



**Monday through Friday**  
8:00 A.M. to 8:00 P.M.

**Saturdays & Holidays**  
9:00 A.M. to 1:00 P.M.

**Sundays & Christmas**  
Noon to 4:00 P.M.

## ***IT'S ABOUT PAIN***

A monthly service of Kirkpatrick Family Care

Vol. 3, Number 4, December 2018

### **Dr. Kirkpatrick's Comments to State's Proposed Policy re: Opioid prescriptions**

**"FIRST DO NO HARM."** So we are taught in medical school. The notion reflects the fact that, in our zeal to cure a patient, our efforts may do more harm than good.

We are faced with such a similar situation today, in regards to the Opioid Epidemic, which can also be described as an Opioid Dilemma:

- **Illegal, unsafe opioids such as heroin and fentanyl are killing thousands of Americans.**
- **But FDA approved opioids are allowing millions of Americans to live nearly normal lives in spite of chronic pain.**

Patients with chronic pain are fundamentally different from those who use opioids for recreational purposes. In the former, tolerance/escalation are rare; in the latter, nearly universal.

Historically, the consensus has been that opioid prescriptions cause opiate overdose deaths. Data showed parallel increases, over at least 10 years. Now, however, the number of prescriptions has decreased, but concomitant deaths have risen dramatically. In other words, efforts to restrict the availability of prescription narcotics are associated---perhaps even causally---with huge increases in deaths.

State Commissions in Oregon, Tennessee and Washington appear to be pushing for ever stronger efforts to reduce or even eliminate altogether, the availability of prescription opioids, in the name of saving people from overdose death---even though statistics from the past 2-3 years, suggest the opposite.

Discussing the potential elimination of prescription opioids, with dozens of patients with chronic pain controlled by opioids, I learned they would:

- **Re-try the many non-opioid or non-medicinal treatments that had failed before.**
- **Try unproven but relatively safe marijuana products or even Kratom.**
- **Cease work and hobbies, and stay in bed.**
- **Obtain the usual drug from friends or street dealers.**
- **Switch to heroin (cheaper) despite the well-known danger.**
- **Commit suicide.**

Faced with the potential loss of their palliating medications, many patients wonder and even ask out loud: why is this happening? Who stands to gain from the publicity and effort to eliminate opioid prescriptions? Here are some possibilities:



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- **Media**—improved ratings, ad sales, and subscriptions
- **Politicians**—high profile action to stop the carnage of drug overdoses!!!
- **Big Pharma**—marketing “abuse-deterrent” drugs (at about 10x the cost of cheap oxycodone and methadone)
- **Insurance companies**—opioid costs go from covered benefit to personal responsibility
- **Device makers**—Spinal cord stimulators, nerve blocks, morphine pumps, etc are very profitable/expensive
- **Marijuana industry**—increased sales to satisfy a huge market of desperate customers in pain
- **Street Dealers**—Increased demand and increased prices for pills
- **Drug Cartels**—spotlight and federal resources diverted onto pharmacists and doctors

They do acknowledge that certain benefits from the daily barrage of information about the dangers of opioids have accrued:

- Targeting “new starts” makes a lot of sense, and should reduce the number of people getting addicted after surgery.
- Publicity has caused some patients to reduce/discontinue opioids, and has made providers/pharmacists more careful.
- The PMP program has helped doctors/pharmacists to catch a few “cheaters” getting drugs from multiple providers.
- Insurers and state funders are attempting to improve coverage for non-medicinal therapies that can help.
- Some would argue that the legalization of marijuana products has opened up new potential pain therapies (even though for some, marijuana has been a gateway to cocaine, heroin, meth and fentanyl).

These improvements are probably appreciated by nearly all of the millions of patients who take opioids for chronic pain and live a reasonably normal lifestyle.

However, I believe that tighter restrictions on doses and availability will harm the situation. The hypothesis that increasing prescriptions causes increasing overdose deaths, needs to be re-thought. After all, if the two are related causally, then the conclusion ought to be that restricting availability of FDA approved substances (even in the black market) has actually *caused* the rise in death rates, because many recreational users and some desperate pain patients have been forced to change their “safe” drug to heroin, fentanyl or meth...or decided to end their suffering permanently.

Many of my patients are wondering why, on the one hand our state is trying to reduce or eliminate the possibility of young people becoming addicted via taking Grandma’s hydrocodone, while on the other hand, has



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**legalized recreational use of marijuana, the gateway for other young people into the misery of cocaine, heroin, methamphetamine and fentanyl.**

**Respectfully,**

**Richard A. Kirkpatrick, MD**

**Submitted August 15, 2018**