*wjpmr, 2024, 10(12), 24-26*

**SJIF Impact Factor: 6.842**

**WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH**

www.wjpmr.com

Review Article

ISSN 2455-3301

WJPMR

# THE US CDC, VETERANS ADMINISTRATION, LAW ENFORCEMENT AND THE OPIOID CRISIS - INCOMPETENCE OR BAD FAITH?

***Dr. Richard A. Lawhern**

Ph.D.

***Corresponding Author: Dr. Richard A. Lawhern**

Ph.D.

**Article Received on 14/10/2024** **Article Revised on 03/11/2024** **Article Accepted on 23/11/2024**

**BACKGROUND**

At age 80, I am a widely published healthcare writer[1], with over 250 papers, articles and interviews in peer reviewed journals and mass media during the past 28 years. My beat is public health policy for treatment of severe pain. I am motivated. My wife of 45 years is a chronic pain patient. I hear from hundreds of others like her every week. From extensive research, I am convinced that "everything the government thinks it knows about the opioid crisis is wrong."[2] For more than a decade, the US public has been hearing that prescription opioid pain relievers are always and forever a "*BAD THING."* Doctors and Big Pharma companies are supposedly responsible for an epidemic of addiction and drug overdose deaths. However, patients are being denied pain care all across America. Doctors are being sent to prison[3] for imagined "offenses" that harmed not one patient. The US Centers for Disease Control and Prevention, the Veterans Administration, and US law enforcement (Drug Enforcement Administration) have chosen to "pile on" this catastrophe. They simply assume without supporting data that doctors are guilty of causing widespread addiction and overdose in patients who are treated with opioid pain relievers. Their "solution" for this mess is to deny pain relief to people in agony and to persecute their healthcare providers on unscientific innuendo. I believe these Agencies knew they were lying before they published their restrictive prescribing guidelines. Despite widespread damage from their policies for millions of people denied safe and effective pain treatment, the Agencies continue defending themselves against public challenge by any means, fair or foul.[4]

**Three Landmark Studies**

Three major studies demonstrate beyond any doubt that US healthcare agencies are guilty of gross incompetence, bad faith or both.[5]

**Gabriel Brat et al.**

In 2018, Gabriel A Brat[6] and colleagues reviewed records of 37 million commercially insured patients for six years, to identify a million patients who underwent eight types of surgery. These "opioid naïve" patients had been prescribed an opioid for no longer than seven days in the sixty days before surgery.

Brat defined "opioid misuse" as any diagnosis of opioid "dependence", "abuse" or "overdose" during up to six years following surgery. The rate of such "misuse" was 0.6% (six patients per thousand).

We now know that "dependence" is not a voluntary misuse of opioid pain relievers. It is a purely physical response[7] to prolonged use at doses strong enough to build tolerance. Doctors also know that dependence is much more frequent in patients under a doctor's care, than either addiction or overdose.

According to the American Medical Association[8], "an estimated 3% to 19% of people who take prescription pain medications develop an addiction to them." The work of Brat strongly contradicts that estimate and is confirmed by work of Dr Nora Volkow[9], Director of the US National Institute on Drug Abuse. Addiction is a very rare outcome of prescribing.

If opioid dependency occurs at even as few as five times more often than opioid addiction among post-surgical patients, then the estimated number of post-surgical patients who may be in danger of addiction is on the order of one patient in a thousand or less.

Somebody tell me: how does such a low risk factor justify under-treating the pain of the other 999?

Brat also found that prolonged prescribing following surgery was much higher for some types of surgery than for others. Prolonged prescribing is highest for procedures like Total Knee Replacement (TKR) or orthopedic back surgery, and lowest for gynecological procedures. Thus lengthy prescribing of opioids is not caused by opioid prescribing. It may instead result from

higher failure rates and more persistent pain following some types of surgery.

**Elizabeth Oliva et al.**
In 2017, Elizabeth M Oliva and colleagues at the US Veterans Administration set out to determine if patient medical history might allow flagging patients who were at higher risk for opioid overdose or suicide following exposure to prescription opioids. The result of their work was the highly accurate STORM predictive model.[10]

The STORM model was based on two years of Veterans Administration electronic health records for over a million patients treated with opioids for pain. 90 factors in patient records were documented and odds were estimated for the occurrence of overdose or suicide events in patients where those factors appeared.

Veterans have higher risks than civilians who have never served. Overdose or suicide attempts occurred in 2.5% of patients within a year. However, strongest predictors for high risk are related not to opioid prescribing, but to a medical history of inpatient mental health visits, opioid overdose or suicide attempts, Emergency Room visits, or hospitalization for detox. Risks for these predictors are four to 23 times higher than for opioid prescribing.

