AAPS news
The Voice for Private Physicians
ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS

Volume 73, no. 10 October 2017

DRUGGED AMERICA

Worse than the AIDS epidemic at its peak. Fatalities nearly double the global terrorism death toll. The "U.S. heroin crisis is so bad it's raining 'needles'." In March 2017 alone, San Francisco collected 13,000 discarded syringes, compared with 2,900 in March 2016 (**http://tinyurl.com/y8d8hy6a**).

Annual opioid overdose deaths nearly tripled from 1999 (8,048) to 2011 (22,784) (*JAMA* 8/1/17). In 2016, there were 60,000 overdose deaths, according to Attorney General Jeff Sessions. He did not break it down by drug. This is almost as many American deaths as in 12 years of the Vietnam War, writes Edwin Mora. Coroners are experiencing personnel shortages and equipment failures across the U.S. (**http://tinyurl.com/y7s9b969**).

Blame the Doctor

Previous dogma was that the gateway drug was marijuana; therefore, cannabis had to be banned for all purposes, without consideration of its own safety profile. Where is the outcry about current legalization in a number of states? In rural Oregon, some wonder whether one can get a "second-hand high" because of the pervasive odor of maturing marijuana plants. It is now suggested that medical cannabis might actually mitigate the opioid crisis (**http://tinyurl.com/y77f4u88**).

The new gateway drugs are prescribed. According to CNN's chief medical correspondent Dr. Sanjay Gupta, "today's typical heroin addict...was likely unwittingly led to heroin through painkillers prescribed by his or her doctor" (**http://tinyurl.com/kkt4y8s**).

Nearly 92 million U.S. adults, about 38% of the population, took a prescribed opioid in 2015. The rate of prescribing has quadrupled since 1999, and so has the number of opioid overdose deaths—although the former is decreasing, and the latter continues to rise. More than 50% of those who misuse opioids got the drugs from friends or relatives (**http://tinyurl.com/ycp7zhvy**).

According to Dr. Jack Ende, president of the American College of Physicians (ACP), the broken system has its roots in the belief that pain should be treated as the "fifth vital sign" (ibid.). The Joint Commission denies responsibility, and notes that pain management experts, in response to growing concerns about the undertreatment of chronic pain, allayed concerns about opioid use for non-malignant pain (**http://tinyurl.com/y8bj25mc**).

The pharmaceutical industry also gets blamed, despite its influence on Congress. For example, Opana (oxymorphone hydrochloride extended release) is being withdrawn from the market because illegal use by injection was linked to an outbreak of human immunodeficiency virus (HIV) and hepatitis C. The manufacturer will eliminate 875 jobs (*WSJ* 7/21/17). Will someone benefit from loss of a competitor?

Physicians for Responsible Opioid Prescribing and other groups are petitioning the Food and Drug Administration (FDA) to ban opioid pills that, when taken as directed, would add up to a daily dose of more than 90 mg of morphine (**http://tinyurl.com/y6wphg96**).

The "most promising" approaches are said to be: careful selection of patients for opioid therapy; reduced diversion of prescribed drugs; taking back leftover supplies; more research on pain and nonopioid treatment; increased availability of naloxone; and better access to "effective drug treatment for OUD [opioid use disorder]. (*JAMA*, op.cit.). The American Medical Association's End the Opioid Epidemic Task includes these recommendations, plus "putting an end to stigma."

The use of the tern "abuser" leads to cognitive bias, writes Professor John Kelly of Harvard, creator of the "Addiction-ary," which contains "stigma alerts" (**http://tinyurl.com/ycfc7bbb**).

Stigmatization (and imprisonment) of physicians who prescribe opioids for pain continues. And every state now has a prescription drug monitoring program (PDMP) for tracking opioids and hundreds of other controlled substances prescribed by physicians. Some PDMPs issue quarterly report cards, grading physicians as normal, outlier, or extreme outlier. While the ability to check a patient's drug history may be helpful, more than 16 states require a physician to check the PDMP before writing a prescription for any controlled substance for any patient. But there has been *no* decrease in overdose deaths from prescribed drugs, writes Dr. Jeffrey Singer, while PDMPs "may be related to increased mortality from illicit drugs" (**http://tinyurl.com/y76a4wd7**).

The Heroin Gap

Heroin alone was responsible for one-quarter of the overdose deaths in 2015 (Mora, op. cit.). The full contribution of illicit drugs to total mortality is not known and may be greatly underestimated. Street heroin has become cheaper than OxyContin. Black marketeers are frequently blending it with fentanyl, a highly potent synthetic heroin.

While reporting that drug overdose has become the "leading cause of death in Americans under 50" (**http://tinyurl.com/y9x3ubqw**), states a retired law enforcement officer who prefers to be anonymous, the *NY Times* "will not inform the readers of where the poison comes from"—a transnational criminal organization that could not flourish without political protection. He notes that Mayor Bloomberg of NYC was decrying trans fats and excess sugar while schoolchildren were injecting heroin mixed with OTC cough syrup ("Cheese"). Anything less than full investigation of the facts is simply providing cover for organized crime.

