

'Opioid Cutoff' Article Tells Us How Badly Pain Patients Were Harmed. Too Bad Kolodny Was Included.



By Josh Bloom — May 22, 2019



If Only...

An otherwise splendid [Pew Stateline Article](#) ^[1] (Pew Research Center), "Rapid Opioid Cutoff Is Risky Too, Feds Warn" by Christine Vestal (Pew Research Center) is tainted by quotes from Andrew Kolodny, who, like a herpes infection, just won't go away.

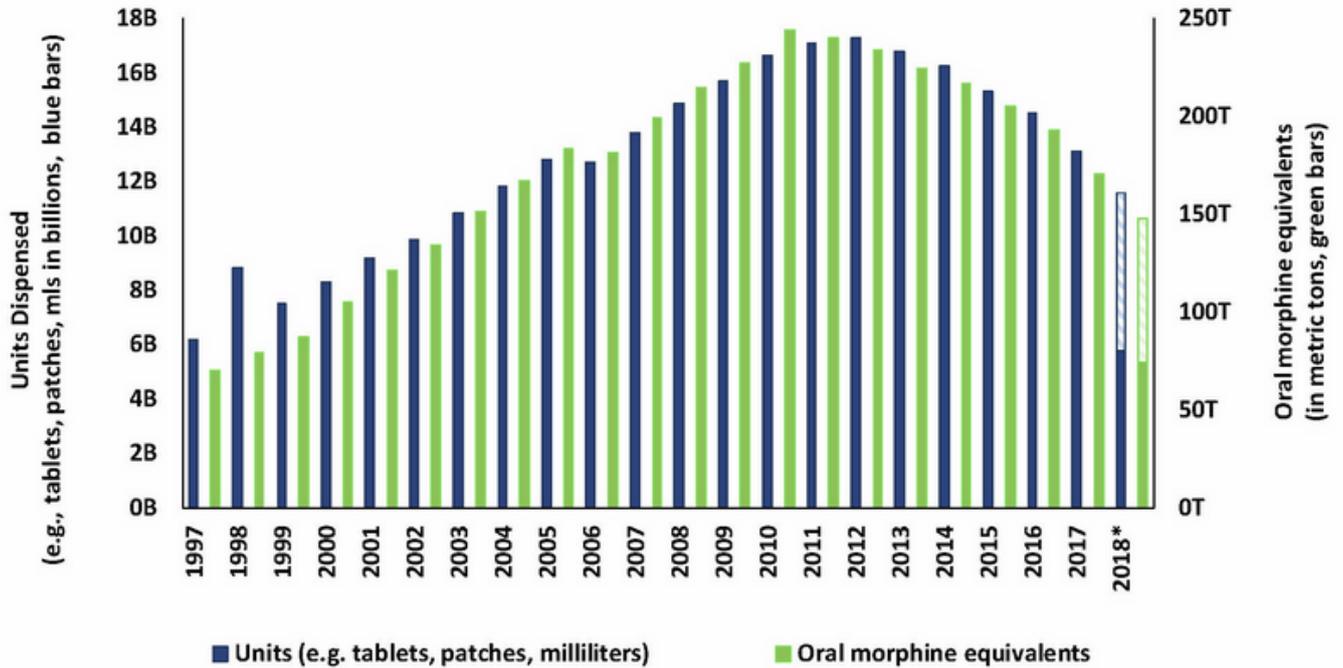
It's too bad the Kolodny was included as a counterpoint because Ms. Vestal does an admirable job of documenting what pain patients and advocates have been saying for years - that the mad rush to liberate us from the plague of "killer analgesics" has done more harm than good. Far more.

*"To stem the opioid epidemic, U.S. doctors **cut prescriptions of medications** such as OxyContin, Vicodin and Percocet by at least a quarter over the last five years. But the reduction in prescriptions came at a cost to some pain patients."*

That's a bit of an understatement. It has done harm to millions of chronic pain patients (not to mention people who will become chronic pain patients in the future). But it has also harmed addicts and abusers. Although the following graphs are associations and cannot prove cause and effect, I wouldn't bet against it here. Sure, the number of opioid prescriptions have been cut

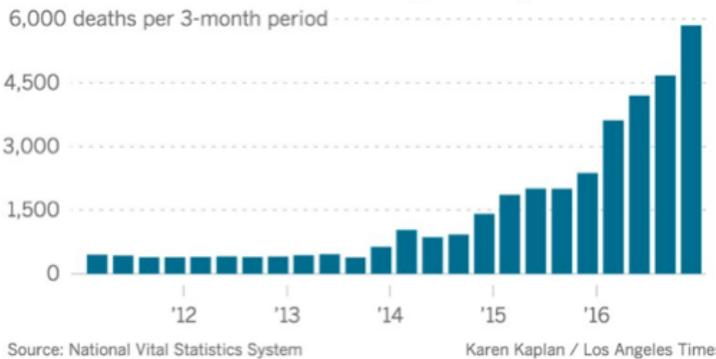
substantially since about 2012 (2):

Prescription Opioid Analgesics

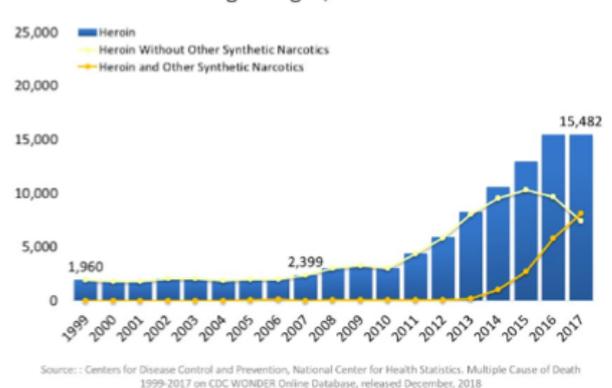


How's that worked out? No so well...

