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## Pain patients are the casualties of the War on Drugs

Jeffrey A. Singer and Josh Bloom

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“There are almost no chronic conditions I can think of where you look at medical maintenance and say, ‘When are you going to get off it?’ We don’t ask diabetic patients when they’re going to get off their insulin. We reevaluate the need for those medicines at regular intervals and employ every tool we have to treat the underlying causes.”

So said Alicia Agnoli, University of California, Davis researcher and lead author of a recent study in [JAMA](#), to Aubrey Whelan, whose [report on the study](#) for The Inquirer challenged the dogma of opioid denial as a means to control overdoses and deaths and examined the consequences of this denial on pain patients whose medications have been tapered, often forcibly.

It has been becoming clear for years that all attempts to control overdoses by reining in opioid supply and prescriptions have been abject failures. The government’s own data, collected from the Centers for Disease Control and Prevention and the National Survey on Drug Use and Health, show [no association](#) between the volume of opioid prescriptions and the nonmedical use or addiction in persons over age 12.

Although the reduction in opioid prescriptions has had no impact on the overdose deaths from medically used opioids, the same cannot be said for opioids as a whole. It is now widely accepted that as the supply of relatively safe prescription drugs was slashed, both users and abusers have

turned to heroin and, more recently, fentanyl, which is responsible for 87% of the 30,000 spike in drug overdose deaths in 2020. (Cocaine is responsible for the rest.)

In recent years, the press, the general public, and health-care professionals have begun to acknowledge that illicit fentanyl and its analogs, not prescription painkillers, are responsible for the surge in deaths. But the horrific story of how steep reduction in opioids for medical use has impacted pain patients is not routinely a part of the collective opioid story. It is here where Agnoli's study and Whelan's reporting have the greatest impact. When patients have their medications tapered, the results are horrific — steep increases in both severe mental health crises as well as overdose deaths.

The study also provides empiric evidence of what health-care providers have been seeing ever since policymakers began pressuring them to taper or discontinue prescribing opioids to their patients in pain: tapering the opioids that were controlling their pain was associated with a 68% increase in overdoses and doubling of mental health crises, which can be subdivided into depression (up 346%), anxiety (up 79%), and suicide attempts (up 430%). How can we possibly even consider, let alone implement, policies that result in such damage? This is a question that all policymakers and health-care professionals must ponder very seriously.

This tragic finding is the result of policymakers refusing to reassess their assumption that the overdose crisis was caused by doctors overprescribing opioids to their patients in pain. And this is aside from the fact that there is no clear definition of overprescribing. Yet, policymakers keep doubling down on a misguided mission to reduce or eliminate opioid prescribing, putting patients back in miserable pain, mental anguish, and sometimes driving them to the black market. All the while, overdoses soar among the population of nonmedical users who long ago moved on to heroin and fentanyl, provided cheaply and efficiently by the black market generated by drug prohibition.

Given the growing body of evidence of an abject policy failure lasting more than a decade, it should be more than obvious by now that our pursuit of drug prohibition has succeeded only in fomenting death and misery. This shameful chapter in our history must end.

*Jeffrey A. Singer practices general surgery in Phoenix and is a senior fellow at the Cato Institute.*

*Josh Bloom is director of chemical and pharmaceutical science at the American Council on Science and Health.*