

The Opioid Crisis in Three Charts – Corrected and Updated

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This paper updates data employed by Richard A Lawhern in articles published by STAT News (Boston Globe Group), [1] and “The Painful Truth”, a blog authored by Dr Lynn Webster (formerly President of the American Academy of Pain Medicine) [2]. The original paper presented CDC data current as of 2016 to 2017. The present paper employs updated data current as of 2018 to 2019. Conclusions are also refined on comparison of trends by age group.

Taken together, Charts 1-3 below demonstrate that over-prescribing did not cause and is not sustaining the so-called “opioid epidemic” in the US. Source data were published by the US CDC Wonder Database and the National Multiple Cause of Death database. But CDC has actively refused to publish these data together in one place, to examine their implications for policy.

Opioid pain relievers are rarely prescribed for youth under age 15. These medications are prescribed almost twice as often among seniors over age 64 versus to adults age 25-34. But overdose-related mortality among adults age 25 to 64 is four to seven times higher in recent years than in seniors over age 64.

Overdose mortality from all sources -- legal and illegal -- has risen only gradually over the past 20 years among seniors, while it has skyrocketed in all age groups between 25 and 64, and to a lesser extent in youth and young adults age 15 to 24.

More basically, there is no apparent cause-and-effect relationship between State-by-State prescribing rates versus overdose mortality. There is a three-to-one range in prescribing rates between States, and a more than five-to-one range in overdose related mortality rates. There is no evident upward trend line for States with higher prescribing rates versus those with lower prescribing. Thus, basic premises of the 2016 CDC guidelines on prescription of opioids to adults with chronic non-cancer pain are wrong. Prescribing does not significantly drive opioid overdose mortality.

Overdose mortality was already growing in all age cohorts from 2000 to 2010. Even sharper growth from 2010-2020 may be driven by a combination of socioeconomic factors and the invasion of illegal Fentanyl into US street markets [3]. Analysis of Prescription Drug Monitoring Program data also demonstrates that when a prescription-type opioid is found in postmortem toxicity screens, it is likely to be only one among several toxic substances, including illegal or diverted drugs and alcohol. [4]

Our “drug crisis” is driven by illegal drugs, not prescriptions. Doctors who treat pain are not at fault in the opioid crisis. They never were. It is time for CDC to admit its errors – NOW, not next year.

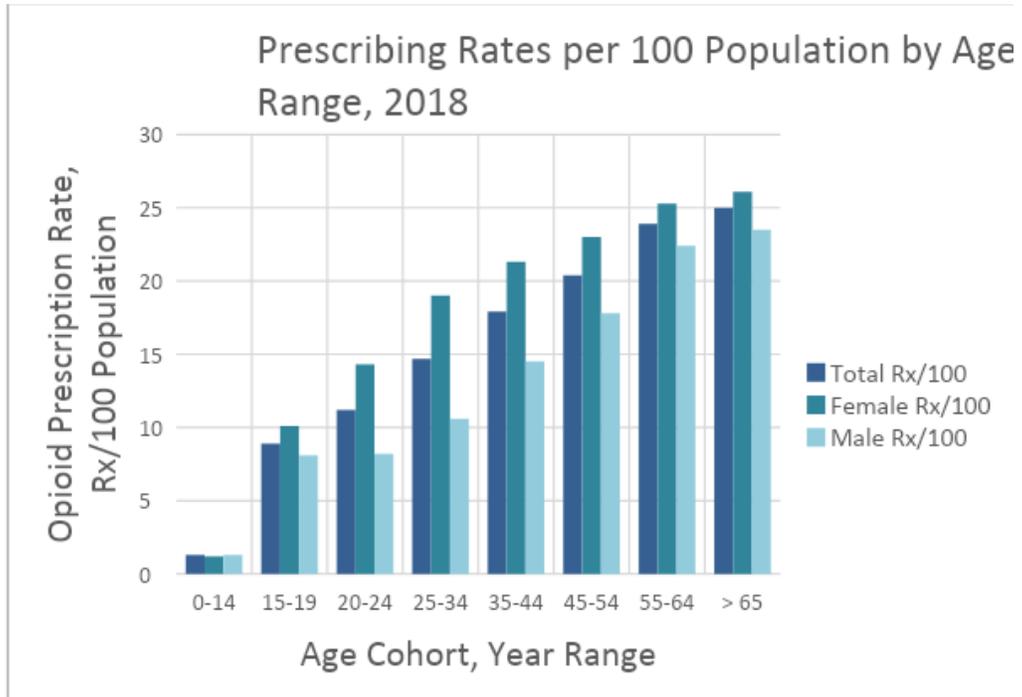


Chart 1: Opioid Prescription Rate, Rx/100 Population, vs Age Cohort (Year Range)

