

Since When Does Government Write Prescriptions?



By Josh Bloom — November 16, 2017



Be afraid. Image: Wikipedia Commons

It's hardly a secret that opioids dominate the news. Virtually every day there are stories of multiple facets of the problem, for example, families who have lost loved ones to overdoses, the discussion of who is to blame for today's overdose epidemic, how to stop Chinese fentanyl from getting into the US, and the myriad of proposed "solutions," nearly all of them bad, from politicians and NGOs.

But, of the multiple issues that have arisen from this complex predicament, one has not been discussed, and it may be more far-reaching and destructive than any overdose could be. We are at the beginning of an unprecedented power grab by our government, which is setting a chilling precedent: lawmakers taking the prescription pad out of the hands of your doctor, and, in doing so, inserting government between the doctor-patient relationship. This can only serve to further erode patients' control of their own healthcare.

In my [recent op-ed](#) ^[1] in the Las Vegas Tribune-Review entitled "*Opioid 'crisis' leading government to disrupt the doctor-patient relationship*," I discussed just this. It is already happening:



At the current time, 17 states have laws that restrict opioid prescriptions, and 20 more are following suit. While these laws differ in stringency, they are all extremely intrusive. For example, Florida Gov. Rick Scott recently announced a proposal for a three-day limit on prescribed opioids in his state, with the possibility of a seven-day supply if strict conditions are followed. Massachusetts limits patients to a seven-day supply, as do other states. Legal approaches such as these are profoundly troubling, both scientifically and policywise.

Yes, there are now laws that limit the number of pills, the maximum daily dose, and even the formulation of opioid pain medications. Not only is this a legal abomination, but it is also deeply flawed scientifically. (See: [Just Another Reason Why One-Size-Fits-All Opioid Laws Won't Work: Your Liver](#) [2]."

I'm going to hazard a guess that most people do not want governmental interference between them and their doctors, but in the name of controlling the "opioid crisis," which is really a "fentanyl crisis (1)," we have quietly ceded power over our own health to lawmakers, an atrocious idea by any measure.

And where will it stop? The DEA has a long list of Scheduled (restricted) legal drugs, which are on the list because they are sometimes abused, which can lead to addiction. On this list are drugs for ADHD, sedatives, and sleeping pills. Can it be long before we start to hear about the next drug "crisis," and more intrusive measures, which will further chip away at the freedoms that we and our doctors still retain?

This is scary stuff. Scary enough to lose sleep over. Better get those sleeping pills while you still can.

NOTE:

(1) See: "[No, Vicodin Is Not The Real Killer In The Opioid Crisis](#) [3]"

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[1] <https://www.reviewjournal.com/opinion/commentary-opioid-crisis-leading-government-to-disrupt-doctor-patient-relationship/>

[2] <https://www.acsh.org/news/2017/06/05/just-another-reason-why-one-size-fits-all-opioid-laws-wont-work-your-liver-11367>

[3] <https://www.acsh.org/news/2017/04/12/no-vicodin-not-real-killer-opioid-crisis-11123>