THE NATIONAL INTEREST

Washington Must Realize That Prescriptions Are Not Driving The Opioid Crisis

Jeffrey A. Singer

January 24, 2020

On January 20th, the *Cincinnati Enquirer* ran a story on the recent report from the Centers for Disease Control and Prevention that showed a 30.1 percent drop in prescription opioid volume from 2010 – 2011 to 2016 – 2017. While the CDC report was non-judgmental, it was greeted by hospital administrators and emergency physicians in the Cincinnati area as good news.

The article quotes one physician/hospital spokesperson as saying:

"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."

I was interviewed for the story and shared with the reporter my experiences as a general surgeon seeing patients referred from emergency departments in excruciating pain who were given minimal pain medication — sometimes just *Tylenol* (acetaminophen) or ibuprofen — for conditions needing urgent surgical intervention. I told reporter Terry DeMio "It means a lot of people are getting under-treated for pain."

Policymakers, including those in hospital and health care administration, refuse to accept the federal government data showing no correlation between prescription volume and the non-medical use of opioids or opioid use disorder among persons aged 12 and over. They ignore the 2018 study of more than 568,000 "opioid-naïve" acute pain patients given opioids from 2008 – 2016 that showed a total *misuse* rate of 0.6 percent, or last November's study in the *Annals of Emergency Medicine* that followed "opioid naïve" patients prescribed opioids for acute pain in the emergency department at Albert Einstein College of Medicine and found just one percent still using prescription opioids six months later — and 80 percent of those patients still required the opioids for pain management.

Meanwhile, for the past several years, the overwhelming majority of overdose deaths are due to fentanyl and heroin, and a recent study in *Public Health Reports* found "prescribed opioids were commonly not detected in toxicology reports" of drug overdose decedents.

It is also important to mention that drugs such as acetaminophen and ibuprofen are not without risk. Acetaminophen can cause liver damage, for example, and ibuprofen can cause kidney damage and gastrointestinal bleeding — unlike prescription opioids.

As I mentioned in a letter to the editor of the *Washington Post* last December, it is easier for policymakers to focus on the number of pain prescriptions given to patients in pain than to confront the real elephant in the room: the overdose crisis is the result of drug prohibition.

This article by Jeffrey A. Singer first appeared at the Cato Institute.