Dear CDC,

Yesterday a Texan named Tom called our office for some advice about his pain, so the call went to me. I told him I'd be happy to do whatever I could to help him. In retrospect, it was an empty promise.

The conversation was awful. Not only was his story difficult to hear, but the sum total of help I was able to give him was zero. Tom is just one of many collateral casualties of a brutal war against Americans in pain, which was orchestrated [1] by the "Narcotic Nazis" at the CDC. I've read many stories about legitimate pain patients being denied opioid drugs, but it was profoundly upsetting to actually speak with one. Tom appeared to be nothing more than a fine man who did nothing wrong except sustain a severe back injury 20 years ago. Given his circumstances, he was remarkably composed and did not display one iota of self-pity. But I'm still not composed, even though it is now 24 hours later and I have no pain. This one really shook me up.

Tom asked all the questions that you might expect someone in his position to ask. I couldn't provide a single helpful answer, despite the fact that I have published frequently on this subject, and also testified at an FDA hearing [2] last year.
He wanted to know if there was any way to cope with the tapering of his Percocet—a drug he had been taking for two decades simply in order to function. His dose was not only being tapered, but it was a steep taper. What could he do? His doctor, who had been treating him for years, said that "his hands were tied," and was cutting Tom's dose by one-third every week? Tom could barely stand it now and wanted to know how he might cope next week.

I did not know.

He also told me that years of Aleve had damaged his kidneys so badly that he could no longer take the drug. What else could he do?

I did not know.

He could barely get out of bed even with his current dose, so how would he be able to do so next week?

I did not know.

Why was this happening to him and others like him?

This one I do know. Spurred on by the CDC, misguided and cruel regulations, laws are metastasizing throughout the country. Just as cancer does not care what it harms when it metastasizes, neither do the policy- and lawmakers, who crafted what amounts to legalized torture of patients in this country. People are suffering in a way that you would never allow for your pet. Suicides are becoming increasingly common.

Rather than do what is right, the CDC did what was convenient and plausible. And also dead wrong. As I wrote this past December in the New York Post, the CDC is "solving" the wrong problem, since it is by now well established that the "overprescription causing addiction" story, which has been used as an excuse to cut patients off from their medicines is nothing but an inhumane myth.

And if you don't believe me, read Maia Szalavitz's brilliant article on the Tonic website, "Prescribed Painkillers Didn't' Cause the Opioid Crisis."

**The simple story that addiction happens all the time when people get opioids for pain is clearly wrong.**

Maia Szalavitz, "Prescribed Painkillers Didn't' Cause the Opioid Crisis." June 20, 2017.

Dear CDC: You guys REALLY screwed up this time. Apparently, it makes no difference to you, but that will surely change once you or anyone you care about happens to develop ankylosing spondylitis, fibromyalgia, spinal stenosis, rheumatoid arthritis, or gets sent home from major surgery with a bottle of Advil. There is already a grassroots movement underway to overturn your barbaric "advice," and it's starting to work. (1,2). Be prepared for much more. Pain patients are not going to sit idly while their lives are being destroyed by government indifference and incompetence.
The abomination that your agency wrote will be picked to pieces by advocacy groups and lawsuits. This is already underway. In the end, I suspect that your misdeeds will be undone, and you will simply look like a bunch of fools.

Cruel fools.

Notes:

(1) Patient advocacy groups managed to get Maine, which recently passed a law limiting a daily opioid dose to 100 morphine milligram equivalents, to expand exemptions to chronic pain. The original law permitted exemptions only for cancer patients. Ridiculous.

(2) Any "one-size-fits-all" law is all but guaranteed to fail. In reality, one size fits none. See: "Just Another Reason Why One-Size-Fits-All Opioid Laws Won't Work: Your Liver."