showing the absence of any <u>correlation</u> between the number of opioid prescriptions and opioid abuse and addiction. Yet policymakers and legislators persist in tightening controls over the <u>production</u> and <u>prescribing</u> of opioids. They also appear oblivious to the fact that prescription painkillers have for years been involved in an ever-decreasing share of overdose deaths.

If overdose deaths continued to soar despite a reduction in prescribing, there must be a reason. Of course, it's illicit fentanyl and its analogs, but the story doesn't end there. The result of the crackdown on prescription opioids has been even more insidious; it has created what can more accurately be termed a "street drug epidemic" because, by any measure, it is illegal drug use, not legally prescribed opioids, that continues to drive the death toll up.

For example, in 2011, a year during which more than 41,000 drug-overdose deaths were reported, oxycodone, the narcotic in Percocet, was number one on the list of 15 drugs most likely to be responsible for overdose deaths (5,600). Yet in 2017, despite years of ever-tightening regulations, more than 70,000 people died from overdoses. Even more damning is that in that year, oxycodone-related deaths were little changed at about 6,000, but the drug dropped from first to <u>sixth place</u> on the same list. Hydrocodone, the narcotic in Vicodin (about 3,100), was ninth, followed by Benadryl, which can be purchased over the counter, at 10th.

What happened? The top four killers in 2017 were fentanyl, well ahead of the pack at 27,000, followed by heroin, cocaine, and methamphetamine. Not only did the crackdown on opioid pills fail to prevent overdose deaths, it caused more deaths by creating a market for more dangerous street drugs. That was primarily but not only fentanyl, taken by an <u>exponentially growing</u> pool of nonmedical users as well as some "pain refugees" who were forced to obtain relief they could no

longer get from their doctors. The crackdown on prescription opioids was a failure twice over. It managed at the same time to harm both addicts and legitimate pain patients.

When purchasing an alcoholic beverage, people are never concerned about it being laced with dangerous impurities or having a greater alcohol content than it says on the label. That's because alcohol sales are legal, regulated, and accountable. But many people <u>died</u> from denatured or tainted alcohol during alcohol prohibition.

In the same way, today's prohibition of legal opioids is clearly causing deaths from illicit <u>fentanyl</u>, made in <u>Asia</u> or <u>Mexico</u>, being smuggled into the United States and mixed with heroin, or cocaine, or used to make counterfeit prescription opioid pills.

Unlike the COVID-19 pandemic, the overdose epidemic can't be stopped with a vaccine. If policymakers want to get serious about the drug-overdose crisis they must end their fixation on prescription opioids used to treat patients in pain, and start thinking about ending the drug war and mitigating the harms it continues to create.

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