



Written by [Rebecca Terrell](#) on April 26, 2018

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The Opioid Epidemic: What's the Solution?

Foreign enemies are smuggling deadly poison across the border, killing record numbers of civilians. Instead of confronting the invaders, government and media demonize the nation's physicians, blaming them for the catastrophic rise in death rate, while gagging a lone medical doctor who devised a brilliant yet inexpensive antidote to the poison. Sounds like the premise of a Hollywood suspense-drama, doesn't it? Unfortunately, it is a factual summary of the current opioid epidemic crushing our country in its death grip.



Deaths from opioids have more than quadrupled in less than two decades. The Centers for Disease Control and Prevention (CDC) reports that nationwide, more than 42,000 of nearly 64,000 drug-overdose deaths in 2016 involved opioids. Late last year President Donald Trump declared it a public health emergency, and drug overdoses have become the leading cause of death for Americans under age 50.

How did this catastrophe happen? "It began in the late 1990s, when doctors and health care providers started facing pressure to treat chronic pain more aggressively," declared *The Hill* in March. *The Hill* also blamed pharmaceutical companies for "marketing these drugs to medical providers as not addictive or harmful."

Major media dutifully tout this popular party line, trumpeted by the President's Commission on Combating Drug Addiction and the Opioid Crisis (CCDAOC). Chaired by former New Jersey Governor Chris Christie, CCDAOC published its findings last November, maintaining that the situation "originated within the healthcare system" and blaming doctors for a "growing compulsion to detect and treat pain," as if they have collectively contracted some strange new behavioral disorder. According to the commission, deceptive marketing by drug companies and the plaintive cries of pain-racked patients made doctors throw caution (and their professional licenses, years of medical training, and Hippocratic oaths) to the wind and prescribe dangerous opioids helter skelter.

Doctors and drug companies make easy scapegoats. Never mind that the U.S. Food and Drug Administration requires all manufacturers to include a black box warning — the strongest measure short of banning a drug — about substantial life-threatening risks of overdose and substance abuse on opioid packaging. And let's ignore the fact that addiction epidemics have been around since the U.S. Civil War, when the Union Army "issued nearly 10 million opium pills to its soldiers, plus 2.8 million ounces of opium powders and tinctures," sending an estimated 400,000 addicts home after the war, as recounted in January's *Smithsonian Magazine*. There is cruel irony in the fact that in 1924 the federal government outlawed heroin, marketed for medical use by Bayer since the 1890s, thereby encouraging pharmaceutical companies to develop exponentially more potent — yet legal — alternatives.

CCDAOC also overlooks the blatantly destructive role Medicaid and ObamaCare are playing. Medicaid



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patients pay pennies on the dollar — sometimes nothing at all — for opioids that cost hundreds for patients with private insurance or thousands on the black market. “Studies show that Medicaid patients misuse opiates at a significantly higher level than those with private insurance, and are at a much higher risk of dying” — predictable results quoted by The New American contributor Michael Tennant from a January report issued by the U.S. Senate Homeland Security and Governmental Affairs Committee. “Medicaid recipients are 10 times more likely to suffer from addiction and substance abuse than the general population.” The committee also found that ObamaCare’s expansion of Medicaid to cover more than one-fifth of all Americans has only exacerbated the problem. Drug overdose deaths, opioid-related hospital stays, and taxpayer-funded treatment for opioid abuse have skyrocketed in states with Medicaid expansion as compared to their non-expansion neighbors.

Perhaps it is easier for CCDAOC to stereotype doctors as drug dealers in white coats running pill mills. The data certainly sound damning. CDC declares that “40% of all opioid overdose deaths involve a prescription opioid.” Note that more people die using *illegal* drugs. Moreover, CDC does not know how many of its incriminating “40 percent” also include illicit substances or misuse of prescription meds. A National Center for Health Statistics Data Brief in December explains that drug overdoses are tough to categorize because death reports make no distinction between pharmaceutical and illegal forms. “In many deaths, multiple drugs are present, and it is difficult to identify which drug or drugs caused the death.”

CDC admits that the problem is driven by illicit drug use. On its Opioid Data Analysis web page, the agency concludes, “It is presumed that a large portion of the increase in deaths is due to illegally-made fentanyl [a powerful synthetic narcotic] and not prescription opioids.” Researchers with the CDC’s Division of Unintentional Injury Prevention wrote an *American Journal of Public Health* editorial in March, stating that since their agency includes all synthetic opioid deaths in estimates of prescription-related mortality, its data are likely significantly inflated.

But everyone knows that prescription meds are “gateway drugs” — right? Don’t most heroin users say that’s what started them on the road to addiction? Not so, according to the federal government’s annual National Survey on Drug Use and Health, which consistently reports that three out of four cases of opioid misuse start with a person taking drugs they bought illegally or medication that was actually prescribed for a friend or family member. *Scientific American* reported last May that 90 percent of all addictions begin in teen and young adult years — not a demographic indicative of patients being treated for severe or chronic pain. It quoted a University of Michigan study that found that recreational drug use, “not medical treatment with opioids, is by far the greatest risk factor for opioid addiction,” and a *Journal of the American Medical Association* analysis that found that 87 percent of nearly 136,000 emergency-room patients treated for opioid overdose in 2010 had no chronic pain condition. Furthermore, a 2010 Cochran study reported that less than one percent of patients taking prescribed opioids for chronic pain actually developed addiction during treatment.

