

## Inconvenient Truths in America's Opioid Crisis

Richard A Lawhern, Ph.D.

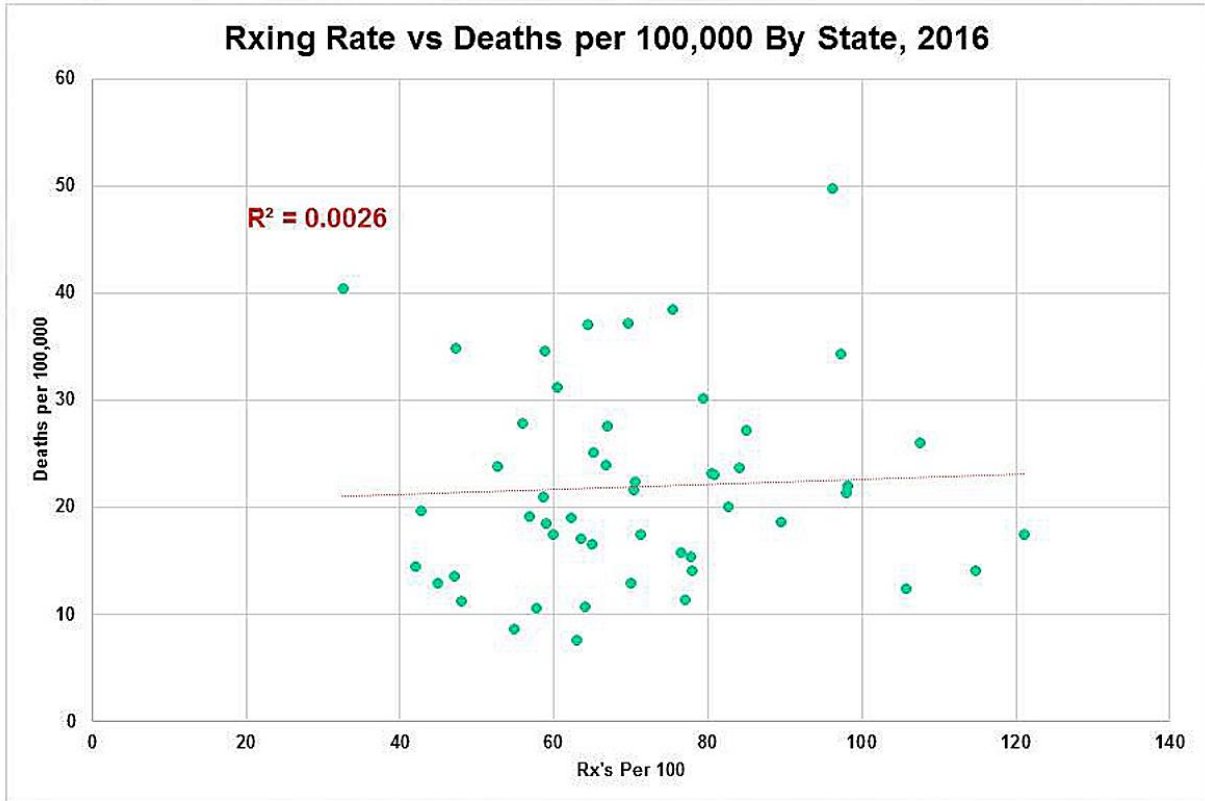
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Anyone who watches television news will know that America has a major public health problem concerning drug addiction and opioid overdose deaths. In this context, we sometimes hear terms like “prescription opioid epidemic” and “over-prescribing” thrown about indiscriminately. Hidden in this hype and misinformation are several inconvenient truths. Public policy on the drug crisis cannot be remotely effective until we embrace such truths and act on them.

The largest and most ignored truth is that our present opioid crisis has very little to do with prescription drugs -- and data published by the CDC prove it. People with addiction and patients treated by doctors for chronic pain with opioid pain relievers are largely separate demographic groups.

This is worth saying again. As recently noted in *Crime Report* [“One Opioid Crisis or Many” - <https://thecrimereport.org/2018/05/14/one-opioid-crisis-too-many/>], when medical opioid prescribing rates per hundred population are plotted against opioid-related deaths per hundred thousand, we get what is a “splatter pattern.” There is no trend in this data, no correlation, and certainly no cause-and-effect relationship. None.

