

# Sen. Portman Presumes to Know How Many Days of Pain Relief All 328 Million Americans Need

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With [clear evidence](#) [2] that restricting the number of prescriptions increased the death rate by driving non-medical users to heroin and fentanyl, the last thing one wants to hear about is a politician planning to double down on this deadly policy by calling for further prescription limits for patients in pain.

Yet Senator Robert Portman (R-OH) is [proposing legislation](#) [3] that would impose a national 3-day limit on opioid prescriptions following surgeries. He will be kind enough to allow exceptions for people dealing with cancer, chronic pain, and “other serious matters”—whatever that means.

Government data show there is [no correlation](#) [4] between the number of opioids prescribed and their non-medical use or the development of opioid use disorder. Overdose rates skyrocketed during the last 10 years while high-dose opioid prescriptions [dropped](#) [5] more than 58 percent and total volume of dispensed opioids dropped more than [29 percent](#) [6]. Seventy-five percent of opioid-related deaths in 2017 involved fentanyl and heroin, and fewer than 10 percent involved prescription pain pills without also involving heroin, fentanyl, cocaine, tranquilizers, or alcohol.

The senator has determined that, “After the second or third [postoperative] day, other pain medications work just as effective (sic).” In my more than 35 years as a practicing general surgeon, I usually find that my patients recovering from major surgery require prescription opioids to control their pain for more than 2 or 3 days. It is bad enough that many states have imposed 5 or 7-day limits on opioid prescriptions, forcing many patients in severe pain to make multiple trips

to the doctors' office for refills. Imposing a national 3-day limit lacks an understanding of the science. It would be an unfounded and callous government intrusion into the practice of medicine.

Senator Portman, like so many other politicians untrained in medicine or pharmacology, is guilty of [misinterpreting and misapplying](#) <sup>[7]</sup> the guidelines on opioid prescribing published in 2016 by the Centers for Disease Control and Prevention. He must still believe that today's non-medical users are yesterday's pain patients, even though, as mentioned above, there is [no evidence of any correlation between the two](#) <sup>[8]</sup>.

He also seems to think there is a high risk of addiction in patients prescribed opioids for acute post-surgical pain. Yet a well-publicized [study](#) <sup>[9]</sup> in the medical journal *BMJ* by researchers at Harvard and Johns Hopkins looked at 568,000 opioid "naïve" patients in the Aetna health insurance database given prescription opioids for acute postoperative pain over the period of 2008-2016. The researchers found the "total misuse rate," i.e., rate of all opioid misuse diagnoses among the 568,000 patients prescribed the opioids, was **0.6 percent**.

Senator Portman told Ohio reporters, "After day four, five or six, the chances of becoming addicted are higher." Maybe he is reacting to the statement by the researchers in the *BMJ* report that each refill and additional week of opioid use was "associated with an adjusted increase in the rate of misuse of 44%." But a [deeper look](#) <sup>[10]</sup> at their data shows the incidence of opioid misuse rose from 145 cases per 100,000 person years, or 0.15 percent per year, in patients who had no refills, to 293 cases per 100,000 person years, or 0.29 percent per year, for persons who had one refill. Indeed, that is nearly double. But if you nearly double a very low number, you still get a low number.

The fact is the overdose rate from the non-medical use of licit and illicit drugs has been on a [steady exponential increase](#) <sup>[11]</sup> since the 1970s and shows no signs of slowing down. The only thing that has changed over the years is the particular drug in popular use at any given time. The reasons behind this are complex and multifactorial, and likely sociocultural and psychosocial. In the early part of this century the popular drugs for non-medical users were diverted prescription opioids. Next it became heroin. For the past several years it has been heroin and fentanyl. Methamphetamine related deaths are [now surging](#) <sup>[12]</sup> to all-time high levels, and preliminary estimates from the CDC place the number of meth-related deaths at nearly 13,000 in 2018—eclipsing the number for prescription opioid-involved deaths.

Senator Portman is two or three drugs behind in his prosecution of the drug war.

To bring the death rate down, Senator Portman should learn a lesson from his home state of Ohio, where a recent [embrace of harm reduction](#) <sup>[13]</sup> measures—expanding needle exchange programs, distributing the overdose antidote naloxone, and increasing access to Medication Assisted Treatment—has led to a 23.3 percent drop in overdose deaths in 2018 according preliminary CDC data. [Harm reduction](#) <sup>[14]</sup> is a proven strategy for saving lives.

If Senator Portman wishes to craft legislation that can truly save lives, he should propose a repeal of the federal “[Crack House Statute](#) <sup>[15]</sup>.” This law stands in the way of many of the country’s largest cities that wish to establish [Safe Injection Facilities](#) <sup>[16]</sup>, which are preventing overdoses and saving lives in more than 120 cities throughout Europe, Canada, and Australia.

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#### **Links**

[1] <https://www.cato.org/blog/senator-portman-presumes-know-how-many-days-pain-relief-all-328-million-americans-need>

[2] <https://www.cato.org/blog/stop-calling-it-opioid-crisis-its-heroin-fentanyl-crisis>

[3] <https://www.wdtn.com/news/local-news/portman-wants-3-day-limit-for-prescription-opioids/>

[4] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6369835/>

[5] <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>

[6] <https://www.iqvia.com/newsroom/2018/04/iqvia-institute-for-human-data-science-study-us-prescription-opioid-volume-declined-12-percent-in-20>

[7] <https://www.cato.org/blog/politicians-cannot-stop-punishing-patients-unintended-consequences-drug-prohibition>

[8] <https://www.cato.org/blog/todays-iv-drug-abusers-were-not-yesterdays-patients>

[9] <https://www.bmj.com/content/360/bmj.j5790.abstract>

[10] <http://reason.com/blog/2018/01/22/study-of-postsurgical-patients-shows-add>

[11] <https://science.sciencemag.org/content/361/6408/eaau1184/tab-figures-data>

[12] <https://filtermag.org/2019/07/22/rising-meth-involved-deaths-of-major-concern-amid-estimated-2018-overdose-fall/>

[13] <https://www.cato.org/blog/cdc-provisional-drug-death-numbers-show-slight-improvement-credit-harm-reduction>

[14] <https://www.cato.org/publications/policy-analysis/harm-reduction-shifting-war-drugs-war-drug-related-deaths>

[15] <https://definitions.uslegal.com/c/crack-house-statute/>

[16] <https://www.cato.org/blog/secret-safe-injection-facility-saving-american-lives>