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Opinion: Veterans pay the price of bungled opioid policies

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For more than a decade, policymakers and public health officials have incorrectly blamed the worsening overdose crisis on doctors prescribing opioids to their patients in pain. During this time physicians have been pressured to reduce opioid prescribing, only to see the overdose rate more than double since 2010 — even as opioid prescribing was cut nearly in half.

In early August, a study showed that tapering chronic pain patients off opioids led to a dramatic increase in mental health crises, suicide attempts and overdoses. It is not surprising, then, that we now learn this anti-opioid policy has had a devastating effect on America's veterans.

Indeed, a recent study investigated the results of the Opioid Safety Initiative (OSI), a poorly conceived plan implemented in 2013 by the Veterans Health Administration to discourage opioid prescribing and dependence. OSI “succeeded” in that it caused opioid prescribing to drop 41% between from 2012 to 2017, and 64% by 2020. But, as with chronic pain patients in the general population, the curtailment had a big impact on veterans' mental health, especially rural veterans who are more likely to get health care through the VA.

The researchers found a 75% increase in suicides among rural veterans relative to civilians between the start of the OSI and 2018. Writing in the Washington Post, the study's authors found the increase in suicides among urban veterans was “also disturbing, although less dramatic,”

increasing one-third over that of civilians. Perhaps, a true measure of the damage caused by OSI is that a 33% increase in suicides over five years is considered “less dramatic.”

And it was avoidable. In 2011 researchers at the Department of Veterans Affairs and the University of Michigan Medical School followed 150,000 chronic non-cancer pain patients treated with prescription opioids over five years in the VHA system and found the overdose rate to be 0.04%.

Furthermore, data from the Centers for Disease Control and Prevention and the National Survey on Drug Use and Health show no evidence of correlation between prescribing rates and non-medical use of prescription opioids or opioid addiction. It cannot, therefore, be surprising that evidence keeps mounting that restricting opioid prescribing is a double failure: In addition to battering pain patients, it drives up the overdose rate among non-medical drug users who substitute with more dangerous drugs in the black market.

Yet this did not stop the CDC from publishing the flawed Guideline for Prescribing Opioids for Chronic Pain-United States, 2016. Although the CDC not only explicitly stated the guidelines were not based on “settled” science and that they were meant to be general rules to aid practitioners, that didn’t stop policymakers from codifying them, effectively casting in stone what are now five-year-old unsound suggestions. To date, 36 states have imposed limits on opioid prescriptions despite today’s “drug of choice” being illicit fentanyl, which is far more dangerous than any prescription opioid; it was involved in roughly 83% of opioid-related overdose deaths in 2020.

Aware of how the 2016 guidelines were being misinterpreted and misapplied, the CDC issued an advisory in April 2019, stating “Some policies, practices attributed to the guideline are inconsistent with its recommendations.” In December 2019, the CDC announced plans to update the guidelines, yet the statutory and regulatory edicts remain in place.

That's no comfort to the people who risked their lives to protect our freedom yet are driven to suicide by undertreated pain. It's time to discard false narratives that drive opioid policy and embrace the evidence: our policy increases overdoses among non-medical drug users while it condemns patients to a life of pain and mental anguish. Patients deserve pain relief — especially those who chose to defend us.

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