**Howre Jalal et al.**
Another major false theme in public policy is also contradicted by published data of the US Centers for Disease Control and Prevention (CDC). This is the false claim that prescription drugs are responsible for some reliably large portion of all accidental drug overdose deaths. A 2018 study published in the prestigious journal *Science*[11], conclusively refutes this notion. Jalal and colleagues downloaded reports from US CDC, for all accidental drug overdose deaths from 1978 to 2016. As these authors observed:

"There is a developing drug epidemic in the United States. Although the overall mortality rate closely followed an exponential growth curve, the pattern itself is a composite of several underlying sub-epidemics of different drugs." However, prescription drugs have never appeared in more than 22% of all death reports in any year, and often appeared in combination with illegal opioids or stimulants. The same pattern[12] has continued since 2016, with even lower contributions by prescription drugs. Thus prescriptions have never been the major driver in drug overdose deaths. *EVER!* Such deaths are certainly tragedies when they occur, but contrary to the posturing of US healthcare agencies, they are not an "epidemic" and doctors didn't cause them.

**CONCLUSIONS**
We now know that "the opioid crisis is not doctors' fault". Reports above should be required reading for every government bureaucrat who claims otherwise. The same message should be read by lawyers and legislators as the second Trump administration prepares to take office. Among the Trump transition team, the recommended message to healthcare Agency heads who have destroyed the lives of millions of people is plain: "You're FIRED!"

**REFERENCES**

1. 1.Google Scholar, Citations for Richard A Lawhern, accessed November 2024, https://scholar.google.com/citations?user=IhMnBsAAAAAJ&hl=en
2. 2.Lawhern RA, "Everything the Government Thinks It Knows About the Opioid Crisis is Wrong", *KevinMD,* July 21, 2023, everything the government thinks it knows about the opioid crisis is wrong
3. London, C, "DOJ Overreach: The Criminalization of Physicians", *Journal of Legal Medicine,* 13 January 2023, https://www.tandfonline.com/eprint/NF3SWG9YPXWCIP77HFSD/full?target=10.1080/01947648.2022.2147366
4. Lawhern RA, "Oversight on Revision of US CDC Opioid Guidelines – A Process Predestined to Fail" *Nursing and Primary Care,* 2023 V7 Issue 5, pp 1-10. https://www.scivisionpub.com/pdfs/oversight-on-revision-of-us-cdc-opioid-guidelines-a-process-pre-destined-to-fail-2988.pdf
5. Kollas CD, Lewis TA, Schechtman B and Judy C, "Roger Chou's Undisclosed Conflicts of Interest: How the CDC's 2016 Guideline for Prescribing Opioids for Chronic Pain Lost Its Clinical and Professional Integrity" *Pallimed* https://www.pallimed.org/2021/09/roger-chous-undisclosed-conflicts-of.html
6. Brat GA, Agniel D, Beam A, et al, "Postsurgical prescriptions for opioid naive patients and association with overdose and misuse: retrospective cohort study" *BMJ 2018;360:j5790 https://www.bmj.com/content/360/bmj.j5790*
7. Nadeau SE, Wu JK, Lawhern RA, "Opioids and Chronic Pain: An Analytic Review of the Clinical Evidence" *Frontiers in Pain Research,* V2, 2021, 16 August 2021, https://www.frontiersin.org/journals/pain-research/articles/10.3389/fpain.2021.721357/full
8. National Library of Medicine Bookshelf "Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use Disorder" https://www.ncbi.nlm.nih.gov/books/NBK458655/
9. Volkow, N and McLellan AT, "Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies" *New England Journal of Medicine,* March 31, 2016, https://www.nejm.org/doi/full/10.1056/nejmra1507771
10. 10.Olvia EM, Bowe T, Tavicoli S, et al, "Development and applications of the Veterans Health Administration's Stratification Tool for Opioid Risk Mitigation (STORM) to improve opioid

safety and prevent overdose and suicide." *Psychological Services, 14*(1): 34–49. https://doi.org/10.1037/ser0000099

11. Jalal H, Buchanich JM, Roberts S, et al, "Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016" *Science,* 21 September 2018 , https://www.science.org/doi/10.1126/science.aau1184
12. 12. US Centers for Disease Control and Prevention, "SUDORS Dashboard, Fatal Drug Overdose Data" August 23, 2024 [Data for 2022] https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html