Reason magazine listed similar research results in February. Only one person died from opioid-related overdose in a 2015 study that followed 550 pain patients treated with narcotics for up to 13 years. Among 2.2 million North Carolina residents who took prescription opioids in 2010, 478 narcotic-related fatalities occurred, amounting to a rate of 0.022 percent. And only eight percent of opioid-related fatalities in Massachusetts involved a prescription drug, according to a 2016 study.

On the flip side, multi-drug users with histories of substance abuse run a much higher risk. In a 2012



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study in Utah, 61 percent of narcotic-overdose deaths involved illegal drugs, while 80 percent involved substance abuse — including alcohol and illegal as well as prescription opioids.

Regardless, doctors increasingly face criminal and civil charges for patient overdose. “The number of doctors penalized by the US Drug Enforcement Administration has grown more than fivefold in recent years,” reported CNN. The agency took action against 479 doctors in 2016, up from 88 in 2011. Do the numbers make sense? In a nation of more than 740,000 physicians and surgeons, could 0.06 percent of them — or even double or triple that number — cause the opioid crisis we are witnessing?

War on Doctors

“Throughout the United States, physicians are being threatened, impoverished, delicensed, and imprisoned for prescribing in good faith with the intention of relieving pain,” said Jane Orient, M.D., executive director of the Association of American Physicians and Surgeons (AAPS), calling the targeting of doctors a “national disgrace.” Dr. Orient made these comments in 2004 while defending an Arizona physician indicted on charges related to legal prescription of pain meds. Now, more than a decade later, the witch hunt continues. Despite increasingly strict regulations and legal prosecutions, doctors are still falling victim to the failed War on Drugs, and “patients who urgently need pain relief are being left in agony,” Orient wrote last October in an editorial for *The New American*.

Take the case of Dr. James Graves, sentenced in 2002 at age 55 to 63 years in prison — effectively a life sentence — for manslaughter in the cases of four patients who died from OxyContin overdose. In the Winter 2017 AAPS *Journal of American Physicians and Surgeons*, Dr. Lawrence Huntoon quoted Dr. Graves’ son appealing to the Florida Office of Executive Clemency for commutation of his father’s sentence. He explained that when Graves realized several of his patients were actually drug addicts faking symptoms to obtain prescriptions, he discharged them and appealed to the state attorney general to investigate other suspicious cases. The deaths were caused by patients using their prescribed medicines against Graves’ explicit instructions, combining them with alcohol or other drugs, or crushing and injecting them intravenously. Yet Graves has been denied the possibility of a new trial and is still incarcerated.

Huntoon brings up a disturbing point that courts are kinder to terrorists. He cites the “Lackawanna Six” from Buffalo, New York, imprisoned in 2003 for providing material support to al-Qaeda. All six were freed after serving 10 years or fewer. “How does this compare with the situation of physicians sentenced to life in prison for wrongful behavior of their patients?” Huntoon asks.

“Physicians have been tried and given longer prison sentences than convicted murderers; many have lost their practices, their licenses to practice medicine, their homes, their savings and everything they own.” So says Ronald Libby in his book *The Criminalization of Medicine: America’s War on Doctors*. “Some have even committed suicide rather than face the public humiliation of being treated as criminals.”

Libby details cases of secret FBI wiretapping, commando-style armed invasion of doctors’ homes and offices at odd hours, and agents posing as patients with made-up complaints, fake IDs, and phony insurance cards. Often on the advice of their attorneys, doctors plea-bargain a single felony to avoid the humiliation and staggering legal costs of a trial, “which they would probably lose” anyway.

Dr. Punyamurtula Kishore lost more than that, even though he practiced non-narcotic addiction



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treatment, and no one died. He had to surrender his medical license and U.S. passport, serve jail time, waive all rights to appeal, and pay \$9.3 million in restitution. Orient summed up his “alleged crime: ordering too many urine tests.” This Indian-born doctor with a master’s degree from the Harvard School of Public Health, who has served on the faculty of Harvard and the University of Massachusetts, founded a practice in that state that quickly grew to 52 offices. He pioneered a successful sobriety-centric, non-narcotic approach to addiction treatment that combines inexpensive home detoxification and treatment custom-tailored to patients’ specific needs, with a focus on maintaining dignity and learning long-term coping skills to remain sober. More than 250,000 patients benefited from Kishore’s practice, which at its height employed 29 doctors and 370 staff members. Most importantly, his success rates exponentially outstripped standard medication-assisted treatment models. “After a year of the conventional treatments, only 1% to 5% of patients have not relapsed, while 37% to 50% of Dr. Kishore’s patients have not relapsed after the same period of time,” wrote Martin Selbrede, vice-president of the Chalcedon Foundation, a non-profit Christian think tank. Among other notable achievements, Kishore received the Boston Celtics’ “Hero Among Us” award in 2004 for his work in addiction treatment, and in 2010 the American Society of Addiction Medicine elected him a fellow. A short time later, he was jailed.

In a media-pandering nighttime armed invasion of Kishore’s home, the Massachusetts attorney general had him arrested in 2011 on 16 felony charges of fraudulent Medicaid claims and kickbacks for urine drug screening. The agency leveled an additional 22 charges in 2013. A news release from the attorney general’s office accused him of “blatant theft of state funds,” and the state Board of Registration in Medicine claimed him to be “an immediate and serious threat to public health, safety and welfare,” though all the charges were financial in nature and there were no deaths, overdoses, or patient injuries involved. By 2015, his finances drained, his practice destroyed, and his morale exhausted in endless legal battles, he agreed to plead guilty to one felony: larceny over \$250. He told *The New American*, “When I accepted the plea bargain, they immediately released me from prison,” though he had only served eight months of his 11-month sentence.

Photo: Newscom

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