The contribution of medically managed opioid analgesics to opioid mortality is lost in the noise. Our death toll is instead dominated by street drugs – heroin, imported fentanyl, diverted Methadone and Morphine – not prescriptions written by doctors for their patients. The number of opioid prescriptions written in 2016 was the lowest it has been in 10 years, while overdose deaths continued to climb.

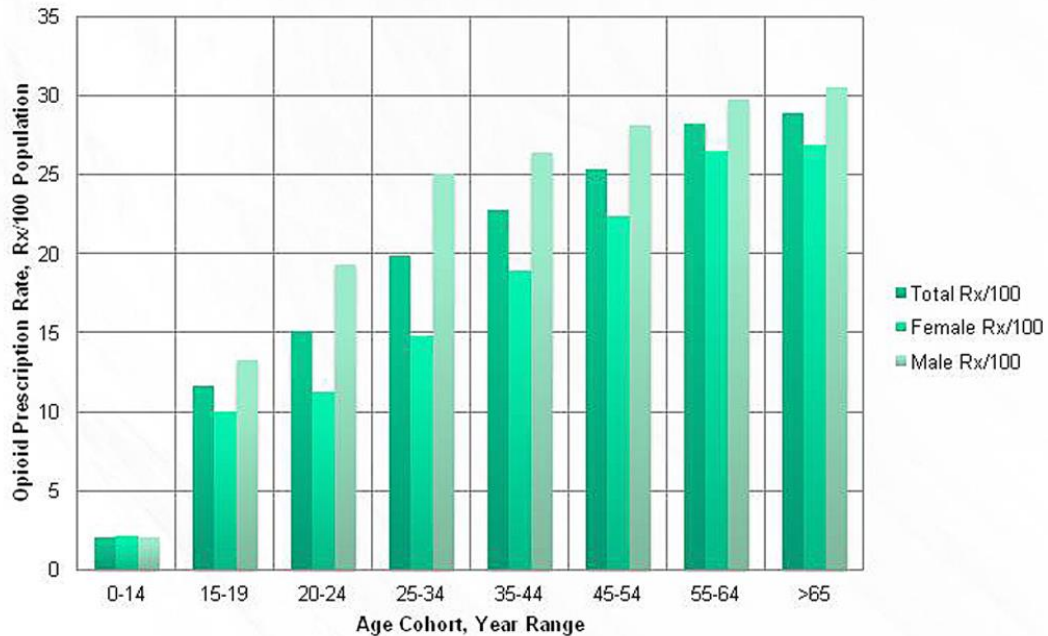


Opioid prescription rates per 100 people by US State versus opioid-related deaths per 100,000. **No consistent trends, wide variations, very poor data fit.**

If over-prescribing of opioid analgesics was a major cause of our ever-increasing overdose-related deaths, then we would expect demographic groups with the highest rate of prescriptions to also display the highest mortality. But this is clearly not happening. The next chart is a plot of US national prescribing rates per hundred population versus age group, using data from the CDC 2017 Annual Surveillance Report of Drug Related Risks and Outcomes. Predictably, the data show us that opioid prescribing rates among minors and young adults are lowest among all age groups, while prescribing among seniors is highest.