Opioid Facts and Figures

• Labor force participation rate dropped to a 40-year low of 62.4% in 2015. The decrease began in 1999, at about the same time as the increase in opioid deaths. Nearly half the prime-age men not in the labor force are on opioid painkillers (**http://tinyurl.com/ybol2hme**).

• A lethal dose of fentanyl can be as low as 2–3 mg. It may be incorporated in hundreds of thousands of doses of counterfeit pills that look like oxycodone, Adderall, or Xanax, and sold over the internet. Most is produced in China. The largest seizure to date of 63.8 kg powdered fentanyl plus 30,000 tablets, with a street value of $1.2 billion, was found in a tractor-trailer rig at a checkpoint near Yuma, Ariz. (**http://tinyurl.com/yaldw4bk**).

• In Berkeley County, W.V., two-thirds of the emergency medication budget is spent on Narcan. In the county seat of Martinsburg, population about 18,000, emergency personnel responded to calls about 145 overdoses, 18 of them fatal, between January and April this year (*New Yorker* 6/5-12/17, **http://tinyurl.com/ybn53aut**).

• In an overdose death, the average number of drugs identified is six. But if a prescription opioid is detected, the case is signed out as a "prescription opioid death" (**http://tinyurl.com/ybfjsoew**).

• Jeffrey Singer, M.D., cites a Cochrane analysis showing that less than 1% of well-screened pain patients become addicted to opioids, and a study showing that the risk of overdose in non-cancer patients treated chronically with opioids is less than 0.2% (**http://tinyurl.com/y76uw28q**).

Drug Networks

It's not just a border problem: More than 1,000 U.S. cities have been infiltrated by at least one of four Mexican drug cartels. A retired law enforcement officer suggests superimposing the map (**http://tinyurl.com/7vlnmxp**) on that of U.S. sanctuary cities. There were more than 50,000 drug-related slayings in Mexico between 2006 and 2012. A number of journalists and Mexican mayors have been assassinated.

While many drugs cross the southern border, a wall will not stop those that are hidden in vehicles, and many come by boat or air—as via human couriers on commercial flights into Newark (**http://tinyurl.com/y74ntkp3**).

The money may get back to the source after being laundered through legitimate-appearing businesses in upscale settings—a bank, a cellphone distributor, a car dealership, etc. Suburban export businesses in Doral, Florida, transferred millions of dollars in operations that went on for years, despite penetration by undercover agents who stashed tens of thousands of dollars in cash in places like a police trailer (**http://tinyurl.com/yd36yn7q**).

Hero in America: See the trailer at **www.heroinamerica.com**. It may be in a theater near you soon. Tells of "The Doctor" (Dr. Kishore, see below), "The Practice," and "The Demise."

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On the permanence of government programs such as SCHIP and ACA, *"our politicians subscribe to the rules of the ancient Persian government described in the book of Esther (9:8): 'For a writ that is written in the name of the king and sealed with the king's ring cannot be rescinded.'"*

Daniel Horowitz, **http://tinyurl.com/ybvj8szs**

ACTION OF THE MONTH

Watch **aapsonline.org** each week for the Single Payer IQ Test question of the week. Follow on Twitter at #hcriq. Forward to colleagues and Congress. Send us any feedback.

Other Beneficiaries of the Opioid Epidemic

The U.S. spends about $12 billion annually on substance abuse treatment (**http://tinyurl.com/ydyd7pum**), with 30-day inpatient programs often costing $20,000. The trendy new approach is medication-assisted treatment (MAT), with Rhode Island becoming the first state system to offer it to all prison inmates (**http://tinyurl.com/ybkcyvlf**). The three approved therapies are methadone and buprenorphine (often called Suboxone) and Vivitrol, an injectable that blocks opioid effects (cost: around $1,000/month). Currently, doctors licensed to prescribe Suboxone are limited to treating 275 patients per year, increased from 100 in 2016—the only medication with such a restriction. More federal money for opioid treatment is sought (**http://tinyurl.com/hd7y436**).

Suboxone is also abused; some was smuggled into a prison in a Bible, disguised as yellow highlighting (**http://tinyurl.com/ybjetuv9**).

The success rate of the drug treatment industry is abysmal. Only 20% of patients are still sober after one month of conventional therapy, and up to 98% have relapsed by one year.

A sobriety-centric, primary-care approach called the Massachusetts Plan, pioneered by Dr. Punyamurtula Kishore, was achieving a one-year success rate of 37% to 60%, benefiting some 250,000 patients in 52 clinics. Then the Massachusetts attorney general shut it down by prosecuting Dr. Kishore (see p. 3).

The method stresses home detoxification under the guidance of primary physicians, followed by "sobriety enhancement" with community-based support, including jobs, hobbies, and spiritual guidance. In 2015, the Yale School of Medicine started a pilot program that is virtually a carbon copy of the plan (Chalcedon, **http://tinyurl.com/ycxadrxh**). After spending 8 months in prison, Dr. Kishore provides education through the National Library of Health and Healing in Waldoboro, Maine, although he was forced to surrender his medical license and can provide no medical diagnosis or treatment (**http://tinyurl.com/y9njydqk**). The failed conventional method remains the "standard of care."

AAPS Calendar

Oct 5-7. 74th annual meeting, Tucson, AZ.
Oct. 3-6, 2018. 75th annual meeting, Indianapolis, IN.