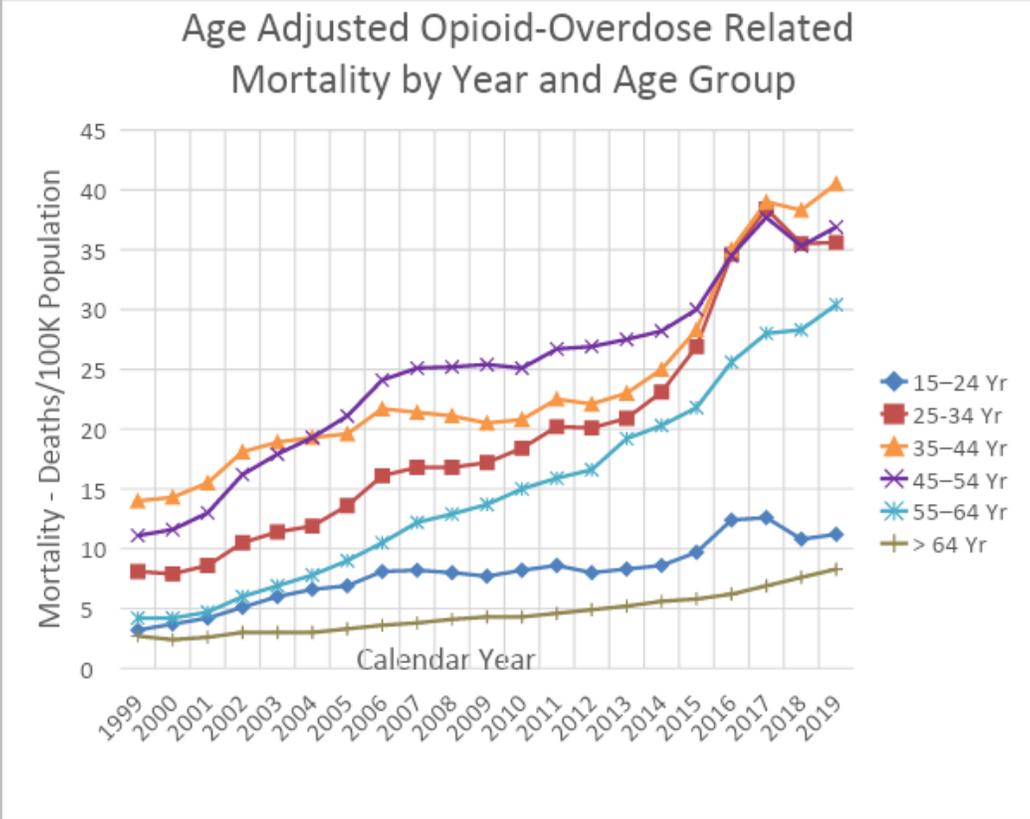


Chart 2: Age Adjusted Opioid Overdose Related Mortality by Year and Age Group

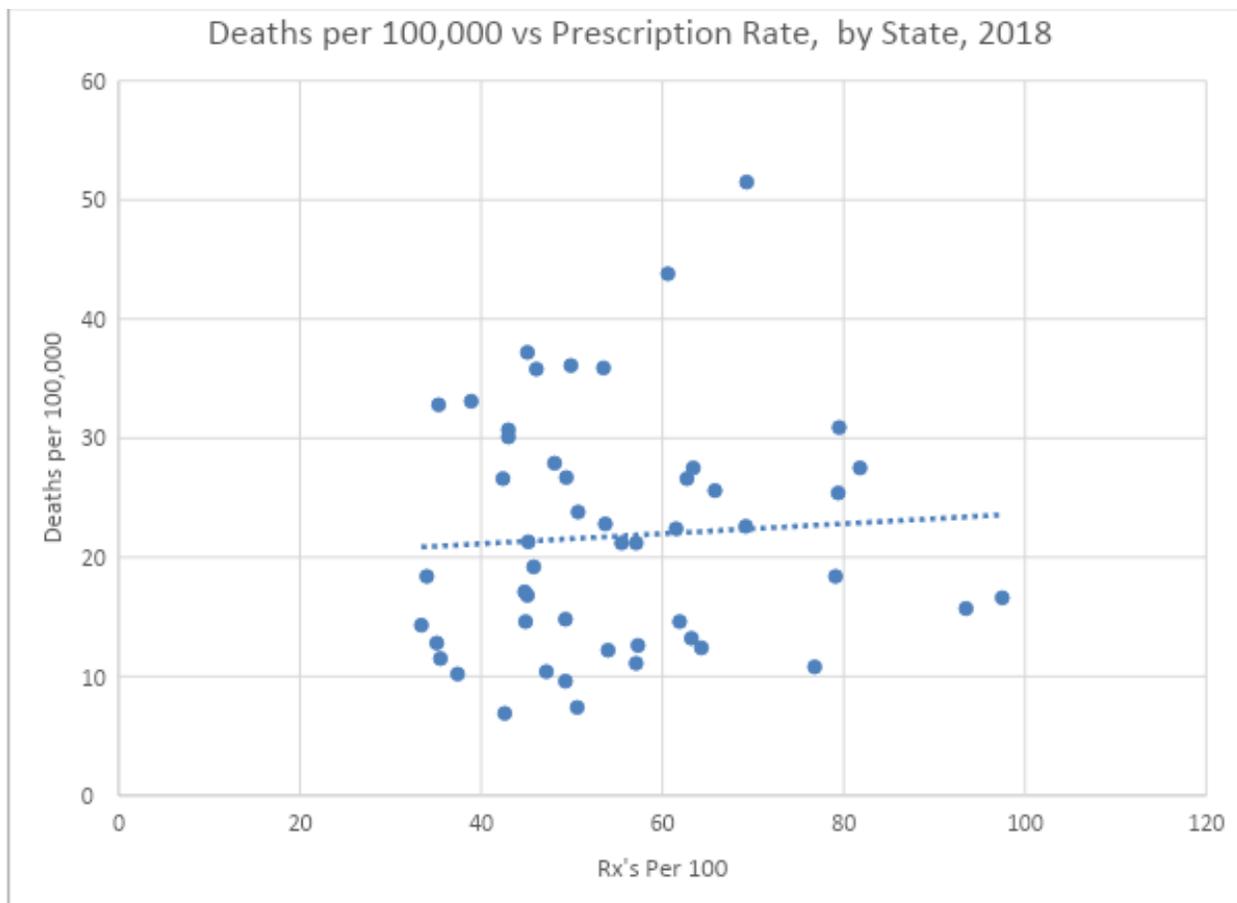


Chart 3: Deaths Per 100,000 Population vs. Prescribing Rate Per 100 Population, by State, 2018

References

- [1] Richard A. Lawhern, Ph.D. “Stop Persecuting Doctors for Legitimately Prescribing Opioids for Chronic Pain”, *STAT News*, June 28, 2019. <https://www.statnews.com/2019/06/28/stop-persecuting-doctors-legitimately-prescribing-opioids-chronic-pain/>
- [2] Richard A Lawhern, Ph.D., “Over-Prescribing Did Not Cause America’s Opioid Crisis” *Understanding Chronic Pain – Online Blog of Lynn Webster MD*, March 30, 2019. <https://www.lynnwebstermd.com/2019/03/30/over-prescribing/>
- [3] Nabarun Dasgupta, PhD, MPH, Leo Beletsky, JD, MPH, and Daniel Ciccarone, MD, MPH, “Opioid Crisis: No Easy Fix to Its Social and Economic Determinants” *AJPH Perspectives*, February 2018, Vol 108, No. 2

[4] Commonwealth of Massachusetts, “An Assessment of Opioid-Related Deaths in Massachusetts, 2013-2014”, September 2016.

Author Notes:

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