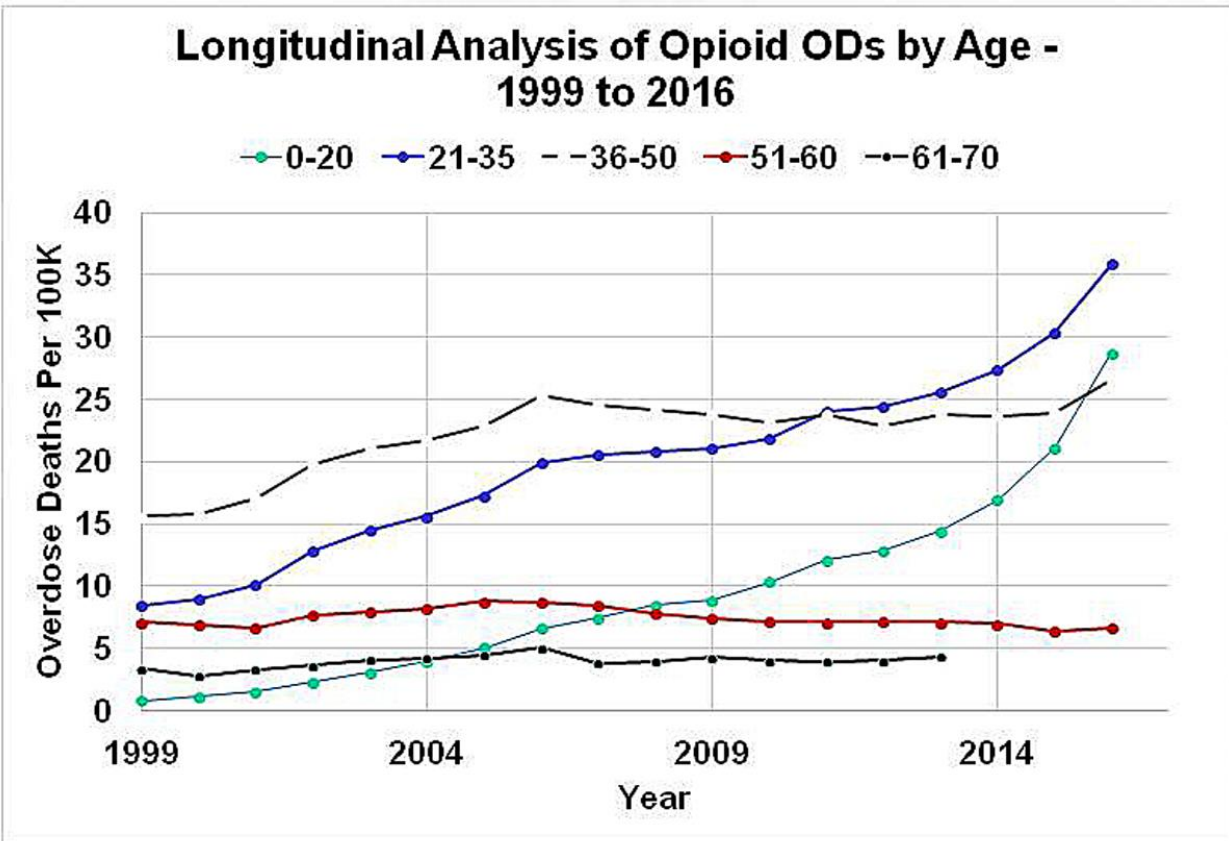
# Opioid Prescribing by Age Cohort

Prescribing Rates per 100 Population by Age Range, 2016



Now compare opioid prescribing rates with overdose mortality over time, extracted from the CDC Wonder database and aggregated by age group. Mortality for youth and young adults has soared since 1999 and is now six times the mortality in seniors over age 50. After an initial rise in 1999 to 2006, mortality in people of middle age (36-50) leveled off into a narrow range. **Tellingly, overdose death among people over age 50 remained stable throughout this 17 year period.** The group most often exposed to medical opioids and who benefitted most during the 1990s from easing of prescription policy and treatment of pain as “the fifth vital sign” has shown no increase in mortality risk.

But you will almost never hear this inconvenient truth from anti-opioid partisans.



The US Congress is currently debating hundreds of bills which claim to “solve” various aspects of our opioid crisis. But much of this frenetic activity is a mad dash down the rabbit hole -- ala “Alice in Wonderland” -- that will solve nothing and instead make conditions much worse for both addicts and people in pain. Most legislation derives from the false narrative that “the problem” was caused by over-prescription and can be solved by reducing medical opioid supply. This narrative is untrue, and the medical evidence of the charts above confirms that it is untrue.

What is actually occurring in our public life is that misdirected opioid policy is killing thousands patients by driving them into disability, medical collapse, and increasingly suicide. Public policy has become a war against pain patients, not against drugs.

It is time to declare a cease fire in this phony war, and to reexamine the medical evidence on cause and effect in addiction and opioid-related deaths, before our legislators do even more harm.