U.S. overdose deaths involving fentanyl



National Drug Overdose Deaths Involving Heroin



Those politicians, bureaucrats, and ideologues did a damn fine job of cutting those Vicodin prescriptions only to have users switch over to fentanyl and heroin, which are both far deadlier. Many more people died than if they just left things alone.

*More than half of states enacted laws restricting painkiller prescriptions after earlier federal guidance urged such limits, but the agencies say that advice may have been **misinterpreted** or taken too far.*

"May have" is also a bit of an understatement. And misinterpreted? My ass. These awful laws

were passed *intentionally* to make it look like politicians and law enforcement were doing something about the "epidemic" by "getting tough," almost to the point where it looked like a contest of which governor could be tougher by putting the most restrictions on prescriptions.

[In 2016 the CDC] recommended a one-week limit on the number of pills prescribed for first-time users suffering from acute pain and urged doctors to avoid increasing longer-term prescriptions for chronic pain to more than the equivalent of 90 mg of morphine a day.

It is not the job of the CDC to regulate drugs so it should come as no surprise that they either screwed it up or (more likely IMO) had a poorly-hidden agenda. The FDA, which knows about drugs can regulate them. The CDC, which knows nothing **(1)** stuck its nose where it didn't belong for the first time ever.

The fact that an arbitrary and scientifically bogus limit - 90 morphine milligram equivalents - was placed on patients serves to further highlight how clueless the CDC/PROP policymakers really were. It is pharmacologically impossible to set a single maximum dose that will be appropriate for diverse populations of patients. (See [Opioid Policies Based On Morphine Milligram Equivalents Are Automatically Flawed](#) [2].)

Ms. Vestal quoted experts who know what they're talking about...

'[T]he CDC's warning about the guidelines underscores that patients with acute or chronic pain can benefit from taking prescription opioid analgesics at doses that may be greater than the guidelines...The misapplication of the CDC guidelines has been so broad that it will be hard to undo the damage.'

Dr. Patrice Harris, president-elect of the American Medical Association

And a self-appointed expert who does not (emphasis mine)...

*"Andrew Kolodny, who co-directs opioid research at Brandeis University and heads Physicians for Responsible Opioid Prescribing, said **the reports of pain patients suffering because of misapplication of the CDC's guidelines are exaggerated.** The number of doctors who **are inappropriately tapering pain patients is likely very small** and should not be blamed on the CDC."*

If Kolodny really believes this then he ought to read the many emails from this "very small" number of patients, which I get far too often, as well of those received by physicians who have to guts to stand up for pain patients. Because if he truly thinks that the number of pain patients who are being tapered is "very small" then is he is either delusional, completely out of his gourd, or just

lying. Dr. Dan Laird, M.D., J.D., who is one of the physicians on the front line in the battle for pain patients' rights had this to say:

"There is seemingly no end to the animus, prejudice, and malice directed toward chronic pain patients. If they're not liars, manipulators, or malingerers, they're dirty addicted junkies. And if those derogatory stereotypes don't stick, they're stooges or shills for big pharma. The truth is that the overwhelming majority of chronic pain patients are sincere people with serious medical conditions. Millions have been irreparably harmed by politicians, bureaucrats, and frightened physicians misapplying the half-baked CDC Guidelines."

Not content to step in it with one foot, Kolodny took another step.

"Their emotions are real. But they're being effectively manipulated to controversialize the CDC guidelines."

Well, **that's** certainly interesting. Perhaps it's time to take a look at what my colleague Dr. Alex Berezow recently said about Kolodny's recent (but a bit different) demeaning Twitter remarks about pain patients ...

"So, let's review. Andrew Kolodny (1) has a long history of spreading misinformation about the opioid crisis; (2) insults chronic pain patients; (3) profits handsomely from doing so; and (4) calls everyone who disagrees with him an industry shill. Dr. Kolodny's version of compassion comes with poor bedside manner and a hefty price tag."

Dr. Alex Berezow, "[Andrew Kolodny Says Chronic Pain Patients Are PR Pawns For Big Pharma](#) ^[3]" April 18, 2019

Finally, there are good, knowledgeable people who are speaking out about a very awful chapter in American history. Dr. Sally Satel, a psychiatrist, and resident scholar at the American Enterprise Institute is one of them:

"In most states, laws on opioid prescribing don't apply to chronic pain patients but they certainly reinforce this climate of intense anxiety over the dangers of prescription opioids, which I think has been wildly overstated. Most people can take these meds [in doses as high as 400-800 mg morphine equivalents] without problems."

Here's a suggestion for the press: Instead of reflexively running to Andrew Kolodny for a banal and self-serving quote perhaps the Sally Satel's, Dan Laird's, and Patrice Harris' of the world should have the final word.

Ms. Vestal did a fine job with her article. She just spoke with one person too many.

NOTES:

(1) It was bad enough that CDC knows nothing about drugs but it took advice from Andrew Kolodny and Jane Ballantyne's PROP, which may know even less.

(2) The decline in prescriptions was [25%](#) [4]. The increase in deaths from heroin/fentanyl during that time - more than double.

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Links

[1] <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/05/21/rapid-opioid-cutoff-is-risky-too-feds-warn>

[2] <https://www.acsh.org/news/2018/10/23/opioid-policies-based-morphine-milligram-equivalents-are-automatically-flawed-13529>

[3] <https://www.acsh.org/news/2019/04/08/andrew-kolodny-says-chronic-pain-patients-are-pr-pawns-big-pharma-13941>

[4] <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>